



PIMA COUNTY NOTICE OF REQUEST FOR PROPOSALS (RFP)

Solicitation Number: 78416 **Title:** Correctional Health Services

DUE IN AND OPENS: FEBRUARY 28, 2013 AT 3:00 P.M. LOCAL ARIZONA TIME (MST)

Submit Proposal to:

Pima County Procurement Department
130 West Congress, 3rd Floor, Receptionist
Tucson, Arizona 85701

MANDATORY Pre-Proposal Conference & Site Tours

JANUARY 22, 2013 AT 9:00 A.M. MST
AS PER THE SCHEDULE CONTAINED IN INSTRUCTIONS TO OFFERORS, #5. POTENTIAL OFFERORS MUST ATTEND TO HAVE THEIR PROPOSAL EVALUATED

SOLICITATION: Pima County is soliciting proposals from Offerors qualified, responsible and willing to provide the following Goods and/or Services in compliance with all solicitation specifications and requirements contained or referenced herein.

GENERAL DESCRIPTION: To provide health services to detainees in the custody of the Pima County Sheriff's Department and youth in custody of the Pima County Juvenile Court to include those medically necessary, cost effective health services that maintain a level of quality in accordance with standards established by the National Commission on Correctional Health Care (NCCHC), the State of Arizona and per the terms, conditions and specifications called for herein.

You may download a full copy of this solicitation at www.pima.gov/procure/ifbrfp.htm by selecting the solicitation number. Offerors are required to check this website for addenda prior to the Due In and Opens Date and Time to ensure that the proposal incorporates all addenda. Prospective Offerors may also pick up a copy, Monday through Friday excluding legal holidays, 8 am to 5 pm LOCAL ARIZONA TIME (MST), at the address listed above.

A **MANDATORY** Pre-Proposal Conference/Site Tour will be held for the purpose of clarifying requirements and answering Prospective Offeror questions. Because of the number, size, variety, and magnitude of the work involved to provide the services required herein, it is mandatory that each Offeror attend the scheduled Pre-Proposal Conference and Site Tours in order to make their own observations about the requirements of the proposal. It is the responsibility of Prospective Offerors to familiarize themselves with all requirements of the solicitation and to identify any issues in writing on or before the conference. Attendance at the Pre-Proposal Conference and Site Tours is MANDATORY. Proposals received from Offerors that did not attend the Pre-Proposal Conference and Site Tours, as documented by the sign-in roster, will not be evaluated. Site Tours have been scheduled to begin promptly at the times listed herein. This will be the only opportunity to inspect the facilities.

Proposals must be submitted as defined in the Instructions to Offerors, in accordance with the Standard Terms and Conditions, and all solicitation documents either referenced or included herein. Failure to do so may be cause for rejection as *non-responsive*. Offerors must complete and return those documents identified in the Instruction to Offerors Submission of Proposals instruction.

Proposals may not be withdrawn for 120 days after opening except as allowed by Pima County Procurement Code.

OFFERORS ARE REQUIRED TO READ THE ENTIRE SOLICITATION, INCLUDING ALL REFERENCED DOCUMENTS, ENSURE THAT THEY CAN AND ARE WILLING TO COMPLY, AND TO INCORPORATE ALL ASSOCIATED COSTS IN THEIR PROPOSAL.

Questions and Deviation requests shall be submitted in writing to Procurement Department, Attention: Jennifer Moore. All submittals shall reference the Solicitation Number and Title; Questions or Deviation Requests submitted within 8 days of the solicitation *Due In and Opens Date and Time* may not be answered.

Fax: (520) 791-6509

email: Jennifer.Moore@pima.gov

USPO Mail to the following address:

Attn: Jennifer Moore, Pima County Procurement Department, 130 W. Congress, 3rd Floor, Tucson, AZ 85701

VERBAL REQUESTS FOR CLARIFICATIONS OR INTERPRETATIONS WILL NOT BE ACCEPTED.

Publish: The Territorial: 12/19/2012, 12/20/2012, 12/21/2012, 12/26/2012

Jennifer Moore
Commodity/Contracts Officer

TABLE OF CONTENTS

COVER PAGE

INSTRUCTIONS TO OFFERORS

1. Preparation of Responses
2. Pricing and Offer Documents
3. General Specifications & Deviations
4. Offerors' Minimum Qualifications
5. Mandatory Site Tours and Pre-Proposal Conference
6. Evaluation and Award Criteria
7. Submission of Offers and Submittal Documents
8. Best and Final Offer
9. Compliance with Contract
10. Inquiries & Notice of Recommendation for Award (NORFA)
11. Vendor Record Maintenance

STATEMENT OF PURPOSE

APPENDIX I: PROPOSAL CERTIFICATION FORM

APPENDIX II: MINIMUM QUALIFICATIONS VERIFICATION FORM

APPENDIX III: REFERENCE LISTING FORM

APPENDIX IV: CLIENT LISTING FORM

APPENDIX V: LITIGATION AND JUDGMENTS FORM

APPENDIX VI: QUESTIONNAIRE

- A. Project Plan
- B. Cost
- C. Company Experience
- D. Management and Staff Turnover
- E. References

APPENDIX VII: PRICING AND STAFFING WORKSHEETS

Pricing Worksheets:

Worksheet 1: PCADC Pricing Proposal

Worksheet 2: PCJDC Pricing Proposal

Worksheet 3: Pricing Proposal for Psychological Services for Applicants and Return to Duty Officers

Staffing Commitment Worksheets:

Worksheet 4: PCADC Budgeted Onsite Staffing Commitment

Worksheet 5: PCJDC Budgeted Onsite Staffing Commitment

Staffing Cost Worksheets:

Worksheet 6: PCADC Summary Schedule of Staffing Costs

Worksheet 7: PCJDC Summary Schedule of Staffing Costs

SAMPLE CONTRACT

PIMA COUNTY STANDARD TERMS AND CONDITIONS

TABLE OF CONTENTS (CONT.)

EXHIBIT A: SCOPE OF SERVICES – PART I, PIMA COUNTY ADULT DETENTION COMPLEX

1. Facilities and Equipment
2. Accreditation, Licenses, Registration and Waivers
3. Standards, Policies and Procedures
4. Receiving and Booking
5. Physical and Mental Health Assessments
6. Nonemergency Health Care
7. Pharmaceutical Operations and Administration of Medications
8. Diagnostic Testing: Laboratory and Imaging Services
9. Emergency Services
10. Behavioral / Mental Health
11. Offsite Services
12. Release and Transfer Planning
13. Medical Records Management
14. Training for Correction and Detention Officers
15. Personnel
16. Quality Assurance / Improvement
17. Reporting
18. Coordination with Judicial and Legal Issues
19. Glossary

ATTACHMENTS TO EXHIBIT A, PART I

- | | |
|-------|--|
| A1-1 | PCADC Population Data |
| A1-2 | Map of Service Areas Included in the RFP |
| A1-3 | PCADC Floor Plans |
| A1-4 | Inventory of Medical Equipment, Office Equipment, and Furniture in the Health Areas of PCADC |
| A1-5 | Consolidated Statistical Data Report for Healthcare at the PCADC |
| A1-6 | Addendum to Statistical Data Report - Grant Information |
| A1-7 | PCADC Pharmacy Data for July 2011 – September 2012 |
| A1-8 | List of Outlier Medications |
| A1-9 | Offsite Services for PCADC |
| A1-10 | Radiology Log at PCADC |
| A1-11 | Offsite Laboratory Tests for PCADC |
| A1-12 | Electronic Health Record and Health Information Exchange |
| A1-13 | Sample Continuity of Care / Transfer Summary |
| A1-14 | PCADC Health Policies |
| A1-15 | Standards and Recommendations Concerning the Screening, Diagnosis and Treatment of Communicable Disease at PCADC and PCJCC |
| A1-16 | DIH Policy AC-07 Inmate Charges for Health Care Services Provided at the PCADC |
| A1-17 | DIH Policy AC-01 Notification to Pima County DIH of Hospitalized Detainees |
| A1-18 | DIH Policy AC-06 Approval for Healthcare Leadership Positions in Detention Facilities |
| A1-19 | Sample Performance Indicators for PCADC |
| A1-20 | Sample Required Reports and Reporting Schedule for PCADC |
| A1-21 | Sample Business Requirements for PCADC |
| A1-22 | Sample Statistical Data Report for Healthcare at the PCADC |

EXHIBIT A: SCOPE OF SERVICES – PART II, PIMA COUNTY JUVENILE DETENTION CENTER

1. Facilities and Equipment
2. Accreditation, Licenses, Registration and Waivers
3. Standards, Policies and Procedures
4. Receiving and Booking
5. Physical and Mental Health Assessments
6. Nonemergency Health Care
7. Pharmaceutical Operations and Administration of Medications
8. Diagnostic Testing: Laboratory and Imaging Services
9. Emergency Services
10. Behavioral / Mental Health

TABLE OF CONTENTS (CONT.)

11. Offsite Services
12. Release and Transfer Planning
13. Medical Records Management
14. Training for Correction and Detention Officers
15. Personnel
16. Quality Assurance / Improvement
17. Reporting
18. Coordination with Judicial and Legal Issues
19. Glossary

ATTACHMENTS TO EXHIBIT A, PART II

- A2-1 Demographic Information for PCJDC
- A2-2 Map of Service Areas Included in the RFP
- A2-3 PCJDC Floor Plans
- A2-4 Inventory of Medical Equipment, Office Equipment, and Furniture in the Health Areas of PCJDC
- A2-5 Consolidated Statistical Data Report for Healthcare at the PCJDC
- A2-6 PCJDC Pharmacy Data for July 2011 – September 2012
- A2-7 List of Outlier Medications
- A2-8 Electronic Health Record and Health Information Exchange
- A2-9 Standards and Recommendations Concerning the Screening, Diagnosis and Treatment of Communicable Disease at PCADC and PCJCC
- A2-10 DIH Policy AC-06 Approval for Healthcare Leadership Positions in Detention Facilities
- A2-11 Sample Performance Indicators for PCJDC
- A2-12 Sample Required Reports and Reporting Schedule for PCJDC
- A2-13 Sample Business Requirements for PCJDC
- A2-14 Make a Change (MAC)
- A2-15 PCJCC Health Policies

EXHIBIT A: SCOPE OF SERVICES – PART III, PROVISION OF PSYCHOLOGICAL TESTING TO EMPLOYEES AND APPLICANTS OF THE PIMA COUNTY SHERIFF’S DEPARTMENT

ATTACHMENT TO EXHIBIT A, PART III

- A3-1 Psychological Testing Administered to Employees and Applicants of the Pima County Sheriff’s Department

EXHIBIT B: PRICING AND COMPENSATION

1. Terms and Conditions Applicable to Pricing and Compensation
2. Compensation

ATTACHMENTS TO EXHIBIT B

- B-1 Summary Invoice for Health Services Provided at PCADC
- B-2 Summary Invoice for Health Services Provided at PCJDC
- B-3 Sample Daily Staffing Schedule
- B-4 Sample Staffing Payment Adjustment Report
- B-5 Responsibility for Operational Expenses

EXHIBIT C: BUSINESS ASSOCIATE AGREEMENT

INSTRUCTIONS TO OFFERORS

1. PREPARATION OF RESPONSES

All proposals shall be made using the forms provided in this package. All prices and notations must be printed in ink or typewritten. **No erasures are permitted.** Errors may be crossed out and corrections printed in ink or typewritten adjacent to error and shall be initialed in ink by person signing the proposal. Typewritten responses are **preferred**.

All proposals shall as appropriate indicate the registered trade name, stock number, and packaging of the items included in the proposal.

Surety required by this solicitation may be in the form of a bond, cashier's check or certificate of deposit made payable to *Pima County*. Personal or company checks are not acceptable.

2. PRICING & OFFER DOCUMENTS

Throughout this solicitation document, the meaning of *proposal* and *offer* are intended to be synonymous.

Offerors shall complete and submit their offers utilizing the forms provided by this solicitation. Requested information and data shall be provided in the precise manner requested. Product descriptions shall provide sufficient information to precisely document the product being offered. Failure to comply may cause the proposal to be improperly evaluated or deemed non-responsive.

The proposal/offer certification document must be completed and signed by an authorized representative certifying that the firm can and is willing to meet all requirements of the solicitation. Failure to do so may be cause to reject the proposal as non-responsive.

All unit prices shall remain firm for the initial term of the executed agreement, with the exception that should offeror during the term of the agreement offer to another buyer pricing for like or similar quantity, products or services at price more favorable than those given to the County, that Offeror shall offer same pricing to County effective on the date offered to other buyer. Unit prices given by Offeror shall include all costs required to implement and actively conduct and document cost control and reduction activities. Unit Prices shall include all costs and, unless otherwise specified, shall be F.O.B. Destination & Freight Prepaid Not Billed ("F.O.B. Destinations"). Unit prices shall prevail in the event of an extension error. Price each item separately. Delivery time if stated as a number of days shall mean "calendar" days. Pima County reserves the right to question and correct obvious errors.

3. GENERAL SPECIFICATIONS & DEVIATIONS

The specifications included in this solicitation are intended to identify the kind and quality of goods and/or services to be provided without being unnecessarily restrictive, and as required to provide the information needed for the development of consistent and comprehensive proposals.

Failure to perform appropriate research, discovery, examine any drawings, specifications, and instructions will be at the Offeror's sole risk.

Items included in the proposal shall meet the specifications and requirements set forth by the solicitation.

Deviation requests shall specifically document and clearly illustrate the deviation to the particular specification or the requirement set forth by this solicitation and fully explain the requested deviation's impact on the end performance of the item. Deviation requests shall be submitted prior to the initial solicitation due date. Requests submitted within 8 days of the solicitation due date may not be answered. Acceptance or rejection of said deviation request shall be at the sole discretion of the County and in accordance with Pima County Procurement Code.

Offerors are advised that conditional offers that do not conform to or that request exceptions to the published solicitation and addendums may be considered non-responsive and not evaluated.

4. OFFERORS MINIMUM QUALIFICATIONS

In order for proposals to be evaluated and considered for award, proposals must be deemed **Responsive and Responsible**. To be deemed "**Responsive**", the submitted offer documents shall conform in all material respects to the requirements stated by the solicitation. To be deemed "**Responsible**", Offerors shall document and substantiate their capability to fully perform all requirements defined by the solicitation. Factors considered include and may not be limited to experience, integrity, perseverance, reliability, capacity, facilities, equipment, credit and other factors required to provide the performance defined by the solicitation.

INSTRUCTIONS TO OFFERORS (continued)

Offeror shall certify that they possess the minimum qualifications stated below. Offeror shall provide the documents requested in **Appendix II: Minimum Qualifications Verification Form** (5 pages) that substantiate their satisfaction of the Minimum Qualifications. Failure to provide the information required by these Minimum Qualifications and required to substantiate responsibility may be cause for the Offeror's proposal to be rejected as **Non-Responsive and/or Non-Responsible**.

Minimum Qualifications:

1. The Offeror filing the proposal and intending to perform under the contract must have existed for not less than three (3) years from its response to the RFP.
2. The Offeror must have not less than three (3) years of experience in administering and providing a full range of health programs and services to an adult and remanded juvenile population in a large jail setting (1,000 – 3,000 population) in the United States. Full range of service includes essential medical, dental and behavioral health services as defined by NCCHC standards.
3. The Offeror must have three (3) years of experience in administering and providing a full range of health programs and services to an adolescent population in a juvenile detention setting or to at risk youth in an alternate setting. Full range of service includes essential medical, dental and behavioral health services as defined by NCCHC standards. The three years experience must be in the United States. Offeror is permitted to meet this requirement with a Subcontractor, though Offeror alone will be held responsible for implementing the terms of the Contract.
4. The Offeror must demonstrate the contracting organization is financially viable and in good standing.
5. The Offeror will attest their commitment to maintaining NCCHC accreditation at both the PCADC and the PCJDC.

Respondents shall submit with their proposals verifiable documents demonstrating compliance with the above listed minimum qualifications as instructed in **Appendix II: Minimum Qualifications Verification Form**. Respondent shall submit and return the attached form with information/documentation as requested.

5. MANDATORY SITE-TOURS and PRE-PROPOSAL CONFERENCE:

A Mandatory Site-Tours/Inspection and Pre-Proposal Conference will be held for the purpose of clarifying requirements and answering prospective Offeror questions. It is the responsibility of Prospective Offerors to familiarize themselves with all requirements of the solicitation and to identify any issues at the conference. **FAILURE TO ATTEND THE SITE-TOUR WILL RESULT IN PROPOSAL TO BE REJECTED AS NON-RESPONSIVE.**

Schedule for mandatory Site Tours/Inspections & Pre-Proposal Conference and estimated time for each site inspection is stated below:

Date	Activity
1/14/2013 – 1/18/2013	List of Attendees: Potential Offerors must provide a list of all individuals who will be attending the Pre-Proposal Conference and Site Tour(s) no later than January 18, 2013 at 5:00 pm. PCADC and PCJDC staff will escort attendees and not require clearance. Please e-mail the names of individuals that will be attending the event and the organization they represent to Sharon.Grant@pima.gov and Garrett.Hancock@pima.gov .
1/22/2013 9:00 am to 10:00 am	Pre-Proposal Conference: Pima County Adult Detention Center Conference Room: 1270 W. Silverlake Rd. Tucson, AZ 85713
1/22/2013 10:00 am to 12:00 pm	Site Inspection/Tour: Pima County Adult Detention Center: 1270 W. Silverlake Rd. Tucson, AZ 85713
1/22/2013 2:00 pm to 3:00 pm	Site Inspection/Tour: Pima County Juvenile Detention Center: 2225 E. Ajo Way, Tucson AZ 85713
1/22/2013 3:00 pm to 4:00 pm	Pre-Proposal Conference Wrap-Up and Final Questions: Pima County Juvenile Detention Center Conference Room: 2225 E. Ajo Way, Tucson AZ 85713

INSTRUCTIONS TO OFFERORS (continued)

6. EVALUATION AND AWARD CRITERIA:

Pima County shall evaluate proposals meeting the minimum qualifications and determined by the County to be **Responsive and Responsible**. Proposals shall be evaluated as per the evaluation criteria set forth herein. Evaluation of cost shall be made without regard to applicable taxes.

County reserves the right to request additional information and/or clarification. Any clarification of a proposal shall be in writing. Recommendation for award will be to the responsible and responsive Offeror whose proposal is determined to be the most advantageous to the County considering the evaluation criteria set forth in this RFP.

Evaluation Criteria and Points

The County will evaluate and rank responsive proposals received from Offerors deemed responsible based on the following criteria and points matrix:

	<u>CRITERIA</u>	<u>MAXIMUM POINTS</u>
a.	Project Plan (includes staffing plan)	40 points
b.	Cost	30 points
c.	Company Experience	10 points
d.	Management and Staff Turnover	10 points
E.	References	<u>10 points</u>
	Total	100 points

The above evaluation criteria will be used by the evaluation panel when scoring the Offerors' answers to the questions contained in **Appendix VI: Questionnaire**. The basis for assigning points to the Offerors' answers is also contained in Appendix VI. Offeror should respond in the form of a thorough narrative to each specification as guided by the Questionnaire. The narratives along with required supporting materials shall be evaluated and awarded points accordingly. Forms provided and requested for inclusion in this proposal shall not be modified.

As part of the Best and Final Review, the County may invite top ranked respondents to provide a demonstration of their ONC Certified Electronic Health Record and linkage to the Statewide Health Information Exchange, date and location to be announced.

County reserves the right to request additional information and/or clarification. Any clarification of a proposal shall be in writing. Recommendation for award will be to the responsible and responsive Offeror whose proposal is determined to be the most advantageous to the County, taking into consideration the evaluation criteria set forth in this solicitation.

If an award is made, the County will enter into an agreement with the Offeror that submitted the highest scoring responsive and responsible offer by executing and transmitting a contract document that incorporates the Offer without further action by the Offeror. The County may conduct discussions with the Offeror to clarify the Offer and Agreement details provided that they do not substantially change the intent of the solicitation. Unless otherwise specified, relative ranking of proposal(s) will be made considering the average of total points given to each proposal by evaluators.

INSTRUCTIONS TO OFFERORS (continued)

7. SUBMISSION OF OFFERS

Offerors are to submit **one original, eight (8) hard copies, and eight (8) electronic copies** on a CD or thumb drive of all required documents. The submittal shall include all information requested by the solicitation, and utilize without modification the forms provided by the solicitation that includes and may not be limited to the following:

SUBMITTAL DOCUMENTS:

The proposal shall contain the following documents and information and be bound and indexed in the exact order as indicated below:

7.1 COVER LETTER

7.2 TABLE OF CONTENTS

7.3 APPENDIX I: PROPOSAL CERTIFICATION FORM. (fully completed as requested)

7.4 APPENDIX II: MINIMUM QUALIFICATIONS VERIFICATION FORM, fully completed as requested, including the required documentation.

7.5 APPENDIX III: REFERENCE LISTING FORM

The respondent shall complete the enclosed form for at least three current or recent clients (within the most recent three (3) year period) with a description of the client organization, level of licensure and/or accreditation, bed size and/or capacity and average occupancy or volume during last year of service. Include only references where the average daily occupancy is at least 1,000 for adult detention centers and at least 25 for juvenile detention centers or other settings providing services to at risk youth.

7.6 APPENDIX IV: CLIENT LISTING FORM

The respondent shall complete the enclosed form for all adult and juvenile detention facilities that have been clients of the Proposer or any of its affiliates since January 1, 2006. Include the name of the institution, whether it is adult or juvenile, where it is located, the average occupancy (to the nearest 100 for adult and nearest 10 for juvenile), what services your company provides at the institution over what period of time, any relevant licenses or accreditations held by the institution, and a contact person and their phone number.

7.7 APPENDIX V: LITIGATION AND JUDGMENTS FORM

The respondent shall complete the enclosed form for all healthcare related litigation which was brought, heard, negotiated, adjudicated or settled since January 1, 2006 where the Offeror or any of its affiliates was named. Include the plaintiffs, defendants, complaint(s), judicial venue, date filed, and the outcome unless subject to a non-disclosure agreement (see Article XXIII of Sample Contract, Public Information).

7.8 APPENDIX VI: QUESTIONNAIRE

The respondent shall provide the information requested in Appendix VI in the order in which it appears. Identify clearly which question or request is being addressed in your responses.

7.9 APPENDIX VII: PRICING AND STAFFING WORKSHEETS (fully completed on the forms provided). The respondent shall complete seven Pricing and Staffing Worksheets as indicated below.

Pricing Worksheets:

Worksheet 1: PCADC Pricing Proposal

Worksheet 2: PCJDC Pricing Proposal

Worksheet 3: Pricing Proposal for Psychological Services for Applicants and Return to Duty Officers

Staffing Commitment Worksheets:

Worksheet 4: PCADC Budgeted Onsite Staffing Commitment

Worksheet 5: PCJDC Budgeted Onsite Staffing Commitment

Staffing Cost Worksheets:

Worksheet 6: PCADC Summary Schedule of Staffing Costs

Worksheet 7: PCJDC Summary Schedule of Staffing Costs

INSTRUCTIONS TO OFFERORS (continued)

7.10 APPENDIX VIII: DEVIATION REQUESTS. Include a sheet of paper addressing any deviation requests from the Sample Contract Articles and Standard Terms and Conditions that the Offeror is requesting. Deviation requests shall specifically document and clearly illustrate the deviation to the particular article in the sample contract or the Standard Terms and Conditions provided.

Proposals must be received and time stamped at the specified location at or before the Due Date/Time as defined by the *Request for Proposals*. Unless specified, requested (References) Facsimiles will not be accepted. The "time-stamp" provided by the County shall be the official time used to determine the timeliness of the submittal. Proposals and modifications received after the Due Date/Time will not be accepted, or will be returned unopened. Timely submittals will be opened and recorded promptly after the Due Date/Time.

Proposals must be signed by an authorized agent of the Offeror and submitted in a sealed envelope marked or labeled with the Offeror's firm name, solicitation number, title, solicitation due date and time, to the location and not later than the time/date specified by the *Request For Proposals*.

Proposals and modifications received after the closing time specified will not be accepted. Facsimiles of proposals will not be accepted.

Failure to comply with the solicitation requirements may be cause for the Offeror's proposal to be rejected as *non-responsive* and not evaluated.

8. BEST AND FINAL OFFER

County reserves the right to request additional information and/or clarification with responsible Offerors who submit proposals determined to be reasonably susceptible of being selected for award for the purpose of clarification to ensure full understanding of, and conformance to, the solicitation requirements.

In the event that discussions are held and clarifications are requested, a written request for best and final offers shall be issued. The request shall set forth the date, time, and place for the submission of best and final offers. If Offerors fail to respond to the request for best and final offer or fail to submit a notice of withdrawal, their immediate previous offer will be construed as their best and final offer.

In the event that the County elects to request or provide additional information or clarification from/to responsible Offerors who submit proposal(s), the Offeror will make available staff qualified and responsible to authorize contract content and execute a contract on behalf of firm.

9. COMPLIANCE WITH CONTRACT

County will execute an agreement with the successful Offeror by issue of a contract. The Offeror agrees to establish, monitor, and manage an effective administration process that ensures compliance with all requirements of the agreement. In particular, the Offeror agrees that they shall not provide goods or services in excess of the executed agreement items, item quantity, item amount, or agreement amount without prior written authorization by revision or change order properly executed by the County. Any items provided in excess of the quantity stated in the agreement shall be at the Offeror's own risk. Offerors shall decline verbal requests to deliver items in excess of the agreement and shall report all such requests in writing to the Pima County Procurement Department within 1 workday of the request. The report shall include the name of the requesting individual and the nature of the request.

A copy of the SAMPLE CONTRACT is included for review in this document. Each Offeror, by submitting a bid, will be certifying that the Contract is acceptable as written. Deviations may be requested in writing at or prior to the Pre-Proposal Conference currently scheduled on 1/22/2013 and subject to change. This CONDITION supersedes the instructions pertaining to deviation requests as defined by *Instructions to Bidders*, Section 3. General Specifications & Deviations, paragraph 5. Deviation requests shall specifically document and clearly illustrate the deviation to the particular article in the sample contract provided. If the deviation is approved, an addendum will be issued modifying the solicitation documents.

The Offeror will be required to provide required contract insurance certification documents as detailed in the applicable Article of the attached Sample Contract. Pima County reserves the right to negotiate any terms or conditions if it is determined to be in the best interest of the County. Respondents are not required to return Sample Contract with their proposals.

INSTRUCTIONS TO OFFERORS (continued)

10. INQUIRIES & NOTICE OF RECOMMENDATION FOR AWARD (NORFA)

Results of this procurement will not be given in response to telephone inquiries. Interested parties are invited to attend the public opening at the time and date stated in this solicitation. A tabulation of submittals will be on file at the Procurement Department. No oral interpretations or clarifications made to any respondent as to the meaning of any of the solicitation documents will be binding on Pima County. If a prospective respondent believes a requirement of the solicitation documents to be needlessly restrictive, unfair, or unclear, the respondent shall notify the Pima County Procurement department in writing identifying the solicitation number, page and paragraph number and clearly stating the issue and suggested solution prior to the *Due In and Opens* date set for receipt of the bid or proposal. Responses from COUNTY will be made by written addendum and sent to all known potential respondents. Issues identified less than 8 days prior to the *Due In and Opens* date may not be answered.

Interested parties are invited to attend the public opening of submissions at the time and date stated in this solicitation.

The Pima County protest procedures are in Chapter 11.20 of the Pima County Procurement Code, available through <http://www.pima.gov/cob/code/>. The five-day period to file a protest of the award will be measured from the date the Notice of Recommendation for Award is posted on the Pima County Procurement website at <http://www.pima.gov/procure/awards/> **without regard to whether individual notices were issued**. It is the responsibility of bidders, proposers and Offerors to check the website.

11. VENDOR RECORD MAINTENANCE

By submitting a response to this solicitation, the Offeror agrees to establish and maintain a complete Pima County Vendor record, including the provision of a properly completed and executed "Request for Taxpayer Identification Number and Certification" document (Form W-9), within ten calendar days of the solicitation due date. The Vendor also agrees to update the information within ten calendar days of any change in that information and prior to the submission of any invoice or request for payment. The preferred method for creating or updating this record is via the Internet utilizing the Pima County Vendor Self Service (VSS). The registration requires that the Vendor establish and maintain email functionality. In addition to providing the means for a Vendor to create and maintain their Vendor record, VSS also provides for email notice to the vendor regarding solicitations published by Pima County for commodities of interest as defined by the Vendor record. Internet links for Vendor Registration are located at the Procurement Internet page: <http://www.pima.gov/procure/venreg.htm>.

END OF INSTRUCTIONS TO OFFERORS
(Revised September 26, 2012)

STATEMENT OF PURPOSE

This solicitation is being conducted to establish a Contract for the Pima County Department of Institutional Health (DIH) to provide health services to detainees in the custody of the Pima County Sheriff's Department and youth in the custody of the Pima County Juvenile Court to include those medically necessary, cost effective health services that maintain a level of quality in accordance with standards established by the National Commission on Correctional Health Care (NCCHC), the State of Arizona and per the terms, conditions and specifications called for herein. In addition, the Contract will cover psychological evaluation services for the Pima County Sheriff's Department.

The Scope of Services and requirements for which interested parties may submit proposals are defined by the Sample Contract and **Exhibit A**, Scope of Services – Parts 1, 2, and 3.

It is the intent of the County to award one Contract for an initial period July 1, 2013 through June 30, 2016 for detainees housed at PCADC and for youth housed at the Pima County Juvenile Detention Center, with the option of the County, at its sole discretion, to renew the contract for up to two (2) additional one-year periods or any portion thereof. Although it is the County's intention to issue a single contract for all Parts of the Scope of Services, the County intends each Part of the Scope of Services to be severable from the others. The County makes no guarantee regarding the actual amount of work performed pursuant to a resulting contract.

In the event that the resulting contract is terminated for any reason during the initial term of the contract, Pima County reserves the right to award to the second highest scoring proposal if deemed in the best interest of County.

APPENDIX I: PROPOSAL CERTIFICATION FORM (One Page)

OFFEROR SHALL COMPLETE THE FOLLOWING INFORMATION AND SUBMIT WITH THEIR PROPOSAL

Print in ink or type the requested information. Typewritten responses are preferred.

PROPOSAL SUBMITTED BY:

COMPANY LEGAL NAME: _____
COMPANY LEGAL NAME (EXECUTING CONTRACT): _____
ADDRESS: _____
CITY, STATE, ZIP: _____
TELEPHONE: _____ FAX NUMBER: _____
CONTACT PERSON: _____ TITLE: _____
(Authorized to negotiate and execute contract with County)
E-MAIL: _____ Phone #: _____ Fax #: _____

CORPORATE HEADQUARTERS LOCATION:

ADDRESS: _____
CITY, STATE, ZIP: _____
STATE OF INCORPORATION FOR PARENT COMPANY: _____

ATTACH TO THIS DOCUMENT COPY OF CERTIFICATE OF INCORPORATION FOR PARENT COMPANY YES- NO –
COMPANY IS INCORPORATED IN THE STATE OF ARIZONA? YES – NO – IF YES ATTACH PROOF

LIST SOLICITATION ADDENDA (Failure to do so may be cause for rejection of proposal as non-responsive)

ADDENDA NO. ____ DATE ____ ADDENDA NO. ____ DATE ____ ADDENDA NO. ____ DATE ____
ADDENDA NO. ____ DATE ____ ADDENDA NO. ____ DATE ____ ADDENDA NO. ____ DATE ____

REQUIRED MWBE INFORMATION

Is this firm a Women-Owned Business? Yes No
Is this firm a Minority-Owned Business? Yes No
Are you currently certified by any Agency? Yes No If so, Agency Name: _____

Is Offeror a certified Local and MWBE Supplier Eligible for MWBE Preference? Yes No (Select one)

If 'Yes', **attach** and so indicate that a copy of LOCAL MWBE Certification document is attached: Yes No (Select one)

**** PROPOSAL DOCUMENT SHALL BE SIGNED BY A REPRESENTATIVE OF THE FIRM AUTHORIZED TO LEGALLY BIND THE FIRM ****

By signing and submitting these proposal documents, the undersigned certifies that all information submitted is accurate, that the firm has reviewed the Procurement website for solicitation addenda and incorporated to their proposal, that the firm is qualified and willing to provide the services requested, and that the firm will comply with all requirements of the solicitation. This firm also certifies it will enter into the SAMPLE CONTRACT attached, as written: Yes ____ No ____ (Select one)

Exception requests shall specifically document and clearly illustrate the deviation to the particular article in the Sample Contract provided. Exception requests shall be submitted prior to the initial solicitation due date.

SIGNATURE: _____ DATE: _____

PRINTED NAME & TITLE OF AUTHORIZED REPRESENTATIVE SIGNING THE PROPOSAL

PHONE AND E-MAIL: _____

APPENDIX II: MINIMUM QUALIFICATIONS VERIFICATION FORM (1 of 5 Pages)

OFFEROR'S NAME: _____

Proposals not meeting the minimum qualifications will be determined to be **NON RESPONSIVE** and will not be considered for further evaluation. If defined in this solicitation, provide documented and verifiable evidence that your firm satisfies the Minimum Requirements, and indicate what/if any attachments are submitted.

MINIMUM QUALIFICATIONS	
Minimum Qualification #1	
<p>The organization filing the proposal and intending to perform under the contract must have existed for not less than three (3) years from its response to the RFP.</p> <p>As evidenced by Arizona Corporation, Arizona Department of Insurance Registrations or, if not currently operating in Arizona, a certificate of good standing from the Corporation Commission or Secretary of State in which the bidding organization was established or any state in which the bidding organization is doing business.</p> <p>If the business/corporation has been acquired or merged within the last (3) years, it must show proof of existence in its prior business form and proof of acquisition or merger if applicable.</p> <p>As evidenced by corporate documents indicating the merger or acquisition of the organization as it existed during the past three years at the time prior to merger or acquisition and filings with the Secretary of State for the state in which the acquiring corporation was incorporated or the new corporation was formed.</p>	
<p>Compliance with MQ 1: Yes No</p> <p>Please list section (tab), document title, page number and number of pages submitted for the document(s) contained herein that demonstrate(s) your firm satisfies Minimum Qualification #1.</p>	

APPENDIX II: MINIMUM QUALIFICATIONS VERIFICATION FORM (2 of 5 Pages)

Minimum Qualification #2
<p>The respondent must have not less than three (3) years of experience in administering and providing a full range of health programs and services to an adult and remanded juvenile population in a large jail setting (1,000 – 3,000). Full range of service includes essential medical, dental and behavioral health services as defined by NCCHC standards.</p> <p>As evidenced by Appendix IV, Client Listing Form, licensing, accreditations for health services in any correctional setting achieved or maintained through at least one resurvey or any other document or combination of documents that demonstrates not less than three (3) years of experience in administering and providing a full range of health programs and services to an adult and remanded juvenile population in a large jail setting (1,000 – 3,000).</p>
<p>Compliance with MQ 2: Yes No Please list below the name of the firm(s) included in Appendix IV that demonstrate your firm satisfies Minimum Qualification #2.</p>

Minimum Qualification #3
<p>The Offeror must have not less than three (3) years of experience in administering and providing a full range of health programs and services to an adolescent population. Full range of service includes essential medical, dental and behavioral health services as defined by NCCHC standards. The three years experience must be in the United States. Offeror is permitted to meet this requirement with a Subcontractor, though Offeror alone will be held responsible for implementing the terms of the Contract.</p> <p>As evidenced by Appendix IV, Client Listing Form, licensing, accreditations for health services in any correctional setting achieved or maintained through at least one resurvey or any other document or combination of documents that demonstrates three (3) years of experience in administering and providing a full range of health programs and services to an adolescent population in a juvenile detention setting or to at risk youth in an alternate setting.</p>
<p>Compliance with MQ 3: Yes No Please list section (tab), document title, page number and number of pages submitted, the document contained herein that demonstrates your firm satisfies Minimum Qualification #3.</p>

APPENDIX II: MINIMUM QUALIFICATIONS VERIFICATION FORM (4 of 5 Pages)

Minimum Qualification #5
The Offeror will attest to their commitment to maintaining NCCHC accreditation at both the PCADC and the PCJDC. As evidenced by NCCHC accreditations for health services in any correctional setting achieved or maintained through at least one NCCHC survey or, in lieu of any clients with NCCHC accreditation, a statement of commitment to maintain the PCADC and PCJDC NCCHC accreditations.
Compliance with MQ 5: Yes No Please list section (tab), document title, page number and number of pages submitted, the document contained herein that demonstrates your firm satisfies Minimum Qualification # 5 or sign the attestation form provided below.

Submitted by (Printed Name and Title): _____ Initials: _____ Date: _____

APPENDIX II: MINIMUM QUALIFICATIONS VERIFICATION FORM (5 of 5 Pages)

ATTESTATION OF COMPLIANCE REGARDING NCCHC ACCREDITATION

Pima County Request For Proposals (RFP) for Correctional Healthcare

RFP # 78416 published in December 2012

I, being a duly authorized representative of the entity indicated below, do attest that, should the entity indicated below be awarded a contract to provide correctional healthcare in Pima County as the result of a proposal submitted to Pima County in response to the RFP indicated above, the entity indicated below is committed to, and will work to accomplish the goal of, maintaining the existing accreditation from the National Commission on Correctional Health Care for both Pima County Adult Detention Complex and Pima County Juvenile Detention Center. I understand and acknowledge that failure to maintain such accreditation at either or both sites carries financial consequences and could result in termination of said contract.

Signature of Authorized Representative

Date

Printed Name and Title

Official Name of Entity Represented by Signatory, Complete Address, and Phone Number of entity:

END OF APPENDIX II: MINIMUM QUALIFICATIONS VERIFICATION FORM

APPENDIX III: REFERENCE LISTING FORM (One Page)

See Instructions to Offerors, Section 7, for submittal instructions. Link provided to electronic form.

Reference #
Company Name:
Contact Name and Title:
Contact Telephone Number:
Contact email address:
Contact Fax Number:
Brief description of client organization:
Level of Licensure and/or accreditation:
Bed Size and/or Capacity and Average Occupancy/ Volume during the most recent year of service:

Reference #
Company Name:
Contact Name and Title:
Contact Telephone Number:
Contact email address:
Contact Fax Number:
Brief description of client organization:
Level of Licensure and/or accreditation:
Bed Size and/or Capacity and Average Occupancy/ Volume during most recent year of service:

Reference #
Company Name:
Contact Name and Title:
Contact Telephone Number:
Contact email address:
Contact Fax Number:
Brief description of client organization:
Level of Licensure and/or accreditation:
Bed Size and/or Capacity and Average Occupancy/Volume during most recent year of service:

END OF APPENDIX III

APPENDIX VI: QUESTIONNAIRE (1 of 8 Pages)

OFFEROR'S NAME: _____

Offerors should respond in the form of a thorough narrative to each specification as guided by this questionnaire. The narratives along with required supporting materials will be evaluated and awarded points accordingly. Forms provided and requested for inclusion in this proposal shall not be modified.

A Project Plan (0 - 40 points for the three parts combined)

Project Plan – Part I: Pima County Adult Detention Complex (PCADC and Ajo District Detention Center)

Points for the Project Plan will be based on the quality and thoroughness of the Project Plan.

The project plan must address the following elements in the order in which they are listed below (see Exhibit A, Part I: Scope of Services - PCADC for additional information)

Facilities and Equipment	
1	Provide a list of medical and office equipment purchases that bidder would make or recommend for each site (reference Attachment A1-4 for current inventory and ownership).
Receiving and Booking	
2	Provide a plan for receiving screening including policies, procedures and forms.
3	Provide a plan to staff the receiving/booking area to include how Offeror will cover the area if an unexpected influx of bookings occurs.
4	Submit the guidelines you use in large jail settings to determine if an individual will be diverted to outside medical care before being booked into detention.
5	Provide a plan for medical and mental health assessment performed by a RN at intake
6	Provide a plan for managing the health needs of up to 100 detainees in the lower level holding area and isolation rooms while they are awaiting initial court appearance.
7	Submit criteria and description of an alcohol and drug withdrawal program for adults and remanded juveniles. The program description should include staffing resources, policies and procedures for identification of detainees who require management of withdrawal, the onsite testing and other assessments (including offsite) that would be required to determine whether the detainee can safely withdraw onsite or requires transport to a hospital for more extensive medical care, and policies and procedures related to managing withdrawal.
Physical and Mental Health Assessments	
8	Provide sample forms your firm uses for medical and mental health assessments for adults and juveniles.
Nonemergency Health Care	
9	Describe the information systems you would use to track requests for sick call, triage and scheduling for onsite care. Include a sample report. Electronic alternatives, at the bidder's expense, are acceptable.
10	Plan for chronic disease management, including any high volume specialty clinics or mobile services to be provided onsite.
11	Plan to manage outbreak of communicable diseases at any of the sites and achieve compliance with requirements of Pima County Health Department (see Attachment A1-15).
12	Plan of care for high-risk pregnancies.
13	Plan for long term care of stable paraplegics, quadriplegics and other similar cases that may remain in custody for some period of time.
14	Describe the health education you will provide for chronic care populations and prevention of communicable diseases. Separate your response for adults and remanded juveniles.
15	Provide criteria you would recommend for admission to and discharge from the infirmary.

APPENDIX VI: QUESTIONNAIRE (2 of 8 Pages)

Pharmaceutical Operations and Administration of Medications	
16	Provide plan for securing bridge orders for medications for time sensitive health conditions (see Section 7.3 of Exhibit A, Scope of Services – Part 1, PCADC) that will need to be administered before detainee can be seen by a prescribing provider. Plan should include administration of critical medications while detainee is held in lower level awaiting his/her initial appearance.
17	Identify a plan for administration of medications for detainees housed at the PCADC (including the MSF), including the frequency of passes per day. Provide rationale for proposals with more than two passes per day.
18	Describe the process you propose to authorize medications that are not on the formulary.
19	Plan for Keep on Person (KOP) medication, including a list of KOP eligible medications and rationale. Reference Pima County Sheriff Department's policies.
20	State your plan for discharge medications to include planned (scheduled) and unplanned (not scheduled) discharges.
21	Is/are the pharmacy(ies) you plan to contract with for routine, urgent and emergent medications able to interface with SureScripts for integration into the Statewide Health Information Exchange?
22	Provide a sample Comprehensive Pharmacy Report. At a minimum, all information in Attachment A1-7 should be included.
Diagnostic Testing: Laboratory and Imaging Services	
23	Does the laboratory that you plan to contract with for offsite laboratory tests have electronic interface capability with the Statewide HIE?
24	Describe any experience your firm has with teleradiology or other telemedicine.
Emergency Services	
25	Provide a plan for tracking emergency medical requests, including 911 calls, from initial receipt to final disposition.
Behavioral / Mental Health	
26	Describe the components of the behavioral health program and behavioral health staffing that you are proposing for adults and remanded juveniles at PCADC.
27	Provide a plan for addressing substance abuse issues. Include the approximate cost of your plan.
28	Provide the behavioral health criteria you would recommend for admission to and discharge from the: <ul style="list-style-type: none"> • Sub-acute (step down) Behavioral Health Unit; • Acute (inpatient) Behavioral Health Unit; and • Infirmary
29	Describe your firm's experience with involuntary/civil commitment programs, including the states in which you managed such programs (applies only to adults).
30	Describe your firm's experience with Restoration to Competency programs and the role you have played in them, if any. Describe how you will meet the requirements in the Scope for psychiatrist hours and licensed mental health practitioners related to RTC services.
Offsite Services	
31	Provide description of information system that will track orders for specialty consults and diagnostic testing, monitor receipt of reports from community providers within 48 hours of consultation and inclusion of reports in the health record. Provide sample reports from the system.
32	Provide a plan for Utilization Management to include health care services provided in an inpatient setting as well as outpatient services.
Health Records Management and Health Information Exchange	
33	Describe the Electronic Health Record software you propose using. Is it ONC certified? Is it connected to the statewide Health Information Exchange? If not certified or connected, do you agree to use the existing EHR (CorEMR) until the proposed EHR becomes ONC certified and is connected to the statewide Health Information Exchange?
34	Describe any experience you have with Health Information Exchanges.

APPENDIX VI: QUESTIONNAIRE (3 of 8 Pages)

35	Provide printouts of a sample full health record for: <ul style="list-style-type: none"> • A patient with significant medical issues; and • A patient with behavioral health issues.
36	Define your plan for implementation and training on EHR and the statewide Health Information Exchange.
37	Provide information on the technical support that will be available during implementation and 24/7 once implemented for any issues related to EHR.
38	Provide your plan for backing up and storing EHR data as well as recovery in the event of a disaster.
Personnel	
39	Provide plan for ensuring budgeted staffing levels and thresholds are met. Reference Worksheet 4: PCADC Budgeted Onsite Staffing Commitment.
Quality Assurance / Improvement	
40	Provide a copy of Bidder's Continuous Quality Improvement Plan for Correctional Health Care Services.
41	Provide plan for administrative oversight that the Offeror will use to establish, monitor, manage, and take corrective action to ensure compliance with all contract requirements. Provide an organizational chart that identifies the onsite and corporate positions responsible for reporting, quality monitoring and improvement, and other administrative functions associated with this project.
42	Identify which, if any, of the Performance Indicators listed in Attachment A1-19 your proposed EHR will not be able to provide information on with a query/report request. How will information for the monthly audits be provided for those Performance Indicators?
Reporting	
43	Identify which, if any, of the reporting requirements listed in Attachment A1-20 your proposed EHR will not be able to provide information on with a query/report request. How will information for the monthly reports be provided for those data elements?
Coordination with the Criminal Justice System	
44	Pima County identifies the Court as an important partner in healthcare matters. Please provide your plan for coordination with the Superior Court.

Project Plan – Part II: Pima County Juvenile Detention Center

Points for the Project Plan will be based on the quality and thoroughness of the Project Plan.	
The project plan must address the following elements in the order in which they are listed below (see Exhibit A, Part II: Scope of Services - PCJDC for additional information)	
Facilities and Equipment	
45	Provide a list of medical and office equipment purchases that bidder would make or recommend for PCJDC (reference Attachment A2-4 for current inventory available to the Vendor).
Receiving and Booking	
46	Provide a plan for the medical and mental health screening by an RN within one hour of notification, including policies, procedures, and forms for the following two alternatives: <ul style="list-style-type: none"> • For only youth admitted to PCJDC; and • For all youth presenting (physically referred) to PCJDC.
47	Include your criteria for medical intake diversion of arriving youth.
48	Submit criteria and description of an alcohol and drug withdrawal program for youth. The program description should include staffing resources, policies and procedures for identification of youth who require management of withdrawal, the onsite testing and other assessments (including offsite) that would be required to determine whether the youth can safely withdraw onsite or requires transport to a hospital for more extensive medical care, and policies and procedures related to managing withdrawal.
Physical and Mental Health Assessments	
49	Provide sample forms your firm uses for medical and mental health assessments for youth.

APPENDIX VI: QUESTIONNAIRE (4 of 8 Pages)

Nonemergency Health Care	
50	Describe the information systems you would use to track requests for sick call, triage and scheduling for onsite care. Include a sample report. Electronic alternatives, at the bidder's expense, are acceptable.
51	Plan for chronic disease management.
52	Plan to manage outbreak of communicable diseases at any of the sites and achieve compliance with requirements of Pima County Health Department (see Attachment A2-9).
53	Plan of care for high-risk pregnancies.
54	Plan for long term care of stable paraplegics, quadriplegics and other similar cases that may remain in custody for some period of time.
55	Describe the health education you will provide for chronic care populations and prevention of communicable diseases.
Pharmaceutical Operations and Administration of Medications	
56	Provide a plan for obtaining consent to administer medications from youth's legal guardian.
57	Describe your proposed system for receiving youth's medications.
58	Identify a plan for administration of medications for youth housed at the PCJDC, including the frequency of passes per day. Provide justification for proposals with more than two passes per day.
59	State your plan for discharge medications, including return of medication brought in for youth.
60	Is/are the pharmacy(ies) you plan to contract with for routine, urgent and emergent medications able to interface with SureScripts for integration into the Statewide Health Information Exchange?
61	Provide a sample Comprehensive Pharmacy Report. At a minimum, all information in Attachment A2-6 should be included.
Diagnostic Testing: Laboratory and Imaging Services	
62	Does the laboratory that you plan to contract with for offsite laboratory tests have electronic interface capability with the statewide HIE?
Emergency Services	
63	Provide a plan for tracking emergency medical requests, including 911 calls, from initial receipt to final disposition.
Behavioral / Mental Health	
64	Describe the components of the behavioral health program you propose for youth with a short term length of stay (less than 15 days) and for youth with a longer length of stay at PCJDC.
65	Provide a plan for addressing trauma screens and substance abuse issues as part of the overall assessment process.
66	Provide a plan to ensure each youth receives a treatment plan that will be reviewed by the attending psychiatrist.
Offsite Services	
67	Provide description of information system that will track orders for specialty consults and diagnostic testing, monitor receipt of reports from community providers within 48 hours of consultation and inclusion of reports in the health record. Provide sample reports from the system.
68	Provide a plan for Utilization Management to include health care services provided in an inpatient setting as well as outpatient services.
Health Records Management and Health Information Exchange	
69	Describe the Electronic Health Record software you propose using. Is it ONC certified? Is it able to access the statewide Health Information Exchange? If not, by when would you install an ONC certified EHR and connect to the statewide HIE (assuming the Court agrees to HIE access for PCJDC)?
70	Describe any experience you have with Health Information Exchanges.
71	Provide printouts of a sample electronic health record for: <ul style="list-style-type: none"> • A patient with significant medical issues; and • A patient with behavioral health issues

APPENDIX VI: QUESTIONNAIRE (5 of 8 Pages)

72	Define your plan for implementation and training on EHR and the Statewide Health Information Exchange (assuming the Court agrees to HIE access for PCJDC).
73	Provide information on the technical support that will be available during implementation and 24/7 once implemented for any issues related to EHRs.
74	Provide your plan for backing up and storing EHR data as well as recovery in the event of a disaster.
Personnel	
75	Provide plan for ensuring budgeted staffing levels and thresholds are met. Reference Worksheet 5: PCJDC Budgeted Onsite Staffing Commitment.
Quality Assurance / Improvement	
76	Provide a copy of Bidder's Continuous Quality Improvement Plan for Correctional Health Care Services.
77	Provide plan for administrative oversight that the Offeror will use to establish, monitor, manage, and take corrective action to ensure compliance with all contract requirements. Provide an organizational chart that identifies the positions responsible for reporting, quality monitoring and improvement, and other administrative functions associated with this project.
78	Identify which, if any, of the Performance Indicators listed in Attachment A2-11 your proposed EHR will not be able to provide information on with a query/report request. How will information for the monthly audits be provided for those Performance Indicators?
Reporting	
79	Identify which, if any, of the reporting requirements listed in Attachment A2-12 your proposed EHR will not be able to provide information on with a query/report request. How will information for the monthly reports be provided for those data elements?
Coordination with the Criminal Justice System	
80	Pima County identifies the Court as an important partner in healthcare matters. Please provide your plan for coordination with the Juvenile Court.

B. Cost (0 - 30 points)

The data contained in the submitted Appendix VII, Worksheets, will be evaluated and scored by the Evaluation Committee based on, but not limited to the following. **Pricing Worksheets 1, 2 and 3** and **Staffing Cost Worksheets 6 and 7** will be considered here.

81	<p>Pricing Worksheet 1. Offerors shall propose one firm, fixed, fully-loaded price for providing healthcare to detainees at the PCADC. Pricing must be submitted on the Pricing Worksheet 1 provided in Appendix VII to this solicitation and must be supported by worksheets detailing the Budgeted Onsite Staffing Commitment and the Summary Schedule of Staffing Costs with the average rate of compensation for each position covered by the contract.</p> <p>The firm, fixed, fully-loaded rates shall include all direct cost, indirect cost, overhead and profit margin, as well as subcontractors' (if any) total costs.</p>
82	<p>Pricing Worksheet 2. Offerors shall propose firm, fixed, fully-loaded pricing for providing healthcare to youth at the PCJDC. Pricing must be submitted on the Pricing Worksheet 2 provided in Appendix VII to this solicitation and must be supported by worksheets detailing the Budgeted Onsite Staffing Commitment and the Summary Schedule of Staffing Costs with the average rate of compensation for each position covered by the contract.</p> <p>The firm, fixed, fully-loaded rates shall include all direct cost, indirect cost, overhead and profit margin, as well as subcontractors' (if any) total costs.</p>
83	<p>Pricing Worksheet 3. For services in Exhibit A: Scope of Services, Section 19, Offeror shall submit a firm, fixed fully-loaded hourly rate for evaluation services of a Ph.D. psychologist on Pricing Worksheet 3. The rate per evaluation for the Ph.D. psychologist to administer psychological testing for the Sheriff's department applicants and employees shall include all direct cost, indirect cost, overhead and profit margin as well as any subcontractor's cost if relevant.</p>

APPENDIX VI: QUESTIONNAIRE (6 of 8 Pages)

C. Company Experience (0 –10 points)

Points for the company experience and references will be based on Offeror’s description of successful experience on similar projects and engagements and feedback from existing and previous clients, taking into consideration, but not limited to, the following:	
84	For Offerors other than the incumbent, provide a transition plan for the period June 16 – 30, 2013.
85	Offerors should include in their proposals samples of work performed for current and previous clients and ensure that any client references included in their proposal clearly describe the scope of services performed for them by the Offeror. Offerors must provide evidence of executing and managing contracts of similar size and scope.
86	Describe the modifications your firm makes to its services and programs to address the needs of the juvenile population in detention. Explain how age and gender of the juveniles impacts health services provided, if at all.
87	Describe any affiliations with universities and/or colleges that your organization has for healthcare training programs including physicians, nurse practitioners, registered nurses, or other healthcare positions.

D. Management and Staff Turnover (0 - 10 points)

Points for the Management and Staff Turnover will be based on the experience of management staff as it relates to their role and the needs of this contract, the qualifications proposed for key positions, and the Offeror’s anticipated turnover rates for critical positions delivering services onsite based on actual experiences in other similar sites, taking into consideration, but not limited to, the following:	
88	Workforce Stability and Turnover Over the past year, how successful has your firm been with its recruiting efforts to secure sufficient numbers of physicians, psychiatrists, psychologists, social workers, physician extenders also known as mid-levels, registered nurses, licensed practical nurses, patient care assistants, medical records managers, clerks, and other personnel necessary to deliver the volume and quality of services proposed in response to this RFP? Offerors shall estimate turnover rates based on their historical turnover, recruitment and retention experience at similar sites for critical positions: Health Services Administrator, physicians and other prescribing providers, nursing personnel, Director of Behavioral Health, psychiatrists, psychologists, mental health professionals, and any other staff critical to providing services. Offeror must describe the basis of the turnover rate calculations. Offerors must describe a plan to minimize turnover at Pima County sites for the contract period. Offerors must also describe their transition plan for leadership positions.

APPENDIX VI: QUESTIONNAIRE (7 of 8 Pages)

89	<p>Staff Qualifications Provide a job description with education and experience requirements for each of the following positions:</p> <p>At PCADC:</p> <ul style="list-style-type: none"> - Health Services Administrator - Medical Director - Behavioral Health Director - Psychiatrist for general population - Psychiatrist for the RTC population - Other key positions (identified by Offeror) <p>At PCJDC:</p> <ul style="list-style-type: none"> - Health Services Administrator - Medical Director / Prescribing Provider <p>Psychologist to provide testing and evaluation for the Sheriff's Department. A Ph.D. in psychology and at least three years experience with proven effectiveness in providing psychological services, including administration of testing, interpretation of testing, and development of written reports, related to the evaluation of candidates for jobs in law enforcement and law enforcement officers returning to duty. The individual providing these services cannot be providing services to detainees at PCADC or youth at PCJDC.</p>
90	<p>Recruitment Identify whether a recruiting firm is utilized and if not describe what process is followed to recruit timely for direct care and administrative positions.</p>
91	<p>Use of Agency/Temporary Staff Offeror shall describe how a stable temporary pool of qualified staff who have completed background checks by the Sheriff's department or the Court will be provided, indicating whether the Offeror has its own staffing pool or intends to contract with local or national staffing agencies.</p>
92	<p>Management and Administrative Structure The Offeror must demonstrate their organization has an established administrative infrastructure which can provide highly qualified individuals to oversee contract compliance and address regulatory and legal matters for a contract of this nature to include, but not limited to, the following services: procurement, payroll, record keeping, accounts payable, general accounting, medical records management, contract development with subcontractors, legal research and advice, health plan rules, quality management, utilization review/management, data gathering and analysis and automated systems support.</p>
93	<p>Single Point of Contact for Performance Satisfaction Offeror must identify a senior level individual in the contracting organization that has decision making authority and will have ultimate responsibility for the ongoing monitoring of the Offeror's performance under any contract resulting from this solicitation as well as coordination with senior county administration to ensure performance satisfaction.</p> <p>Include a resume for the proposed single point of contact.</p>

APPENDIX VI: QUESTIONNAIRE (8 of 8 Pages)

E. References (0 - 10 points)

94	<p>References identified on <u>APPENDIX III – REFERENCE LISTING FORM</u>. County will verify, at a minimum, if client demonstrates:</p> <ul style="list-style-type: none">• General compliance with their contract with clients listed• Performance standards were met or exceeded;• Completed similar projects on time and within budget.• Financial goals and other contract financial terms were achieved:• A history which does not include repeated requests for additional funds or out of scope tasks;• Satisfactory working relationships with client, custody and community organizations;• Satisfactory transition in and transition out;• Achievement and maintenance of accreditation and licensure goals; and• Contract renewals if applicable. <p>County intends to evaluate successful experience by contacting some or all of the Offeror's existing and previous clients and discussing performance associated with the criteria noted above. It is Offeror's responsibility to provide, in advance, any necessary consents or releases authorizing its reference sources to communicate with County about Offeror's performance. County reserves the right to contact organizations that have been Offeror's clients within the most recent three year period that are not included on the Reference Listing Form.</p>
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Submitted by (Printed Name and Title): _____ Initial: _____ Date: _____

END OF APPENDIX VI: QUESTIONNAIRE

SAMPLE CONTRACT

PIMA COUNTY DEPARTMENT OF INSTITUTIONAL HEALTH PROJECT: CORRECTIONAL HEALTH SERVICES CONTRACTOR: [awardee legal name & address] AMOUNT: \$[]	(STAMP HERE)
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PROFESSIONAL SERVICES CONTRACT

THIS CONTRACT entered into between Pima County, a body politic and corporate of the State of Arizona, hereinafter called COUNTY, and [Legal Name as documented by the ACC or sole proprietorship], hereinafter called CONTRACTOR,

W I T N E S S E T H

WHEREAS, pursuant to A.R.S. §11-601, expenses necessarily incurred in the support of persons charged with or convicted of a crime and committed therefore to the COUNTY jail are charges against the COUNTY; and

WHEREAS, Pima County Sheriff's Department has entered into an Interdepartmental Agreement with the Pima County Department of Institutional Health (DIH) for oversight, management, and the provision of health services to detainees in the custody of the Sheriff's Department at the Pima County Adult Detention Complex (PCADC), the Mission Minimum Security Facility and at the Ajo District Jail; and

WHEREAS, the Arizona Superior Court in Pima County has entered into an Intergovernmental Agreement with the Pima County Department of Institutional Health (DIH) for oversight, management, and the provision of health services to youth in the custody of the Pima County Juvenile Court at the Pima County Juvenile Detention Center (PCJDC); and

WHEREAS, COUNTY requires the services of a CONTRACTOR to provide healthcare services as set forth in Exhibit A – Scope of Services for detainees in the custody of the Pima County Sheriff's Department, including adult detainees and remanded juveniles housed at the PCADC, the minimum security Mission Road Facility, and the Ajo District Jail and for youth in the custody of the Pima County Juvenile Court housed at PCJDC; and

WHEREAS, COUNTY requires the services of a CONTRACTOR to provide a Ph.D. psychologist on an as-needed, part-time basis to perform interviews, test interpretation, application packet review, and written reports summarizing candidate suitability for employment and return to duty interviews: and

WHEREAS, CONTRACTOR is willing and able to provide such services and is able to begin providing such services in accordance with COUNTY's timeframes; and

WHEREAS, procurement of these services is authorized pursuant to Pima County Code 11.12.060;

NOW, THEREFORE, the parties hereto agree as follows:

ARTICLE I - TERM AND EXTENSION/RENEWAL/CHANGES

This Contract, as awarded by the Board of Supervisors, shall commence on July 1, 2013 and shall terminate on June 30, 2016, unless sooner terminated or further extended pursuant to the provisions of this Contract. The parties may renew this contract for up to two (2) additional one-year periods or any portion thereof. Parts I, II, and III of the Scope of Work outlined in Exhibit A (hereafter referred to as "Lines of Service") are severable. Specifically, the COUNTY reserves the right with respect to any Line of Service, to terminate, not renew, or renew for a term not coterminous with other Lines of Service.

Any modification, or extension of the contract termination date, shall be by formal written amendment executed by the parties hereto.

Amendments to the Contract must be approved, as required by the Board of Supervisors or the Procurement Director, as required by the Pima County Procurement code, before any work or deliveries under the Amendment commences.

ARTICLE II – SCOPE OF SERVICES

This Contract establishes the agreement under which the CONTRACTOR will provide COUNTY with products and services in accordance with the attached **Exhibit A: Scope of Services** (xx pages).

CONTRACTOR shall provide to COUNTY the goods and services as defined in this Contract. All goods and services shall comply with the requirements and specifications as called for in this Contract and solicitation documents contained or referenced in Pima County Solicitation No. 78416 and response to RFP; these documents are incorporated into the Contract the same as set forth in full herein.

ARTICLE III – PRICING AND COMPENSATION

The total not to exceed amount of compensation to be paid by COUNTY to CONTRACTOR for the contract periods through June 30, 2016 for performance of the services described in:

Exhibit A: Scope of Services – Part I, Pima County Adult Detention Complex is \$...

Exhibit A: Scope of Services – Part II – Pima County Juvenile Detention Center is \$.....

Exhibit A: Scope of Services – Part III – Psychological Testing to Employees and Applicants of the Pima County Sheriff's Department is \$.....

In consideration for the goods and services specified in this Contract, the COUNTY agrees to pay CONTRACTOR in a total aggregate amount not to exceed \$... for the contract periods through June 30, 2016. Pricing for work will be as set forth in **Exhibit B: Pricing and Compensation** (xx pages).

In the event COUNTY elects to terminate any Line of Service, the pricing and compensation for the remaining Lines of Service will remain unchanged. CONTRACTOR shall provide detailed documentation in support of requested payment. Payment requests shall assign all costs to items identified by Exhibit B.

It is the intention of both parties that pricing shall remain firm during the term of the contract. Price increases shall only be considered in conjunction with a renewal of the Contract. In the event that economic conditions are such that unit price increases are desired by the CONTRACTOR upon renewal of the Contract, CONTRACTOR shall submit a written request to COUNTY with supporting documents justifying such increases at least 90 days prior to the termination date of the Contract. It is agreed that the Unit Prices shall include compensation for the CONTRACTOR to implement and actively conduct cost and price control activities. COUNTY will review the proposed pricing and determine if it is in the best interest of COUNTY to renew or extend the Contract as provided for in Article I of this Contract.

CONTRACTOR shall not provide goods and services in excess of those indicated in Exhibit A without prior authorization by an amendment executed by COUNTY. Goods and Services provided in excess of Line Item or Contract Total Amounts without prior authorization by fully executed amendment shall be at CONTRACTOR's own risk.

For the period of record retention required under Article XXI, COUNTY reserves the right to question any payment made under this Article and to require reimbursement therefore by offset or otherwise for payments determined to be improper or contrary to the contract or law.

CONTRACTOR has the right to appeal any deduction or offset of funds made by COUNTY pursuant to this Contract by providing to COUNTY (through the Director of Institutional Health) pertinent documentation that substantiates the basis of the appeal beyond a reasonable doubt, within thirty (30) days after the deduction or offset being made. The appeal process will be administered according to the DIH Policy and Procedure.

ARTICLE IV – INSURANCE AND BOND

The CONTRACTOR's insurance shall be primary insurance and non-contributory with respect to all other available sources. CONTRACTOR shall obtain and maintain at its own expense, during the entire term of this Contract the following type(s) and amounts of insurance:

- a) Medical Professional Liability (medical malpractice) insurance in the amount not less than \$3,000,000.00 per claim, \$6,000,000.00 in the annual aggregate. The coverage will be provided in the form of \$2,000,000/\$5,000,000 plus \$1,000,000 in umbrella, covering all physicians and medical staff, including medical administrative staff;
- b) Commercial General Liability insurance of not less than \$1,000,000.00 combined single limit Bodily Injury and Property Damage. Pima County is to be named as an additional insured for all operations performed within the scope of the Contract between COUNTY and CONTRACTOR;
- c) If vehicles will be used in the actual performance of the work, Commercial or Business automobile liability coverage for owned, non-owned and hired vehicles used in the performance of this Contract with limits in the amount of \$1,000,000.00 combined single limit or \$1,000,000.00 Bodily Injury, \$1,000,000.00 Property Damage;
- d) Workers' Compensation insurance (statutory limits) with employers' liability limits of not less than \$500,000.00. CONTRACTOR and its subcontractors shall require its insurers to waive subrogation against COUNTY, the Pima County Sheriff Department, and their officers, employees, and agents except in cases of sole and gross negligence by the County.
- e) Property insurance to cover CONTRACTOR's on-site equipment.

CONTRACTOR shall provide COUNTY with current certificates of insurance. All certificates of insurance must provide for guaranteed thirty (30) days written notice to the COUNTY of cancellation, non-renewal or material change.

If CONTRACTOR or its subcontractors uses "claims made form" insurance coverage, then CONTRACTOR, all providers of healthcare services, whether outside providers or subcontractors, or other persons employed or engaged by CONTRACTOR to provide services under this Contract shall, upon expiration or termination of this Contract for any reason, continue to provide coverage for all claims arising from services provided during the term of this Contract. Such coverage may be provided either through continuing insurance coverage, including coverage for prior acts, or through an "extended reporting period" (tail coverage). Such coverage shall continue in full force and effect for a period of not less than three years, after the termination of services under this Contract. CONTRACTOR may propose alternative coverage acceptable to the COUNTY.

CONTRACTOR shall provide a performance bond in the amount of \$1,000,000.00. Such bond will be in place for the entire term of the contract, renewable annually for the term of the contract, plus an additional five month period to extend through November 30, 2016, to insure payment to all of CONTRACTOR's subcontractors and vendors delivering services to CONTRACTOR related to this Contract.

ARTICLE V - INDEMNIFICATION

CONTRACTOR shall indemnify, defend, and hold harmless COUNTY, its officers, employees and agents from and against any and all suits, actions, legal administrative proceedings, claims or demands and costs attendant thereto, arising out of any act, omission, fault or negligence by the CONTRACTOR, its agents, employees or anyone under its direction or control or on its behalf in connection with performance of this Contract.

CONTRACTOR warrants that all products and services provided under this contract are non-infringing. CONTRACTOR will indemnify, defend and hold COUNTY harmless from any claim of infringement arising from services provided under this contract or from the provision, license, transfer or use for their intended purpose of any products provided under this Contract.

ARTICLE VI - COMPLIANCE WITH LAWS

CONTRACTOR shall comply with all federal, state, and local laws, rules, regulations, standards and Executive Orders, without limitation to those designated within this Contract. The laws and regulations of the State of Arizona shall govern the rights of the parties, the performance of this Contract, and any disputes hereunder. Any action relating to this Contract shall be brought in a court of the State of Arizona in Pima County. Any changes in the governing laws, rules, and regulations during the terms of this Contract shall apply, but do not require an amendment.

ARTICLE VII - INDEPENDENT CONTRACTOR

The status of the CONTRACTOR shall be that of an independent contractor. Neither CONTRACTOR, nor CONTRACTOR's officers agents or employees shall be considered an employee of Pima County or be entitled to receive

any employment-related fringe benefits under the Pima County Merit System. CONTRACTOR shall be responsible for payment of all federal, state and local taxes associated with the compensation received pursuant to this Contract and shall indemnify and hold COUNTY harmless from any and all liability which COUNTY may incur because of CONTRACTOR's failure to pay such taxes. CONTRACTOR shall be solely responsible for program development and operation.

ARTICLE VIII - SUBCONTRACTOR

CONTRACTOR will be fully responsible for all acts and omissions of any subcontractor and of persons directly or indirectly employed by any subcontractor and of persons for whose acts any of them may be liable to the same extent that the CONTRACTOR is responsible for the acts and omissions of persons directly employed by it. Nothing in this contract shall create any obligation on the part of COUNTY to pay or see to the payment of any money due any subcontractor, except as may be required by law.

ARTICLE IX - ASSIGNMENT

CONTRACTOR shall not assign its rights to this Contract, in whole or in part, without prior written approval of the COUNTY. Approval may be withheld at the sole discretion of COUNTY, provided that such approval shall not be unreasonably withheld.

ARTICLE X - NON-DISCRIMINATION

CONTRACTOR agrees to comply with all provisions and requirements of Arizona Executive Order 2009-09 **including flow down of all provisions and requirements to any subcontractors**. Executive Order 2009-09 supersedes Executive order 99-4 and amends Executive order 75-5 and may be viewed and downloaded at the Governor of the State of Arizona's website http://www.azgovernor.gov/dms/upload/EO_2009_09.pdf which is hereby incorporated into this contract as if set forth in full herein. During the performance of this contract, CONTRACTOR shall not discriminate against any employee, client or any other individual in any way because of that person's age, race, creed, color, religion, sex, disability or national origin.

ARTICLE XI - AMERICANS WITH DISABILITIES ACT

CONTRACTOR shall comply with all applicable provisions of the Americans with Disabilities Act (Public Law 101-336, 42 U.S.C. 12101-12213) and all applicable federal regulations under the Act, including 28 CFR Parts 35 and 36.

ARTICLE XII - AUTHORITY TO CONTRACT

CONTRACTOR warrants its right and power to enter into this Contract. If any court or administrative agency determines that COUNTY does not have authority to enter into this Contract, COUNTY shall not be liable to CONTRACTOR or any third party by reason of such determination or by reason of this Contract.

ARTICLE XIII - FULL AND COMPLETE PERFORMANCE

The failure of either party to insist on one or more instances upon the full and complete performance with any of the terms or conditions of this Contract to be performed on the part of the other, or to take any action permitted as a result thereof, shall not be construed as a waiver or relinquishment of the right to insist upon full and complete performance of the same, or any other covenant or condition, either in the past or in the future. The acceptance by either party of sums less than may be due and owing it at any time shall not be construed as an accord and satisfaction.

ARTICLE XIV - CANCELLATION FOR CONFLICT OF INTEREST

This Contract is subject to cancellation for conflict of interest pursuant to ARS § 38-511, the pertinent provisions of which are incorporated into this Contract by reference.

ARTICLE XV – TERMINATION OF CONTRACT FOR DEFAULT

A. Upon a failure by CONTRACTOR to cure a default under this Contract within 10 days of receipt of notice from COUNTY of the default, COUNTY may, in its sole discretion, terminate this Contract for default by written notice to CONTRACTOR. In this event, COUNTY may take over the work and complete it by contract or otherwise. In such event, CONTRACTOR shall be liable for any damage to the COUNTY resulting from CONTRACTOR's default, including any increased costs incurred by COUNTY in completing the work.

- B. The occurrence of any of the following, without limitation to the named events, shall constitute an event of default:
1. Abandonment of or failure by CONTRACTOR to observe, perform or comply with any material term, covenant, agreement or condition of this Contract, or to prosecute the work or any separable part thereof with the diligence that will insure completion within the time specified in this contract, including any extension, or a failure to complete the work (or the separable part of the work) within the specified time;
 2. Persistent or repeated refusal or failure to supply adequate staff, resources or direction to perform the work on schedule or at an acceptable level of quality;
 3. Refusal or failure to remedy defective or deficient work within a reasonable time;
 4. Loss of professional registration or business or other required license or authority, or any curtailment or cessation for any reason of business or business operations that would substantially impair or preclude CONTRACTOR's performance of this Contract;
 5. Disregard of laws, ordinances, or the instructions of COUNTY or its representatives, or any otherwise substantial violation of any provision of the contract;
 6. Performance of work hereunder by personnel that are not qualified or permitted under state law or local law to perform such services;
 7. Commission of any act of fraud, misrepresentation, willful misconduct, or intentional breach of any provision of this Contract; or
 8. If a voluntary or involuntary action for bankruptcy is commenced with respect to CONTRACTOR, or CONTRACTOR becomes insolvent, makes a general assignment for the benefit of creditors, or has a receiver or liquidator appointed in respect of its assets.
- C. In the event of a termination for default:
1. All finished and unfinished drawings, specifications, documents, data, studies, surveys, drawings, photographs, reports and other information in whatever form, including electronic, acquired or prepared by CONTRACTOR for this project shall become COUNTY's property and shall be delivered to COUNTY not later than five (5) business days after the effective date of the termination;
 2. COUNTY may withhold payments to CONTRACTOR arising under this or any other Contract for the purpose of set-off until such time as the exact amount of damage due COUNTY from CONTRACTOR is determined; and
 3. Subject to the immediately preceding subparagraph (2), COUNTY's liability to CONTRACTOR shall not exceed the Contract value of work satisfactorily performed prior to the date of termination for which payment has not been previously made.
- D. The Contract will not be terminated for default nor the CONTRACTOR charged with damages under this Article, if:
- (1) Excepting item (8) in paragraph B above, the event of default or delay in completing the work arises from unforeseeable causes beyond the control and without the fault or negligence of CONTRACTOR. Examples of such causes include—
- (i) Acts of God or of the public enemy,
 - (ii) Acts of the COUNTY in either its sovereign or contractual capacity,
 - (iii) Acts of another Contractor in the performance of a contract with the COUNTY,
 - (iv) Fires,
 - (v) Floods,
 - (vi) Epidemics,
 - (vii) Quarantine restrictions,
 - (viii) Strikes,
 - (ix) Freight embargoes,
 - (x) Unusually severe weather, or
 - (xi) Delays of subcontractors at any tier arising from unforeseeable causes beyond the control and without the fault or negligence of both CONTRACTOR and the subcontractor(s); and
- (2) The CONTRACTOR, within seven (7) days from the beginning of any event of default or delay (unless extended by COUNTY), notifies the COUNTY in writing of the cause(s) therefore. In this circumstance, the COUNTY shall ascertain the facts and the extent of the resulting delay. If, in the reasonable judgment of COUNTY, the findings warrant such action, the time for completing the work may be extended.
- E. For the purposes of paragraph A above, "receipt of notice" shall include receipt by hand by CONTRACTOR's designated representative, by facsimile transmission with notice of receipt, or under the Notices clause of this Contract.
- F. If, after termination of the Contract for default, it is determined that the CONTRACTOR was not in default, or that the delay was excusable, the rights and obligations of the parties will be the same as if the termination had been issued for the convenience of the COUNTY.

G. The rights and remedies of COUNTY in this Article are cumulative and in addition to any other rights and remedies provided by law or under this contract.

ARTICLE XVI – TERMINATION FOR CONVENIENCE

COUNTY reserves the right to terminate this Contract, or any portion thereof, at any time and without cause by serving upon CONTRACTOR 30 days advance written notice of such intent to terminate. In the event of such termination, the COUNTY's only obligation to CONTRACTOR shall be payment for services rendered prior to the date of termination.

Notwithstanding any other provision in this Contract, this Contract may be terminated if for any reason, there are not sufficient appropriated and available monies for the purpose of maintaining COUNTY or other public entity obligations under this Contract. In the event of such termination, COUNTY shall have no further obligation to CONTRACTOR, other than to pay for services rendered prior to termination.

ARTICLE XVII - NOTICE

Any notice required or permitted to be given under this Contract shall be in writing and shall be served by personal delivery or by certified mail upon the other party as follows:

COUNTY:	CONTRACTOR:
Pima County	[Name, legal address, fax/phone and e-mail of
Deputy County Administrator for Medical and Health Services	Contractor contact]
130 W. Congress, 10 th Floor	
Tucson, Arizona 85701	

ARTICLE XVIII - NON-EXCLUSIVE CONTRACT

CONTRACTOR understands that this Contract is nonexclusive and is for the sole convenience of COUNTY. COUNTY reserves the right to obtain like services from other sources for any reason.

ARTICLE XIX - OTHER DOCUMENTS

CONTRACTOR and COUNTY in entering into this Contract have relied upon information provided in the Pima County Solicitation No. 78416 including the Request for Proposals, Instructions to Bidders, Standard Terms and Conditions, Specific Terms and Conditions, Solicitation Addenda, CONTRACTOR's Proposal and on other information and documents submitted by the CONTRACTOR in its response to Solicitation No. 78416. These documents are hereby incorporated into and made a part of this Contract as if set forth in full herein, to the extent not inconsistent with the provisions of this contract.

ARTICLE XX - REMEDIES

Either party may pursue any remedies provided by law for the breach of this Contract. No right or remedy is intended to be exclusive of any other right or remedy and each shall be cumulative and in addition to any other right or remedy existing at law or at equity or by virtue of this Contract.

ARTICLE XXI - SEVERABILITY

Each provision of this Contract stands alone, and any provision of this Contract found to be prohibited by law shall be ineffective to the extent of such prohibition without invalidating the remainder of this Contract.

ARTICLE XXII - BOOKS AND RECORDS

CONTRACTOR shall keep and maintain proper and complete books, records and accounts, which shall be open at all reasonable times for inspection and audit by duly authorized representatives of COUNTY.

In addition, CONTRACTOR shall retain all records relating to this contract at least 6 years after its termination or cancellation, or until any related pending proceeding or litigation has been closed.

In the event that any future claim, lawsuit, or other legal proceeding is brought against COUNTY and/or CONTRACTOR with respect to the goods and services provided pursuant to this Contract, COUNTY shall cooperate with CONTRACTOR and allow access to pertinent medical records in defense of any such action.

ARTICLE XXIII – PUBLIC INFORMATION

All information submitted in response to this solicitation, including, but not limited to, pricing, product specifications, work plans, and any supporting data becomes public information and upon request, is subject to release and/or review by the general public including competitors.

Any records submitted in response to this solicitation that respondent believes constitute proprietary, trade secret or otherwise confidential information must be appropriately and prominently marked as CONFIDENTIAL by respondent prior to the close of the solicitation.

Notwithstanding the above provisions, in the event records marked CONFIDENTIAL are requested for public release pursuant to A.R.S. § 39-121 et seq., County shall release records marked CONFIDENTIAL ten (10) business days after the date of notice to the respondent of the request for release, unless respondent has, within the ten day period, secured a protective order, injunctive relief or other appropriate order from a court of competent jurisdiction, enjoining the release of the records. For the purposes of this paragraph, the day of the request for release shall not be counted in the time calculation. Respondent shall be notified of any request for such release on the same day of the request for public release or as soon thereafter as practicable.

County shall not, under any circumstances, be responsible for securing a protective order or other relief enjoining the release of records marked CONFIDENTIAL, nor shall County be in any way financially responsible for any costs associated with securing such an order.

ARTICLE XXIV – LEGAL ARIZONA WORKERS ACT COMPLIANCE

CONTRACTOR hereby warrants that it will at all times during the term of this Contract comply with all federal immigration laws applicable to CONTRACTOR's employment of its employees, and with the requirements of A.R.S. § 23-214 (A) (together the "State and Federal Immigration Laws"). CONTRACTOR shall further ensure that each subcontractor who performs any work for CONTRACTOR under this contract likewise complies with the State and Federal Immigration Laws.

COUNTY shall have the right at any time to inspect the books and records of CONTRACTOR and any subcontractor in order to verify such party's compliance with the State and Federal Immigration Laws.

Any breach of CONTRACTOR's or any subcontractor's warranty of compliance with the State and Federal Immigration Laws, or of any other provision of this section, shall be deemed to be a material breach of this Contract subjecting CONTRACTOR to penalties up to and including suspension or termination of this Contract. If the breach is by a subcontractor, and the subcontract is suspended or terminated as a result, CONTRACTOR shall be required to take such steps as may be necessary to either self-perform the services that would have been provided under the subcontract or retain a replacement subcontractor, as soon as possible so as not to delay project completion.

CONTRACTOR shall advise each subcontractor of COUNTY's rights, and the subcontractor's obligations, under this Article by including a provision in each subcontract substantially in the following form:

"SUBCONTRACTOR hereby warrants that it will at all times during the term of this contract comply with all federal immigration laws applicable to SUBCONTRACTOR's employees, and with the requirements of A.R.S. § 23-214 (A). SUBCONTRACTOR further agrees that COUNTY may inspect the SUBCONTRACTOR's books and records to ensure that SUBCONTRACTOR is in compliance with these requirements. Any breach of this paragraph by SUBCONTRACTOR will be deemed to be a material breach of this contract subjecting SUBCONTRACTOR to penalties up to and including suspension or termination of this contract."

Any additional costs attributable directly or indirectly to remedial action under this Article shall be the responsibility of CONTRACTOR.

ARTICLE XXV – SCRUTINIZED BUSINESS OPERATIONS

Pursuant to A.R.S. §§ 35-391.06 and 393.06, contractor hereby certifies that it does not have scrutinized business operations in Iran or Sudan. The submission of a false certification by contractor may result in action up to and including termination of this contract.

ARTICLE XXVI GRANT COMPLIANCE

Not Applicable.

ARTICLE XXVII - OFF-SHORE PERFORMANCE OF WORK PROHIBITED

Due to security and protection concerns, direct services under this contract shall be performed within the borders of the United States. Any services that are described in the specifications or scope of work that directly serve Pima County or its beneficiaries and may involve access to secure or sensitive data or personal client data or development or modification of software for the County shall be performed within the borders of the United States. Unless specifically stated otherwise in specifications, this definition does not apply to indirect or "overhead" services, redundant back-up services or services that are incidental to the performance of the contract. This provision applies to work performed by subcontractors at all tiers.

XXVIII – HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT

The parties acknowledge that County's health benefit program is a "covered entity" as described in 45 C.F.R. §160.103 of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and is required to comply with the provisions of HIPAA with respect to safeguarding the privacy, confidentiality and security of protected health information. CONTRACTOR acknowledges that it may obtain confidential personal health information of COUNTY'S health benefit program participants in the course of CONTRACTOR'S performance under the terms of this CONTRACT. "Confidential personal health information" includes information that could be used to identify a participant, information pertaining to the participant's care, treatment or experience in COUNTY'S program, and information pertaining to the cost of, payment for, or collections activities related to participant's care, treatment and experience in COUNTY'S program. CONTRACTOR agrees to maintain the privacy, confidentiality and security of information it may obtain in the course of its performance under this CONTRACT. In particular, CONTRACTOR agrees that it is COUNTY's Business Associate and agrees to be bound by the Business Associate Agreement in Exhibit C which is incorporated into this agreement, and further specifically agrees that:

- A. Any confidential personal health information that CONTRACTOR may obtain shall remain the sole property of the COUNTY; and
- B. CONTRACTOR shall establish and maintain procedures and controls that are acceptable to COUNTY to assure that no confidential personal health information contained in its records or obtained from COUNTY or from others in carrying out its functions under this CONTRACT shall be used by or disclosed by CONTRACTOR, its agents, officers, employees or subcontractors, except as required in the performance of its obligations under the terms of this CONTRACT; and
- C. CONTRACTOR shall not remove any confidential personal health information from COUNTY premises, if applicable; and
- D. Any other information pertaining to individual persons shall not be divulged other than to employees or officers of CONTRACTOR as needed for the performance of its duties under this CONTRACT, or to COUNTY.

ARTICLE XXIX – SUSPENSION OR DEBARMENT

CONTRACTOR represents that it, its key Corporate officers and executive management (collectively for purposes of this article, 'Principals') have never been convicted of an offense or found liable for an event constituting cause for suspension or debarment under Pima County Code §11.28-040. CONTRACTOR will inform county if any Principal is or becomes subject to any of the following:

1. A criminal charge, whether due to indictment or complaint;
2. A criminal conviction;
3. An investigation by an agency or organization through which the professional license of a Principal is maintained, which investigation may result in action against the Principal's professional license; or
4. Suspension, debarment, or any type of action by another governmental entity disqualifying or prohibiting the Principal from participating in any procurement.

CONTRACTOR's failure to truthfully and promptly fulfill this continuing duty of disclosure to COUNTY will constitute cause for termination of this Contract and may result in CONTRACTOR's and its Principals' suspension or debarment from receiving any contract award from COUNTY as provided in Pima County code Chapters 11.28 and 11.32. For purposes of this section, dismissal of any criminal charge following the completion of any type of deferred prosecution program constitutes a conviction.

ARTICLE XXX - ENTIRE AGREEMENT

This document constitutes the entire agreement between the parties pertaining to the subject matter hereof, and all prior or contemporaneous agreements and understandings, oral or written, are hereby superseded and merged herein. This Contract may be modified, amended, altered or extended only by a written amendment signed by the parties.

The following documents are attached and incorporated into the Contract as set forth herein:

Exhibit A: Scope of Services

- Exhibit A-1 Inventory
- Exhibit A-2 Required Reports and Reporting Schedule
- Exhibit A-3a Liquidated Damages – Performance Indicators – PCADC
- Exhibit A-3b Liquidated Damages – Performance Indicators - PCJDC
- Exhibit A-4a Liquidated Damages – Business Requirements – PCADC
- Exhibit A-4b Liquidated Damages – Business Requirements - PCJDC
- Exhibit A-5 Public Health Standards and Recommendations

Exhibit B: Pricing and Compensation

- Exhibit B-1a Pricing Worksheet (DIH - PCADC)
- Exhibit B-1b Pricing Worksheet (DIH - PCJDC)
- Exhibit B-1c Pricing Worksheet (Sheriff's Department)
- Exhibit B-2 Summary Invoice (DIH – PCADC and PCJDC)
- Exhibit B-3a PCADC Budgeted Onsite Staffing Commitment Worksheet
- Exhibit B-3b PCJDC Budgeted Onsite Staffing Commitment Worksheet
- Exhibit B-4a PCADC Summary Schedule of Staffing Costs and Relief Compensation
- Exhibit B-4b PCJDC Summary Schedule of Staffing Costs and Relief Compensation
- Exhibit B-5 Outlier Medication List

Exhibit C: Business Associate Agreement

(Remainder of this page intentionally left blank)

IN WITNESS THEREOF, the parties have affixed their signatures to this Contract on the date written below:

PIMA COUNTY

CONTRACTOR

Chair, Board of Supervisors

Authorized Officer Signature

Date: _____

Printed Name and Title

ATTEST

Date

Clerk of the Board

Date

APPROVED AS TO FORM

Deputy County Attorney

Print DCA Name

Date

APPROVED AS TO CONTENT

Department Director

Date

PIMA COUNTY STANDARD TERMS AND CONDITIONS (12/20/10)

1. OPENING:

Responses will be publicly opened and respondent's name, and if a Bid the amount, will be read on the date and at the location defined in the *Invitation for Bid (IFB)* or *Request For Proposals (RFP)*. Proposals shall be opened so as to avoid disclosure of the contents of any proposal to competing Offerors during the process of negotiation. All interested parties are invited to attend.

2. EVALUATION:

Responses shall be evaluated to determine which response is most advantageous to the COUNTY considering evaluation criteria, conformity to the specifications and other factors.

If an award is made, the Pima County (COUNTY) will enter into an agreement with the one or multiple respondent(s) that submitted the lowest bid(s) and determined responsible for supplying the required goods or services. Unless otherwise specified on the Bid/Offer document determination of the low/lowest bids will be made considering the total bid amount.

The COUNTY reserves the following rights: 1) to waive informalities in the bid or bid procedure; 2) to reject the response of any persons or corporations that have previously defaulted on any contract with COUNTY or who have engaged in conduct that constitutes a cause for debarment or suspension as set forth in COUNTY Code section 11.32; 3) to reject any and all responses; 4) to re-advertise for bids previously rejected; 5) to otherwise provide for the purchase of such equipment, supplies materials and services as may be required herein; 6) to award on the basis of price and other factors, including but not limited to such factors as delivery time, quality, uniformity of product, suitability for the intended task, and bidder's ability to supply; 7) to increase or decrease the quantity herein specified. Pricing evaluations will be based on pre-tax pricing offered by vendor.

3. AWARD NOTICE:

A *Notice of Recommendation for Award* for IFB or RFP will be posted on the Procurement website and available for review by interested parties. A tabulation of responses will be maintained at the Procurement Department.

4. AWARD:

Awards shall be made by either the Procurement Director or the Board of Supervisors in accordance with the Pima County Procurement Code. COUNTY reserves the right to reject any or all offers, bids or proposals or to waive irregularities and informalities if it is deemed in the best interest of the COUNTY. Unless expressly agreed otherwise, resulting agreements are not exclusive, are for the sole convenience of COUNTY, and COUNTY reserves the right to obtain like goods or services from other sources.

5. WAIVER:

Each respondent, by submission of an offer, bid or proposal proclaims and agrees and does waive any and all claims for damages against COUNTY or its officers or employees when any of the rights reserved by COUNTY may be exercised.

6. ACKNOWLEDGEMENT AND ACCEPTANCE:

If Offeror's terms of sale are inconsistent with the terms of the resultant agreement, the terms herein shall govern, unless Offeror's terms are accepted in writing by COUNTY. No oral agreement or understanding shall in any way modify this order or the terms and conditions herein. Offeror's acceptance, delivery or performance called for herein shall constitute unqualified acceptance of the terms and conditions of the resultant agreement.

7. INTERPRETATION and APPLICABLE LAW:

The contract shall be interpreted, construed and given effect in all respects according to the laws of the State of Arizona. If any of Offerors' terms or conditions are not in agreement with County's terms and conditions as set forth herein, COUNTY's shall govern. This Agreement incorporates the complete agreement of the parties with respect to the subject matter of this Agreement. No oral agreement or other understanding shall in any way modify these terms and conditions.

8. SPECIFICATION CHANGES:

COUNTY shall have the right to make changes in the specifications, services, or terms and conditions of an order. If such changes cause an increase or decrease in the amount due under an order or in time required for performance, an acceptable adjustment shall be made and the order shall be modified in writing. Any agreement for adjustment must be made in writing. Nothing in this clause shall reduce Offeror's responsibility to proceed without delay in the delivery or performance of an order.

9. PAYMENT TERMS:

Payment terms are net 30, unless otherwise specified by the agreement documents.

10. ACCEPTANCE OF MATERIALS AND SERVICES:

COUNTY will not execute an acceptance or authorize payment for any service, equipment or component prior to delivery and verification that all specification requirements have been met.

11. FRAUD AND COLLUSION:

Each Offeror, by submission of a bid, proclaims and agrees that no officer or employee of COUNTY or of any subdivision thereof has: 1) aided or assisted the Offeror in securing or attempting to secure a contract to furnish labor, materials or supplies at a higher price than that proposed by any other Offeror; 2) favored one Offeror over another by giving or withholding information or by willfully misleading the bidder in regard to the character of the material or supplies called for or the conditions under which the proposed work is to be done; 3) will knowingly accept materials or supplies of a quality inferior to those called for by any contract; 4) any direct or indirect financial interest in the offer or resulting agreement. Additionally, during the conduct of business with COUNTY, the Offeror will not knowingly certify, or induce others to certify, to a greater amount of labor performed than has been actually performed, or to the receipt of a greater amount or different kind of material or supplies that has been actually received. If at any time it shall be found that the awardee(s) has in presenting any offer(s) colluded with any other party or parties for the purpose of preventing any other offer being made, then the agreement so awarded shall be terminated and that person or entity shall be liable for all damages sustained by COUNTY.

12. COOPERATIVE USE OF RESULTING AGREEMENT:

As allowed by law, the COUNTY has entered into cooperative procurement agreements that enable other Public Agencies to utilize procurement agreements developed by the COUNTY. The Offeror may be contacted by participating agencies and requested to provide services and products pursuant to the pricing, terms and conditions defined by the COUNTY blanket contract, purchase order or contract. Minor adjustments are allowed subject to agreement by both Offeror and Requesting Party to accommodate additional cost or other factors not present in the COUNTY agreement and required to satisfy particular Public Agency code or functional requirements and are within the intended scope of the solicitation and resulting agreement. Any such usage shall be in accordance with State, COUNTY and other Public Agency procurement rules, regulations and requirements and shall be transacted by blanket contract purchase order or contract between the requesting party and Offeror. Offeror shall hold harmless COUNTY, its officers, employees, and agents from and against all liability, including without limitation payment and performance associated with such use. A list of agencies that are authorized to use COUNTY agreements can be viewed at the Procurement Department Internet home page: <http://www.pima.gov/procure> by selecting the link titled *Authorized Use of COUNTY Agreements*.

13. PATENT INDEMNITY:

Offeror shall hold COUNTY, its officers, agents and employees, harmless from liability of any nature or kind, including costs and expenses, for infringement or use of any copyrighted composition, secret process, patented or unpatented invention, article or appliance furnished or used in connection with the blanket contract purchase order or contract. Offeror may be required to furnish a bond or other indemnification to COUNTY against any and all loss, damage, costs, expenses, claims and liability for patent or copyright infringement.

14. UNFAIR COMPETITION AND OTHER LAWS:

Responses shall be in accordance with Arizona trade and commerce laws (Title 44 A.R.S.) and all other applicable COUNTY, State, and Federal laws and regulations.

15. NON-APPROPRIATION OF FUNDS:

Pursuant to the provisions of A.R.S. § 11-251, sub-section 42, this agreement may be canceled if for any reason the COUNTY Board of Supervisors does not appropriate funds for the stated purpose of maintaining any agreement. In the event of such cancellation, COUNTY shall have no further obligation, other than for services or goods that have already been received.

16. PUBLIC INFORMATION:

Pursuant to A.R.S. § 39-121 et seq., and A.R.S. § 34-603(H) in the case of construction or Architectural and Engineering services procured under A.R.S. Title 34, Chapter 6, all information submitted in response to this solicitation, including, but not limited to, pricing, product specifications, work plans, and any supporting data becomes public information and upon request, is subject to release and/or review by the general public including competitors.

Any records submitted in response to this solicitation that Offeror reasonably believes constitute proprietary, trade secret or otherwise confidential information must be appropriately and prominently marked as CONFIDENTIAL by Offeror **prior** to the close of the solicitation.

Notwithstanding the above provisions, in the event records marked CONFIDENTIAL are requested for public release pursuant to A.R.S. § 39-121 et seq., COUNTY shall release records marked CONFIDENTIAL ten (10) business days after

the date of notice to the Offeror of the request for release, unless Offeror has, within the ten day period, secured a protective order, injunctive relief or other appropriate order from a court of competent jurisdiction, enjoining the release of the records. For the purposes of this paragraph, the day of the request for release shall not be counted in the time calculation. Offeror shall be notified of any request for such release on the same day of the request for public release or as soon thereafter as practicable.

COUNTY shall not, under any circumstances, be responsible for securing a protective order or other relief enjoining the release of records marked CONFIDENTIAL, nor shall COUNTY be in any way financially responsible for any costs associated with securing such an order.

17. PROTESTS:

An interested party may file a protest regarding any aspect of a solicitation, evaluation, or recommendation for award. Protests must be filed in accordance with the Pima County Procurement Code, Section 11.20.010.

18. ORDER OF PRECEDENCE-CONFLICTING DOCUMENTS:

In the event that there are inconsistencies between agreement documents, following is the order of precedence, superior to subordinate, that shall be applied to resolve the inconsistency: blanket contract; purchase order; offer agreement or contract attached to a blanket contract or purchase order; standard terms and conditions; other solicitation documents.

20. AUTHORITY TO CONTRACT:

Offeror warrants its right and power to enter into the blanket contract, purchase order or contract. If any court or administrative agency determines that COUNTY does not have authority to enter into the blanket contract, purchase order or contract, COUNTY shall not be liable to Offeror or any third party by reason of such determination or by reason of the blanket contract, purchase order or contract.

21. CONTROL OF DATA PROVIDED BY PIMA COUNTY:

For those projects and contracts where Pima County has provided data to enable the Offeror to provide contracted services or products, unless otherwise specified and agreed to in writing by Pima County, Offeror shall treat, control and limit access to said information as confidential and under no circumstances release any data provided by County during the term of this agreement and thereafter, including but not limited to personal identifying information as defined by A.R.S. § 44-1373, and is further prohibited from selling such data directly or through a third party. Upon termination of the associated agreement or completion of the required contractual intent whichever occurs sooner, Offeror shall either return all data to County or shall destroy such data and confirm destruction in writing in a timely manner not to exceed 60 calendar days.

END OF PIMA COUNTY STANDARD TERMS AND CONDITIONS

APPENDIX VII: PRICING AND STAFFING WORKSHEETS
Worksheet 1: PCADC Pricing Proposal

Name of Contractor: _____

Line #	Expense Category	Year 1 7/1/2013 - 6/30/14	Year 2 7/01/14 - 6/30/15	Year 3 7/01/15 - 6/30/16	Totals 6/15/13 - 6/30/16
1	On Site Personnel. Based on Budgeted Staffing Commitment (Worksheet 4) and Summary Schedule of Staffing Costs (Worksheet 6)				\$ -
2	Relief Compensation (from Worksheet 6)				\$ -
3	Medications and Pharmaceutical Services (excludes outlier medications above \$25,000 per episode of care)				\$ -
4	Offsite services (inpatient and outpatient). Excludes services above \$25,000 per episode of care.				\$ -
5	Laboratory				
6	Other Medical Expenses (including imaging, supplies, etc.)				\$ -
7	Subtotal Health Services Expenses	\$ -	\$ -	\$ -	\$ -
Please fill in these lines according to your corporate structure.					
8					\$ -
9					\$ -
10	Subtotal Administrative Expenses	\$ -	\$ -	\$ -	\$ - #
11	Total Basic Service Fee for PCADC	\$ -	\$ -	\$ -	\$ -

All prices should be quoted for a monthly Average Daily Census of 2000.

12	Additional per diem payment to CONTRACTOR for each detainee day in which the monthly ADC is above 2,100		per detainee day
13	Per diem credit to COUNTY for each detainee day in which the monthly ADC is below 1,900		per detainee day

Note 1: This Worksheet should include pricing for all costs of detainees in the custody of the Sheriff's Department and housed at the Pima County Adult Detention Complex and the Mission Minimum Security Facility.

Note 2: MUST BE FIRM, FIXED, FULLY LOADED PRICE BASED ON ALL COSTS FOR WHICH BIDDER EXPECTS PAYMENT WITHOUT EXCEPTION

APPENDIX VII: PRICING AND STAFFING WORKSHEETS
Worksheet 2: PCJDC Pricing Proposal

Name of Contractor: _____

Line #	Expense Category	Year 1 7/1/2013 - 6/30/14	Year 2 7/01/14 - 6/30/15	Year 3 7/01/15 - 6/30/16	Totals 6/15/13 - 6/30/16
1	On Site Personnel. Based on Budgeted Staffing Commitment (Worksheet 5) and Summary Schedule of Staffing Costs (Worksheet 7). Use Scenario 1 in Exhibit A, Part II, Section 4.1 here.				\$ -
2	Relief Compensation (from Worksheet 7). Use Scenario 1 in Exhibit A, Part II, Section 4.1 here.				\$ -
3	Incremental cost (if any) for Scenario 2 in Exhibit A, Part II, Section 4.1				\$ -
4	Medications and Pharmaceutical Services (excludes outlier medications above \$25,000 per episode)				\$ -
5	Laboratory				\$ -
6	Other Medical Expenses (including imaging, supplies, hazardous waste removal, etc.)				\$ -
7	Subtotal Health Services Expenses	\$ -	\$ -	\$ -	\$ -
Please fill in these lines according to your corporate structure.					
8					\$ -
9					\$ -
10	Subtotal Administrative Expenses	\$ -	\$ -	\$ -	\$ -
11	Total Basic Service Fee for PCJDC	\$ -	\$ -	\$ -	\$ -

Note 1: This Worksheet should include pricing for all costs of youth housed at the Pima County Juvenile Detention Center.

Note 2: MUST BE FIRM, FIXED, FULLY LOADED PRICE BASED ON ALL COSTS FOR WHICH BIDDER EXPECTS PAYMENT WITHOUT EXCEPTION

APPENDIX VII: PRICING AND STAFFING WORKSHEETS

Worksheet 3: Pricing Proposal for Psychological Services for Applicants and Return to Duty Officers

Name of Contractor: _____

Line #		Year 1 7/1/2013 - 6/30/14	Year 2 7/01/14 - 6/30/15	Year 3 7/01/15 - 6/30/16	Totals 6/15/13 - 6/30/16
1	Rate to be Charged per Evaluation				
2	Annual Cap on Number of Evaluations	480	480	480	
3	Annual Dollar Cap for Service	\$ -	\$ -	\$ -	\$ -

Note 1: This Worksheet should include pricing for all costs associated with conducting psychological evaluations for Applicants and Return to Duty for the Pima County Sheriff's Department.

Note 2: MUST BE FIRM, FIXED, FULLY LOADED PRICE BASED ON ALL COSTS FOR WHICH BIDDER EXPECTS PAYMENT WITHOUT EXCEPTION

APPENDIX VII: PRICING AND STAFFING WORKSHEETS
Worksheet 4: PCADC Budgeted Onsite Staffing Commitment Worksheet

For each functional area, identify hours by Position Title that will be on-site each day of the week and by shift. Hours listed are for example purposes only.

PROPOSER'S NAME: _____

PCADC Health Care Staffing Plan	Shift Hours	Total Hours Per Day							Total Hrs/Wk	Annual Hours Committed	# FTEs (weekly / 40)	
		Sun	Mon	Tue	Wed	Thu	Fri	Sat				
Main Jail Booking/Intake (24x7)												
Specify Position Title:												
Intake EMT	(Shift 1)	8	8	8	8	8	8	8	8	56	2,912	1.4
Intake EMT	(Shift 2)	8	8	8	8	8	8	8	8	56	2,912	1.4
Intake EMT	(Shift 3)	8	8	8	8	8	8	8	8	56	2,912	1.4
Intake RN	(Shift 1)	8	8	8	8	8	8	8	8	56	2,912	1.4
Intake RN	(Shift 2)	8	8	8	8	8	8	8	8	56	2,912	1.4
Intake RN	(Shift 3)	8	8	8	8	8	8	8	8	56	2,912	1.4
Sub Total, this Functional Area		48	48	48	48	48	48	48	48	336	17,472	8.4
Main Jail Medication Administration												
Specify Position Title:												
Sub Total, this Functional Area		-	-	-	-	-	-	-	-	-	-	-
Main Jail Sick Call Requests Triage												
Specify Position Title:												
Sick call RN	(Shift 1)	8	8	8	8	8	8	8	8	56	2,912	1.4
Sick call RN	(Shift 2)	8	8	8	8	8	8	8	8	56	2,912	1.4
Sick call RN	(Shift 3)	8	8	8	8	8	8	8	8	56	2,912	1.4
Sub Total, this Functional Area		24	24	24	24	24	24	24	24	168	8,736	4.2
Main Jail Chronic Care Management												
Specify Position Title:												
Sub Total, this Functional Area		-	-	-	-	-	-	-	-	-	-	-
Main Jail Other Triage and Treatment												
Specify Position Title:												
Sub Total, this Functional Area		-	-	-	-	-	-	-	-	-	-	-
Main Jail Infirmiry Care												
Specify Position Title:												
Infirmiry RN	(Shift 1)	8	8	8	8	8	8	8	8	56	2,912	1.4
Infirmiry RN	(Shift 2)	8	8	8	8	8	8	8	8	56	2,912	1.4
Infirmiry RN	(Shift 3)	8	8	8	8	8	8	8	8	56	2,912	1.4
Sub Total, this Functional Area		24	24	24	24	24	24	24	24	168	8,736	4.2

APPENDIX VII: PRICING AND STAFFING WORKSHEETS
Worksheet 4: PCADC Budgeted Onsite Staffing Commitment Worksheet

For each functional area, identify hours by Position Title that will be on-site each day of the week and by shift. Hours listed are for example purposes only.

PROPOSER'S NAME: _____

PCADC Health Care Staffing Plan	Shift Hours	Total Hours Per Day							Total Hrs/Wk	Annual Hours Committed	# FTEs (weekly / 40)
		Sun	Mon	Tue	Wed	Thu	Fri	Sat			
Main Jail Mental Health Services--General Population											
Specify Position Title:											
Sub Total, this Functional Area		-	-	-	-	-	-	-	-	-	-
Main Jail Mental Health Services--Acute (Inpatient) Mental Health Unit											
Specify Position Title:											
Sub Total, this Functional Area		-	-	-	-	-	-	-	-	-	-
Main Jail Mental Health Services--Sub-Acute (Step down) Mental Health Unit											
Specify Position Title:											
Sub Total, this Functional Area		-	-	-	-	-	-	-	-	-	-
Main Jail Mental Health Services--RTC Coordination and Tracking, Title 36 Psych Evaluations and Court Ordered Treatment, Rule 11											
Specify Position Title:											
Sub Total, this Functional Area		-	-	-	-	-	-	-	-	-	-
Mission Facility Booking/Intake(Friday Only)											
Specify Position Title:											
Sub Total, this Functional Area		-	-	-	-	-	-	-	-	-	-
Mission Facility Medication Administration/ Triage Sick Call Requests/ Sick Call/ Treatments											
Specify Position Title:											
Sub Total, this Functional Area		-	-	-	-	-	-	-	-	-	-

APPENDIX VII: PRICING AND STAFFING WORKSHEETS
Worksheet 4: PCADC Budgeted Onsite Staffing Commitment Worksheet

For each functional area, identify hours by Position Title that will be on-site each day of the week and by shift. Hours listed are for example purposes only.

PROPOSER'S NAME: _____

PCADC Health Care Staffing Plan	Shift Hours	Total Hours Per Day							Total Hrs/Wk	Annual Hours Committed	# FTEs (weekly / 40)	
		Sun	Mon	Tue	Wed	Thu	Fri	Sat				
Mission Facility Mental Health Services-- Includes Review of Medications and Mental Health Status												
Specify Position Title:												
Sub Total, this Functional Area		-	-	-	-	-	-	-	-	-	-	
Dental Services												
Specify Position Title:												
Sub Total, this Functional Area		-	-	-	-	-	-	-	-	-	-	
Imaging Services												
Specify Position Title:												
Sub Total, this Functional Area		-	-	-	-	-	-	-	-	-	-	
Total Direct Patient Care Staff		96	96	96	96	96	96	96	96	672	34,944	
Leadership Personnel												
Specify Position Title:												
Health Services Administrator	8 am - 5 pm		8	8	8	8	8	8		40	2,080	1.0
Director of Nursing	8 am - 5 pm	8	8	8				8	8	40	2,080	1.0
Medical Director	8 am - 5 pm			8	8	8	8	8	8	40	2,080	1.0
Director of Behavioral Health Services	8 am - 5 pm			8	8	8	8	8	8	40	2,080	1.0
Chief Psychiatrist	8 am - 5 pm		8	8	8	8	8	8		40	2,080	1.0
Psychologist	8 am - 5 pm	8	8	8	8	8				40	2,080	1.0
Sub Total, this Functional Area		16	32	48	40	40	40	40	24	240	12,480	6.0
Medical Records Management and Support Staff												
Specify Position Title:												
Sub Total, this Functional Area		-	-	-	-	-	-	-	-	-	-	
Total Leadership and Support		16	32	48	40	40	40	40	24	240	12,480	6.0
GRAND TOTAL		112	128	144	136	136	136	120	912	47,424	22.8	

APPENDIX VII: PRICING AND STAFFING WORKSHEETS
Worksheet 5: PCJDC Budgeted Onsite Staffing Commitment Worksheet

For each functional area, identify hours by Position Title that will be on-site each day of the week and by shift.

Include staffing for both scenarios listed in Exhibit A: Scope of Services, Part II, Section 4.1. Highlight any positions that would be required in Scenario 2 that would not be required in Scenario 1.

PROPOSER'S NAME: _____

PCADC Health Care Staffing Plan	Total Hours Per Day								Total Hrs/Wk	Annual Hours Committed	# FTEs (weekly / 40)
	Shift Hours	Sun	Mon	Tue	Wed	Thu	Fri	Sat			
Medical Staff											
Specify Position Title:									0	0	0.0
									0	0	0.0
									0	0	0.0
									0	0	0.0
									0	0	0.0
									0	0	0.0
									0	0	0.0
Sub Total, this Functional Area		0	0	0.0							
Behavioral Health Staff											
Specify Position Title:									0	0	0.0
									0	0	0.0
									0	0	0.0
									0	0	0.0
									0	0	0.0
									0	0	0.0
									0	0	0.0
									0	0	0.0
Sub Total, this Functional Area		0	0	0.0							
Leadership / Support Staff											
Specify Position Title:									0	0	0.0
									0	0	0.0
									0	0	0.0
									0	0	0.0
									0	0	0.0
									0	0	0.0
									0	0	0.0
									0	0	0.0
Sub Total, this Functional Area		0	0	0.0							
Contracted Positions											
Specify Position Title:									0	0	0.0
									0	0	0.0
									0	0	0.0
									0	0	0.0
									0	0	0.0
									0	0	0.0
									0	0	0.0
									0	0	0.0
Sub Total, this Functional Area		0	0	0.0							
GRAND TOTAL		0	0	0.0							

EXHIBIT A: SCOPE OF SERVICES – PART I

PIMA COUNTY ADULT DETENTION COMPLEX

1. Facilities and Equipment

The Pima County Sheriff's Department, through its Corrections Bureau, operates two detention facilities:

1. Pima County Adult Detention Complex (PCADC): Main Jail (including East, West, and Tower) at 1270 West Silverlake Road, Tucson, AZ 85713 and the "Mission" Minimum Security Facility (MSF) at 1801 S. Mission Road, Tucson, AZ 85713
2. Ajo District Jail at 1249 N. Well Road, Ajo, AZ, 85321. CONTRACTOR is not required to provide services at the Ajo District Jail. However, CONTRACTOR may be called upon for consultation or the detainee may be sent to the Main Jail for medical care.

See **Attachment A1-2** for a map of the Main Jail, MSF and the Pima County Juvenile Detention Center.

1.1 Housing

See **Attachment A1-1** for population information and more detailed bed capacity by pod. Refer to **Attachment A1-3** for floor plans at PCADC.

The PCADC contains 2,377 beds, some of which are double bunked. However, due to the classification status of detainees, often only one bed may be used, resulting in a lower capacity. The Main Jail includes the following:

Main Jail East contains:

- Booking, Intake/ID, Pretrial Services, Property and Video Court
- Medical Unit and the Infirmary (22 beds);
- 448 general population beds; and
- The Acute Mental Health Unit "1S" (42 beds)

Main Jail Tower contains:

- 812 beds (high, medium and maximum security)
- The Step Down Mental Health Unit "1A" (70 beds)

Main Jail West contains:

- Remanded juveniles (81 beds) (although over the past several years the Juvenile population has ranged between a high of 35 in 2010 to a low of 13 in 2012) ; and
- 466 adult beds

The MSF is located approximately one mile away from the Main Jail. The MSF currently can house up to 436 sentenced detainees.

The Ajo District Jail is 130 miles from the main jail. The facility has 11 cells with capacity for 22. There are no onsite health care services. All detainees needing emergency care or continuing routine care are transferred to the Tucson Main Jail or the COUNTY-preferred hospital provider, the University of Arizona Medical Center – South Campus.

Based on behavior and security classification, the General Population detainees at the Main Jail are allowed privileges and may attend detainee programs offered in the facility. Special Management detainees are housed in the Main Jail and require special precautions and additional security measures due to their behavior. These detainees are housed in maximum-security conditions and their privileges are limited. Generally these detainees spend 23.5 hours locked in their cells each day. These detainees do not attend any of the programs available to other detainees.

The General Population detainees at the Mission Facility are sentenced to serve County sentences, also known as an order for book-to-serve (BTS). BTS detainees may be ordered to a Work Release, Work Furlough or Treatment Furlough Program, which allows them to be out of custody for certain periods of time. The CONTRACTOR is responsible to coordinate with the offsite community behavioral health providers and/or medical providers, if applicable, for those detainees who are on ordered Treatment Furlough. If a BTS detainee is not on a work program, he/she is placed on supervised work crews around the Corrections Bureau, such as kitchen, laundry, etc. The CONTRACTOR shall be responsible for the medical clearance for work crew duties. CONTRACTOR should coordinate the timing of physicals and medical care with Custody to schedule services when the detainee will be present. Detainees on work release are expected to receive care during the day, while not housed at PCADC. CONTRACTOR is only responsible for providing physicals, evaluations, and urgent/emergency care while a BTS detainee is housed at PCADC.

1.2 Medical Unit and Infirmary

The Medical Unit consists of a clinic area that includes a central nursing/security station, 5 exam rooms, an x-ray room, a room for lab work, and a dental operatory. See the Infirmary and Medical Unit floor plans in **Attachment A1-3**, for further details.

Each exam room includes the standard medical equipment including exam table, lamp and vital signs equipment. Built in storage is available in each exam room. See **Attachment A1-4** for the most recent medical equipment inventory at the PCADC.

The CONTRACTOR is responsible for maintenance of current medical equipment. COUNTY will purchase replacement and new medical equipment with a unit purchase price of \$500 or above as needed.

The x-ray room has a fully functioning teleradiology system that includes a Siemens x-ray ensemble, a Fuji Smart CR, and an Image and Information Processor. The COUNTY contracts with the University of Arizona Telemedicine Program to provide the digital pathway between the PCADC and the University of Arizona Medical Center to send and receive x-rays and reports.

The lab workroom is equipped with a chair for drawing blood, a centrifuge and refrigerator.

The dental operatory was designed for three dental chairs. Currently only one dental chair is operational as there is one dentist. The operatory includes a digital x-ray machine, which is not currently operating, as part of the teleradiology system.

Pima County purchased telemedicine equipment with federal grant funds. One of the telemedicine units, Tandem 6000, is located in one of the exam rooms. Using the University of Arizona Telemedicine Program, this unit can communicate with other units located at the University of Arizona Medical Center – South Campus and any other health service provider in the University of Arizona Telemedicine network. Each location has visual and audio contact with the other locations. For further information, refer to the University of Arizona website for Telemedicine Services at www.telemedicine.arizona.edu.

The Medical Unit includes a large medication room with some built-in and locking cabinets and freestanding shelving.

The infirmary has a bed capacity of 22 detainees: 4 negative airflow rooms, 7 single rooms, and 2 four-bed wards and a day room. The infirmary is not within sight or sound of the clinic area, which affects staffing. It is within its own locked area contiguous with the clinic area.

1.3 Mental Health Units

At PCADC, the average daily population for individuals with serious mental illnesses ranges between 150 to 200 and an average of 700 detainees are on psychotropic medications.

There are two Mental Health Units. 1 Sierra (1S) was designed to house detainees with acute mental health problems and/or who are a danger to themselves and others. It contains 42 beds on two levels with separate units for males and females and several isolation rooms. The unit is in close proximity to the medical unit, allowing rapid response for health care staff located in the medical unit.

1 Alpha (1A) is a Step Down Mental Health unit for patients with lower acuity but unable to be housed in general population. It is located in the Tower and contains 70 beds in the same formation as the other pods in the Tower.

Please refer to **Attachment A1-3** for the floor plan of the Medical Unit, Infirmary, the Mental Health units and the intake area.

1.4 Phones, Fax Lines and Internet Access

The COUNTY shall provide the following communication system:

- 24 phones and extensions for administrative offices, common areas and exam rooms in the medical unit
- 6 fax extensions for the medical unit

The phone and fax lines the COUNTY provides are direct dial in lines (DID) designed primarily for phone conversation and faxes.

No direct lines that do not go through the Sheriff's Department switchboard will be provided by the COUNTY. If the CONTRACTOR wishes to install direct lines that bypass the COUNTY switchboard, they will be required to arrange for the installation and pay the costs associated with any additional equipment or cabling that is required.

CONTRACTOR shall reimburse the COUNTY in the event CONTRACTOR's personnel utilize the phone service provided by the COUNTY to make international or excessive/personal out of state phone calls.

CONTRACTOR shall provide and pay for internet access and coordinate with the Sheriff's Department for installation of their internet system. CONTRACTOR will not have access to the internet through Pima County's servers or security network.

1.5 Equipment and Supplies

See **Attachment A1-4** for the current inventory of medical and office equipment at the PCADC. The inventory may change by the start date of this contract. CONTRACTOR should plan to utilize the inventory that belongs to Pima County existing on the first day of performance of the Contract. For medical equipment with a purchase price of \$500 or more, COUNTY will repair, replace or supplement the existing inventory as needed to fulfill the obligations of the Contract, except for cases of abuse or misuse by CONTRACTOR. CONTRACTOR will be responsible for maintenance of all medical equipment. CONTRACTOR will be responsible for all purchase, lease, repair, or maintenance of office equipment. See **Attachment B-5** for a summary of responsibility for operational costs.

All medical equipment purchased by COUNTY will be property of COUNTY, and all office equipment purchased by CONTRACTOR for its performance under this Contract will be property of CONTRACTOR.

CONTRACTOR is not responsible to maintain, repair or replace telemedicine / teleradiology equipment or telephones.

CONTRACTOR will provide computer workstations and networked printers approved for use by the Pima County Sheriff Department's Information Systems and Technology unit (IST). Each computer will have a user account with administrative rights allocated exclusively for IST use. IST will install the computers and networked printers for CONTRACTOR on a network that will provide access to the Internet and to criminal justice software (Spillman) maintained by the Sheriff's Department. IST is only responsible for network connectivity and the Spillman software. CONTRACTOR is exclusively responsible for maintaining and supporting computer workstations, system software, application software, and all peripherals provided by CONTRACTOR.

CONTRACTOR shall inventory all equipment being utilized for health care services at PCADC on January 1 and July 1 of each year for the term of the Contract, and provide a copy of the inventory to the COUNTY Department of Institutional Health (DIH). Inventories must specify ownership of the items by the COUNTY and CONTRACTOR. COUNTY has the right to perform any and all inspections and inventories at any time.

CONTRACTOR is required to provide all medical supplies and replenish supplies as necessary to ensure that sufficient supplies are always on hand to permit CONTRACTOR to provide services to detainees.

2. Accreditation, Licenses, Registration and Waivers

The CONTRACTOR shall cooperate with COUNTY to maintain compliance with the COUNTY's accreditation and regulatory obligations. Upon notification from any regulatory or accrediting agency that a site visit, survey, inspection, on-site review, or any other contact with the facility or program is contemplated, the CONTRACTOR shall immediately notify the COUNTY and cooperate fully with COUNTY and all regulatory and accrediting agencies.

The CONTRACTOR shall not respond to any written correspondence from any regulatory agency without the express written consent of the COUNTY. The CONTRACTOR shall cooperate fully with the COUNTY to formulate a response to the regulatory or accrediting agency. The COUNTY shall file any Plans of Correction required. Any inquiry by an outside agency or party regarding health care operations should be directed to the COUNTY.

2.1 Arizona Department of Health Services Licenses

The PCADC Medical Unit is exempt from obtaining Arizona Department of Health Services licensure because PCADC is accredited by the National Commission on Correctional Health Care, pursuant to the provisions of Arizona Revised Statutes § 36-402 (11). Regardless of whether or not the facility holds the license, CONTRACTOR is expected to comply with licensure requirements for an Outpatient Treatment Center and Behavioral Health Outpatient Treatment Center (www.azdhs.gov). COUNTY will pay any applicable license fees.

2.2 NCCHC Accreditation

In October 2003, the PCADC was first awarded accreditation by the National Commission on Correctional Health Care (NCCHC). The current accreditation expires in October 2013. The CONTRACTOR shall operate the health care services in compliance with the NCCHC standards and accreditation requirements on an ongoing basis. Failure to do so may be cause for termination of the Contract for non-performance. The CONTRACTOR shall renew and maintain this accreditation status, and bear all costs, including the NCCHC accreditation fee, associated with that task. Failure to maintain NCCHC accreditation will have significant financial consequences per **Attachment A1-21**, Sample Business Requirements.

At its sole discretion and at its own cost, COUNTY may perform or cause to be performed a simulated NCCHC accreditation survey or surveys. CONTRACTOR must cooperate in such simulated survey(s) and must correct any and all deficiencies noted therein within 30 days of receipt of notice from County of such deficiencies.

In addition to the Pima COUNTY requirements set forth in this RFP, CONTRACTOR must comply with all NCCHC requirements as set forth in the NCCHC book titled Standards for Health Services in Jails (2008) or most recent version.

2.3 CLIA Certificates of Waiver

The PCADC Medical Unit holds and maintains a Clinical Laboratory Improvement Amendments of 1988 (CLIA) Certificate of Waiver for certain onsite testing. The CONTRACTOR shall ensure that the health care service operation is compliant with the requirements of the waiver. The CONTRACTOR shall notify the COUNTY if the conditions of the waiver are no longer met and a higher level of laboratory certification is required.

Unless a higher level of laboratory certification is required, the CONTRACTOR shall keep current the CLIA Certificate of Waiver and shall file any required renewal applications and advise the COUNTY of such filings, including copies of updated certificates. The current CLIA waiver for PCADC expires 9/16/2013. The COUNTY shall pay the necessary fees for renewal.

2.4 Radiology Registration

All x-ray equipment used in the PCADC Health Care Unit is required to be registered with the Arizona Radiation Regulatory Agency (ARRA). Currently there are two pieces of x-ray equipment registered for use: a dental x-ray unit and a Siemen's x-ray unit.

The COUNTY will monitor the x-ray equipment in the Medical Services Unit for compliance with the requirements of the Arizona Radiation Regulatory Agency (ARRA), including any radiation checks by a physicist, and be responsible for the initial application and fees and each subsequent annual renewal fee for the x-ray equipment.

3. Standards, Policies and Procedures

The CONTRACTOR shall be responsible for providing health care services to all adults and juveniles held in the custody of the Pima COUNTY Sheriff's Department in a manner that meets or exceeds the standard of care of a reasonable, prudent health care provider in the community.

The CONTRACTOR shall provide onsite services that maximize cost containment without compromising the quality of medically necessary services. CONTRACTOR shall provide only medically necessary services in a manner that complies with State licensure requirements (www.azdhs.gov) and the relevant Standards published by the National Commission on Correctional Health Care (NCCHC).

The CONTRACTOR shall recruit and retain staff to operate the health care services program in a manner that maintains NCCHC accreditation. Failure to maintain NCCHC may be cause for termination of the contract for non-performance.

Any initial policies and procedures and subsequent updates and changes utilized by CONTRACTOR must be consistent with the Sheriff's and the COUNTY's policies and procedures. CONTRACTOR will request input from the COUNTY on said policies and procedures.

CONTRACTOR will provide to COUNTY for review and comment copies of new and updated policies and procedures which it utilizes at PCADC at least thirty (30) days prior to implementation.

CONTRACTOR will provide to COUNTY a complete set of site specific signed policies, procedures and forms by July 31 of each year for the duration of the contract.

4. Receiving and Booking

NCCHC Requirements: Please refer to standard J-E-02, Receiving Screening, standard J-G-06, Intoxication and Withdrawal, and Appendix H, Guide to Developing and Revising Alcohol and Opioid Detoxification Protocols, of Standards for Health Services in Jails (2008) .

4.1 PCADC Main Jail

4.1.1 Receiving screening

The PCADC books detainees 24 hours per day, 7 days per week, including all holidays. The receiving screening and booking of arrestees is performed at the Main Jail East booking/intake area. CONTRACTOR will perform the receiving screening by an EMT or other health care professional possessing a license with a broader scope of practice within 30 minutes of booking, or, in the event that more than ten individuals complete booking during any "wall clock hour" (defined as HH:00:00 through HH:59:59), within 45 minutes of booking, or in the event that more

than twenty individuals complete booking during any wall clock hour, as soon thereafter as possible but not to exceed 90 minutes. When intake gets backlogged and unable to meet these time requirements, CONTRACTOR is required to bring in sufficient staff to meet the time limits.

The receiving screening is an area of high priority for the COUNTY. It is essential that sufficient staff be provided for this function so that the timelines for completing the screening are complied with. The intake area must be staffed 24/7.

At PCADC the receiving screening includes several queries into the detainees' health background:

1. CONTRACTOR will implement a procedure to be used during the receiving screening to identify detainees who are seriously mentally ill and/or have been enrolled in the Regional Behavioral Health Authority (RBHA) responsible for providing behavioral health services in Pima County. The current process utilized at PCADC is to contact the RBHA directly. CONTRACTOR must establish and implement procedures to coordinate continuity of care with such detainee's behavioral health providers.
2. CONTRACTOR will check the database of the State's designated Health Information Exchange for information that may assist with continuity of care. Currently, information about medications is available. As the exchange becomes more robust, it will include information about laboratory results and other services received. CONTRACTOR will be required to query the HIE database at booking and incorporate the results of the query into the detainee's Electronic Health Record (EHR).
3. CONTRACTOR will query the detainee database system provided by PCADC to determine whether a detainee has prior bookings. CONTRACTOR will retrieve and review all available prior health care records of detainees with prior bookings within 24 hours of medical clearance. In the event that an detainee's paper health record has been stored offsite, CONTRACTOR must request the record from COUNTY's Division of Document and Micrographics Management no later than the next business day.
4. CONTRACTOR will inquire of detainee and record in the health record any health insurance the detainee currently holds and information relating to coordination of services.

CONTRACTOR shall implement a protocol to quickly identify those detainees who cannot be safely or adequately treated at PCADC and require treatment offsite. The decision to medically reject a detainee should be made by a prescribing provider. The arresting officer shall transport the detainee for offsite services unless the detainee's condition is emergent and requires emergency transportation. The CONTRACTOR may direct that an arresting officer transport a detainee with urgent needs to a hospital for evaluation, treatment and medical clearance up to 90 minutes after the detainee arrives at the PCADC.

CONTRACTOR shall coordinate with custody staff to arrange for EMS transport of the detainee who requires emergency transport for diversion. CONTRACTOR shall not call directly for emergency services transport.

If the detainee returns to PCADC after being diverted for medical evaluation and clearance, the CONTRACTOR shall re-screen the detainee and review the information received from the clearing facility or physician. If written information regarding the medical evaluation and treatment provided does not arrive with the detainee who was diverted, CONTRACTOR shall contact the provider to obtain the information.

4.1.2 Booking and Placement

After a detainee is medically cleared to continue the booking process, they are placed in a holding area that can hold up to 100 detainees at any given time. Detainees may be in the holding area for up to 12 hours before their initial hearing. Video court (initial appearances) is held twice per day at 9:00 a.m. and 8:00 p.m. The CONTRACTOR is expected to provide for the health, safety and stability of all detainees while they are waiting for their initial hearing, including monitoring detainees who are placed in the isolation cells in the booking/intake holding area.

CONTRACTOR must ensure that a nurse practitioner, physician assistant, or registered nurse evaluates each detainee in the holding area to identify any medical or mental health conditions that may require special observation or management while in the holding area. Detainees presenting with acute or chronic medical or mental health conditions will be referred to and assessed by an RN within 90 minutes of booking. Detainees presenting with stable medical and mental health status will be assessed by an RN within six hours of booking.

Detainees reporting to the booking area may be under the influence of alcohol and/or drugs prior to arriving. Since a detainee can be held in the holding area for up to 12 hours awaiting their initial appearance, the CONTRACTOR shall have a policy and procedure to manage detainees who are medically cleared at booking but who are at high risk for alcohol or drug withdrawal while awaiting their initial hearing and through admission to PCADC housing or sent for emergency care at an offsite provider. The Sheriff's Department does not allow methadone to be administered onsite. The PCADC does not have an inpatient detoxification unit.

All detainees suspected of having contracted tuberculosis will be given a chest x-ray as soon as possible and their medical condition managed pursuant to protocols prescribed in **Attachment A1-15** for the duration of their stay.

Based on the findings of the receiving screening, the intake nursing assessment and/or consultation with the behavioral health personnel, the CONTRACTOR will complete a Medical Alert Form to communicate to the custody staff important health information necessary for them to observe, classify and house the detainee. CONTRACTOR will identify detainees with special needs or conditions, including physical disabilities, activity restrictions, allergies or special diet needs and those at risk of suicide.

The CONTRACTOR is responsible to notify custody staff immediately whenever a detainee refuses any aspect of the initial intake medical screening or testing which needs to be conducted.

4.1.3 Mental Health Screening at Intake

CONTRACTOR must implement an intake screening protocol to identify detainees at risk of suicide. CONTRACTOR must notify PCADC custody staff immediately regarding detainees who are found to be at risk of suicide as a result of such screening, and, in collaboration with PCADC custody staff, implement those suicide prevention precautions that best suit the detainee's particularized circumstances and needs.

4.1.4 Expedited Treatment Initiative/Alternatives to Incarceration

CONTRACTOR will comply with such diversion procedures as COUNTY or the Pima County Superior Court ("Court") may establish to (a) identify detainees with mental illness at intake; (b) determine whether such detainees meet criteria that COUNTY or the Court may adopt; and (c) coordinate with COUNTY and the Court to discharge detainees meeting criteria to mental health treatment in lieu of detention at PCADC. During the receiving screening, CONTRACTOR will request detainee consent to share their mental health information with representatives of Pre-Trial Services (a program of the Pima County Superior Court) to see if they may qualify for their diversion program.

4.1.5 Insurance Eligibility

CONTRACTOR will assist COUNTY to implement such financial screening systems as COUNTY may establish to identify health insurance coverage for detainees and other payment sources (such as Workers' Compensation or automobile insurance coverage for an injury, or AHCCCS in the case of an inpatient hospitalization). CONTRACTOR will assist COUNTY with eligibility screening initiatives to minimize the number of detainees released without health insurance.

4.2 PCADC Mission Facility (Minimum Security Facility - MSF)

Booked-to-Serve (BTS) detainees reside in the community and present to the Mission Facility to serve their sentences on short-term, intermittent bases. Most of the sentenced detainees present for booking at the main jail on Friday afternoon and evening. CONTRACTOR shall implement protocols to screen and evaluate BTS detainees to determine whether their health status is stable enough for them to be admitted to and remain at the MSF for their BTS sentence period. A BTS detainee diverted during booking is responsible for obtaining medical evaluation and clearance prior to returning. If emergency transportation is required, the cost of the transportation and any subsequent health care services shall be the responsibility of the BTS detainee.

4.3 Ajo District Detention Center

Due to the remote location and lack of local hospital and emergency services in Ajo Arizona, the intake and receiving screening of in-custody detainees at the Ajo District Jail are significantly different from those provided at the PCADC. All of the detainees booked and housed in Ajo are considered under the care and custody of the Pima County Sheriff and must be provided the same or similar level of care as other detainees booked at the PCADC. To accomplish this task, the Ajo District staff is responsible for conducting the initial Receiving Screening and Intake Assessment for all detainees booked into the Ajo District Detention Center. On average the Ajo District Detention Center houses 10 or fewer detainees.

The CONTRACTOR must be prepared to review and provide oversight for the Initial Medical Receiving Screening and Intake Assessment's completed by the Ajo District staff within the cutoff time frame to ensure proper evaluation of all detainees. Ajo District personnel will be required to communicate with the CONTRACTOR on each new booking. The CONTRACTOR will be required to give an opinion regarding proper housing, suicidal ideation, medication needs and urgent, emergent or chronic care issues. A video conferencing system is available for face-to-face interviews between medical staff and Ajo detainees.

Detainees requiring further medical or mental health screening will be kept under constant observation and brought to the PCADC for evaluation by the CONTRACTOR. Detainees requiring immediate medical assistance will be taken to the nearest hospital or treatment facility.

All detainees held on felony charges beyond the Initial Appearance (no later than 24 hours after arrest) will be automatically transferred from Ajo to the PCADC. All Ajo detainees determined to be a high risk for suicide or those requiring segregated housing will be transferred to the PCADC for housing.

Upon arrival, the CONTRACTOR will conduct all Receiving Screening and Intake Assessments for this population as if they are new arrivals.

Detainees held in Ajo on misdemeanors will be transported to the PCADC for their 14 day health and dental assessments or as dictated by other medical or mental health concerns.

5. Physical and Mental Health Assessments

NCCHC Requirements: Please refer to standard J-E-04, Initial Health Assessment, using Compliance Indicators for the Full Population Assessment, and standard J-E-05, Mental Health Screening and Evaluation.

5.1 Medical and Mental Health Assessments

The object of the medical and mental health assessments is to ascertain the current physical and mental status of each detainee so that a baseline for chronic conditions can be established

and continuity of care can be provided. The mental health assessment must determine if a community behavioral health provider is currently treating the detainee for a mental disorder and identify any drug abuse and drug treatment history. The assessment will also guide the mental health professional in maintaining the detainee's mental health stability and assisting Custody or Detention to manage the detainee's behavior while in detention.

The CONTRACTOR must establish policies and procedures for conducting initial physical and mental health assessments for all detainees per NCCHC requirements. Such policies and procedures shall be subject to review and approval by COUNTY.

The CONTRACTOR shall make every effort to obtain detainee health information from community providers as soon as possible for use in developing a treatment plan for complex or critical cases.

For detainees located at the Mission Minimum Security Facility, CONTRACTOR will need to coordinate with PCADC administration for scheduling the assessments as MSF detainees are often out on work release.

6. Nonemergency Health Care

6.1 Sick Call Requests

NCCHC Requirements: Please refer to standard J-E-07, Nonemergency Health Care Requests and Services.

Sick Call Requests (SCR) received from detainees in the highest security pods and SCRs / complaints received from detainees reporting a wound, pain, acute dental problem and/or trauma are to be triaged **face-to-face** with the detainee by a Registered Nurse or prescribing provider within 24 hours of the time the SCR is stamped as received.

The triage evaluation will contain, at a minimum, a full set of vital signs, pulse oximetry and physical exam based on the chief complaint. In order to reduce the number of detainee transports by custody, triage for a SCR should occur on the detainee's housing pod when medically appropriate and possible.

A detainee with an acute or urgent condition should be seen by a prescribing provider within 24 hours of the referral. A detainee who is referred to a prescribing provider for evaluation of a non-urgent complaint should be seen by a prescribing provider within seven days of the referral.

CONTRACTOR must establish a system acceptable to the COUNTY which tracks the SCRs from initial receipt to final disposition, including date of initial complaint, timeliness of response, and name and title of health care provider(s) providing triage and treatment. CONTRACTOR shall track and report their performance as part of the monthly performance evaluation.

6.1.1 Detainee Fees for Certain Health Care Services

The COUNTY charges detainees a \$10.00 fee for each detainee-initiated sick call request and prescription medication dispensed, as permitted by A.R.S § 31-161. However, detainees will not be charged for the following services:

- Conditions that may pose a threat to public health or safety if left untreated, such as tuberculosis and sexually transmitted diseases;
- Substance withdrawal treatment;
- Behavioral health services for detainees diagnosed with mental disorders and those with signs and symptoms of an acute mental health problem that require treatment, monitoring and crisis intervention;
- Receiving, intake and 14-day physical and behavioral health assessments;
- Pre-natal and obstetrical care;
- Follow-up visits ordered by a prescribing provider, as required by NCCHC standards or as required by CONTRACTOR's chronic care management protocols; and
- Medical emergencies.

Detainee fees will be secured by the COUNTY and used for certain health related expenditures for the detainees. No detainee is to be denied access to medically necessary services based upon his/her inability to pay for such services.

CONTRACTOR is responsible for developing and implementing a system to document chargeable services provided and transmit such information to COUNTY based on the statutory requirements and COUNTY standard and procedure. COUNTY personnel will be responsible for accessing the detainees' accounts to collect the fee.

See **Attachment A1-16** for COUNTY policy AC-07, Inmate Charges for Health Care Services Provided at the PCADC.

6.2 Special Needs

NCCHC Requirements: See standard J-G-02, Patients with Special Health Needs

6.2.1 Infectious Disease

NCCHC Requirements: See standard J-B-01, Infection Control Program.

The CONTRACTOR shall establish policies and procedures for the screening and management of communicable diseases that are consistent with the recommendations of the Pima COUNTY Health Department (PCHD) (see **Attachment A1-15**) and Communicable Disease Control standards.

6.2.2 Chronic Disease Management

NCCHC Requirements: See standard J-G-01, Chronic Disease Services

CONTRACTOR will analyze the PCADC population to determine which diseases and illnesses are most prevalent, chronic, difficult and/or expensive to manage and implement such disease management strategies and best practices to treat detainees as are clinically indicated. The CONTRACTOR shall establish chronic care management protocols consistent with recognized national clinical practice guidelines such as the American Academy of Family Practice, including type and frequency of diagnostic testing by disease category.

CONTRACTOR must confer with COUNTY's Chief Medical Director to identify those strategies and best practices that are acceptable to COUNTY.

Where volume demands it, disease specific chronic care clinics shall be established.

6.2.3 Oral Care

NCCHC Requirements: See Standard J-E-06, Oral Care, and Appendix G, Guidelines for a Correctional Dental Health Care System, of Standards for Health Services in Jails (2008).

The Medical Unit has a designated dental service area designed for three dental operatories. Currently one of two equipped operatories is being used as there is only one dentist. Equipment for dental x-rays is onsite. The CONTRACTOR shall establish policies and procedures for the delivery of as much medically necessary dental care as possible onsite and utilization of the digital imaging equipment. No elective or cosmetic dentistry will be offered.

All SCRs/complaints received from detainees reporting acute dental pain shall be triaged face to face within 24 hours of receipt. Refer to **Attachment A1-5**, Statistical Data Report, for a history of dental activity at PCADC.

6.2.4 Health Care for Female Detainees

NCCHC Requirements: See standard J-G-07, Care of the Pregnant Inmate, and J-G-09, Pregnancy Counseling.

The CONTRACTOR shall be responsible for offering female detainees the option for pelvic examinations, Pap smear testing, and mammograms, if indicated, in accordance with the American Cancer Society recommendations.

All female juveniles, ten years and older, may be tested for pregnancy and assessed for the date of the last menstrual period and frequency.

The CONTRACTOR must establish policies and procedures specific to health care of pregnant detainees, which must include, at a minimum, the following:

- Pre-natal care that includes regular monitoring by an obstetrician and/or nurse practitioner;
- Provision of appropriate vitamins and dietary needs; and
- Identification and disposition of high-risk pregnancies, to include appropriate referrals to a specialist physician or hospital facility.

If warranted and cost effective, the CONTRACTOR shall establish a weekly onsite pre-natal clinic to provide necessary pre-natal services to all pregnant female detainees at PCADC.

6.2.5 Infirmary

NCCHC Requirements: See standard J-G-03, Infirmary Care.

Pima County has built and equipped a nineteen bed infirmary on-site in the PCADC Main Jail East. For public safety and to minimize the impact on the Sheriff's Department's custody officers who are required to escort the detainee offsite and remain with the detainee until he/she can return to PCADC, the CONTRACTOR shall make every effort to treat detainees with serious medical conditions in the infirmary rather than sending detainees to offsite providers. Detainees should only be sent offsite for care when service cannot be safely and cost effectively provided at the PCADC infirmary after every effort has been made by the CONTRACTOR and the COUNTY to make special accommodations onsite.

The CONTRACTOR shall be responsible for all costs associated with the operation of the existing Infirmary Unit, with the exception of medical equipment. These costs include providing medications and medical supplies needed for the day-to-day operation of this unit. In the event that a detainee could be reasonably treated at the infirmary but for a lack of specialized equipment or services, CONTRACTOR must, at its own expense, arrange for the rental or purchase of such equipment and/or services.

The Infirmary must be staffed by at least one RN 24/7.

6.2.6 Specialty Onsite Clinics

For safety of the community, the CONTRACTOR shall provide, to the extent it is cost effective, onsite clinics for specialties such as orthopedic, eye examinations and other high volume services.

6.2.7 Segregation Evaluations

The CONTRACTOR shall develop policies and procedures to maintain the medical and behavioral health status of detainees placed in segregation. The CONTRACTOR shall collaborate with PCADC to establish a procedure whereby PCADC notifies the CONTRACTOR whenever a detainee is placed in segregation. Upon notification, the CONTRACTOR shall

review the detainee's health record to determine whether existing medical, dental, or behavioral health needs contraindicate the placement or require accommodation. CONTRACTOR shall document these reviews in the detainee's health record and communicate the information to PCADC staff as needed.

Qualified behavioral health personnel must perform rounds on detainees who are segregated from the general population a minimum of three times per week to determine the individual's health status. Rounds are to be conducted by verbal communication with the detainee in the cell area. If the detainee is unable to communicate verbally at this time, the medical personnel must alert security to make arrangements for a physical evaluation of the detainee. Any unusual findings must be reported immediately to Custody. A record of these rounds shall be maintained in SOAP format.

6.2.8 Restraints

NCCHC Requirements: See standard J-I-01, Restraint and Seclusion.

Health care services personnel shall immediately respond when notified of a restraint by custody/detention staff. CONTRACTOR will (a) assess the detainee's condition whenever a detainee is placed in custody-imposed restraints; (b) inform custody staff of any contraindications to the imposition of the restraint; (c) monitor the detainee a minimum of every 60 minutes while in restraints and (d) implement procedures to (i) document the detainee's condition while in restraints (BP, apical pulse, breath sounds, pulse oximetry, skin condition, evidence of edema, intake and elimination status) in the detainee's health record and (ii) ensure that the detainee continues to be monitored the entire time he/she is in restraints.

CONTRACTOR will use a "Restraint Log" to monitor detainees in restraints/restraint bed. CONTRACTOR will document detainee identifying information, age, housing location, date and time placed in restraints, actions taken by CONTRACTOR, and the time restraints were discontinued in the Restraint Log. Health staff documentation of monitoring of detainee health condition during a restraint must be done so that an independent reviewer can clearly understand the chronology and content of the monitoring. Documentation of the use of restraints/restraint bed and CONTRACTOR's actions to monitor the impact of the use of restraints on the detainee's health must also be included in the detainee's health record.

CONTRACTOR shall provide COUNTY with a monthly log of health care restraint assessments completed.

6.2.9 Eye Care

The CONTRACTOR is responsible for all emergent eye care and routine examinations.

6.2.10 Durable Medical Equipment (DME), Prosthetics, Orthotics and Eyewear

CONTRACTOR must maintain adequate supplies of DME to meet the needs of detainees. CONTRACTOR will provide and dispense, at its own expense, DME to detainees as medically necessary.

CONTRACTOR must provide detainees with medically necessary prosthetics, orthotics and corrective lenses. CONTRACTOR will ensure that such items comply with security and safety considerations established by PCADC.

6.2.11 Nutritional Services

NCCHC Requirements: See standard J-F-02, Medical Diets.

The CONTRACTOR shall coordinate with food service managers to ensure the provision of medically necessary clinical diets.

6.2.12 Language Interpretation for Health Care Services

CONTRACTOR shall take reasonable steps to ensure meaningful access to health care services for persons who have Limited Proficiency in English (LPE), following the guidance “Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons” issued by the Department of Health and Human Services in the Federal Register, Volume 68, No. 153, Friday, August 8, 2003.

In particular, CONTRACTOR shall comply with the following guidance:

- CONTRACTOR shall use only interpreters who are fluent in both English and the second language that they are interpreting.
- CONTRACTOR shall provide, or arrange to be provided, training to interpreters in confidentiality, and obtain assurance that interpreters will maintain the confidentiality of information they receive during the course of their engagement.
- CONTRACTOR shall make sure that all of its “vital documents” as described in the HHS Guidance are available in Spanish and in English.

6.3 Health Education

NCCHC Requirements: See standard J-E-01, Information on Health Services; J-F-01, Healthy Lifestyle Promotion; and J-F-03, Use of Tobacco.

The CONTRACTOR shall design and provide an ongoing detainee health education program that is compliant with the NCCHC Standards and meets PCADC security requirements. The PCADC education program should also include the Mission Facility.

The CONTRACTOR shall coordinate educational content and scheduling with the education program coordinator and facility administration. The CONTRACTOR shall ensure that there is documentation of health education in the detainee's health record.

At PCADC, there currently are printed materials made available to detainees in the Medical Unit and in the library and a series of substance abuse classes are offered (see behavioral health section).

6.4 Immunizations

CONTRACTOR shall provide immunizations to detainees as medically necessary, such as tetanus and flu. Any immunizations administered during detainee's stay at PCADC shall be documented on the detainee's transfer summary and entered into ASIIS.

7. Pharmaceutical Operations and Administration of Medications

NCCHC Requirements: Please refer to standard J-D-01, Pharmaceutical Operations; J-D-02, Medication Services; and J-I-02, Emergency Psychotropic Medication.

7.1 Pharmacy and Formulary

COUNTY does not possess and will not provide DEA certification or Arizona Board of Pharmacy permit to operate a pharmacy or dispense medications. CONTRACTOR must contract with a pharmacy that can provide medications in a timely manner at or below market cost. CONTRACTOR must provide pharmacy utilization reports to COUNTY that include at least as much information as set forth in **Attachment A1-7** to this Scope of Work.

If an out of area pharmacy is selected by the CONTRACTOR as the primary source for pharmaceuticals, the CONTRACTOR must also demonstrate the ability to legally purchase pharmaceuticals from a local pharmacy so that the CONTRACTOR can ensure that medications are obtained and administered within twenty-four (24) hours of the time they are ordered by a prescribing provider. Clear protocols must exist for procuring and administering critical medications required immediately.

To facilitate continuity of care upon release and minimize the detainee's risk of de-compensating when back in the community, the psychotropic medications ordered for detainees while under treatment in the PCADC should be consistent with the formulary of the community behavioral health provider ultimately responsible for behavioral health services for the detainee after their release. Contractor must ensure that any drug formulary it adopts includes accessibility to medications included in formularies used by the Regional Behavioral Health Authority (RBHA) in Pima County and the Arizona State Hospital (ASH).

To achieve maximum benefit of efficiencies and reduced costs where appropriate, CONTRACTOR must use generic medications whenever possible and permit the substitution of generic for brand name drugs in its prescriptions.

CONTRACTOR will submit its formulary to COUNTY by June 15, 2013 for approval of COUNTY's Chief Medical Director (CMD). CONTRACTOR will also provide to COUNTY by June 15, 2013 its policies and procedures for obtaining non-formulary medications. Thereafter, any changes in formulary and/or changes in policies and procedures must have prior approval of the CMD.

7.2 Administration of Medications

Medications must be administered to detainees in the living units, including at the Minimum Security Facility, unless the detainee is currently in a medical unit or the infirmary. Medication carts provided by the Pharmacy must permit electronic scanning and be approved by PCADC security. The Pharmacy must provide training to personnel on the use of their medication carts.

Currently medications are passed twice a day to minimize the impact on the PCADC personnel while ensuring medication administration meets the health needs of the detainees. COUNTY will consider proposals for alternatives to the twice a day approach that may be more cost effective while ensuring that medication administration occurs as prescribed. Consideration will include the impact on nursing and custody/detention staff. The CONTRACTOR's written plan for the daily delivery and administration of medications will be submitted for approval by the COUNTY.

CONTRACTOR will comply with Arizona State Board of Pharmacy regulations regarding the acquisition, storage, dispensing, monitoring and disposal of medications and the documentation thereof. Failure to maintain accurate documentation confirming that medications have been administered to detainees as prescribed may be cause for termination of the contract for non-performance.

In addition to applicable federal and state reporting requirements, CONTRACTOR must report any theft or loss of medications and/or medical supplies to PCADC and DIH, verbally and in writing, immediately upon discovery of such theft or loss.

The CONTRACTOR shall provide policy and procedures for removal and disposal of any and all outdated, unneeded, or surplus medications. Outdated medications will not be kept onsite at the PCADC.

7.3 Bridging Medications

CONTRACTOR must continue detainees' most current medication regimens, if any, as verified by CONTRACTOR, without interruption unless, in the best professional judgment of CONTRACTOR's prescribing provider, a change in medications is clinically indicated.

CONTRACTOR will implement systems to: (a) determine the most current medication regimen, if any, that detainees were prescribed in the community prior to housing at PCADC and verify it, through the Statewide Health Information Exchange, the dispensing pharmacy or, in the case of detainees receiving services through the RBHA, with the RBHA for psychotropic medications; and (b) ensure that the most current medication regimen is followed until such time as one of CONTRACTOR's prescribing providers evaluates the detainee and orders those medications that, in their professional judgment, are appropriate to treat the detainee.

For medications that can be verified:

- CONTRACTOR must bridge medications which can be verified within the first 12 hours after the receiving screening within 24 hours of the verification.
- For medications verified after 12 hours from the receiving screening, medications must be bridged as soon as possible but in no case later than 48 hours after the receiving screening.

For medications reported by the detainee but which cannot be verified:

- In the case of apparent or reported high risk, time sensitive health conditions, a prescribing provider must assess the detainee within 24 hours of booking to determine whether a prescription is required and, if so, start medication as soon as clinically indicated. High risk conditions include, but are not limited to:
 - o Cardiac/Hypertension
 - o Diabetes
 - o Pregnancy
 - o Psychiatric illness, including suicidal ideation, high risk for substance abuse withdrawal, and an existing regimen of medications such as Clozaril (clozapine).
 - o Pulmonary Disease
 - o Seizures

In the case of less time sensitive conditions, a prescribing provider must assess the detainee within 48 hours of booking to determine whether a prescription is required and, if so, start medication as soon as clinically indicated.

When determined to be medically necessary for continuity of the detainee's health care, the CONTRACTOR will work with custody to obtain detainee-owned critical medications out of the detainee's property or from the detainee's family, such as:

- HIV infection medications;
- Post transplantation medications;
- Experimental medications or medications part of a clinical trial; and,
- Any other medication determined by the CONTRACTOR's Medical Director and consulting pharmacist to be critical to the detainee's treatment and well-being.

7.4 Legal Restrictions on Medication Substitutions

In certain cases, such as those involving treatment furloughs and detainees in the involuntary commitment legal process pursuant to Title 36, Chapter 5, the CONTRACTOR shall not change

or substitute prescribed medications without consultation with the community prescribing provider and documentation of that discussion in the detainee's health record.

For those detainees ordered into the Restoration to Competency Program under Rule 11, the CONTRACTOR shall not change or substitute prescribed medications unless it is a medical danger to the detainee to continue such medications. Notifications of decisions to stop or alter medications for RTC detainees must be made as soon as possible in collaboration with the forensic psychologists in the RTC program and the Court, if the Court requests such information.

The CONTRACTOR will not utilize "formulary restrictions" for RTC detainees if clinical response is not achieved and the detainee is a candidate for a non-formulary medication.

7.5 Medication Administration other than Med-Pass

In collaboration with the PCADC administration, the CONTRACTOR shall implement policies and procedures for a self-administration medication program (e.g. the Keep on Person (KOP) medication program). The PCADC has developed a list of medication categories that may be self-administered by detainees and those medication categories that may not be self-administered. The CONTRACTOR shall adhere to PCADC security procedures for medication self-administration, including notification of detainee enrollment, detainee education, labeling of medication, packaging, and random spot checks. See **Attachment A1-14** for the Sheriff's Department policy and procedure regarding KOP medications.

Contractor must familiarize itself with the Over-the-Counter (OTC) medications available for detainees to purchase from the PCADC commissary, make appropriate inquiry when treating detainees, and document relevant detainee responses in the health record.

The CONTRACTOR shall provide the medication and make reasonable accommodations with the detainee's designated Community Behavioral Health Provider for administration of any medication scheduled while the detainee is away from the facility on treatment furlough.

7.6 Discharge Medications

CONTRACTOR must comply with all NCCHC standards related to discharge planning. Additionally, CONTRACTOR must provide a seven-day supply of medication upon request of the detainee or his/her probation officer, case manager or healthcare provider to allow for continuity of care.

7.7 Hazardous Waste

The COUNTY will be responsible for the removal and disposal of all hazardous waste materials at PCADC.

8. Diagnostic Testing: Laboratory and Imaging Services

NCCHC Requirements: See standard J-D-04, Diagnostic Services.

8.1 Diagnostic Laboratory

CONTRACTOR must, directly or through contract, perform all clinical diagnostic laboratory testing required for the diagnosis and treatment of detainees. COUNTY has obtained a CLIA waiver for laboratory testing at PCADC. CONTRACTOR will limit its onsite diagnostic laboratory testing to those services permitted under the waiver. In the event that CONTRACTOR determines it would be in its best interest to perform additional testing onsite, CONTRACTOR will, at its own expense and with approval from the Sheriff's Department, obtain all necessary CLIA and state authorization to do so, and must operate its onsite diagnostic laboratory testing functions in a manner consistent with such authorization.

The CONTRACTOR shall ensure that the contracted provider can respond timely for stat testing and reporting. At its own expense, CONTRACTOR must acquire and maintain all equipment and supplies necessary for specimen collection, preparation and storage of laboratory specimens pending transport.

See **Attachment A1-11** for data on offsite laboratory tests for detainees at PCADC.

8.2 Diagnostic Imaging

For the safety and security of the community, the CONTRACTOR shall minimize offsite transports by performing as much imaging as possible onsite. The x-ray room has a fully functioning teleradiology system that includes a Siemens x-ray ensemble, a Fuji Smart CR, and an Image and Information Processor. The COUNTY contracts with the University of Arizona Telemedicine Program to provide the digital pathway between the PCADC and the University of Arizona Medical Center to send and receive x-rays and reports. The teleradiology system has been designed to enable the CONTRACTOR to retrieve images (ultrasound, MRI's, CT scans, x-rays) taken at either of the University of Arizona Medical Center campuses and the PCADC. Refer to Attachment A1-10 for the PCADC Radiology Log.

The CONTRACTOR shall hire and train appropriate staff to operate the teleradiology system. CONTRACTOR must either hire staff capable of and licensed to read x-rays or plan to contract with UAMC Radiology or another radiology group in the University of Arizona telemed network for the professional interpretations of all imaging. The current CONTRACTOR has entered into an agreement with UAMC Radiology to store teleradiology images.

In the event that teleradiology is not available due to servicing, there is a portable x-ray machine. Use of the portable may require hard copy film development and transport of the film via courier to the radiologists' offices for reading.

9. Emergency Services

9.1 Emergency Medical Treatment

NCCHC Requirements: See standard J-E-08, Emergency Services.

The CONTRACTOR must establish a system that tracks the emergency medical requests from initial receipt to final disposition, including date of event and name and title of health care provider who provided treatment. The CONTRACTOR must include in the monthly statistical report to Pima County DIH information on all emergency medical responses.

The CONTRACTOR shall assist custody staff in providing first aid and cardiopulmonary resuscitation services until emergency medical services (EMS) arrive.

Pima County's AED program is a "trained responder" program. The program is designed for all uniformed custody staff to be current in AED certification. The COUNTY has provided multiple AEDs and emergency carts at the PCADC. The CONTRACTOR is expected to regularly monitor the readiness of this equipment and comply with the COUNTY's policy regarding AED use reporting requirements.

The CONTRACTOR must establish, in coordination with PCADC Administration, policies and procedures for responding to medical emergencies for detainees, visitors and personnel onsite, including lobby areas, 24 hours per day, 7 days per week. CONTRACTOR shall contact PCADC staff to summon all emergency medical services, including calling 911.

9.2 Emergency Preparedness

NCCHC Requirements: See standard J-A-07, Emergency Response Plan.

The CONTRACTOR shall coordinate with PCADC Administration for quarterly emergency medical response drills for all shifts. These drills must be observed and critiqued in a written report by the Medical Director. Assessment of the ambulance response time to requests for assistance must be included in these drills at least once annually. These reports are to be submitted to Pima County Department of Institutional Health.

CONTRACTOR shall cooperate and participate in the COUNTY's emergency plans administered by Pima County Office of Emergency Management and Homeland Security.

10. Behavioral / Mental Health

NCCHC Requirements: See standard J-G-04, Basic Mental Health Services; J-G-05, Suicide Prevention Program; J-G-06, Intoxication and Withdrawal; and J-G-08, Inmates with Alcohol and Other Drug Problems.

10.1 General Behavioral Health Services

The COUNTY expects the CONTRACTOR to be vigilant regarding detainee behavioral health needs and treatment from the time detainees arrive at the PCADC through their release or transfer. Behavioral health services shall include the assessment and evaluation of those identified to have mental and/or behavioral health conditions and suicidal detainees and administration of appropriate psychotropic medication.

CONTRACTOR must operate a comprehensive behavioral health services program that includes evaluation, diagnosis and treatment of mental illness for all detainees. In addition to compliance with applicable NCCHC standards and Arizona licensing requirements, CONTRACTOR will provide behavioral health services with particular attention to:

- a) Coordination of care with all community behavioral health care providers, including RBHA network providers;
- b) Services for remanded juveniles;
- c) Coordination of care for detainees undergoing evaluation for competency to stand trial and/or restoration to competency;
- d) Suicide prevention;
- e) Stabilization and treatment of detainees with serious mental illness;
- f) Coordination with County and the RBHA in the provision of services pursuant to Arizona's involuntary commitment statutes found at Arizona Revised Statutes (ARS) Title 36, Chapter 5 (hereinafter "Civil Commitment Services"); and
- g) Coordination with PCADC custody staff to ensure the safety and security of mentally ill detainees.

The CONTRACTOR is required to track detainees with diagnosed mental illnesses and to maintain at all times an accurate listing of current and previous adult detainees designated as seriously mentally ill (SMI) as defined in A.R.S. 36-501 and all juveniles diagnosed with a serious emotional disorder (SED), as well as all other detainees diagnosed as mentally ill that do not fit the SMI or SED categories.

As soon as possible during the intake process, but not more than 24 hours after the detainee has been medically cleared for intake, CONTRACTOR will determine RBHA membership for the detainee (refer to Section 4.1.1 of the RFP). CONTRACTOR must coordinate with RBHA personnel for individuals enrolled in the RBHA to:

- a) Contact the detainee's community provider;
- b) Obtain the detainee's health records and most recent medication regimen;
- c) Coordinate care while detained; and
- d) Begin a plan to coordinate services for the detainee at the time of release from the facility.

The CONTRACTOR will designate a position to be the “Court Clinical Liaison” to coordinate care and communication for mentally ill detainees between and among the courts, the RBHA and their network providers, other psychiatric service providers, and Pima County Adult Probation SMI and Special Needs case loads, as well as to participate in community meetings or forums at the request of the COUNTY’s Behavioral Health Administrator.

10.2 Suicide Risk & Prevention

CONTRACTOR will work with PCADC staff to implement and participate in a comprehensive, multi-disciplinary suicide prevention program. CONTRACTOR will immediately coordinate with PCADC custody regarding detainees who are confirmed to be at risk of suicide or self-harm as a result of Health Intake Screening, and, in collaboration with PCADC staff, implement those safety and suicide prevention precautions that best suit the detainee’s particularized circumstances and needs.

When a detainee is actively suicidal and/or requires hospitalization in a Level I facility, CONTRACTOR will contact custody staff to activate the emergency systems for transport if other means of transportation are not practical or safe. In such circumstances, CONTRACTOR will notify the Sheriff’s Department and the COUNTY Administrator on Call immediately.

In the event of a suicide or serious suicide attempt, CONTRACTOR must (a) review the events and circumstances surrounding the suicide or suicide attempt and, in coordination with the custody or detention staff, implement process improvements to prevent similar events from recurring and (b) cooperate in the performance of any Quality Review that COUNTY or the Sheriff’s Department may conduct and correct any deficiencies noted.

10.3 Special Housing

As described in Section 1.3, there are two mental health units at the PCADC, identified as 1S and 1A. 1S was specifically designed to house detainees with acute mental health conditions and/or who are a danger to themselves and others. 1A is a Step Down unit for patients with mental illness with lower acuity or vulnerable detainees that are unable to be housed in general population.

Mentally ill detainees housed in the mental health units must receive a minimum of 10 hours per week of therapeutic activity and 10 hours per week outside of their cells in other activities. CONTRACTOR will coordinate with PCADC to provide the necessary hours of out-of-cell activities. CONTRACTOR must document all therapeutic and out-of-cell time and activities for all detainees in mental health units, unless, due to custody/administrative restrictions this cannot occur. If out-of-cell time is not provided, the explanation or justification must be documented in the health record.

Together with the Sheriff’s Department, the CONTRACTOR shall develop admission and discharge criteria and patient management protocols for both these housing units.

CONTRACTOR must collaborate with PCADC to establish and provide specialized training for corrections officers who staff these units.

Detainees with psychiatric diagnoses who are not otherwise at risk of harm may be housed in general population units. A person's individual needs may also cause them to be housed on administrative segregation or at the infirmary. CONTRACTOR will provide services to mentally ill detainees in any area as clinically indicated. CONTRACTOR must include such detainees in its caseload for purposes of determining the appropriate staffing level for observation, clinical contacts or visits with prescribing providers.

10.4 Substance Abuse Treatment Programs

All detainees in PCADC must be offered the opportunity to participate in a Substance Abuse Recovery Services Program. The curriculum / meetings must be offered on a rotating basis to each housing unit throughout the facility. The Recovery Services Program shall be offered in coordination with the Special Prisoner Services' treatment programs such that all detainees that desire to participate in in-detention treatment for substance abuse issues will have an opportunity to do so. CONTRACTOR should coordinate with and provide their professional expertise to other substance abuse treatment programs led by community volunteers.

CONTRACTOR's substance abuse treatment at PCADC shall include evidence-based treatment interventions and implementation of the National Institute on Drug Abuse (NIDA) guidelines for treatment in a detention setting.

10.5 Involuntary Psychiatric Evaluation and Treatment Services for Adults

Arizona law provides for involuntary psychiatric evaluation and treatment of adults pursuant to rules established at Arizona Revised Statutes § 36-501 et seq. (Civil Commitment Services). Title 36 requires an evaluation to determine whether an individual a) meets the statutory criteria and b) is unable or unwilling to participate in treatment on a voluntary basis so the court can order involuntary behavioral health treatment. The Court may order an evaluation to be performed either on an outpatient basis at PCADC or an inpatient basis.

10.5.1 Detainees with Petitions at Booking

The CONTRACTOR shall identify and track detainees who are booked with an existing petition as defined in ARS 36-501 to be sure they receive timely evaluations. Evaluations should be performed at the PCADC unless a hospital inpatient setting is clinically indicated. The CONTRACTOR shall assess whether evaluations can be performed effectively at PCADC so as to advise the Court whether a particular detainee's Civil Commitment psychiatric evaluation should be performed at an inpatient hospital or at PCADC.

The CONTRACTOR shall ensure that detainees who are booked in the PCADC with pending Civil Commitment petitions meet statutorily established timelines for evaluations. A penalty will

be assessed for petitions that are dropped due to a failure to perform the psychiatric evaluations on a timely basis or for CONTRACTOR's failure to appear at a Court hearing.

A petition for involuntary evaluation expires after 14 days. In the event that a person is released from custody within that time frame or the Court orders a detainee to undergo the required psychiatric evaluations in an inpatient hospital setting, the CONTRACTOR shall utilize the COUNTY's Preferred Provider, the University of Arizona Medical Center – South Campus. CONTRACTOR shall be responsible for performing the required history and physical examination to transfer care to the Preferred Provider and provide copies of relevant health records and other documentation as required. Should the detainee's psychiatric evaluations take place as an inpatient, the CONTRACTOR shall coordinate with the COUNTY's Preferred Provider for Civil Commitment services and the County Attorney's Health Law Unit.

In the event that the 14 day petition timeframe has elapsed when a detainee is released, the CONTRACTOR will be required to evaluate the person prior to their release to ensure that they are not a danger to self or others.

Transport is arranged by Custody staff in consultation with CONTRACTOR.

10.5.2 Detainees Requiring a Petition After Booking

CONTRACTOR will, with or without request from COUNTY or Court:

- a) Examine detainees displaying symptoms of mental illness whom CONTRACTOR believes are either unable or unwilling to voluntarily participate in mental health treatment to determine whether an Application for Evaluation is appropriate and, if so, prepare and submit such an Application to the Screening Agency (SAMHC Behavioral Health Services) or the Evaluation Agency as appropriate;
- b) Upon receipt of an Order for Court Ordered Evaluation requiring what is referred to as a detainee's "outpatient" evaluation, arrange for the detainee to be evaluated, within the applicable statutory time frames, by two psychiatrists licensed in the State of Arizona and possessing expertise in the involuntary commitment standards. If those psychiatrists believe a Petition for Court Ordered Treatment is appropriate, CONTRACTOR will require such psychiatrists to prepare and file, within the statutory time frames, the Petition for Court Ordered Treatment together with other statutorily required documentation, with the Pima County Attorney's Office Health Law Unit for filing with the Superior Court;
- c) Testify in court as necessary;
- d) Coordinate continuity of care with offsite providers, the detainee's RBHA network provider, if any, and/or AHCCCS' Arizona Long Term Care System (ALTCS) in the provision of Title 36 services;
- e) Coordinate transfer of detainees for court hearings and court ordered treatment (COT) as necessary; and
- f) Coordinate transfer of detainees for revocation of COT plans as necessary.

In order to maximize the number of outpatient evaluations that can safely be performed at PCADC, CONTRACTOR shall provide psychiatrists who are experienced in performing these psychiatric evaluations and providing the related testimony required in Civil Commitment proceedings. CONTRACTOR shall work with the COUNTY, the Court and any other involved parties to perform onsite as many detainee Civil Commitment psychiatric evaluations and as much of the Court Ordered Treatment required for detainees who remain in custody at PCADC as possible.

CONTRACTOR shall be responsible for payment of any Court Ordered Evaluation (COE) done on an outpatient basis at PCADC or COT services that the Court requires be provided for a detainee in an inpatient hospital setting rather than at PCADC. COE services conducted on an inpatient basis will be paid under a COUNTY contract with a separate vendor. If the detainee is ordered to an inpatient setting by the Court, the CONTRACTOR must utilize the COUNTY's Preferred Provider for Civil Commitment services or, if there are no beds available, the evaluating agency recommended through the community crisis line. Payment for such services shall be the same as for other inpatient hospital stays as described in Exhibit B.

10.6 Restoration to Competency (RTC) Program

A defendant must be competent in order to stand trial. When a defendant's competency is in question, the Court may order a detainee to undergo evaluation pursuant to Arizona Rule of Criminal Procedure (Rule 11) and Arizona Revised Statute §13-4501. In these situations, the Court will appoint a psychiatrist and a psychologist (if two evaluations are ordered) to assess the individual and submit reports to the Court. Upon receipt of notification that a detainee has been ordered to undergo evaluation pursuant to Rule 11, the CONTRACTOR shall prepare a copy of the detainee's health record for the Court.

After the Rule 11 evaluations have been completed, a Court hearing is held to review the reports and determine the detainee's level of competency and, if appropriate, issue an order for the detainee to undergo restoration to competency. If the defendant is found not competent to stand trial, but restorable, the Court shall order that a detainee receive Restoration to Competency (RTC) treatment.

CONTRACTOR must provide all health care services to detainees who are in the PCADC RTC program, some of which come from other Arizona counties. CONTRACTOR will coordinate with COUNTY's RTC program staff for all services, including behavioral health services, needed by detainees ordered into the COUNTY's RTC program. CONTRACTOR will be responsible for providing, at a minimum, the following psychiatric services to the RTC detainees:

- Prescription of medication, as needed (including non-formulary), by an Arizona licensed psychiatrist.
- Comprehensive assessment by an Arizona board certified Master's level clinician within 14 days of admission to the RTC program.
- Comprehensive assessment by an Arizona licensed psychiatrist within 7 days of admission to the RTC program.

- A minimum of one face to face clinical session with each RTC detainee per month by an Arizona board certified Master's level clinician every 30 days, or more as indicated by RTC staff.
- A minimum of one face to face assessment every 30 day period with each RTC detainee by an Arizona licensed psychiatrist, or more often as indicated by RTC staff.
- Weekly wellness checks.
- CONTRACTOR's assigned psychiatrist must participate in hearings or other legal proceedings for RTC detainees as needed for issues of forced medication or treatment recommendations. This can include writing reports to a court on the necessity of forced medications, or testifying about necessity of treatment etc., either telephonically or in person. While these occur rarely, the CONTRACTOR must be quickly responsive to these requests and be readily available for any scheduled hearings even if they occur in another COUNTY.
- CONTRACTOR's assigned psychiatrist and Master's level liaison will attend weekly staffings with RTC staff (currently 1 hour per week) to discuss clinical issues, review medications, and to discuss overall treatment progress.

Although nearly all restoration cases are handled locally in Pima COUNTY, there may be an occasional need to transfer someone to the Arizona State Hospital (ASH) in Phoenix. CONTRACTOR must coordinate continuity of care for detainees from Pima County that are transferred to ASH from the RTC program. This coordination includes obtaining weekly updates from ASH regarding the detainee's medical/behavioral health progress, documenting such updates in the health record, reviewing ASH health records of detainees and making recommendations regarding housing and treatment upon return to the PCADC, communicating with RTC staff as to the progress of such detainees, as well as documenting and implementing a treatment plan consistent with ASH recommendations so that the detainee's competency remains stable for trial.

All contacts between CONTRACTOR and RTC detainees shall be documented in the health record in SOAP format. RTC program staff require access to the health records of the RTC detainees. Upon order of the court, receipt of an authorization executed by the detainee, or another individual authorized to execute the authorization on the detainee's behalf, CONTRACTOR must provide copies of any health records of RTC detainees to RTC program staff as needed. RTC staff having access to the electronic health record will rarely make requests for copies.

CONTRACTOR will assign a Master's level or higher clinician to serve as a liaison to the RTC program to relay information to the RTC psychiatrist and other medical staff and who has the authority to resolve areas of concern.

CONTRACTOR will allot staff hours to fulfill the requirements of this section. The time allotted for the psychiatrist shall depend upon the population of the RTC which can range between 30 to 50 individuals. The average daily population in the RTC program is usually in the low 40's. CONTRACTOR will give, at a minimum:

30-35 population	10 hours per week psychiatrist time
36-40 population	12 hours per week psychiatrist time
41-45 population	14 hours per week psychiatrist time
46-50 population	16 hours per week psychiatrist time

11. Offsite Services

NCCHC Requirements: See standard J-E-12, Continuity of Care During Incarceration.

CONTRACTOR must provide services onsite whenever it is feasible and clinically appropriate to do so according to CONTRACTOR’s best professional judgment. CONTRACTOR must minimize the extent to which detainees need to be transported offsite for health care services through the use of, whenever possible, teleradiology and telemedicine, implementation of onsite specialty clinics for high-volume specialty care (such as obstetrics), the acquisition of equipment and other innovative practices whereby CONTRACTOR can provide services onsite.

CONTRACTOR will refer detainees to providers in the community as medically necessary when CONTRACTOR is unable to provide safe and adequate healthcare services onsite. CONTRACTOR will ensure that offsite services provided are medically necessary and detainees are returned for onsite care as soon as is medically appropriate.

CONTRACTOR must coordinate with PCADC custody staff to arrange for transportation to and from community providers for all offsite services.

CONTRACTOR will provide, or cause to be provided, proactive Utilization Management services for all healthcare services provided to detainees for off-site referrals, including precertification review, continued stay review, retrospective review, and discharge planning for inpatient hospital admissions, sub-acute admissions, and out-patient hospital procedures, as well as Care Coordination. CONTRACTOR will ensure that its physicians communicate with local hospital staff, including visiting local hospitals as appropriate, to discuss alternatives to inpatient status, cost-effective settings for housing detainees, and expeditious discharge of detainees to be returned to the PCADC or housed in an alternative setting.

CONTRACTOR will establish and update as necessary policies and procedures for sending detainees off-site for inpatient or outpatient services. Policies and procedures should include flow diagrams and contact information for key points of contact, including, but not limited to, Sheriff’s Department’s management, COUNTY’s management, hospitals, and medical and behavioral health community providers.

11.1 Outpatient services provided in the community

CONTRACTOR must provide all relevant health records, including diagnostic testing results, notes and medication administration records, to the community provider selected for

consultation. CONTRACTOR must ensure that community providers submit complete consultation reports to CONTRACTOR within 48 hours, describing diagnostic testing conducted, if any, impressions, findings and treatment recommendations for the detainee sent to community providers. CONTRACTOR will integrate community providers' consultations into detainee records and incorporate their findings and recommendations into detainees' plans of care to the extent that such findings and recommendations are appropriate, in the exercise of CONTRACTOR's best professional judgment.

The CONTRACTOR shall establish a system to ensure that ordered testing is done and that reports of testing are received and reviewed in a timely manner. Each off-site referral to a community provider must result in a legible consultation/treatment report in the detainee's health record within forty-eight (48) hours of the encounter.

All recommendations involving any special procedures or non-routine follow-up must be communicated verbally between the Community Provider consultant and the onsite primary care physician and/or medical director within twenty-four (24) hours of the consult.

Every effort must be made to utilize telemedicine and onsite clinic approaches to minimize the offsite transport burden for the custody staff at the Sheriff's Department and related public safety issues. In order to provide medically necessary services required to meet NCCHC standards that cannot be provided onsite to detainees at the PCADC, the CONTRACTOR must maintain relationships with community providers that will accept rates equal to the AHCCCS rates currently paid by the COUNTY for services community providers deliver to detainees.

The COUNTY shall be responsible for making payments for both inpatient and outpatient off-site health care services if no other payer exists. The cost of these services shall be deducted from the payment to CONTRACTOR per the procedure laid out in Exhibit B.

As a means of reducing the need and frequency of referral for off-site health care services for detainees at the PCADC, CONTRACTOR will work with COUNTY's Office of the Chief Medical Director to identify viable and cost-effective ways to increase the use of telemedicine and other measures, such as purchasing ultrasound equipment and utilizing onsite optometry and dialysis services.

See **Attachment A1-9** for data on offsite services performed for detainees at PCADC.

11.2 Inpatient services provided in the community

NCCHC Requirements: See standard J-D-05, Hospital and Specialty Care.

In the event the detainee is admitted to the hospital, the CONTRACTOR shall notify the Administrator on Call regarding the inpatient admission within 24 hours so that COUNTY staff can verify detainee eligibility for AHCCCS or identify any applicable insurance and thus reduce the cost of the hospitalization. Refer to **Attachment A1-17** for the DIH policy on notification of

hospitalized detainees. The CONTRACTOR shall monitor each detainee who remains in custody while an inpatient at a hospital and perform utilization review services.

The CONTRACTOR shall develop relationships and communication methods with local hospitals, in particular The University of Arizona Medical Center (UAMC), to conduct concurrent review and facilitate discharge planning as soon as the detainee is admitted. CONTRACTOR is required to make every effort to return detainees to the PCADC infirmary as soon as possible. CONTRACTOR's prescribing providers should have practicing privileges at UAMC to more closely monitor the condition and progress of the detainee while hospitalized and, without compromising the detainee's medical condition, facilitate the detainee's transfer to PCADC as soon as possible. PCADC personnel will work with other COUNTY personnel to resolve any barriers to returning the detainee to the Infirmary that are related to health care services. CONTRACTOR shall provide and pay for additional personnel or equipment needed to accommodate the detainee in the Infirmary.

12. Release and Transfer Planning

NCCHC Requirements: See J-E-13, Discharge Planning.

12.1 Planned Discharges

From the point of admission, where practicable, CONTRACTOR will coordinate with PCADC, community medical and behavioral health providers, the RBHA, RBHA network providers, the VA, the Arizona Long Term Care System (ALTCS), the Tribal RBHA (TRBHA), Indian Health Services, the Court and any other appropriate individuals or agencies to coordinate services for detainees upon release. CONTRACTOR will develop policies and procedures to maximize the use of available community resources in discharge planning (see RFP section 4.1.5).

The CONTRACTOR shall coordinate with the Pima County Health Department (PCHD) to ensure follow-up for those detainees that are released and require follow-up related to a reportable communicable disease (see **Attachment A1-15**). If a detainee is released before laboratory results are received, the CONTRACTOR shall make every effort to mail the laboratory results to the detainee's last known address with instructions for follow-up by the PCHD. CONTRACTOR shall also file all mandated reports with PCHD for communicable diseases.

12.2 Transfer

The CONTRACTOR shall establish and implement a procedure to communicate confidential critical health information of a detainee that is transferred to another correctional facility. At a minimum, the CONTRACTOR shall complete a transfer summary and send it with the detainee at the time of transfer. The Transfer Form shall include:

- Medical, dental and behavioral health history (including suicide attempts or ideation and drug and alcohol abuse), and hospitalizations in the last two (2) years;
- Active diagnoses, current status and treatment plans;
- Current medications prescribed (including prescription and over-the-counter medication);
- Allergies to medications and food;
- Date and results of most recent tuberculosis testing and other communicable disease tests;
- Immunization records for juveniles when available;
- Results of any current physical examinations;
- Date and results of most recent diagnostic testing related to active diagnoses; and
- Contact information for CONTRACTOR.

The CONTRACTOR shall not send medications for a detainee being transferred to ADOC.

An electronic transfer form for health information has been implemented by Pima County, Maricopa County and the Arizona Department of Corrections (ADOC). CONTRACTOR's electronic health record should have the capability to auto fill most of this form in order to facilitate information sharing upon transfers. See **Attachment A1-13** for a copy of the approved transfer form.

Upon release of the detainee to federal authorities, CONTRACTOR shall provide a short medical summary and no more than eight hours of the detainee's current medications.

13. Health Records Management

NCCHC Requirements: See Section H, Health Records, of NCCHC's Standards for Health Services in Jails (2008).

13.1 Ownership of Health Records

The COUNTY is the sole owner of health records for all adult and remanded juvenile detainees at the PCADC.

The CONTRACTOR shall be solely responsible for the cost of development, maintenance and security of health records. All liability for security breaches lies with the CONTRACTOR.

All COUNTY Confidential Information including, without limitation, any COUNTY Data and health records owned by the COUNTY or the State, whether in existence at the Effective Date, and/or compiled thereafter in the course of performing the Services, shall be treated by CONTRACTOR and its subcontractors as the exclusive property of the COUNTY and the furnishing of such COUNTY Confidential Information, or access to such items by, CONTRACTOR and/or its subcontractors, shall not grant any express or implied interest in such

COUNTY Confidential Information to CONTRACTOR and/or its subcontractors. CONTRACTOR's and its subcontractors' use of such COUNTY Confidential Information and COUNTY Data shall be limited to such use as is necessary to perform and provide the Services. Upon demand by the COUNTY at any time and from time to time, and without regard to a Party's default under the Agreement, CONTRACTOR and/or its subcontractors shall promptly deliver the COUNTY Confidential Information and COUNTY Data to the COUNTY in electronic format and in such hard copy as exists on the date of the request by the COUNTY. COUNTY data shall not be accessible by any other Customer or Vendor of CONTRACTOR unless express written approval is provided by the COUNTY and all appropriate legal documents have been signed by all Parties.

13.2 Electronic Health Records

The COUNTY desires to have both the internal functionality of Electronic Health Records (EHR) and the ability to share information with community providers outside of the Pima County detention facilities through the Statewide Health Information Exchange (HIE). In February 2012, an EHR system was put into place at PCADC, replacing paper records. In August 2012, the PCADC became the first correctional facility in the country to participate in a Statewide HIE.

All bidders are required to use an EHR system that is certified by the Office of the National Coordinator (ONC). If Offeror's EHR is not ONC certified, Offeror must contract with the current EHR vendor, CorEMR, until such time as the CONTRACTOR's EHR becomes ONC certified.

Connectivity with the Statewide HIE is dependent upon the establishment of two interfaces for information flow. The first interface is established and paid for by the COUNTY, allowing information to be received from the Statewide HIE into the healthcare vendor's EHR. The second interface allows information from the healthcare vendor's EHR to be shared with the Statewide HIE. The CONTRACTOR is required to build this interface in coordination with the Statewide HIE upon award of the contract and must be operational on July 1, 2013. This interface is the financial responsibility of the CONTRACTOR. See **Attachment A1-12** for additional information on the Statewide HIE and EHR requirements.

CONTRACTOR's EHR must be able to produce query reports to address most of the Performance Indicators seen in **Attachment A1-19** (see also section 16, Quality Assurance/Improvement) and the Statistical Data Reporting in **Attachment A1-5**.

CONTRACTOR shall create a policy for the use of electronic health information obtained from the Statewide HIE. CONTRACTOR is required to remain in compliance with the Statewide HIE policies and procedures as well as the Sheriff Department's policies and procedures.

13.3 Maintenance of Health Records

The Contractor shall ensure that a centralized health record that includes all medical, dental and behavioral health records is initiated and maintained for each detainee admitted to PCADC.

The CONTRACTOR is responsible for the maintenance and retention of a complete, standardized health record for all detainees in accordance with prevailing medical regulations for confidentiality, retention and access and established Pima County operating policies and procedures.

The health record shall be customized for a correctional population and include all health care services provided to the detainee onsite and offsite in a legible, current, detailed, organized and comprehensive manner that permits effective patient care and quality review. In addition to the information required by NCCHC, all health records will contain results of database queries (such as to the Statewide Health Information Exchange or to the RBHA), including documentation when no record is found. All records must be electronically dated and signed.

Backup and recovery procedures for the EHR data must be defined, documented, and periodically tested with results and work plans published.

Only one record shall be maintained for each juvenile until he/she turns eighteen years of age.

CONTRACTOR will establish a Health records and Forms Committee, including Custody, the Court, medical and behavioral health staff, the Chief Medical Director or designee, and others as designated by COUNTY. This Committee will be responsible for reviewing and developing forms to be included in the health record subject to approval from the Sheriff's Department.

13.4 COUNTY Access to Health Records

COUNTY may conduct quality assurance, utilization and other performance reviews from time to time that require review of patient charts. CONTRACTOR must make space available for COUNTY's use to perform such reviews and must provide COUNTY with records requested. COUNTY will provide CONTRACTOR reasonable notice of health records requested.

CONTRACTOR must operate the health records function so as to ensure that records are readily available to providers treating the patient, to reviewers performing quality assurance/utilization/performance improvement review and to authorized Custody personnel. Health records must be available to designated staff of the Sheriff's Department at all times.

13.5 Confidentiality of Health records

The COUNTY has determined that the Medical Unit at PCADC is a "covered entity" as defined in 45 CFR 160.103. CONTRACTOR must safeguard the confidentiality and security of the health information of all persons in custody in compliance with the standards and regulations adopted by the Department of Health and Human Services in the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules. CONTRACTOR will comply with the policies and procedures established by the COUNTY and all applicable laws regarding confidentiality and security of such information.

See **Exhibit C** for a sample Business Associate Agreement which will be included in the contract for services.

13.6 Release of Health records

The CONTRACTOR shall ensure that detainee health records required for judicial proceedings are provided timely to those who are authorized to receive such records, such as a Court-appointed evaluator and Restoration to Competency coordinator. Any other release of records must be coordinated through the Deputy County Attorney assigned to the Sheriff's Department.

Written authorization by the detainee is required to provide health records and information outside the correctional system's jurisdiction, unless otherwise directed by law or administrative regulation.

13.7 Storage and Retention of Health records

Health records shall be retained as required by Arizona Revised Statute 12-2297, Retention of Records which states that health records will be retained as follows:

- If the patient is an adult, for at least six years after the last date the adult patient received medical or health care services from that provider.
- If the patient is a child, either for at least three years after the child's eighteenth birthday or for at least six years after the last date the child received medical or health care services from that provider, whichever date occurs later.

13.8 Control of Data Provided by Pima County

For those projects and contracts where the COUNTY has provided data to enable the CONTRACTOR to provide contracted services or products, unless otherwise specified and agreed to in writing by the COUNTY, CONTRACTOR shall treat, control and limit access to said information as confidential and under no circumstances release any data provided by the COUNTY during the term of this agreement and thereafter, including but not limited to personal identifying information as defined by A.R.S. § 44-1373, and is further prohibited from selling such data directly or through a third party. Upon termination of the associated agreement or completion of the required contractual intent, whichever occurs sooner, CONTRACTOR shall return all data to County.

13.9 Data Availability and Security

During the term of this agreement and upon termination, CONTRACTOR will offer and provide at no cost to the COUNTY database backup files and/or a standard formatted export file upon request and agrees that all data is owned by the COUNTY. CONTRACTOR also agrees that all COUNTY information housed within the CONTRACTOR's EHR Solution is private and owned by the COUNTY and is not to be shared with any other customer, vendor or third party unless the COUNTY grants that right.

CONTRACTOR also agrees that:

- Information will reside in a highly secure and redundant data center environment that is recoverable within a two hour window in the event of a primary data center / network disaster / outage;
- The data center environment will be physically secure, with employee and customer access / monitoring control practices in place and adhered to, and customers / visitors are escorted at all times within the data center environment;
- Security release upgrades and monitoring practices will be in place and adhered to, and CONTRACTOR security practices will require critical CONTRACTOR security patches to be implemented within 24 hours of vendor's release of the security patch; and
- Intrusion detection will be conducted by the CONTRACTOR at least once per year with results published to include actions taken by the CONTRACTOR. Results will be made available to COUNTY for review.

14. Training for Correctional and Detention Officers

NCCHC Requirements: See standard J-C-04, Health Training for Correctional Officers.

CONTRACTOR will provide up to 20 hours of training per year to all Correctional Officers on all shifts at PCADC on such topics as first aid for first responders, suicide prevention and crisis intervention, trauma informed care, how to recognize and respond to mental illness in the detention setting, developing and implementing treatment and behavior plans, how to recognize and respond to the symptoms of alcohol and drug withdrawal, how to de-escalate situations in order to prevent the application of restraints and other topics that, in collaboration with PCADC administration, are relevant and beneficial to their staff's ability to manage detainees in a safe and secure environment.

15. Personnel

NCCHC Requirements: See Section C, Personnel and Training, of Standards for Health Services in Jails (2008) and standard J-A-02, Responsible Health Authority.

15.1 Hiring Requirements for Health Care Staff

The CONTRACTOR shall, prior to assignment of any licensed health care provider, verify in writing that the provider possesses the necessary licensure to perform their duties and that the provider's license is in good standing with the applicable licensing or regulatory board(s) including the Board of the State of Arizona (e.g. Board of Medicine, Board of Nursing, etc.). The CONTRACTOR shall be responsible for professional credentialing and any associated costs. The credentialing files shall be retained by the CONTRACTOR and made available to COUNTY for monitoring as requested.

The CONTRACTOR may only utilize personnel who pass the background check required by the Sheriff's Department. Health care services personnel delivering services to detainees must comply with the Sheriff's Department's random drug testing requirements.

The selection of designated leadership positions will be subject to the advance approval of the COUNTY. If the CONTRACTOR has not filled a leadership position with a permanent replacement within thirty (30) days of vacancy, COUNTY must approve the person appointed to fill said position as an interim and CONTRACTOR's recruitment plan. Leadership positions for purpose of this requirement are the Health Services Administrator, Medical Director, Director of Behavioral Health Services, Director of Nursing, Chief Psychiatrist and Psychologist. CONTRACTOR will obtain COUNTY and Sheriff's Department approval prior to filling a vacant leadership position. Leadership personnel serve at the discretion of the COUNTY. See **Attachment A1-18** for further information.

Prior to assignment of any health care staff to provide services under this Contract, CONTRACTOR will document that each person employed or engaged by CONTRACTOR has:

1. Training in Blood and Body Fluid Precautions as set out by OSHA standards;
2. Immunization for hepatitis B or, in the alternative, an OSHA declination of such immunization;
3. Trained and certified in Basic Life Support – Cardiopulmonary Resuscitation (BLS-CPR) with re-certification every two years and AED use with re-certification on an annual basis.
4. Annual Tuberculin skin test, chest x-ray or other acceptable health test or survey; and
5. Immunization for or immunity to measles and rubella.

CONTRACTOR shall, prior to assignment of any health care staff to provide services under the Contract, provide evidence of compliance with the requirements set forth in A.R.S. § 41-1758.01 *et seq.* A.R.S. § 13-705 and A.R.S. § 41-2814.

CONTRACTOR must credential its professional personnel in a manner that meets or exceeds AHCCCS credentialing requirements set forth in Arizona Health Care Cost Containment System, AHCCCS Medical Policy Manual, Chapter 900 Quality Management and Performance Improvement Program.

CONTRACTOR shall validate subcontractor and employee status against the United States Department of Health and Human Services Office of Inspector General (OIG) List of Excluded Individuals and Entities (Exclusion List) prior to hire and at least annually thereafter. No individual or contractor appearing on the OIG Exclusion List will be allowed to provide services of any nature in performance of this agreement.

Prior to placement of personnel at PCADC, CONTRACTOR shall orient and train all of its personnel in the proper use and execution of forms, policies and procedures. The Sheriff's

Department will provide orientation on their policies and procedures for all new health care services personnel. CONTRACTOR shall document such training and orientation in each employed or contracted person's record, and make such records available onsite for inspection by COUNTY at any time.

15.2 Personnel Administration

The CONTRACTOR must develop and distribute a written job description to each member of health care services personnel which clearly delineates assigned responsibilities in the context of providing services at PCADC.

The CONTRACTOR shall perform and maintain written annual or more frequent performance evaluations of each person providing services. The CONTRACTOR shall ensure each personnel file contains written evidence of skills and competencies specific to the services that the personnel are providing.

CONTRACTOR shall ensure that each of the physicians or other persons employed or engaged by CONTRACTOR maintain, when appropriate, controlled substances registrations issued by the appropriate federal and other regulatory agencies, which are required for such persons to prescribe controlled substances under both federal and state law.

In the event any related detainee or any detainee personally close to any employee of the CONTRACTOR is arrested, referred, or assigned to the PCADC and/or their probation divisions, the employee must notify the PCADC administration, as a potential conflict of interest case.

At its own expense, CONTRACTOR must conduct periodic screening for radiation exposure of imaging personnel.

CONTRACTOR shall conduct required communicable disease testing and immunizations for CONTRACTOR personnel.

CONTRACTOR personnel are subject to all security regulations and procedures of the Sheriff's Department. CONTRACTOR personnel are subject to removal from the facilities at any time for security or misconduct reasons as determined by the Sheriff's Department.

The CONTRACTOR shall require its employees and contracted personnel to notify CONTRACTOR if they are arrested, summoned or cited for a felony, or a misdemeanor. The CONTRACTOR shall immediately remove any person arrested or convicted of any felony or certain misdemeanors involving offenses against children and/or public peace.

The CONTRACTOR shall notify COUNTY within two working days of when it learns of any adverse action taken against one of its staff members or contracted personnel providing services at PCADC, including but not limited to:

1. Any lapse or expiration of any licensure or certification;

2. Exclusion from participation with federally-funded health programs;
3. Restrictions to a provider's license;
4. Revocation of a provider's license;
5. Restriction or removal of a prescribing provider's DEA certification;
6. Any other disciplinary action taken against a member of CONTRACTOR's staff by a professional regulatory board in the state of Arizona or any other state;
7. Any arrests, summons, citations or convictions for a felony, or a misdemeanor offense; and
8. Any complaint filed against a provider's license.

The CONTRACTOR is to provide a minimum of twelve (12) hours of annual in-service training for all qualified health care services employees, including physicians. The CONTRACTOR shall be responsible for the following training for CONTRACTOR personnel at required intervals: basic life support (BLS), AED training, OSHA training including infection control, universal precautions and respiratory fit training and testing.

15.3 Staffing Scheduling

The CONTRACTOR shall establish an appropriate schedule of personnel to ensure effective delivery of services regarding ongoing operations and detention policies. The schedule shall conform to the staffing commitment submitted in the CONTRACTOR's proposal in response to this solicitation.

The CONTRACTOR shall provide twenty-four (24) hour on-call coverage by licensed providers. On-call coverage is defined as the ability to respond to a pager within 15 minutes, or, if needed, to respond in person to the PCADC within 60 minutes.

CONTRACTOR will provide a sufficient number of prescribing providers to effectively manage the PCADC population of mentally ill detainees who are taking psychotropic medications.

The CONTRACTOR's proposal must include a budgeted onsite staffing commitment plan for PCADC (see **Appendix VII, Worksheet 4**). Each position must include clear commitment by functional area of the shift and hours to be worked for each position title by day of the week. **Worksheet 6 of Appendix VII** provides a budgeted rate of compensation for the position.

The budgeted staffing commitment shall be a contractual requirement. CONTRACTOR will meet their contractual obligations and provide sufficient staffing to provide the appropriate level of health care services necessary to address the needs of the detainee population at any given time.

CONTRACTOR will submit a report showing actual hours worked for each position by week, based on an electronic timekeeping system that tracks hours worked for each staff member. Any contracted shifts/hours not worked will be deducted from the monthly payment with a staffing payment adjustment (see **Exhibit B** for additional information).

15.3.1 Critical Staffing Requirements

The following staffing minimum requirements must be kept at all times, regardless of population. Failure to meet these minimum requirements will result in a financial consequence per **Attachment A1-21**.

- At least one RN and one EMT must be present in intake 24/7. When intake gets backlogged and unable to meet the time requirements in Section 4.1.1, CONTRACTOR is required to bring in sufficient staff to meet the time limits.
- At least one RN will be present in the infirmary 24/7.
- At least one RN will be present for sick call and other tasks 24/7 (total of at least 3 RNs 24/7).
- CONTRACTOR will provide mental / behavioral health coverage 24/7 every day of the year for MH assessments and crisis response. At all times at least one of the following positions will be on site: Psychiatrist, Mental Health NP or PA, Psychologist, Mental Health Professional or Mental Health RN.
- Onsite administrative coverage for medical and mental health will be provided from 8 am – 5 pm, Monday – Friday, as follows.
 - o One of the following:
 - Health Services Administrator
 - Director of Nursing
 - Medical Director; **and**
 - o One of the following:
 - Director of Behavioral Health Services
 - Chief Psychiatrist
 - Psychologist

15.4 Healthcare Workforce Development

The CONTRACTOR should establish positive mutually beneficial relationships with local entities that train and certify healthcare and administrative professionals as are required by the scope of this contract. CONTRACTOR should have an active pipeline of key and leadership talent, including, where possible, transfer or promotional candidates from within CONTRACTOR's organization.

The COUNTY is committed to the development of a health care workforce. CONTRACTOR will collaborate with the COUNTY, the University of Arizona and other healthcare educational institutions to provide training opportunities at PCADC for nurses, physicians, psychiatrists, pharmacists and other healthcare professionals completing internships and residencies. CONTRACTOR will be solely responsible for obtaining an affiliation agreement with participating

programs and supervision of program participants. COUNTY will not be liable for any actions arising from CONTRACTOR's participation in any teaching program.

16. Quality Assurance / Improvement

NCCHC Requirements: See standard J-A-06, Continuous Quality Improvement Program

16.1 Grievances and Requests

NCCHC Requirements: See J-A-11, Grievance Mechanism for Health Complaints.

The CONTRACTOR shall review, evaluate and respond to detainee inquiries, writs, complaints, and grievances related to healthcare in accordance with relevant policies and procedures of the Pima County Sheriff's Department. The CONTRACTOR is responsible for ensuring that healthcare related grievances are resolved in a timely fashion. The CONTRACTOR shall maintain a system for tracking all grievances, including results of investigation and resolution.

As dictated by the Court, CONTRACTOR may be required to testify in response to requests filed by or on behalf of detainees or concerning writs of habeas corpus.

16.2 Utilization Management

CONTRACTOR will provide, or cause to be provided, UM services for all healthcare services provided to detainees, for both off-site referrals and services provided on-site, including precertification review, continued stay review, retrospective review, and discharge planning for inpatient hospital admissions, sub-acute admissions, and out-patient hospital procedures as well as Care Coordination. The utilization management program must demonstrate that the use of off-site services has been appropriate (medically indicated) and that the length of stay (if applicable) is neither longer nor shorter than medically indicated.

The utilization records shall be the property of the COUNTY and the CONTRACTOR shall allow COUNTY timely access to utilization review records.

16.3 Continuous Quality Improvement Program

The CONTRACTOR shall implement a Continuous Quality Improvement Program (CQI Program) designed to comply with NCCHC Standards for quality monitoring and continuous quality improvement. The program shall also include provisions for completion of:

1. Death and Serious Adverse Event reviews as related to health care services;
2. Completion and reporting of health service related incident reports to the COUNTY;
3. Completion of detainee profiles for high risk detainees;
4. Participation in DIH Quality Assurance program and meetings as requested; and
5. Attendance of COUNTY representative(s) at CONTRACTOR's QA meetings.

16.3.1 Incident Reporting

Incident reporting is an integral part of the COUNTY's performance improvement process. Incidents are defined as health care related events or events that result in actual injury, morbidity or death or represent a high potential for injury, morbidity or death.

The CONTRACTOR is required to report incidents in order to establish the chronology and relevant facts surrounding any health care related incident and to formulate a corrective action plan. The overall goal is to reduce the frequency and severity of future incidents (proactive risk management) and to ensure that the standards for detainee health care are met.

CONTRACTOR must immediately notify the DIH Administrator on Call in the event of:

- a. Death of an inmate (non-suicide);
- b. Suicide or suicide attempt resulting in injury that requires transport offsite or treatment in the infirmary;
- c. Serious injury (requiring transport offsite or treatment in the infirmary);
- d. Any extraordinary event (i.e. riot, disaster, evacuation, hostage situation, elopement, infectious disease outbreak, etc.);
- e. Birth(s) on site; and
- f. Health condition resulting in death or near death requiring emergency transport.

The CONTRACTOR shall complete and email a written incident report within twenty-four (24) hours of the incident to the COUNTY's Chief Medical Director and copy the OCMD nurse assigned to the facility.

The CONTRACTOR shall initiate a plan of correction for all serious adverse events and submit the plan of correction to the OCMD for approval.

16.3.2. Death and Serious Adverse Event Review

NCCHC Requirements: See J-A-10, Procedure in the Event of an Inmate Death.

A Death and Serious Adverse Event review shall occur in the following circumstances:

- A detainee reports physical or sexual assault;
- The death of a detainee while in custody; and
- A detainee sustains an injury resulting in severe morbidity, e.g., injury requiring amputation or resulting in permanent paralysis.

All deaths are reviewed to determine the appropriateness of clinical care; to ascertain whether changes to policies, procedures, or practices are warranted; and to identify issues that require further study.

In the event of a detainee death, whether natural or otherwise, or serious adverse event, the CONTRACTOR shall notify the DIH Administrator On Call immediately of the event, immediately

secure and photocopy the detainee's health record, forward the health record to the Office of the Chief Medical Director (OCMD), and schedule a mortality or serious adverse event review with the COUNTY no later than 24 hours after the event to include:

- Interviews with all health care personnel involved;
- Reconstruction of the chronology of events leading up to the serious adverse event;
- Identification of the key factors or processes that may have contributed to a serious adverse event;
- Recommendations for process improvements to prevent other serious adverse events; and
- Issuance of a written report of the findings and recommendations.

At a minimum, a representative from the OCMD and CONTRACTOR staff shall attend the Death and Serious Adverse Event review. The COUNTY retains the right to utilize independent experts in the provision of health care services to participate in the review.

An administrative review, assessing the correctional and emergency response actions, will occur separately to identify areas where facility operations, policies, and procedures can be improved.

When required, the CONTRACTOR shall prepare a plan of correction, submit the plan of correction to the COUNTY for approval and monitoring, and actively participate in monitoring the implementation and effectiveness of the correction actions. The CONTRACTOR shall provide the results of their monitoring to the OCMD nurse assigned to the facility. The results shall serve as documentation of CONTRACTOR's actions and initiate COUNTY assistance to the CONTRACTOR if necessary.

16.3.3 COUNTY's Quality Assurance / Performance Improvement Program

COUNTY operates a Quality Assurance/Performance Improvement (QA/PI) program to assess the quality of health care services provided to detainees, identify opportunities for improvement, make recommendations and assist CONTRACTOR as needed to implement modifications to bring about improvements. COUNTY may perform chart reviews, studies and investigations and/or any activities that, at its sole discretion, COUNTY determines necessary or desirable in the performance of its QA/PI program. CONTRACTOR will cooperate fully with COUNTY's reasonable QA/PI program activities.

CONTRACTOR will comply with all existing applicable COUNTY policies and procedures. For new procedures or changes to existing procedures, COUNTY will notify CONTRACTOR whenever possible prior to final approval to facilitate discussion and seek input from the CONTRACTOR. Upon final approval by COUNTY, CONTRACTOR will have 14 days to comply with the new Policy & Procedure. In the event of a legal mandate or emergent situations impacting the health and welfare of the detainee and/or personnel at PCADC, COUNTY has the right to require CONTRACTOR to comply in a shorter period of time.

16.4 Audit of Performance Indicators and Operations

As part of its ongoing performance improvement efforts during the term of the contract, COUNTY, at its own expense, may undertake one or more operational reviews with or without utilizing an objective third party to identify any opportunities for improvement in health care services to detainees. CONTRACTOR will cooperate with any operational review conducted by COUNTY or its designee and will make available all records, personnel, policies and procedures, and arrange for onsite work area and interviews in a timely manner. COUNTY will endeavor to conduct such reviews in the least disruptive manner and, in the event of utilizing a third party, to ensure an exit interview occurs in person or by phone. COUNTY also commits to requiring any third party reviewer to provide a written report containing findings and recommended corrective actions within one month of the review.

COUNTY has established certain clinical standards (“Performance Indicators”) related to evaluating the quality of health care provided to detainees. CONTRACTOR will cooperate fully with the monthly audit of these Performance Indicators. CONTRACTOR must meet or exceed the threshold levels in Performance Indicators established by COUNTY in **Attachment A1-19**. Failure to meet the Performance Indicators will result in Liquidated Damages as indicated in **Attachment A1-19**.

16.5 Corrective Action Plans

From time to time, COUNTY may notify CONTRACTOR regarding deficiencies in its performance or operations that COUNTY has identified. Such deficiencies may be “urgent” or “non-urgent.” CONTRACTOR must correct any and all non-urgent deficiencies within 30 days of receipt of notice from COUNTY of such deficiencies. CONTRACTOR must correct urgent deficiencies within three business days from receipt of notice from COUNTY of such deficiencies. Failure to correct deficiencies will subject CONTRACTOR to the imposition of Liquidated Damages and may result in termination of the contract at the COUNTY’s sole discretion. As part of its remediation of quality of care deficiencies, CONTRACTOR must develop and submit to COUNTY a Corrective Action Plan that addresses the following:

- a) Description of problem or deficiency;
- b) Result of investigation conducted by CONTRACTOR, including a description of the conditions that caused and/or contributed to the problem or deficiency;
- c) Detailed description of specific actions CONTRACTOR will implement to correct each deficiency (a “plan of correction”);
- d) Identification of position or named individual responsible for implementing each element of the plan of correction;
- e) Time frames for completion of each element in the plan of correction; and
- f) Plan for follow-up, including time frames and individuals responsible for follow-up.

16.6 Other QA/QM Activities

The CONTRACTOR shall cooperate with the COUNTY's QA/QM monitoring program that shall include, but not be limited to, the following

- Onsite review visits;
- Health record review;
- Investigation; analysis; tracking & trending of quality of care issues including mortality reviews; incident reporting and follow-up; grievances, complaints and follow-up; and status of corrective action plans;
- Review of CONTRACTOR QA/QM plan and activities, including committee minutes, monitoring reports and follow-up;
- Review of compliance with OSHA standards (respiratory fit program, reverse airflow rooms) and Material Safety Data Sheets (MSDS) (if appropriate);
- Infection control plan and activities, including committee minutes, monitoring reports and follow-up, testing activity and follow-up, review of incidence reporting;
- Personnel record review, including licensure/certification, training, and disease monitoring requirements;
- Review of professional credentialing files;
- Review site accreditation, licensure, certification and registration status; and
- Review for compliance with health care service standards (such as NCCHC Standards), regulatory requirements, and DIH procedure.

16.7 Participation in Research and Grants

NCCHC Requirements: See standard J-I-06, Medical and Other Research.

CONTRACTOR shall not conduct or participate in research projects involving detainees without the prior written consent of the COUNTY who shall consult with the Sheriff's Department before providing such consent.

CONTRACTOR will assist with scheduling, consultation, and referral of any detainee participating in any COUNTY-initiated and approved research project. In every case, the CONTRACTOR shall secure written informed consent from the detainee who is subject of a research project prior to the detainee's participation as a subject.

CONTRACTOR will assist with COUNTY initiated grant writing and implementation.

17. Reporting

NCCHC Requirements: See Standard J-A-04, Administrative Meetings and Reports.

17.1 Administrator on Call

The COUNTY has designated a DIH staff member to be available by cell phone 24 hours per day, seven days a week including holidays, to receive calls from the CONTRACTOR regarding designated information. See Section 16.3.1 of Exhibit A, Part I, for incidents that require CONTRACTOR notification of the Administrator on Call.

17.2 Service Utilization, Cost and Outcome Data

The COUNTY requires raw data and certain reports on a regular basis to

- Evaluate the quality of care provided;
- Obtain demographic data that describes the population receiving the services;
- Justify the cost of the services; and
- Collect data for trending and planning.

The CONTRACTOR shall electronically provide the COUNTY with designated data on a monthly basis using report formats specified by the COUNTY. The CONTRACTOR shall provide daily data regarding diversions, hospitalizations, and transports offsite for emergency service to designated DIH staff. Other data shall be reported with the monthly Statistical Data Report and other required reports. CONTRACTOR will report to COUNTY separate utilization and health data for Remanded Juveniles. See **Attachment A1-22** and **Attachment A1-6** for a sample Statistical Data Report and Addendum which summarize the utilization data required by the COUNTY. Detailed reports on services provided offsite are also required in order to facilitate payment of services (see **Exhibit B** for more information).

A monthly Comprehensive Pharmacy Report is also required. At a minimum, the information presented in **Attachment A1-7** must be included in the Pharmacy Report.

17.3 Staffing Reports

The CONTRACTOR shall maintain an electronic time keeping system to provide monthly data and reports detailing employee or contracted personnel who are onsite, including but not limited to, position title, hours worked onsite by week and functional area in which the hours were worked. The report comparing actual hours to budgeted commitment is an essential requirement for payment.

The staffing reports must demonstrate completion of the critical staffing requirements in 15.3.1 above.

17.4 Data Transmission and Reporting Requirements

All data shall be transmitted electronically, in compliance with HIPAA requirements, on a schedule agreeable to both the CONTRACTOR and the COUNTY. See **Attachment A1-20** for a sample listing of required reports.

The CONTRACTOR shall be responsible for providing all reports and data in an electronically accessible format agreed to by COUNTY. Acceptable formats include: delimited text files (*.txt), MS Excel, MS Access, MS Word, or any ODBC compliant database format.

No data shall be shared or replicated by the CONTRACTOR without express written consent from the COUNTY.

17.5. Routine Meetings for Contract Administration and Coordination

The NCCHC standards require regular administrative meetings to facilitate the delivery of health care services to detainees through joint monitoring, planning and problem resolution, hereinafter called the Medical Administrative Committee Meeting (MAC Meeting). These meetings are also intended to inform the CONTRACTOR and the COUNTY of PCADC operational issues and changes in policy and procedure impacting health care delivery. MAC meetings shall be held at least quarterly.

The CONTRACTOR's HSA shall be responsible for a calendar of meetings, the MAC meeting notification and agenda, sign in sheets, and meeting minutes. CONTRACTOR shall distribute copies of meeting agendas, and minutes from the previous meeting prior to the next scheduled meeting.

The agenda for the MAC meetings shall focus on general operational process issues and utilization data related to the delivery of health care services. Meeting discussion should not include detainee names or details that could identify detainees.

18. Coordination with the Criminal Justice System

NCCHC Requirements: See section I, Medical – Legal Issues, and Appendix A, The Legal Context of Correctional Health Care, in the NCCHC book Standards for Health Services in Jails (2008).

18.1 Informed Consent to Treat

NCCHC Requirements: See standard J-I-05, Informed Consent and Right to Refuse.

The CONTRACTOR shall obtain informed consent for services rendered to detainees, including surgical or other invasive procedures. CONTRACTOR shall document informed consent in writing.

A detainee may refuse specific health evaluation and treatments. The CONTRACTOR shall ensure that any health evaluation and treatment refusal is documented. The CONTRACTOR shall establish criteria for when the detainee's refusal must be evaluated by a physician or mid-level provider. In situations where the refusal may seriously jeopardize the detainee's health or

pose a health risk to others, the detainee should be brought to the medical unit for further evaluation and explanation.

For remanded juveniles, CONTRACTOR shall coordinate with a PCADC Corrections Specialist who shall obtain consent to treat from the parent/legal guardian. Documentation of informed consent shall be the same as that required for adults. In the event that a juvenile's legal guardian consents to treatment, CONTRACTOR shall also provide information to the juvenile regarding his/her condition and treatment and the risks and benefits of treatment, at the level the juvenile can understand.

Juveniles may refuse treatment to the same extent that the law permits them to consent to treatment. In the event that treatment has been authorized by a parent or legal guardian, but the juvenile refuses the treatment, the CONTRACTOR shall consult with PCADC staff, the parents/legal guardian, and the juvenile's attorney, if one has been appointed or retained, to determine the best course of action.

18.2 Court Orders

Detainees may be subject to court orders that may affect their medical, dental, and/or behavioral health treatment. The Court has agreed to include the PCADC health care services CONTRACTOR on the minute entry distribution list for every minute entry related to health care ordered for a detainee detained at PCADC in order to expedite compliance with such court orders.

The CONTRACTOR shall develop a mechanism to review all minute entries received from the Court and to ensure timely compliance with court orders such as, but not limited to, those that:

1. Order the detainee to comply with certain treatment plans; or
2. Authorize the CONTRACTOR to administer treatment on an involuntary basis; or
3. Otherwise impact the detainee's health care and the CONTRACTOR's role in the detainee's health care services continuum.

The CONTRACTOR shall maintain a log of all minute entries received, including the date received and action taken, and make the log available for COUNTY review.

The CONTRACTOR shall comply with the Court's order specifying the Court's expectation that medication is to be administered to detainees "voluntarily or involuntarily" within the jail setting.

The CONTRACTOR shall seek such court orders through the staff they designate as "Court Clinical Liaison" when the detainee's failure to take medication contributes to behavior dangerous to self or others, or adversely impacts stabilization.

18.3 Subpoenas

Upon receipt of a subpoena for a detainee's health care services record CONTRACTOR shall immediately contact PCADC Administration and the Deputy County Attorney assigned to represent the Pima County Sheriff's Department to notify him/her of the subpoena. All subpoenas shall be immediately forwarded to the Deputy County Attorney for processing.

CONTRACTOR shall not issue the record until it has received written authorization to do so from the Pima County Attorney's Office.

18.4 Remanded Juveniles at the PCADC

The PCADC houses on average 25 to 30 in custody defendants (both male and female) who are below the age of 18. The CONTRACTOR should be prepared to offer medical, mental health and dental care specifically designed to meet the needs of a youthful population to this group of detainees at the PCADC. The average length of stay for this remanded juvenile population is much higher (45 days) due to the nature of their criminal charges.

State law requires that defendants under 18 years of age be housed sight and sound separate from adult offenders. The CONTRACTOR should be prepared to provide services in their housing unit where possible to avoid unnecessary contact with adult detainees.

18.4.1 Immunizations

The CONTRACTOR shall collect current immunization records for all remanded juveniles. Upon request the COUNTY can provide the most recent listing of contacts for each school if that is the source the CONTRACTOR wishes to use. The CONTRACTOR can also access the Arizona State Immunization Information System (ASIIS) www.asiis.state.az.us to obtain information for those juveniles who are registered in the ASIIS system. The immunization status is required for all juveniles committed to any state correctional facility.

CONTRACTOR shall provide immunizations to detainees as medically necessary, such as tetanus and flu. Any immunizations administered during detainee's stay at PCADC shall be documented on the detainee's transfer summary and entered into ASIIS.

18.4.2 Coordination with Education

CONTRACTOR is required to work with the staff at the school for juveniles at PCADC. CONTRACTOR shall report health care information that impacts the juvenile's school performance and coordinate health care services that may be specified on a juvenile's Individualized Education Plan (IEP). Services on the IEP should not be duplicated by the CONTRACTOR.

19. Glossary

1. **ADHS**: Arizona Department of Health Services.
2. **ADOC**: Arizona Department of Corrections.
3. **AHCCCS**: Arizona Health Care Cost Containment System. Arizona's Medicaid program.
4. **ALTCS**: Arizona Long Term Care System. Arizona's long term care Medicaid program.
5. **A.R.S.**: Arizona Revised Statutes. The full text of the statutes can be found at <http://www.azleg.state.az.us/ArizonaRevisedStatutes.asp>.
6. **Behavioral Health Services**: Includes the use of those behavioral health services essential to alleviate symptoms, attain appropriate functioning, and prevent relapse. Essential behavioral health services do not include routine individual or group therapy services as would be found in a licensed treatment facility.
7. **Bridge Orders**: Short-term temporary orders for critical medications to maintain continuity of care until a more extensive assessment can be done.
8. **CDC**: Center for Disease Control and Prevention.
9. **CQI Program**: Continuous Quality Improvement Program.
10. **Care Coordination**: Communication between the CONTRACTOR and other healthcare providers who may have been or are currently treating detainees during their stay in detention to ensure coordination among the treating providers, including clear documentation, so that CONTRACTOR's treating providers are fully aware of all diagnostic testing, treatments and medications ordered by other healthcare providers. Such coordination extends to discharge planning to ensure that when the detainee transitions out to the community or to another facility the treating providers at those sites have essential information on the health services and status of the detainee to continue care with minimal disruption.
11. **Community Behavioral Health Provider**: The offsite Community Behavioral Health Provider that has been treating the detainee prior to detention.
12. **Consent to Treat**: Defined in NCCHC Standards.
13. **Contract**: Legally binding document executed between CONTRACTOR and COUNTY resulting from this solicitation which incorporates RFP, addendum(s) and all responses by CONTRACTOR.

14. **CPSA**: Community Partnership of Southern Arizona. CPSA is Pima County's RBHA.
15. **Critical Health Information**: Key health information collected and maintained for quick reference during detention, restraint, care coordination with offsite providers or transfer of detainees.
16. **Critical Medications**: Those prescription medications that are required to treat chronic health conditions, such as cardiopulmonary, diabetes, and mental health disorders.
17. **DEA**: Drug Enforcement Administration. Federal agency responsible for regulatory compliance for controlled substances.
18. **Detainee**: An individual (adult or juvenile) booked into the custody of the Pima County Sheriff's Department. For purposes of this RFP, detainee refers both to individuals housed at the PCADC that are awaiting trial and those that have been sentenced.
19. **DIH**: A department within Pima County government known as the Department of Institutional Health charged with responsibility for contracting, oversight, coordination and management of the health care services for juveniles housed in the Pima County Juvenile Detention Center and remanded juveniles and adults housed in the Pima County Adult Detention Complex.
20. **EHR**: Electronic Health Record.
21. **Episode of Care – Offsite Services**: The set of services required to manage a specific medical condition of a detainee over a defined period of time. Qualifying services may include ambulance transportation, medical professional services, hospital or other medical facility stay, and other ancillary services not included in a tiered payment rate. An episode begins at an acute onset of a health condition that requires qualifying treatment either at or away from PCADC and continues on until the detainee is released from custody, no longer requires treatment, or is returned to the PCADC, whichever occurs sooner. Subsequent services or re-admission to a medical facility for the same detainee, even related to the same medical condition, constitute a new episode unless a follow-up return to inpatient status or outpatient treatment was medically indicated and scheduled at the time of the previous discharge.
22. **Episode of Care – Outlier Medication**: Medication on the Outlier Medication List (see **Attachment A1-8**) required to manage a specific medical condition of a detainee over a defined period of time. An episode of care begins upon detention and ends upon release from the PCADC. Any subsequent detentions will be considered a new episode of care.
23. **Essential Mental Health Services**: As defined by NCCHC and Best Practices guidelines published by the State.

24. **Formulary**: A written list of prescription and non-prescription medications that is developed and provided by the CONTRACTOR and mutually agreed upon by the CONTRACTOR and COUNTY that are ordinarily available to authorized prescribers working for the CONTRACTOR. All or substantially all of the drugs in the antidepressant, antipsychotic, anticonvulsant, anticancer, immunosuppressant, and HIV/AIDS categories are to be included in formularies.
25. **Full Time Equivalent (FTE)**: Annual paid hours of 2,080 per year for any position.
26. **General Mental Illness**: A mental disorder as described in A.R.S. § 36-501 (25).
27. **Health Care Services**: Medical, behavioral, mental and withdrawal services as specified in NCCHC standards and best practices.
28. **HIE**: Health Information Exchange.
29. **IEP**: Individualized Education Plan. A requirement of the Individuals with Disabilities Education Act (IDEA) that calls for the detention center education provider to evaluate every child and, for those children with special education needs, establish and administer an IEP.
30. **Infirmary Care**: Care for detainees with illnesses and diagnoses that require daily monitoring, medications and or therapy at a level requiring skilled nursing intervention.
31. **Informed Consent**: Defined in NCCHC Standards.
32. **Insurance Program**: Any third party payer program that pays for health care services on behalf of eligible members.
33. **Juvenile**: An individual under the age of eighteen (18).
34. **Keep on Person (KOP)**: Program in which a detainee is allowed to keep select medications for self-administration.
35. **MAC**: Medical Administrative Committee.
36. **Medical Isolation**: A therapeutic intervention initiated by medical or mental health staff to use rooms designed to safely limit a patient's mobility due to a physical or mental illness.
37. **Medical Necessity**: Any service, supply, treatment, or hospital confinement which is essential to the treatment of the injury or illness for which it is prescribed or performed; is based upon valid medical need according to accepted standards of medical practice and meets generally accepted standards for medical practice, and is ordered by a physician

(except where the treatment is rendered by another provider and is generally recognized as not requiring a physician order).

38. **Mental Health Court**: A specialty court at the Pima County Superior Court that provides special resolution for detainees who meet certain criteria, are seriously mentally ill and are enrolled with CPSA or mental health services of Veteran's Affairs. Mental Health Court is part of the Criminal Bench.
39. **NCCHC**: National Commission on Correctional Health Care.
40. **OCMD**: Office of the Chief Medical Director (Pima County).
41. **OIG**: Office of the Inspector General.
42. **ONC**: Office of the National Coordinator for Health Information Technology, located within the US Department of Health and Human Services.
43. **On-Call Coverage**: Ability to respond to a pager within 15 minutes; or, if needed, to respond in person to the detention center(s) within 60 minutes.
44. **Offsite Health Services**: Services for detainees that are not available at the PCADC but are medically necessary according to the standards governing correctional health care services.
45. **Payer**: Any individual, entity or program that is or may be liable to pay all or part of the health services expense of injury, disease or disability.
46. **PCAP**: Pima Community Access Program, a not-for-profit organization that facilitates eligibility screening and enrollment for publicly funded healthcare programs and provides access to professional health care at discounted prices.
47. **PCHD**: Pima County Health Department.
48. **PCADC**: Pima County Adult Detention Complex.
49. **PCJDC**: Pima County Juvenile Detention Center.
50. **Prescribing Provider**: Individuals whose professional licenses allow them to prescribe medications.
51. **QA**: Quality Assurance.
52. **QA/PI Program**: Quality Assurance / Performance Improvement Program (Pima County).

53. **RBHA**: Regional Behavioral Health Authority; an agency contracted with the Arizona Department of Health Services to provide behavioral health administration services for a geographical area of the State.
54. **Remanded Juvenile**: A person under 18 years of age who, either by statutory definition or by referral of the Juvenile Court, is referred for prosecution as if he or she were an adult, and which, for purposes of this RFP, is housed at the PCADC.
55. **RFP**: Request for Proposals.
56. **RTC**: Restoration to Competency. A.R.S. 13-4510 states, "If the Court initially finds that the defendant is incompetent to stand trial, the court shall order treatment for the restoration of competency unless there is clear and convincing evidence that the defendant will not be restored to competency within fifteen months. The court may extend the restoration treatment by six months if the court determines that the defendant is making progress toward the goal of restoration." The PCADC runs a RTC program for detainees of Pima County and other Arizona counties that choose to use PCADC as their source for RTC services.
57. **Security Clearance**: Background check as specified in the Sheriff's Department Policy titled "Access to Secure Areas and Perimeter Security".
58. **Serious Emotional Disorder (SED)**: A diagnosable mental disorder found in persons from birth to 18 years of age that is so severe and long lasting that it seriously interferes with functioning in family, school, community, or other major life activities.
59. **Seriously Mentally Ill (SMI)**: A condition of persons who are eighteen years of age or older and who, as a result of a mental disorder as defined in A.R.S. 36-501, exhibit emotional or behavioral functioning which is so impaired as to interfere substantially with their capacity to remain in the community without supportive treatment or services of a long-term or indefinite duration. In these persons, mental disability is severe and persistent, resulting in a long-term limitation of their functional capacities for primary activities of daily living such as interpersonal relationships, homemaking, self-care, employment and recreation.
60. **Sick Call**: Scheduled visits with nurses, physicians and mid-level providers for treatment of detainee health conditions.
61. **Sick Call Requests**: Written request prepared by detainees on form provided.
62. **SOAP format**: Note in the health record that follows the format: Subjective, Objective, Assessment, and Plan.

63. **Specialty Court:** Specialty Court is a court to which certain types of cases are assigned to a single Division so that all parties, including the judge, are knowledgeable and experienced with regard to a special set of circumstances common to all of those cases.
64. **Staffing Plan:** The plan agreed to by the CONTRACTOR and the COUNTY for ensuring sufficient onsite health service personnel to perform the functions outlined in the contracted scope of services.
65. **Staffing Budget:** The annual cost of wages and benefits or contracted fees associated with the provision of the budgeted Staffing Plan.
66. **Temporary Relief Staff:** Personnel from a staffing pool established by the CONTRACTOR or a staffing agency the CONTRACTOR uses to cover scheduled or unscheduled absences of individuals who are normally providing services under this contract.
67. **Trauma Informed Care:** An approach to engaging people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives.
68. **Triage:** Sorting and classifying of detainee sick call requests using pre-established criteria to determine the prioritization of requests and ensure the timely provision of health services.
69. **Utilization Management (UM):** The methodology used by CONTRACTOR to monitor and assess the appropriateness and efficiency of care provided to detainees and activities designed to improve the utilization of care provided to detainees through implementation of a formal program with involvement of multiple organizational components.

LIST OF ATTACHMENTS

EXHIBIT A: SCOPE OF SERVICES – PART I, PCADC

- A1-1 PCADC Population Data
- A1-2 Map of Service Areas Included in the RFP
- A1-3 PCADC Floor Plans
- A1-4 Inventory of Medical Equipment, Office Equipment, and Furniture in the Health Areas of PCADC
- A1-5 Consolidated Statistical Data Report for Healthcare at the PCADC
- A1-6 Addendum to Statistical Data Report - Grant Information
- A1-7 PCADC Pharmacy Data for July 2011 – September 2012
- A1-8 List of Outlier Medications
- A1-9 Offsite Services for PCADC
- A1-10 Radiology Log at PCADC
- A1-11 Offsite Laboratory Tests for PCADC
- A1-12 Electronic Health Record and Health Information Exchange
- A1-13 Sample Continuity of Care / Transfer Summary
- A1-14 PCADC Health Policies
- A1-15 Standards and Recommendations Concerning the Screening, Diagnosis and Treatment of Communicable Disease at PCADC and PCJCC
- A1-16 DIH Policy AC-07 Inmate Charges for Health Care Services Provided at the PCADC
- A1-17 DIH Policy AC-01 Notification to Pima County DIH of Hospitalized Detainees
- A1-18 DIH Policy AC-06 Approval for Healthcare Leadership Positions in Detention Facilities
- A1-19 Sample Performance Indicators for PCADC
- A1-20 Sample Required Reports and Reporting Schedule for PCADC
- A1-21 Sample Business Requirements for PCADC
- A1-22 Sample Statistical Data Report for Healthcare at PCADC

ATTACHMENT A1-1

PCADC POPULATION DATA

Please refer to data link for Demographic Data for the Population at PCADC:

Data included in the link:

Daily Headcounts by Day and Month CY 2008 – 2012

Facility Headcount and Booking Report Jan – Sept 2012

Inmate Population Average: Actual v. Projected (includes total, male, female, and juvenile) from CY 2008 – 2022

Current Bed Spaces by Housing Unit

Average Incarceration Days for Released Inmates CY 2008 – FY 2012

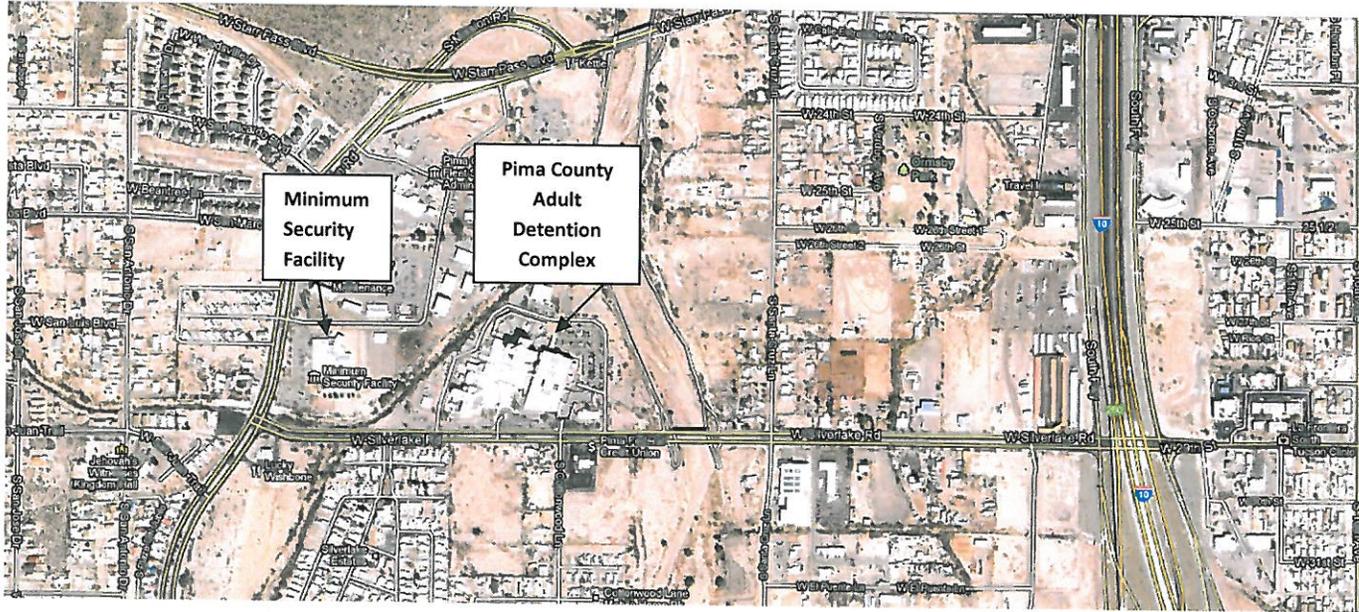
Transports for CY 2012 (with breakdown by reason for transport)

Average Annual and Monthly Bookings and Releases

Bookings Demographic Report CY 2008 – 2012

ATTACHMENT A1-2

Service Areas Included in RFP



Distances:

PCADC Main Complex to MSF:
.9 miles

PCADC to PCJDC: 5.4 miles



ATTACHMENT A1-3

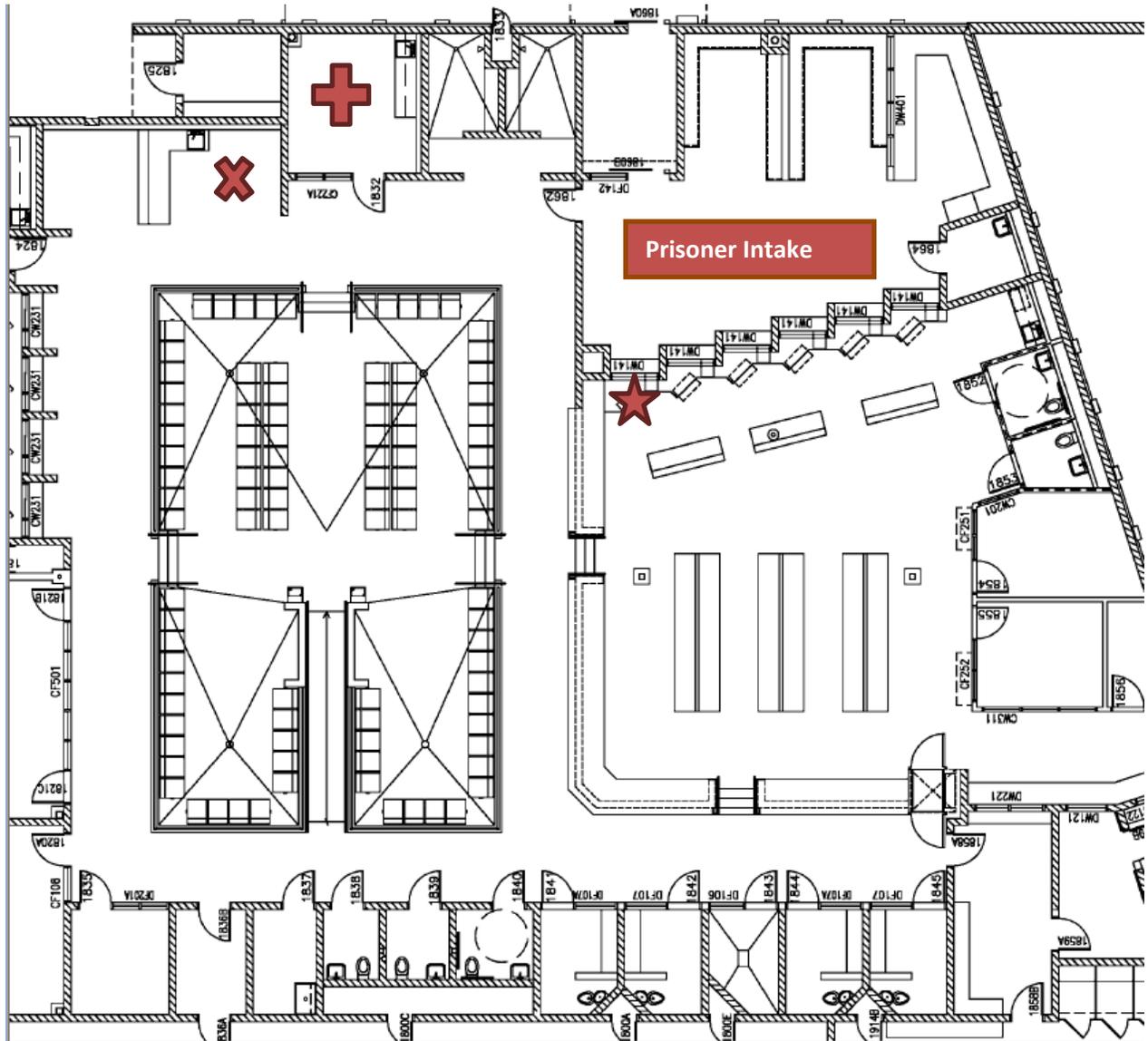
Pima County Adult Detention Complex Pima County Sheriff's Department Tucson, Arizona



FLOOR PLANS

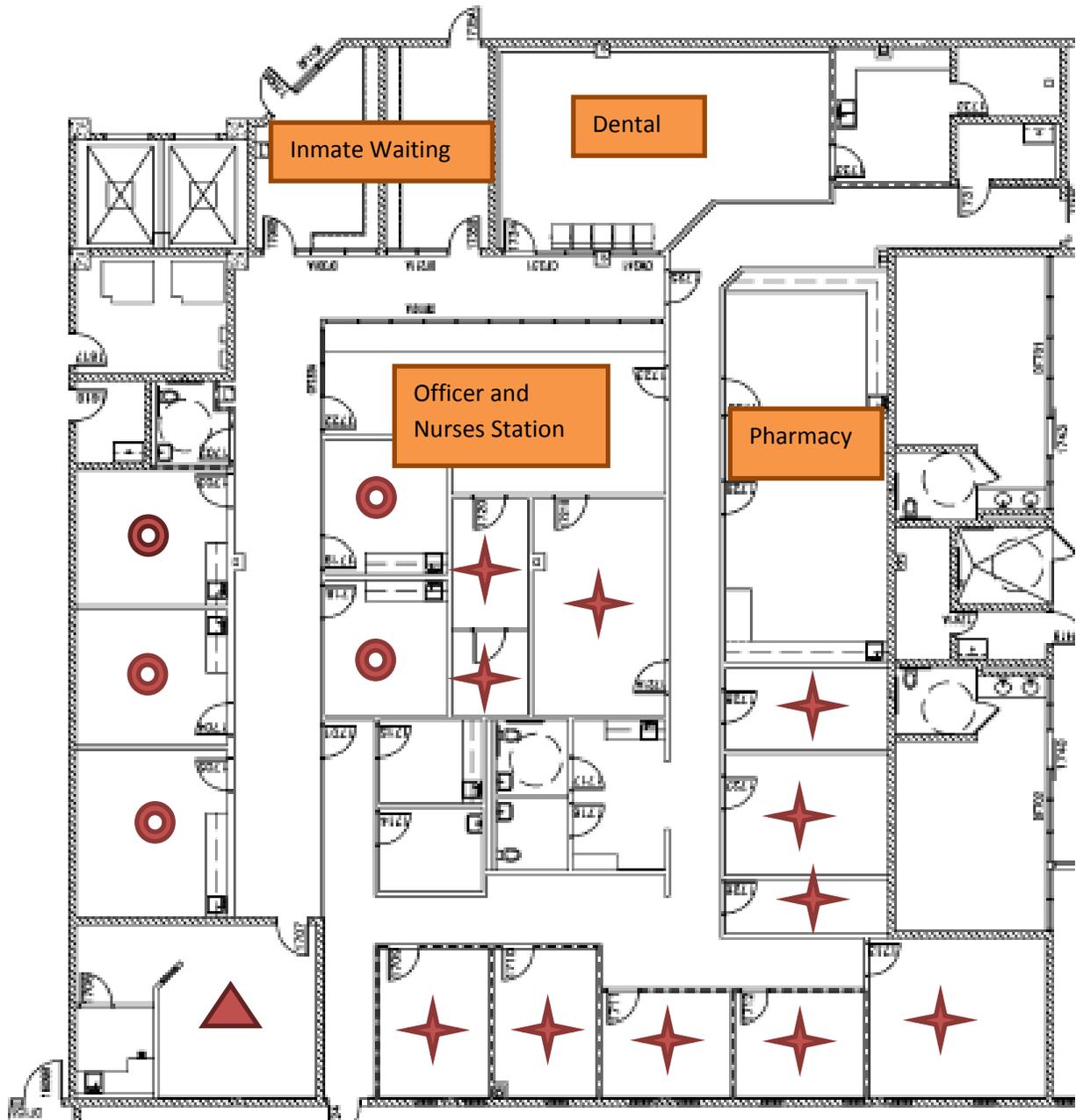
November 2012

Intake and Identification Unit East Unit



- ★ Medical Pre Screener
- ✚ Nurse's Station
- ✕ Officers Workstation

Clinic Area East Unit



Treatment Rooms



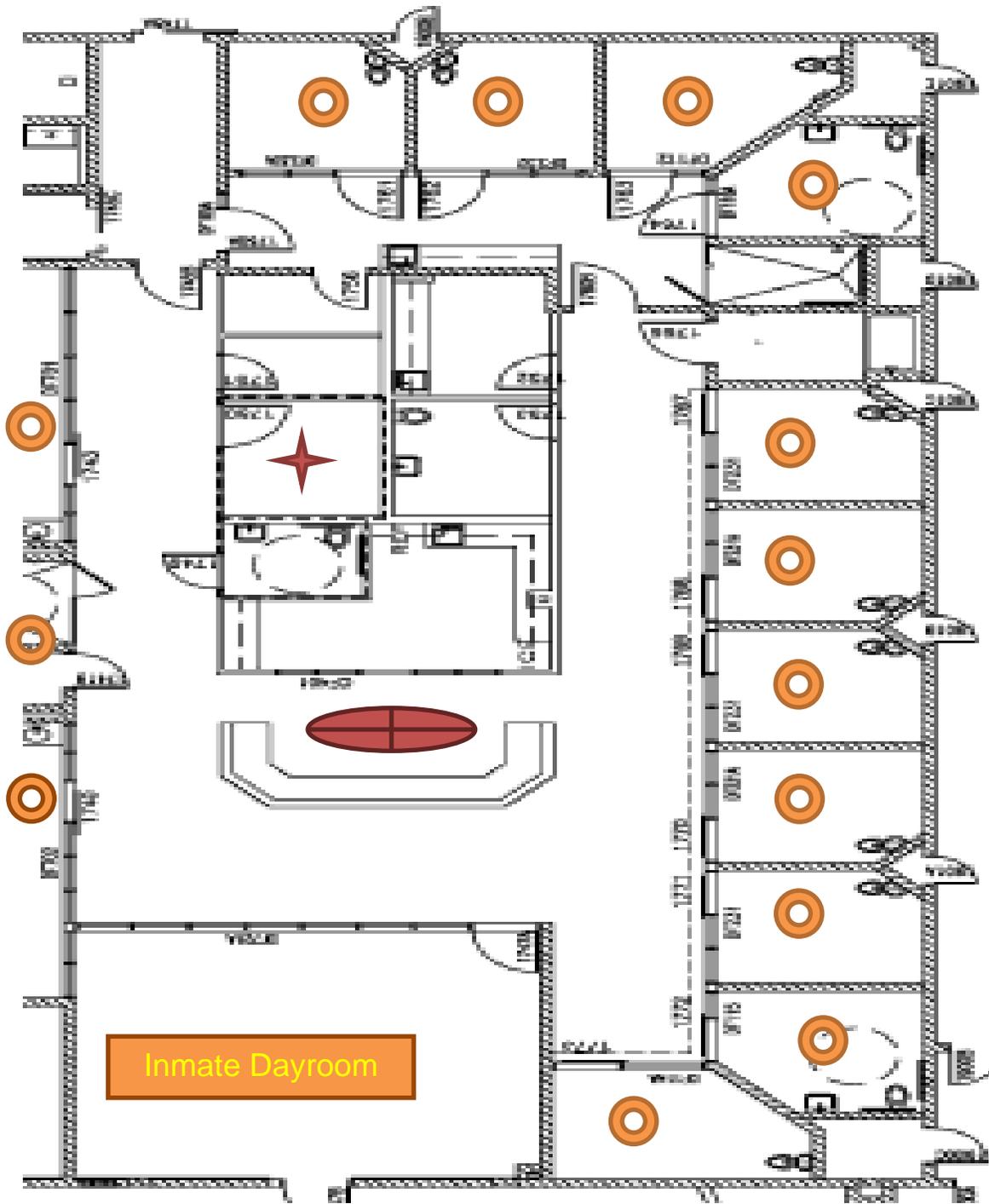
Radiology



Office Work Spaces



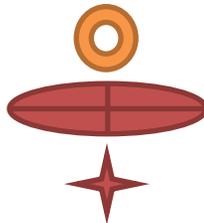
Infirmery Area East Unit



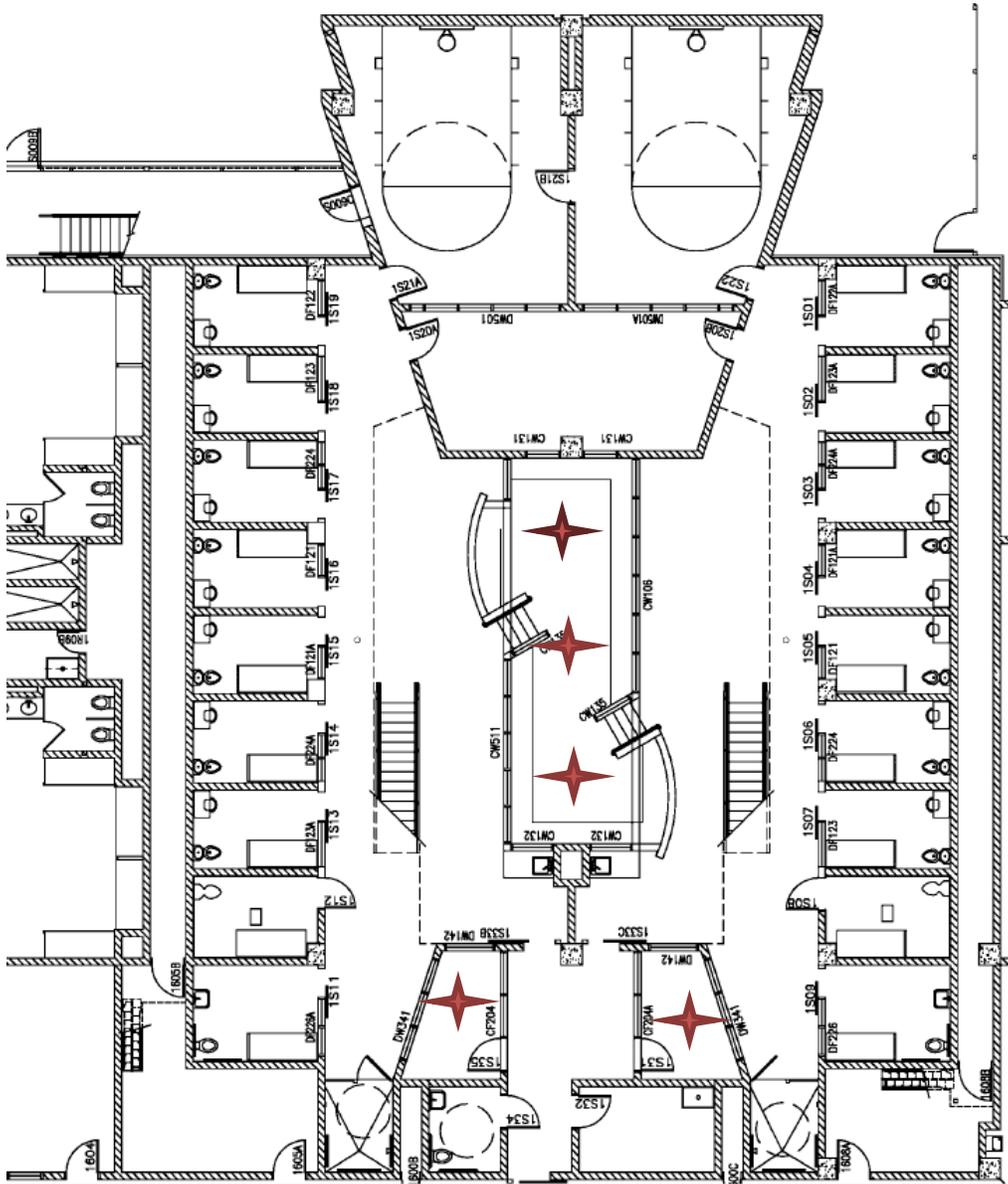
Inmate Infirmery Rooms

Nurses' Station and Officer Station

Work Space

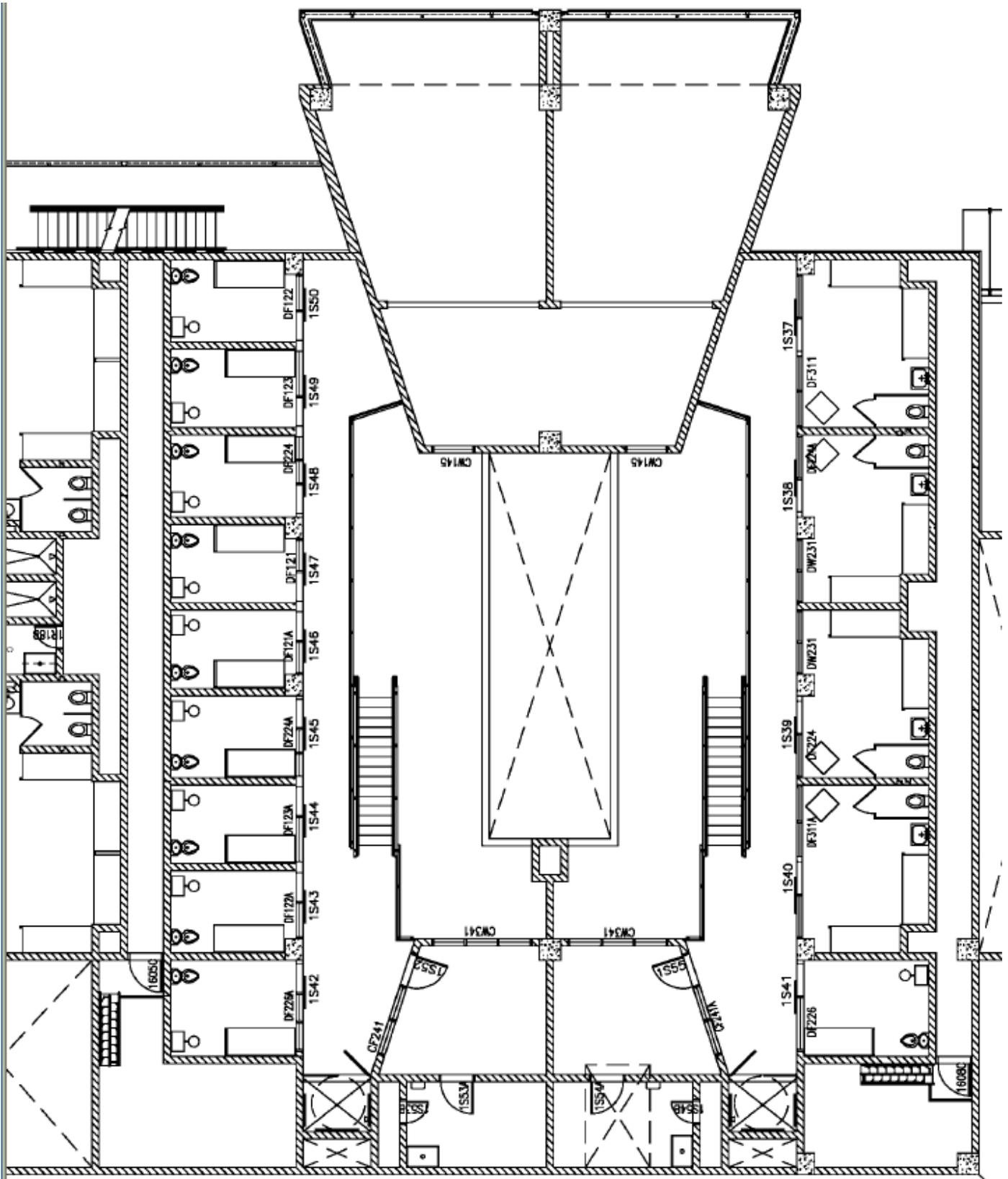


1 Sierra Lower East Unit

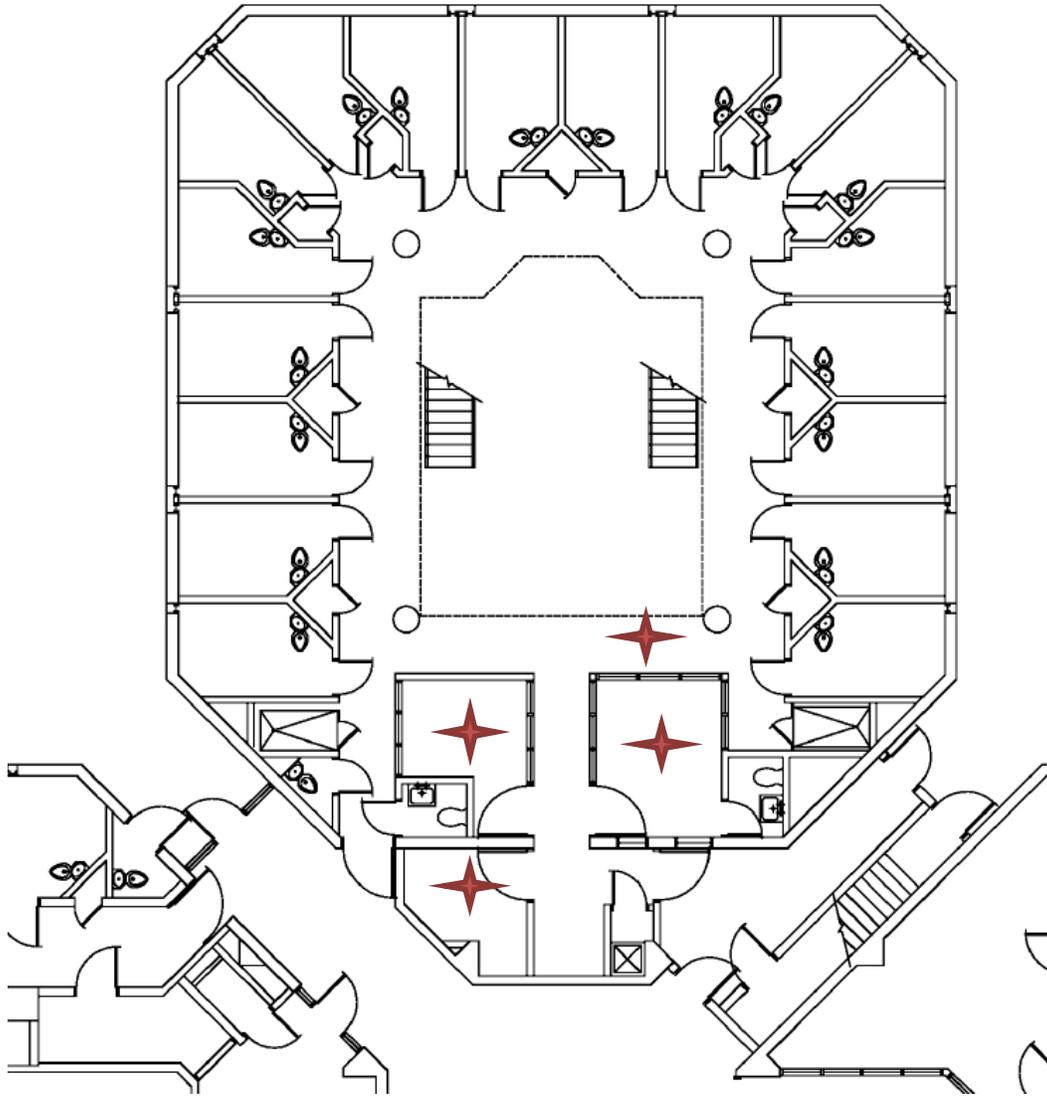


Staff Work Areas and Stations 

1 Sierra Upper East Unit

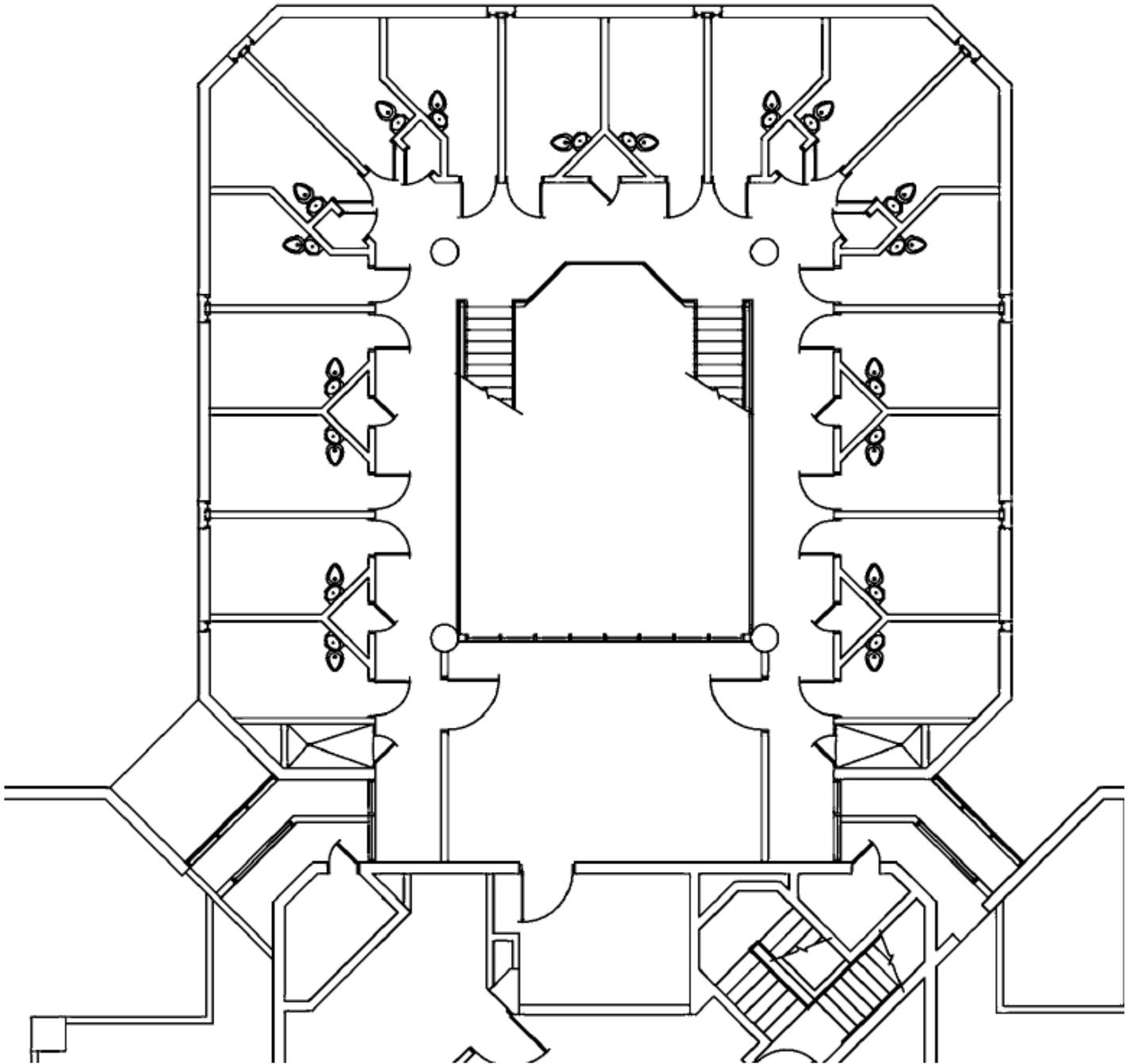


1A Lower Tower Complex



Officer and Staff Work Areas ★

1A Upper Tower Complex



ATTACHMENT A1-4
INVENTORY OF MEDICAL EQUIPMENT, OFFICE EQUIPMENT AND FURNITURE AT PCADC

Audit Date: 12/3/2012

Note: Inventory owned by Pima County is representative of what will be available to the CONTRACTOR selected on 7/1/2013. Not all items are guaranteed to be present by that date. Inventory owned by current healthcare provider will not be available unless other arrangements are made.

Room Number	Location	Item	Qty.	Owner
A. Medical Equipment				
1535	West wing Hall	AED with emergency cart - LifePack 500	1	Pima County
1535	West wing Hall	Strap Sets, Backboard	1	Pima County
1535	West wing Hall	Stretcher	1	Pima County
1535	West wing Hall	ReviveR AED	1	Pima County
1606	Custody	Wheelchair	1	Pima County
1606	Custody	Wheelchair	1	Pima County
1606	Custody	Wheelchair	1	Pima County
1606	Custody	Wheelchair	1	Pima County
1606	Custody	Wheelchair	1	Pima County
1606	Custody	Wheelchair	1	Pima County
1606	Hall	AED with emergency cart - LifePack 500	1	Pima County
1606	Hall	Strap Sets, Backboard (3 orange, 1 yellow)	4	Pima County
1606	Hall	Stretcher	1	Pima County
1606	Hall	Crutches - pairs	7	Pima County
1606	Hall	Walker	1	Pima County
1606	Hall	Wheelchair	1	Pima County
1700	Hall	Scale - Deteco	1	Pima County
1700	Hall	Mass Casualty Kit - Life Pack 500	1	Pima County
1700	Hall	Mass Casualty Kit - Life Pack 500	1	Pima County
1700	Hall	Mass Casualty Kit - Life Pack 500	1	Pima County
1703	Exam Room	EKG cart	1	Healthcare Vendor
1703	Exam Room	EKG machine	1	Healthcare Vendor
1703	Exam Room	EKG machine	1	Pima County
1703	Exam Room	Exam Table	1	Pima County
1703	Exam Room	Lock Cart (for medical records)	1	Pima County
1703	Exam Room	Lock Cart - 2 drawer cabinet	1	Pima County
1703	Exam Room	Mandown Bag (black Jeep bag)	1	Pima County
1703	Exam Room	Mayo stand	1	Pima County
1703	Exam Room	Mayo stand	1	Pima County
1703	Exam Room	Tru Trac Glucose Monitor	1	Pima County
1703	Exam Room	WelchAllyn BP/P/T/Pox	1	Healthcare Vendor
1703	Exam Room	WelchAllyn BP/P/T/Pox	1	Pima County
1703	Exam Room	WelchAllyn oto/opthal	1	Pima County
1703	Exam Room	Oxygen tank w/accessories	1	Healthcare Vendor
1703	Exam Room	Medicine Cart	1	Pharmacy
1703	Exam Room	Doctor's stool	1	Healthcare Vendor
1703	Hall	Scale - Seca (in hall way)	1	Healthcare Vendor
1703	Hall	Scale - Seca (in hall way)	1	Pima County
1703	Hall	White privacy curtains	1	Pima County
1703	Hall	White privacy curtains	1	Pima County
1703	Hall	White privacy curtains	1	Pima County
1703	Exam Room	Exam Table	1	Pima County
1704	Exam Room	Exam Light - Castle	1	Pima County
1704	Exam Room	Exam Table	1	Pima County
1704	Exam Room	Lock Cart	1	Pima County
1704	Exam Room	Locked Rolling File Cart	1	Pima County
1704	Exam Room	Mayo stand	1	Pima County

ATTACHMENT A1-4
INVENTORY OF MEDICAL EQUIPMENT, OFFICE EQUIPMENT AND FURNITURE AT PCADC

Audit Date: 12/3/2012

Note: Inventory owned by Pima County is representative of what will be available to the CONTRACTOR selected on 7/1/2013. Not all items are guaranteed to be present by that date. Inventory owned by current healthcare provider will not be available unless other arrangements are made.

Room Number	Location	Item	Qty.	Owner
1704	Exam Room	Tandburg 2500 Telemed Unit (TTU)	1	Pima County
1704	Exam Room	TTU - Battery Backup Unit	1	Pima County
1704	Exam Room	TTU - Camera	1	Pima County
1704	Exam Room	TTU - Cisco Rotor (1751)	1	Pima County
1704	Exam Room	TTU - HP 2312 ProCurve Switch	1	Pima County
1704	Exam Room	TTU - Microphone	1	Pima County
1704	Exam Room	TTU - Cart/stand with Codec unit	1	Pima County
1704	Exam Room	TTU - Zenith TV Monitor	1	Pima County
1704	Exam Room	WelchAllyn BP/P/T/Pox	1	Pima County
1704	Exam Room	WelchAllyn BP/P/T/Pox	1	Healthcare Vendor
1704	Exam Room	WelchAllyn oto/opthal	1	Pima County
1704	Exam Room	Oxygen tank w/accessories	1	Healthcare Vendor
1704	Exam Room	Medicine Cart	1	Pharmacy
1704	Exam Room	Doctor's stool	1	Healthcare Vendor
1705	Exam Room	Doctor Stool	1	Pima County
1705	Exam Room	Doctor's stool	1	Healthcare Vendor
1705	Exam Room	Exam lamp	1	Pima County
1705	Exam Room	Exam lamp	1	Healthcare Vendor
1705	Exam Room	Exam Table	1	Pima County
1705	Exam Room	Mass Casualty Kit	1	Pima County
1705	Exam Room	Mass Casualty Kit	1	Pima County
1705	Exam Room	Mayo stand	1	Pima County
1705	Exam Room	Mayo stand	1	Pima County
1705	Exam Room	WelchAllyn BP/P/T/Pox	1	Pima County
1705	Exam Room	WelchAllyn BP/P/T/Pox	1	Healthcare Vendor
1705	Exam Room	WelchAllyn oto/opthal	1	Pima County
1705	Exam Room	WelchAllyn oto/opthal	1	Healthcare Vendor
1705	Exam Room	Xray view boxes	1	Pima County
1705	Exam Room	Xray view boxes	1	Pima County
1705	Exam Room	Xray view boxes	1	Pima County
1705	Exam Room	Xray view boxes	1	Pima County
1705	Hall	Wheelchair	1	Pima County
1705	Hall	Wheelchair	1	Pima County
1707	X-Ray Room	XRMS - 11P # 7775G51, Not FDA 2579	1	Pima County
1707	X-Ray Room	XRMS - Collimator (Bld) #3270, 05662429	1	Pima County
1707	X-Ray Room	XRMS - Generator # 1974, 07759793	1	Pima County
1707	X-Ray Room	XRMS - Generator Control Desk #2541, 05760157	1	Pima County
1707	X-Ray Room	XRMS - Smart Cr 3 47231442, not FDA 2579	1	Pima County
1707	X-Ray Room	XRMS - Table #1001, 07539542	1	Pima County
1707	X-Ray Room	XRMS - Tube #47145, 05662429	1	Pima County
1707	X-Ray Room	XRMS - Wall Stand # 1631, 05904805	1	Pima County
1707	X-Ray Room	X-Ray Computer Table	1	Pima County
1711	Psych Office	Refrigerator	1	Healthcare Vendor
1715	Storage	Cast Cutter, Electric Burnett MN 182106	1	Pima County
1715	Storage	Oxygen Storage Cart - 12 compartment	1	Healthcare Vendor
1715	Storage	Oxygen Storage Cart - 12 compartment	1	Healthcare Vendor
1715	Storage	Oxygen tanks	14	Healthcare Vendor
1715	Storage	Pairs of Crutches - New	2	Healthcare Vendor
1715	Storage	Pairs of Crutches - Used	3	Healthcare Vendor
1718	Exam Room - Counseling	WelchAllyn BP/P/T/Pox	1	Healthcare Vendor

ATTACHMENT A1-4
INVENTORY OF MEDICAL EQUIPMENT, OFFICE EQUIPMENT AND FURNITURE AT PCADC

Audit Date: 12/3/2012

Note: Inventory owned by Pima County is representative of what will be available to the CONTRACTOR selected on 7/1/2013. Not all items are guaranteed to be present by that date. Inventory owned by current healthcare provider will not be available unless other arrangements are made.

Room Number	Location	Item	Qty.	Owner
1719	Exam Room	Exam Table	1	Pima County
1719	Exam Room	Exam Light	1	Healthcare Vendor
1719	Exam Room	Mayo stand	1	Pima County
1719	Exam Room	WelchAllyn BP/P/T/Pox	1	Pima County
1719	Exam Room	WelchAllyn BP/P/T/Pox	1	Healthcare Vendor
1719	Exam Room	WelchAllyn oto/opthal	1	Pima County
1721	Medical Records	Rolling Cart (for Medical Records)	1	Pima County
1721	Medical Records	Rolling Cart (for Medical Records)	1	Pima County
1734	Dental Room	Mayo Stand	1	Pima County
1734	Dental Room	Autoclave 2340M	1	Pima County
1734	Dental Room	Biotech unit (air, suction, water)	1	Pima County
1734	Dental Room	Bobcat Cavitron	1	Pima County
1734	Dental Room	Crescent Amalgamator	1	Pima County
1734	Dental Room	Curing light	1	Pima County
1734	Dental Room	Dental chair	1	Pima County
1734	Dental Room	Dental chair	1	Pima County
1734	Dental Room	Dental X-ray Gendex	1	Pima County
1734	Dental Room	Doctor Stool	1	Pima County
1734	Dental Room	Doctor Stool	1	Pima County
1734	Dental Room	Light, Ultraviolet - Spectroline 140 & G-22	1	Pima County
1734	Dental Room	Light, Ultraviolet - Spectroline 140 & G-22	1	Pima County
1734	Dental Room	Mayo stand	1	Pima County
1734	Dental Room	Mayo stand	1	Pima County
1734	Dental Room	Mayo stand	1	Pima County
1734	Dental Room	Processor, Dental X-ray film Peripro air technique	1	Pima County
1734	Dental Room	Processor, X-ray film-Komka QX70, 13614711	1	Pima County
1734	Dental Room	Patterson PA12 Ultrasonic	1	Pima County
1734	Lab	Centrifuge	1	Pima County
1734	Lab	Centrifuge - Horizon Elite	1	Healthcare Vendor
1734	Lab	Refrigerator	1	Pima County
1735	Hall	Reviver AED	1	Pima County
1747	Infirmary	27"LG flat screen	1	Pima County
1752	Exam Room	Blue privacy curtains	1	Pima County
1752	Exam Room	Blue privacy curtains	1	Pima County
1752	Exam Room	Counselor Scale	1	Pima County
1752	Exam Room	Exam table	1	Pima County
1752	Exam Room	Gooseneck lamp	1	Pima County
1752	Exam Room	Overbed table	1	Pima County
1753	Storage Room	Back Board w/restraints	1	Pima County
1753	Storage Room	IV pole	1	Pima County
1753	Storage Room	IV pole	1	Pima County
1753	Storage Room	IV pole	1	Pima County
1753	Storage Room	IV pole	1	Pima County
1753	Storage Room	Wheel chair	1	Pima County
1753	Storage Room	Wheel chair	1	Pima County
1753	Storage Room	Wheel chair	1	Pima County
1753	Storage Room	Wheel chair	1	Pima County
1753	Storage Room	Wheel chair	1	Pima County
1753	Storage Room	Wheel chair	1	Pima County
1754	Infirmary	EasyNeb Compressor (in NSC room)	1	Pima County
1754	Infirmary	ice machine	1	Pima County

ATTACHMENT A1-4
INVENTORY OF MEDICAL EQUIPMENT, OFFICE EQUIPMENT AND FURNITURE AT PCADC

Audit Date: 12/3/2012

Note: Inventory owned by Pima County is representative of what will be available to the CONTRACTOR selected on 7/1/2013. Not all items are guaranteed to be present by that date. Inventory owned by current healthcare provider will not be available unless other arrangements are made.

Room Number	Location	Item	Qty.	Owner
1754	Infirmary	Mandown Bag	1	Pima County
1754	Infirmary	Refrigerator	1	Pima County
1754	Infirmary	Rolling chart cart	1	Pima County
1754	Infirmary	WelchAllyn BP/P/T/Pox	1	Pima County
1754	Infirmary	WelchAllyn BP/P/T/Pox	1	Healthcare Vendor
1832	Pre-Booking/Intake	Mandown Bag	1	Pima County
1832	Pre-Booking/Intake	Seca scale	1	Pima County
1832	Pre-Booking/Intake	WelchAllyn BP/P/T/Pox	1	Pima County
1832	Pre-Booking/Intake	WelchAllyn Sure Temp Therm	1	Pima County
1832	Pre-Booking/Intake	WelchAllyn BP/P/T/Pox	1	Pima County
1729/1730	Medication Room	Blood Pressure Cuffs	1	Pima County
1729/1730	Medication Room	Blood Pressure Cuffs	1	Pima County
1729/1730	Medication Room	Fetal Doppler, Huntleigh DX, Fetal Dopplex II	1	Pima County
1729/1730	Medication Room	Refrigerator	1	Pima County
	Infirmary	Wheelchair - Abco Tracker	1	Pima County
	Infirmary	Wheelchair - Abco Tracker	1	Pima County
	Main Tower Hall	AED with emergency cart - LifePack 500	1	Pima County
	Main Tower Hall	Strap Sets, Backboard	1	Pima County
	Main Tower Hall	Stretcher	1	Pima County
	Mission	Exam table	1	Pima County
	Mission	Mandown Bag	1	Pima County
	Mission	Pulse oximeter	1	Pima County
	Mission	Refrigerator GE	1	Pima County
	Mission	Refrigerator small Haier	1	Pima County
	Mission	Scale - Detecto	1	Pima County
	Mission	Thermoscan	1	Pima County
	Mission	Welch Allyn Oto/opthamic scope	1	Pima County
	Mission	Welch Allyn Sure Temp Thermometer	1	Pima County
	Mission	Wheel chairs	3	Pima County
	Mission Hall	AED with emergency cart - LifePack 500	1	Pima County
	Mission Hall	Strap Sets, Backboard	1	Pima County
	Mission Hall	Stretcher	1	Pima County
	Pre-Booking/Intake	WelchAllyn Sure Temp Therm	1	Healthcare Vendor
	Main Tower Hall	ReviveR AED	1	Pima County
	Mission Hall	ReviveR AED	1	Pima County

B. Office Furniture & Equipment

1601	Conference rm.	3-tiered cart for TV/VCR	1	Pima County
1601	Conference rm.	Panasonic TV	1	Pima County
1703	Exam Room	Desk - 1 pedestal metal; 2 drawers.	1	Pima County
1704	Exam Room	Desk	1	Pima County
1704	Exam Room	Desk - L-Shaped; 2 pedestal	1	Healthcare Vendor
1704	Hall	2 Door Storage Cabinet	1	Pima County
1704	Hall	2 Door Storage Cabinet	1	Pima County
1704	Exam	Dell Monitor	1	Healthcare Vendor
1704	Exam	Dell Optiplex 760 CPU	1	Healthcare Vendor
1705	Hall	Tool Box - Craftsman 4 Drawer	1	Pima County
1705	Exam Room	Desk	1	Pima County
1705	Exam Room	Desk - Metal, 1 pedestal, 2 drawer	1	Pima County
1705	Exam Room	Filing Cabinet - 2 drawer, small	1	Pima County

ATTACHMENT A1-4
INVENTORY OF MEDICAL EQUIPMENT, OFFICE EQUIPMENT AND FURNITURE AT PCADC

Audit Date: 12/3/2012

Note: Inventory owned by Pima County is representative of what will be available to the CONTRACTOR selected on 7/1/2013. Not all items are guaranteed to be present by that date. Inventory owned by current healthcare provider will not be available unless other arrangements are made.

Room Number	Location	Item	Qty.	Owner
1705	Hall	4 Drawer Vertical Filing Cabinet	1	Pima County
1705	Exam Room	Filing Cabinet- 3 drawer, small	1	Pima County
1705	Exam Room	U-shaped Desk - wood finish	1	Healthcare Vendor
1705	Exam	Dell Monitor	1	Healthcare Vendor
1705	Exam	Dell Optiplex 755 CPU	1	Healthcare Vendor
1705	Exam	Printer	1	Healthcare Vendor
1707	X-Ray Room	2 Door Storage Cabinet	1	Pima County
1707	X-Ray Room	2 Door Tall Storage Cabinet	1	Pima County
1707	X-Ray Room	Wire trolley - 2 Shelf	1	Pima County
1709	CQI/DON Office	3 Drawer Filing Cabinet	1	Pima County
1709	CQI/DON Office	3 Drawer Filing Cabinet	1	Pima County
1709	CQI/DON Office	3 Drawer Filing Cabinet	1	Pima County
1709	CQI/DON Office	4 Drawer Vertical Filing Cabinet	1	Pima County
1709	CQI/DON Office	HP LaserJet Printer 2015	1	Pima County
1709	CQI/DON Office	HP LaserJet Printer 4000	1	Healthcare Vendor
1709	CQI/DON office	Shredder - Fellows	1	Pima County
1709	CQI/DON Office	Whiteboard (large wall board)	1	Pima County
1709	CQI	Dell Monitor	1	Healthcare Vendor
1709	CQI	Dell Optiplex 755 CPU	1	Healthcare Vendor
1709	DON Office	Dell Monitor	1	Healthcare Vendor
1709	DON Office	Dell Optiplex 755 CPU	1	Healthcare Vendor
1709	DON Office	Printer color	1	Healthcare Vendor
1710	Chief Psychiatrist's Office	Filing Cabinet - 2 Drawer, Black	1	Pima County
1710	Hall	Storage Cabinet - 2 Door	1	Pima County
1710	Hall	Filing Cabinet - 4 Drawer, Vertical	1	Pima County
1710	Hall	Bookshelf - 4 Shelves	1	Pima County
1710	Hall	Wire Racks	1	Pima County
1710	Hall	Wire Racks	1	Pima County
1710	HSA Office	Filing Cabinet - 3 Drawer	1	Pima County
1710	HSA Office	Filing Cabinet - 3 Drawer	1	Pima County
1710	HSA Office	Filing Cabinet - 4 Drawer, Vertical	1	Pima County
1710	HSA Office	Lock Cart	1	Pima County
1710	HSA Office	File Cabinet - 2 Drawer	1	Pima County
1710	H.S.A. Office	Dell Monitor	1	Healthcare Vendor
1710	H.S.A. Office	Dell Optiplex 755 CPU	1	Healthcare Vendor
1711	Psych Office	Filing Cabinet - 3 Drawer, Black	1	Pima County
1711	Psych Office	Filing Cabinet - 3 Drawer, Grey	1	Pima County
1711	Psych Office	Filing Cabinet	1	Pima County
1711	Psych Office	Desk - Wooden	1	Pima County
1711	Psych Office	Desk - 1 pedestal metal w/wooden top.	1	Pima County
1711	H.S.A. Office	Printer M1522	1	Healthcare Vendor
1711	MH Admin Office	Dell Monitor	1	Healthcare Vendor
1711	MH Admin Office	Dell Monitor	1	Healthcare Vendor
1711	MH Admin Office	Dell Optiplex 755 CPU	1	Healthcare Vendor
1711	MH Admin Office	Dell Optiplex 755 CPU	1	Healthcare Vendor
1711	MH Admin Office	Printer	1	Healthcare Vendor
1711	MH Admin Office	Printer M1522	1	Healthcare Vendor
1712	Admin Assistants	Filing Cabinet - 2 Drawer, Vertical	1	Pima County
1712	Admin Assistants	Filing Cabinet - 3 Drawer	1	Pima County
1712	Admin Assistants	Filing Cabinet - 3 Drawer	1	Pima County

ATTACHMENT A1-4
INVENTORY OF MEDICAL EQUIPMENT, OFFICE EQUIPMENT AND FURNITURE AT PCADC

Audit Date: 12/3/2012

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Room Number	Location	Item	Qty.	Owner
1712	Admin Assistants	Filing Cabinet - 4 Drawer, Vertical	1	Pima County
1712	Admin Office	Dell Monitor	1	Healthcare Vendor
1712	Admin Office	Dell Monitor	1	Healthcare Vendor
1712	Admin Office	Dell Optiplex 755 CPU	1	Healthcare Vendor
1712	Admin Office	Dell Optiplex 755 CPU	1	Healthcare Vendor
1712	Admin Office	Printer	1	Healthcare Vendor
1712	Admin Office	Printer M1522	1	Healthcare Vendor
1713	Clinicians Office	Desk - "L" shaped	1	Pima County
1713	Clinicians Office	4 Drawer Filing Cabinet	1	Pima County
1713	Clinicians Office	4 Drawer Filing Cabinet	1	Pima County
1713	Clinicians Office	Large Metal Desk	1	Pima County
1713	Clinicians Office	Whiteboard	1	Pima County
1713	Clinicians Office	Wooden Desk	1	Pima County
1713	Clinicians Office	Wooden Desk	1	Pima County
1713	Clinicians Office	Wooden Desk	1	Pima County
1713	Clinicians Office	Wooden Desk	1	Pima County
1713	Clinicians Office	Wooden Desk	1	Pima County
1713	Clinicians Office	Wooden Desk	1	Pima County
1713	MH Office	Dell Monitor	1	Healthcare Vendor
1713	MH Office	Dell Monitor	1	Healthcare Vendor
1713	MH Office	Dell Monitor	1	Healthcare Vendor
1713	MH Office	Dell Monitor	1	Healthcare Vendor
1713	MH Office	Dell Monitor	1	Healthcare Vendor
1713	MH Office	Dell Monitor	1	Healthcare Vendor
1713	MH Office	Dell Optiplex 755 CPU	1	Healthcare Vendor
1713	MH Office	Dell Optiplex 755 CPU	1	Healthcare Vendor
1713	MH Office	Dell Optiplex 755 CPU	1	Healthcare Vendor
1713	MH Office	Dell Optiplex 755 CPU	1	Healthcare Vendor
1713	MH Office	Dell Optiplex 755 CPU	1	Healthcare Vendor
1713	MH Office	Dell Optiplex 755 CPU	1	Healthcare Vendor
1715	Storage	Bookcase - 4 Shelf	1	Pima County
1715	Storage	Stand, Metal - 5 Shelf	1	Pima County
1718	Exam Room - Counseling	Filing Cart - Portable (for Medical Records)	1	Pima County
1718	Exam Room - Counseling	Table, Metal	1	Pima County
1718	Exam Room - Counseling	Filing Cabinet - 4 Drawer	1	Pima County
1718	MH Exam	Dell Monitor	1	Healthcare Vendor
1718	MH Exam	Dell Optiplex 760 CPU	1	Healthcare Vendor
1719	Exam Room	Desk - "L" Shaped	1	Healthcare Vendor
1719	Exam Room	Filing Cart - Portable (for Medical Records)	1	Pima County
1719	Exam Room	Brother DCP 7040 Printer/FaxScan	1	Healthcare Vendor
1719	Exam Room	Small Filing Cabinet	1	Pima County
1719	Exam	Dell Monitor	1	Healthcare Vendor
1719	Exam	Dell Optiplex 755 CPU	1	Healthcare Vendor
1719	Exam	Printer	1	Healthcare Vendor
1720	Dir. Of Nursing	Small Black Filing Cabinet	1	Pima County
1720	Dir. Of Nursing	Whiteboard	1	Pima County
1720	Scheduler Office	Dell Monitor	1	Healthcare Vendor
1720	Scheduler Office	Dell Optiplex 755 CPU	1	Healthcare Vendor
1720	Scheduler Office	Dell Optiplex 755 CPU	1	Healthcare Vendor
1721	Medical Records	Filing Cabinet - 3 Drawer	1	Pima County

ATTACHMENT A1-4
INVENTORY OF MEDICAL EQUIPMENT, OFFICE EQUIPMENT AND FURNITURE AT PCADC

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Room Number	Location	Item	Qty.	Owner
1721	Medical Records	Filing Cabinet - 4 Drawer	1	Pima County
1721	Medical Records	Book Stand, Metal - 6 shelf	1	Pima County
1721	Medical Records	Book Stand - 4 shelf	1	Pima County
1721	Medical Records	Cabinet Storage - 5 Shelf (Medical Records)	4	Pima County
1721	Medical Records	Dell Monitor	1	Healthcare Vendor
1721	Medical Records	Dell Monitor	1	Healthcare Vendor
1721	Medical Records	Dell Optiplex 755 CPU	1	Healthcare Vendor
1721	Medical Records	Dell Optiplex 755 CPU	1	Healthcare Vendor
1721	Medical Records	Dell Optiplex 755 CPU	1	Healthcare Vendor
1723	Nurses Station	Canon Fax Laser Class 710 super G3	1	Pima County
1723	Nurses Station	HP LaserJet 4250 printer	1	Pima County
1723	Nurses Station	Metal rack holding records	1	Pima County
1723	Nurses Station	Storage Cabinet - 2 Door, Small	1	Pima County
1723	Nurses Station	Storage Cabinet - 2 Door, Small	1	Pima County
1723	Nurses Station	Xerox Workcenter 5675	1	Healthcare Vendor
1723	Nurses Station	Brother IntelliFAX 4750e	1	Healthcare Vendor
1723	Nurses Station	HP LaserJet P4014n	1	Healthcare Vendor
1723	Nurses Station	Brother 4750	1	Pima County
1723	Medical	Dell Monitor	1	Healthcare Vendor
1723	Medical	Dell Monitor	1	Healthcare Vendor
1723	Medical	Dell Optiplex 755 CPU	1	Healthcare Vendor
1723	Medical	Dell Optiplex 755 CPU	1	Healthcare Vendor
1723	Medical	Printer	1	Healthcare Vendor
1727	Office	Filing Cabinet - 2 Drawer, Vertical	1	Pima County
1727	Office	Filing Cabinet - 2 Drawer, Vertical	1	Pima County
1727	Infirmery/Infection Control	Dell Monitor	1	Healthcare Vendor
1727	Infirmery/Infection Control	Dell Optiplex 755 CPU	1	Healthcare Vendor
1728	Breakroom	3-tiered cart for TV/VCR	1	Pima County
1728	Conference rm.	Panasonic TV	1	Pima County
1728	MH Nurses	Dell Monitor	1	Healthcare Vendor
1728	MH Nurses	Dell Monitor	1	Healthcare Vendor
1728	MH Nurses	Dell Optiplex 755 CPU	1	Healthcare Vendor
1728	MH Nurses	Dell Optiplex 755 CPU	1	Healthcare Vendor
1728	MH Nurses	Fax Brother MFC	1	Healthcare Vendor
1728	MH Nurses	Printer	1	Healthcare Vendor
1734	Dental Room	Filing Cabinet - 2 Drawer, Vertical, Brown color	1	Pima County
1734	Dental Room	Filing Cabinet - 2 Drawer, Vertical, Buff color	1	Pima County
1734	Dental Room	Desk	1	Pima County
1734	Dental Room	Wire Racks	1	Pima County
1734	Dental Room	Wire Racks	1	Pima County
1734	Dental Room	Wire Racks	1	Pima County
1734	Lab	4 Drawer Filing Cabinet	1	Pima County
1734	Lab	Desk	1	Pima County
1734	Dental	Dell Monitor	1	Healthcare Vendor
1734	Dental	Dell Optiplex 360 CPU	1	Healthcare Vendor
1747	Infirmery Day room	3-tiered video cart	1	Pima County
1747	Infirmery Day room	Daewoo TV/Video Combo	1	Pima County
1750	CID Office	2 Drawer Grey Filing Cabinet	1	Pima County
1750	CID Office	Bookshelf	1	Pima County
1750	CID Office	Bookshelf	1	Pima County

ATTACHMENT A1-4
INVENTORY OF MEDICAL EQUIPMENT, OFFICE EQUIPMENT AND FURNITURE AT PCADC

Audit Date: 12/3/2012

Note: Inventory owned by Pima County is representative of what will be available to the CONTRACTOR selected on 7/1/2013. Not all items are guaranteed to be present by that date. Inventory owned by current healthcare provider will not be available unless other arrangements are made.

Room Number	Location	Item	Qty.	Owner
1750	CID Office	Bookshelf	1	Pima County
1750	CID Office	Desk	1	Pima County
1832	Pre-Booking/Intake	HP LaserJet Printer	1	Pima County
1832	Pre-Booking/Intake	Microwave	1	Pima County
1832	Pre-Booking/Intake	Refrigerator - mini Haier	1	Pima County
1832	Pre-Booking/Intake	Small 2 Drawer Filing Cabinet	1	Pima County
1832	Pre-Booking/Intake	HP LaserJet Printer	1	Pima County
1832	Intake Med. Office	Dell Monitor	1	Healthcare Vendor
1832	Intake Med. Office	Dell Optiplex 755 CPU	1	Healthcare Vendor
1832	Intake Med. Office	Fax	1	Healthcare Vendor
1729/1730	Medication Room	3 Drawer Filing Cabinet	1	Pima County
1729/1730	Medication Room	3 Drawer Filing Cabinet	1	Pima County
1729/1730	Medication Room	4 Drawer Vertical Filing Cabinet	1	Pima County
1729/1730	Medication Room	Small Storage Cabinet	2	Pima County
1729/1730	Medication Room	Wire Rack	1	Pima County
1729/1730	Medication Room	Wire Rack	1	Pima County
1729/1730	Medication Room	Wire Rack	1	Pima County
1729/1730	Medication Room	Wire Rack	1	Pima County
1729/1730	Medication Room	Wire Rack	1	Pima County
1729/1730	Medication Room	Wire Rack	1	Pima County
1729/1730	Pharmacy	Dell Monitor	1	Healthcare Vendor
1729/1730	Pharmacy	Dell Monitor	1	Healthcare Vendor
1729/1730	Pharmacy	Dell Optiplex 755 CPU	1	Healthcare Vendor
1729/1730	Pharmacy	Dell Optiplex 755 CPU	1	Healthcare Vendor
1729/1730	Pharmacy	Fax	1	Healthcare Vendor
1729/1731	Pharmacy	Printer	1	Healthcare Vendor
	Infirmery	Dell Computer Monitor	1	Pima County
	Infirmery	Dell E Series CPU	1	Pima County
	Infirmery	Officer's Station Phillips Camera Control Unit	1	Pima County
	Infirmery	Officer's Station Phillips Camera Monitor	1	Pima County
	Infirmery	Officer's Station Phillips Camera Monitor	1	Pima County
	Miscellaneous	Haier Refridgerator- Break Room	1	Pima County
	Mission	2 Door Storage Cabinet	1	Pima County
	Mission	4 Drawer Filing Cabinet	1	Pima County
	Mission	Desk	1	Pima County
	Intake MH area	Dell Monitor	1	Healthcare Vendor
	Intake MH area	Dell Optiplex 760 CPU	1	Healthcare Vendor
	Intake MH area	Printer M1522	1	Healthcare Vendor
	Intake Window	Dell Monitor	1	Healthcare Vendor
	Intake Window	Dell Optiplex 755 CPU	1	Healthcare Vendor
	Intake Window	Printer	1	Healthcare Vendor

ATTACHMENT A1-5

Consolidated Statistical Data Report for Healthcare at the PCADC

Service Provided	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	YTD Total	Jul-12	Aug-12	Sep-12	Monthly Average
5 average daily population	1,693	1,863	1,714	1,837	1,723	1,740	1,759	1,806	1,836	1,866	1,935	1,976	21,748	2,022	1,999	1,947	1,848
6 Main Jail (including Mission Road)																	
7 Total # of Bookings at Main Jail ¹	2,998	3,136	2,859	2,830	2,539	2,534	2,901	2,710	2,991	2,704	3,042	2,965	34,209	2,807	2,694	2,670	2,825
8 # of Receiving Screenings (including Mental Health) ²	2,331	2,296	2,217	2,207	2,027	2,051	2,130	2,019	2,068	2,184	2,456	2,579	26,565	2,567	2,540	2,349	2,268
9 # of Pre Booking Rejections	12	18	14	16	6	13	9	12	14	6	5	6	131	7	4	1	10
10 # of Intake Rejections	6	0	2	2	1	2	3	9	10	8	5	6	54	7	2	9	5
11 # of Inmates Reporting Meth Use	27	33	23	16	25	17	28	30	19	17	28	25	288	22	32	19	24
12 Ajo Jail																	
13 # of Bookings at Ajo Jail	72	57	54	51	46	42	43	40	61	61	54	51	632	45	48	33	51
14 # of Inmates transferred to Main Jail	21	13	13	10	15	10	18	7	17	20	26	14	184	13	18	6	15
15 Medical: 14-Day Evaluations																	
16 # 14-Day Physicals (includes oral screening)	597	546	583	522	487	556	499	487	516	585	687	593	6,658	648	536	541	559
17 # of Annual Physicals	36	26	20	21	34	8	16	15	7	15	25	21	244	22	31	25	21
18 # 14-day Mental Health Evaluations ²	488	456	489	482	423	409	496	457	N/Avail	N/Avail	N/Avail	N/Avail	N/Avail	N/Avail	N/Avail	408	456
19 Medical: Sick Call																	
20 Total # Sick Call requests- Medical Services	721	960	822	887	869	750	886	983	863	789	705	628	9,863	573	531	527	766
21 Total # of Medical Prescribing Provider Visits (MD/NP/PA)	1,721	1,809	1,804	1,808	1,851	1,777	1,774	1,631	1,677	1,535	1,664	1,607	20,658	1,660	1,549	1,481	1,690
22 # MD visits (medical)	817	852	929	835	957	896	894	761	872	804	838	779	10,234	828	887	815	851
23 # MD visits (obstetrics)	24	38	60	37	21	50	45	32	48	28	41	30	454	27	56	35	38
24 # NP Visits (medical)	317	376	317	435	376	379	399	338	342	243	265	338	4,125	341	217	278	331
25 # PA Visits (medical)	563	543	498	501	497	452	436	500	415	460	520	460	5,845	464	389	353	470
26 Total # Nurse Sick Call Visits	790	842	774	808	742	778	787	926	895	808	834	673	9,657	747	741	662	787
27 Total # Nurse Sick Call requests for Remanded Juveniles	3	6	8	2	2	0	2	2	8	5	0	0	38	2	0	2	3
28 Medical: Chronic Care Visits																	
29 Total # of Chronic Care Visits (CC) (Chronic Care clinic held 2x/week)	178	166	391	305	320	291	292	264	269	210	208	238	3,132	231	265	220	257
30 # of CC Visits by Diagnosis:																	
31 Hypertension/Cardiac	46	48	97	103	115	106	111	82	89	122	71	86	1,076	91	99	76	89
32 Pulmonary	42	20	54	43	57	66	55	58	47	60	36	42	580	46	49	53	49
33 Diabetes	34	24	49	41	35	47	41	22	34	42	27	28	424	34	26	31	34
34 Gastrointestinal	0	0	3	0	0	1	0	0	0	0	0	0	4	0	0	0	0
35 HIV	2	1	5	3	3	6	2	7	3	5	6	6	49	4	3	5	4
36 Hepatitis	19	12	46	53	68	50	54	46	38	41	39	40	506	52	50	42	43
37 Pregnancy (OB)	24	13	24	15	9	27	17	17	26	12	18	14	216	13	21	15	18
38 GYN	24	25	36	22	12	23	28	14	22	16	23	16	261	11	37	18	22
39 Seizure/Neurological	11	12	27	25	35	28	33	37	36	38	33	37	352	35	17	20	28
40 Medical: Female Services																	
41 # Pregnant at end of month	4	9	7	6	11	5	7	8	8	7	10	9	91	8	11	6	8
42 # Pregnant Remanded Juveniles at end of month	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
43 # of Deliveries	0	0	1	0	1	0	0	0	1	0	0	1	4	0	0	1	0
44 # of PAP smears	8	14	14	13	6	11	8	9	12	3	9	10	117	4	8	11	9
45 # of Colposcopies	0	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0
46 # of Mammograms	0	1	0	1	0	0	1	1	0	0	0	1	5	0	0	1	0

ATTACHMENT A1-5

Consolidated Statistical Data Report for Healthcare at the PCADC

Service Provided	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	YTD Total	Jul-12	Aug-12	Sep-12	Monthly Average
Dental																	
# of Dental Sick Call Requests	132	132	130	165	150	122	156	172	138	142	123	100	1,662	150	128	139	139
# Dental Sick Call Requests for Remanded Juveniles	0	1	2	1	0	1	0	0	2	2	0	1	10	0	0	0	1
# of Dental Visits On Site	176	170	178	172	152	154	177	200	193	194	183	169	2,118	209	178	187	179
# of Dental Visits Off Site	2	0	1	2	5	7	2	0	3	2	3	0	27	3	3	0	2
# of Dental Xrays	126	108	133	119	96	121	116	143	114	135	120	88	1,419	150	120	96	119
Behavioral Health: Average Daily Census																	
Average Daily Census on Psychotropic Medication	692	745	686	652	661	658	744	764	572	747	854	774	8,549	859	950	855	748
Behavioral Health: Sick Call																	
# of Behavioral Health Sick Call Requests	397	515	431	457	465	397	533	533	613	546	666	505	6,058	500	528	566	510
# of Behavioral Health Sick Call Requests Remanded Juveniles	2	4	8	0	1	3	5	1	5	3	2	2	36	2	0	0	3
Behavioral Health Visits/Encounters																	
Total # of Behavioral Health Visits/Encounters (individual)	2,948	3,421	3,374	3,197	2,452	2,395	2,583	2,294	3,053	3,663	3,883	3,829	37,092	3,755	4,884	4,399	3,342
Behavioral Health: Court Ordered Activity																	
Total # for Which Title 36 Petition Initiated Post Booking	3	7	5	6	4	3	5	13	6	10	5	4	71	5	3	12	6
Total # with Court-ordered Medication	75	55	59	64	62	75	67	90	72	86	77	87	869	72	85	78	74
Behavioral Health: Suicide Watch/Attempt/Successful																	
Total # Inmates Placed on Suicide Watch	469	544	363	503	359	336	404	476	435	202	499	562	5,152	588	225	517	432
# inmates on Suicide Watch by Location:																	
Mental Health Unit (1S)	360	419	293	355	274	256	316	352	319	118	382	371	3,815	396	404	324	329
Infirmary	74	75	37	86	56	56	59	74	55	24	98	150	844	138	196	169	90
Juvenile Pod	2	2	2	13	1	2	2	8	5	5	3	4	49	0	0	0	3
Other Location (specify): Intake, 1A, 1H, 1K, 1G	33	48	31	49	28	22	27	42	72	23	16	39	430	54	34	24	36
Segregation																	
Average # of inmates in seg for month	143	173	168	151	163	145	158	158	162	142	160	212	1,935	349	277	227	186
# of Medical visits to segregation	49	96	115	116	124	126	155	153	133	128	141	83	1,419	109	127	122	118
Restraints																	
# of Inmates in Custody Restraints Evaluated by Healthcare Staff	13	5	22	16	20	24	17	11	23	17	8	18	194	18	10	11	16
Infirmary																	
# of Admissions	180	171	155	192	148	152	167	160	155	206	201	193	2,080	194	224	247	183
# Remanded Juvenile Admissions	7	4	6	6	3	2	6	8	3	5	1	2	53	2	0	6	4
Total Infirmary Days	477	496	413	475	492	461	509	497	501	455	517	478	5,771	503	560	534	491
Average Daily Census	15.9	16.5	13.8	15.8	16.4	15.4	17.1	16.6	16.7	15.2	16.7	15.9	191.9	16.2	18.7	17.9	16
Average Length of Stay in Days	2.7	2.9	2.7	2.6	3.3	3.0	3.1	3.1	3.3	2.5	2.6	2.4	34.1	2.6	2.5	2.2	3
Infectious Diseases: TB																	
# of TSTs planted	933	903	818	804	663	611	894	688	812	1,210	1,202	1,248	10,786	992	893	1,007	912
# of Chest xrays	63	74	66	67	42	53	60	59	60	59	70	55	728	62	57	49	60
# Suspected TB	1	6	2	4	2	1	3	2	2	1	1	0	25	1	1	0	2
# Confirmed Active TB	0	1	0	1	1	1	1	1	1	1	1	1	10	1	0	0	1
# Treated for Active TB	0	1	1	1	1	1	1	1	1	1	1	1	11	1	0	0	1
# Treated Prophylactically for TB	14	14	9	9	7	5	4	4	4	1	1	1	73	1	0	1	5

ATTACHMENT A1-5

Consolidated Statistical Data Report for Healthcare at the PCADC

Service Provided	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	YTD Total	Jul-12	Aug-12	Sep-12	Monthly Average
89 Infectious Diseases: HIV+/AIDS																	
90 # Tested for HIV/AIDS	36	9	6	30	27	38	33	35	28	33	37	37	349	18	24	20	27
91 # Tested Positive for HIV	0	2	1	0	0	0	0	0	0	0	1	0	4	0	0	0	0
92 # With Active AIDS	3	3	3	4	5	3	2	4	3	1	2	3	36	5	5	5	3
93 # Treated for HIV/AIDS	2	2	5	5	5	6	4	5	5	7	7	8	61	7	4	5	5
94 Infectious Diseases: Hepatitis																	
95 # Hepatitis A cases	1	0	1	0	1	0	0	0	0	0	0	0	3	0	0	0	0
96 # Hepatitis B cases	1	13	1	0	1	1	0	0	0	0	0	0	17	0	1	1	1
97 # Hepatitis C cases	7	17	5	8	7	4	6	10	8	8	10	8	98	10	3	3	8
98 # Treated for Hepatitis	0	1	1	1	1	1	0	0	0	0	0	0	5	0	0	0	0
99 Infectious Diseases: STD																	
100 # Tested for Chlamydia	3	23	29	18	13	29	21	20	21	25	25	28	255	16	23	19	21
101 # Tested Positive for Chlamydia	1	1	0	1	2	4	0	2	4	4	1	3	23	0	4	2	2
102 # Tested for Gonorrhea	3	23	29	18	13	29	21	20	21	25	25	28	255	16	23	19	21
103 # Tested Positive for Gonorrhea	0	1	1	0	1	1	0	0	0	0	1	0	5	2	1	0	1
104 # Tested for Syphilis	30	29	34	19	18	27	22	20	26	23	20	21	289	8	11	10	21
105 # Testing Positive for Syphilis	1	0	0	0	0	0	0	1	1	0	1	0	4	1	0	0	0
106 Infectious Diseases: MRSA																	
107 # Tested for MRSA	5	0	1	1	1	0	0	1	2	0	0	0	11	1	1	0	1
108 # Tested Positive for MRSA	2	0	0	1	1	0	0	0	2	0	0	0	6	1	1	0	1
109 Infectious Diseases: Remanded Juveniles																	
110 # Remanded Juveniles Tested Positive for TB	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
111 # Remanded Juveniles Tested Positive for HIV/AIDS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
112 # Remanded Juveniles Tested Positive for Hepatitis	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
113 # Remanded Juveniles Tested Positive for STDs	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
114 # Remanded Juveniles Tested Positive for MRSA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
115 Infectious Diseases: Immunizations																	
116 Total # Immunizations Administered	1	1	1	12	23	3	3	1	0	1	0	0	46	0	0	0	3
117 # of Immunizations by Type:													0				
118 Hep A	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
119 Hep B	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
120 DTE-TDAP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
121 Td	1	1	1	1	2	2	2	1	0	1	0	0	12	0	0	0	1
122 IVP	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
123 MMR	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
124 Varicella	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
125 Meningococcal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
126 Other (seasonal influenza, Twinrix)	0	0	0	11	21	1	1	0	0	0	0	0	34	0	0	0	2
127 Special Needs																	
128 Average Daily Census for Juveniles	26	23	23	29	28	25	25	25	25	27	25	23	306	22	21	12	24
129 # Requiring Orthotic/Prosthetic	1	0	1	0	0	1	1	0	2	2	2	2	12	1	2	2	1
# Physically Disabled (requiring assistive device, i.e., wheelchair, walker, cane)	6	5	7	7	8	5	5	4	5	7	7	10	76	14	12	14	8
131 # Frail or Elderly (≥ 70 years of age)	3	4	3	4	4	5	4	5	5	12	11	8	68	8	3	1	5
132 # Terminally Ill	2	2	2	2	2	2	1	1	1	1	1	1	18	0	0	0	1
133 # Developmentally Disabled	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
134 Other (such as deaf, blind, mute):	1	0	1	1	0	0	3	4	4	5	6	7	32	6	7	12	4

ATTACHMENT A1-5

Consolidated Statistical Data Report for Healthcare at the PCADC

Service Provided	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	YTD Total	Jul-12	Aug-12	Sep-12	Monthly Average
Medications - Remanded Juveniles (see Attachment A1-8 for information on total population)																	
# Remanded Juveniles on prescription medication	11	10	19	12	10	12	9	13	12	13	11	8	140	8	5	6	11
# of Remanded Juveniles on HIV therapy	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
# of Remanded Juveniles on psychotropic medication	8	10	11	10	5	8	6	4	3	5	6	4	80	5	5	3	6
Diagnostic Testing: Laboratory Tests On Site																	
Total # Tests Completed On Site	1,301	1,619	1,787	1,948	1,925	1,711	1,657	1,429	1,565	1,440	1,514	1,121	19,017	1,185	1,416	1,624	1,549
# of Tests Completed by Type:																	
Rapid Strep	1	4	0	2	3	0	1	8	4	0	1	1	25	0	0	0	2
Fingerstick Blood Glucose	1,232	1,550	1,712	1,867	1,859	1,635	1,595	1,348	1,507	1,394	1,438	1,034	18,171	1,096	1,289	1,535	1,473
Urine Pregnancy Test	55	65	75	79	63	66	61	73	54	43	75	66	775	70	107	89	69
# Testing Positive for Pregnancy	14	22	17	18	11	10	13	20	11	3	14	20	173	19	20	12	15
Diagnostic Testing: X-rays & EKGs On Site																	
Total # Images X-rayed on Site	259	317	259	272	250	211	317	344	331	278	320	312	3,470	256	248	241	281
Of Which:																	
Chest	64	79	76	67	53	55	68	64	64	68	72	59	789	66	58	50	64
Abdomen (Flat Plate)	3	7	3	1	5	0	6	10	6	8	0	1	50	1	3	8	4
Extremity	40	46	32	37	40	33	55	64	58	37	57	59	558	38	39	42	45
EKG Completed	15	13	15	19	6	24	18	19	18	17	23	16	203	23	14	10	17
Emergency Care																	
# of Mandown Events	10	10	19	16	13	7	19	21	13	13	12	12	165	19	17	21	15
Emergency/Urgent Transports																	
Emergency Transports via Ambulance	N/A	N/A	N/A	N/A	N/A	N/A	7	11	10	7	13	10	58	8	6	5	9
Urgent Transports (PCSD Van) (excludes scheduled appointments)	N/A	N/A	N/A	N/A	N/A	N/A	6	4	9	6	3	13	41	12	10	10	8
Off Site Health Care: Outpatient Services³																	
Cardiology	2	3	0	2	0	0	1	0	1	3	0	1	13	0	0	0	1
Colposcopy	0	1	0	0	0	1	0	0	0	0	0	0	2	0	0	0	0
CT	0	3	0	0	1	1	2	0	1	2	0	0	10	0	6	1	1
Emergency Department	2	14	14	26	19	13	13	15	19	13	16	23	187	20	16	15	16
Ear, Nose, Throat	2	1	0	0	0	0	0	0	1	0	0	0	4	0	1	1	0
Gastroenterology	0	0	1	0	0	0	0	2	0	0	0	1	4	0	0	0	0
Gynecology	2	4	5	2	0	2	1	1	2	1	0	1	21	2	2	3	2
Hemodialysis	0	3	4	7	0	0	0	0	0	0	0	15	29	26	28	24	7
Mammogram	0	1	0	1	0	0	1	1	0	0	0	1	5	0	0	1	0
MRI	1	1	0	1	0	0	1	1	0	0	0	0	5	0	0	2	0
Neurology	1	1	1	0	2	0	0	0	0	0	0	0	5	1	0	1	0
Obstetrics	2	4	5	2	2	2	1	1	2	4	4	1	30	2	2	3	2
Ophthalmology+Optometry	13	7	9	7	8	3	4	3	1	2	2	2	61	2	3	5	5
Orthopedics	5	3	5	4	6	8	8	3	5	2	1	2	52	3	8	5	5
Pulmonary	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
Stress Test	1	0	3	1	0	0	0	0	1	1	0	1	8	0	0	0	1
Surgery	1	2	1	3	2	2	2	2	0	1	1	0	17	0	1	2	1
Ultrasound	1	6	4	2	3	4	2	1	1	5	4	2	35	2	2	4	3
Urology	0	1	0	1	0	2	0	0	0	1	1	1	7	0	0	0	0
Oral surgery	2	0	1	2	5	7	2	0	3	2	3	0	27	3	3	0	2
Nuclear medicine	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0
Deliveries	0	0	0	0	1	0	0	0	1	0	0	1	3	0	0	1	0

ATTACHMENT A1-5

Consolidated Statistical Data Report for Healthcare at the PCADC

Service Provided	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	YTD Total	Jul-12	Aug-12	Sep-12	Monthly Average
181 Total # of Outpatient Visits	29	33	53	32	30	27	23	14	15	19	12	24	311	37	52	43	30
182 # Outpatient Visits-Remanded Juveniles	1	0	0	1	1	2	1	0	0	0	1	1	8	0	1	0	1
183 Off Site Health Care, Inpatient																	
184 Total # of Inpatient Admissions	2	3	4	10	9	5	6	4	9	3	3	8	66	8	9	7	6
185 Total # of Inpatient Days	16	18	16	24	24	13	35	46	20	10	18	26	266	29	26	25	23
186 Average Length of Stay	8.0	6.0	4.0	2.4	2.7	2.6	6.7	4.5	4.1	3.3	6.0	3.3		3.6	2.9	3.6	4.2
187 CONTRACTOR Provided Training																	
188 # of Hours of Training Provided for PCADC Custody Staff	0	2	4	2	2	2	2	0	4	0	4	0	22	4	2	0	2
189 # of PCADC Staff Attending CONTRACTOR Training	0	331	671	317	324	322	290	0	564	0	663	0	3,482	617	324	0	295
190 # of Hours of Inservice Programs for Healthcare Staff	12	13	13	13	13	14	13	44	15	12	14	51	227	14	12	14	18
191 # of Healthcare Staff Attending	139	148	167	143	148	151	162	256	174	140	188	211	2,027	170	139	141	165
192 Sentinel Events																	
193 # of Post-use-of-force exams	40	48	53	43	39	34	48	52	57	48	41	28	531	47	52	34	44

Note 1: Beginning November 2012, PCADC is no longer requiring receiving screenings for "Book ID Releases" (see Scope of Services section 4.1.1). It is projected that this change will reduce the number of receiving screenings by about 1%.

Note 2: Due to implementation of a new EHR system, this information was lacking for a number of months.

Note 3: This section of the report is not all inclusive. Please refer to Attachment A1-9 for additional information on offsite services and the cost of these services.

APPENDIX A1-6
ADDENDUM TO STATISTICAL DATA REPORT - GRANT INFORMATION

Note: The following information is required from the CONTRACTOR to assist the County in defining the demographics of the detainee population for purposes of grant proposals. These data elements will either be added to the Statistical Data Report or required as a separate report.

Chronic Disease by Type based on Primary Diagnosis	Number of Unique Detainees per Month	Average Daily Census of Detainees with Chronic Disease	% of Total Detainee Population
Cancer			
Cardiac			
Hypertension			
Diabetes			
Pulmonary			
Liver Disease			
Other - Please Specify			
TOTAL			

Behavioral Health Condition by Type	Number of Unique Detainees per Month	Average Daily Census of Detainees with Behavioral Health Condition	% of Total Detainee Population
Bi-polar			
Schizophrenic			
Schizoaffective Disorder			
Depression			
Anxiety			
Personality Disorder			
Psychosis NOS			
Other - Please Specify			
TOTAL			

Behavioral Health	Number of Unique Detainees per Month	Average Daily Census of Detainees with Behavioral Health Condition	% of Total Detainee Population
Number of Detainees on Behavioral Health Caseload			
Number of Detainees with SMI Designation			

APPENDIX A1-6
ADDENDUM TO STATISTICAL DATA REPORT - GRANT INFORMATION

Infectious Disease by Type	Number of Unique Detainees per Month	Average Daily Census of Detainees with Infectious Disease	% of Total Detainee Population
TB			
HIV			
AIDS			
Hepatitis A			
Hepatitis B			
Hepatitis C			
STDs			
Other - Please Specify			
TOTAL			

Inpatient Admissions by Condition Triggering Transport to Hospital	Number of Admissions per Month
Abdominal Pain	
Pregnancy	
Heart Condition - Chest Pain	
Other - Please Specify	
TOTAL	

Summary of Data Collected at Intake for Alternatives to Incarceration Initiative and via RBHA

# of Calls to RBHA	
# of Detainees Enrolled with RBHA	
# of Detainees Enrolled with RBHA - Active Status	
# of Detainees Enrolled with RBHA - Inactive Status	
# of Detainees with No Record /No Match	
# of Detainees with SMI Designation	
# of Detainees Non-SMI Designation	
# of Consent Waivers Signed	
# of Refusals to Sign Consent Waiver	
# of Sheets Shared with Pretrial Services	

Pharmacy

Total Number of Prescriptions filled per month	
Number of Psychotropic Prescriptions filled per month	

ATTACHMENT A1-8
LIST OF OUTLIER MEDICATIONS
Pima County Department of Institutional Health

Effective 07-01-2013

Medication	Class	NDC	GPI
Advate	Blood Disorder - Factor VIII	00944-2941-10	85100010252170
		00944-2942-10	
		00944-2943-10	
		00944-2944-10	
		00944-2945-10	
Alphanate	Blood Disorder - Factor VIII	68516-4601-01	85100028002125
		68516-4602-01	
		68516-4603-02	
		68516-4604-02	
Helixate FS	Blood Disorder - Factor VIII	00053-8130-01	85100010206440
		00053-8130-02	
		00053-8130-04	
Hemofil M	Blood Disorder - Factor VIII	00944-2935-01	85100010002109
		00944-2935-02	
		00944-2935-03	
		00944-2935-04	
Humate-P	Blood Disorder - Factor VIII	0053-7615-05	85100015102130
		0053-7615-10	
		0053-7615-20	
Koate-DVI	Blood Disorder - Factor VIII	13533-0665-20	85100010002140
		13533-0665-30	
		13533-0665-50	
Kogenate FS	Blood Disorder - Factor VIII	00026-0372-20	85100010206430
		00026-0372-30	85100010002120
		00026-0372-50	
		00026-0379-20	
		00026-0379-30	
Monoclata-P	Blood Disorder - Factor VIII	00053-7656-01	85100010006410
		00053-7656-02	
		00053-7656-04	
		00053-7656-05	
Recombinate	Blood Disorder - Factor VIII	00944-2938-01	85100010202135
		00944-2938-02	
		00944-2938-03	
AlphaNine	Blood Disorder - Factor IX	68516-3600-02	85100028002125
Bebulin VH	Blood Disorder - Factor IX	64193-0244-02	Not Available
Mononine	Blood Disorder - Factor IX	00053-7668-02	Not Available
		00053-7668-04	
Profilnine SD	Blood Disorder - Factor IX	49669-3200-02	Not Available
		49669-3200-03	

ATTACHMENT A1-8
LIST OF OUTLIER MEDICATIONS
Pima County Department of Institutional Health

Effective 07-01-2013

Medication	Class	NDC	GPI
Actimmune 100mcg/0.5ml Vi	Hepatitis C	64116001112	21700060702020
Infergen 15mcg/0.5ml Vial	Hepatitis C	00187200605	12353040102220
Infergen 9mcg/0.3ml Vial	Hepatitis C	64116003906	12353040102220
Intron A 10mmunit/ml Mdv	Hepatitis C	00085113301	21700060202030
Intron A 5mmunit/0.2ml Pe	Hepatitis C	00085123501	21700060202050
Intron-A 18MU Inj	Hepatitis C	00085116801	21700060202022
Intron-a 3mmunit/0.2ml Pe	Hepatitis C	00085124201	21700060202040
Matulane 50mg Capsule	Hepatitis C	54482005301	21700050100105
Pegasys 180mcg/ml Vial	Hepatitis C	00004035009	12353060052020
Pegasys Kit	Hepatitis C	00004035239	12353060056440
Peg-intron 120mcg/0.5ml	Hepatitis C	00085130401	12353060106424
Peg-intron 150mcg/0.5ml	Hepatitis C	00085127901	12353060106430
Peg-intron 50mcg Kit	Hepatitis C	00085136801	12353060106410
Peg-intron 80mcg/0.5ml	Hepatitis C	00085129101	12353060106416
Rebetol 200mg Capsule	Hepatitis C	00085119403	12353070000120
Ribasphere 200mg Caps	Hepatitis C	66435010118	12353070000120
Ribasphere 200mg Tab	Hepatitis C	66435010216	12353070000320
Ribasphere 400mg Tablet	Hepatitis C	66435010356	12353070000340
Ribasphere 600mg Tablet	Hepatitis C	66435010456	12353070000360
Roferon-a 6mmunit/0.5ml S	Hepatitis C	00004201609	21700060106430
Roferon-a Prf Syringe	Hepatitis C	00004201509	21700060106420
Theracys 81mg BCG Live VL	Hepatitis C	49281088001	21700013001940
Tice Bcg Vial + Kit	Hepatitis C	00052060202	21700013001930

**ATTACHMENT A1-9
OFFSITE SERVICES FOR PCADC**

Offsite Service Log (Services Scheduled/Initiated by Healthcare Vendor)

Description	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	YTD Total	Jul-12	Aug-12	Sep-12	Monthly Average
ALL ROUTINE	6	20	20	16	19	22	19	18	21	23	17	10	211	7	21	18	17.1
Of Which:																	
Surgical Procedures	0	1	1	1	0	2	2	2	1	1	1	0	12	0	2	3	1.1
Other Procedures and Imaging	6	6	3	4	2	8	6	3	6	10	6	2	62	3	8	8	5.4
ALL STAT/EMERGENT	11	11	17	14	15	10	9	8	16	14	8	11	144	19	11	14	12.6
Of Which:																	
Surgical Procedures	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0
Other Procedures and Imaging	0	0	2	0	2	0	1	0	3	1	0	1	10	0	1	0	0.7
ALL URGENT	9	11	12	12	12	16	7	6	1	3	1	7	97	17	14	8	9.1
Of Which:																	
Surgical Procedures	1	0	0	2	1	0	0	0	0	0	0	0	4	0	0	0	0.3
Other Procedures and Imaging	3	6	10	4	2	8	3	2	1	3	0	5	47	14	8	0	4.6
Services resulting in Hospital Admissions	2	3	3	7	9	4	5	4	7	7	3	6	60	7	6	6	5.3
TOTAL	26	42	49	42	46	48	35	32	38	40	26	28	452	43	46	40	38.7

Note 1: Other procedures include biopsies, extractions, inductions, etc. Imaging includes CTs and MRIs.
 Note 2: "Of Which" services are estimates made at the time the detainee was sent off-site and may not reflect actual services and # of procedures provided.
 Note 3: Off Site Service Log does not include diversions and medical rejects.

Description	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	YTD Total	Jul-12	Aug-12	Sep-12	Monthly Average
ROUTINE	6	20	20	16	19	22	19	18	21	23	17	10	211	7	21	18	17.13
Abscess/Cysts/Mass	0	2	0	0	0	1	0	0	0	0	0	0	3	0	3	1	0.47
Cancer	0	1	0	1	2	0	0	1	0	1	0	0	6	0	0	1	0.47
Cardiac Condition/Problem	1	1	0	0	0	1	0	0	0	1	0	0	4	0	0	0	0.27
Colposcopy	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0.07
Cerebral Vascular Accident	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.07
Dental Extractions	0	0	0	1	1	4	2	0	3	1	2	0	14	1	0	0	1.00
Diabetes	0	0	0	0	1	0	1	0	1	0	0	1	4	0	0	0	0.27
Dislocation	0	0	0	0	0	0	0	1	1	0	0	0	2	0	0	0	0.13
Gun Shot Wound	1	0	0	0	0	4	0	0	0	0	0	0	5	0	0	0	0.33
Eye condition/injury	1	7	6	6	7	3	0	4	2	1	2	2	41	0	2	2	3.00
Foreign Body	0	0	2	0	0	0	0	0	0	0	0	0	2	0	0	0	0.13
Follow Up	0	0	1	1	0	0	0	1	0	1	0	1	5	1	0	1	0.47
Fracture	0	2	6	2	4	7	8	5	5	6	4	2	51	1	7	4	4.20
Headache/Migraines	0	0	2	0	1	0	0	0	0	0	0	0	3	0	0	0	0.20
Hernia	0	0	0	0	0	1	0	1	1	1	2	0	6	0	0	0	0.40
Hyperactive Bladder	0	0	0	0	0	0	0	0	0	0	2	0	2	0	0	0	0.13
Imaging	2	6	2	3	1	4	2	3	3	8	4	2	40	2	7	8	3.80
Induction of Labor	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0.07
Injury	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	0.07
Osteomyelitis	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0.07
Pain	0	0	0	1	0	0	0	0	1	0	0	1	3	1	0	0	0.27
Seizure	0	0	0	0	1	0	0	0	0	0	0	0	1	0	0	0	0.07
Stress Test	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	0.07
Thrombocytopenia	0	0	0	0	1	0	0	1	0	0	0	0	4	0	0	0	0.07
Urology condition/problem	0	0	0	0	0	0	0	1	0	0	0	0	2	0	1	0	0.20
Wounds	0	0	0	0	0	0	0	0	0	2	0	0	3	0	0	0	0.20
Other	1	1	0	1	0	1	0	0	2	1	0	1	8	1	1	1	0.67

**ATTACHMENT A1-9
OFFSITE SERVICES FOR PCADC**

Offsite Service Log (Services Scheduled/Initiated by Healthcare Vendor)

Description	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	YTD Total	Jul-12	Aug-12	Sep-12	Monthly Average
STAT/EMERGENT	11	11	17	14	15	10	9	8	16	14	8	11	144	19	11	14	12.53
Altered Mental Status	0	2	1	3	1	1	0	1	0	0	0	0	9	0	0	1	0.67
Abscess/Cysts/Mass	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0.07
Cancer	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0.07
Cardiac condition/problem	1	1	0	1	1	2	1	0	0	2	0	1	10	1	1	0	0.80
Cellulitis	1	0	0	0	1	0	0	0	0	0	0	0	2	0	0	0	0.13
Cerebral Vascular Accident	0	0	0	0	0	1	0	0	0	1	0	0	2	0	0	0	0.13
Dialysis	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0.07
Dislocation	1	0	1	0	1	0	0	0	1	1	0	0	5	0	0	2	0.47
Dizzy	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0.13
Eye condition/injury	0	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0.07
Foreign Body	0	1	1	0	0	0	1	2	0	1	0	0	6	1	1	0	0.53
Follow up	0	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0.07
Fracture	0	0	2	3	1	1	0	0	1	0	0	0	8	0	0	1	0.60
GI Bleed	0	2	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0.20
Gun Shot Wound	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00
Hernia	0	0	0	1	0	0	0	0	0	0	0	0	1	2	0	0	0.20
Imaging	0	0	0	0	0	0	0	0	2	1	0	0	3	0	0	0	0.20
Induction of Labor	0	0	0	0	1	0	1	0	2	0	0	1	5	0	1	0	0.40
Ingestion of Toxic Substance	0	0	1	0	0	0	0	0	1	0	0	0	2	0	0	0	0.13
Injury	1	0	1	0	0	1	0	0	0	1	2	0	6	1	0	0	0.47
Low Platelet Count	0	0	0	0	0	0	0	0	0	0	1	1	2	0	0	0	0.13
Menstrual Bleeding	2	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0.13
Mental Condition	0	0	0	0	0	0	0	0	0	2	0	0	2	1	0	0	0.20
Over Dose	2	0	0	0	0	0	0	1	0	0	0	0	3	0	0	0	0.20
Pain	1	1	2	0	4	1	1	1	1	0	1	2	15	2	0	4	1.40
Pneumonia	0	0	0	1	1	0	0	0	0	1	0	0	3	0	0	0	0.20
Pregnancy Issues	0	1	1	1	1	0	0	0	1	0	0	1	6	2	0	1	0.60
Seizures	0	0	2	1	1	0	1	1	1	3	1	0	11	0	0	0	0.73
Sepsis	0	1	0	0	0	0	0	0	0	0	0	0	1	0	0	1	0.13
Shortness of Breath	0	0	1	1	0	1	0	0	0	0	0	0	3	0	0	0	0.20
Thrombocytopenia	0	0	0	1	0	0	0	0	0	1	0	0	2	0	0	0	0.13
Unresponsive	0	1	0	0	0	0	0	0	0	0	0	0	1	0	1	1	0.20
Wounds/Lacerations/etc	1	0	2	0	1	0	1	0	2	0	0	2	9	1	1	1	0.80
Withdrawal	0	0	0	0	0	0	0	1	0	0	1	0	2	1	0	0	0.20
Other	1	1	2	0	1	1	3	1	4	0	2	2	18	6	4	0	1.87
URGENT	9	11	12	12	12	16	7	6	1	3	1	7	97	17	14	8	9.07
Abscess/Cysts/Mass	0	0	2	0	0	0	0	0	0	0	0	0	2	0	1	0	0.20
Cancer	1	0	0	0	0	7	0	0	0	0	0	0	8	0	0	0	0.53
Cardiac condition/problems	0	0	0	2	0	0	1	0	0	0	0	1	4	0	0	0	0.27
Cellulitis	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00
Colposcopy	0	0	0	0	0	0	0	0	0	1	0	0	1	0	0	0	0.07
Dental Extractions	1	0	0	1	0	0	0	1	0	0	0	0	3	1	2	0	0.40
Dialysis	0	3	4	0	0	0	0	0	0	0	0	5	12	12	6	0	2.00
Dislocation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00
Eye condition/injury	0	1	0	0	3	2	1	1	0	0	0	0	8	1	0	1	0.67
Follow up	2	4	0	0	1	0	0	0	0	0	0	0	7	0	0	0	0.47
Fracture	2	1	0	3	2	3	2	1	0	0	0	0	14	0	0	3	1.13
Foreign Body	0	0	0	0	0	0	0	1	0	0	0	0	1	0	0	0	0.07
Gun Shot Wound	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00
Hemorrhage	0	0	0	0	2	0	0	0	0	0	0	0	2	0	0	0	0.13
Hernia	0	0	0	2	0	0	0	0	0	0	0	0	2	0	0	0	0.13
Induction of Labor	0	0	0	0	1	0	0	0	1	0	0	0	2	0	0	0	0.13
Imaging	1	2	1	1	2	1	3	1	0	1	0	0	13	1	0	0	0.93
Injury	0	0	0	0	1	0	0	0	0	0	0	0	1	0	0	0	0.07
Menstrual Bleeding	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00
Over dose	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00
Pain	0	0	0	0	0	0	0	1	0	0	1	0	2	0	1	0	0.20
Stress Test	1	0	4	2	0	0	0	0	0	1	0	0	8	0	0	0	0.53
Wounds/Lacerations/etc	0	0	1	1	0	1	0	0	0	0	0	1	4	2	4	4	0.93
Other	1	0	0	0	1	1	0	0	0	0	0	0	3	0	0	0	0.20
Services resulting in Admissions	2	3	3	7	9	4	5	4	7	7	3	6	60	7	6	6	5.27
TOTAL	26	42	49	42	46	48	35	32	38	40	26	28	452	43	46	40	38.73

**ATTACHMENT A1-9
OFFSITE SERVICES FOR PCADC**

Offsite Service Log (Services Scheduled/Initiated by Healthcare Vendor)

Diversions and Medical Rejections																	
Description	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	YTD Total	Jul-12	Aug-12	Sep-12	Monthly Average
Diversions/Rejections	18	17	14	19	6	15	10	21	24	14	8	12	178	13	7	N/A	14.14

Claim Data - Cost of Offsite Services

Description	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	YTD Total	Jul-12	Aug-12	Sep-12
Total # of Claims Received (Date of Service - DOS)	91	97	N/A	129	126	123	126	127	97	91	90	65	1162	67	63	46
Amount Billed	\$ 162,018.65	\$ 174,636.07	N/A	\$ 189,870.80	\$ 319,518.71	\$ 173,490.80	\$ 198,600.14	\$ 257,735.84	\$ 343,648.51	\$ 177,709.91	\$ 114,550.31	\$ 101,650.70	\$ 2,213,430.44	\$ 186,762.09	\$ 75,611.58	\$ 22,543.28
Amount Paid	\$ 21,625.95	\$ 40,468.31	N/A	\$ 56,862.64	\$ 52,786.91	\$ 51,943.07	\$ 42,027.97	\$ 69,978.00	\$ 78,948.51	\$ 37,999.48	\$ 26,322.97	\$ 23,642.08	\$ 502,586.49	\$ 38,089.65	\$ 15,920.49	\$ 5,562.56
Hospital Claims with DOS > 0	4	3	N/A	6	11	6	9	11	8	12	2	5	77	4	3	0
Average Length of Stay	3.50	4.33	N/A	2.50	1.60	1.80	2.80	1.81	7.75	2.00	3.50	1.60	2.53	3.00	2.00	0.00
\$\$ Billed for hospital claims w/DOS > 0	\$ 77,620.07	\$ 58,788.55	N/A	\$ 84,907.06	\$ 216,200.91	\$ 68,598.95	\$ 82,115.75	\$ 104,784.66	\$ 287,531.75	\$ 112,571.39	\$ 59,098.97	\$ 50,438.20	\$ 1,202,656.46	\$ 139,739.74	\$ 42,251.12	\$ -
\$\$ Paid for Hospital Claims w/DOS > 0	\$ -	\$ 17,693.42	N/A	\$ 16,016.33	\$ 21,985.66	\$ 17,290.74	\$ 17,700.32	\$ 27,607.49	\$ 57,106.90	\$ 22,525.06	\$ 9,392.45	\$ 11,480.07	\$ 218,778.44	\$ 23,704.20	\$ 7,787.48	\$ -
Average Paid Amount per hospital claim w/DOS > 0	\$ -	\$ 5,897.81	N/A	\$ 2,669.39	\$ 1,996.88	\$ 2,881.79	\$ 1,966.70	\$ 2,509.77	\$ 7,138.36	\$ 1,877.00	\$ 4,696.23	\$ 2,296.01	\$ 2,841.28	\$ 5,926.05	\$ 2,589.16	\$ -

Note: Data is listed in the month of date of service. Claims may be received up to six months after date of service. Data provided is for claims paid to date.

**ATTACHMENT A1-10
RADIOLOGY LOG AT PCADC**

Description	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	YTD Total	Jul-12	Aug-12	Sep-12	Monthly Average
# of Inmates X-rayed	107	132	109	107	98	89	129	138	128	113	129	119	1398	105	100	100	113.5
# of Views Taken	259	317	259	272	245	213	317	344	341	278	320	312	3477	256	248	241	281.5
Avg Views/Inmate	2.42	2.40	2.38	2.54	2.50	2.39	2.46	2.49	2.66	2.46	2.48	2.62	2.49	2.44	2.48	2.41	2.5
Average Daily Census	1701	1750	1779	1783	1786	1690	1765	1815	1846	1876	1940	1982	1809	2029	2006	1952	519.8
Views per 100 Inmates	15	18	15	15	14	13	18	19	18	15	16	16	16	13	12	12	3.6

Type/Site	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	YTD Total	Jul-12	Aug-12	Sep-12	% of Total
Abdomen	2	0	1	0	3	0	3	0	2	3	0	1	15	1	3	1	1%
Acromioclavicular (AC) Joint	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0%
Ankle	0	5	2	4	0	3	9	3	4	3	4	8	45	5	3	1	3%
Calcaneus	0	1	0	0	0	0	0	1	0	0	0	0	2	0	1	0	0%
Cervical Spine	0	0	1	2	0	0	0	2	1	1	0	1	8	2	0	0	1%
Chest	64	79	76	67	53	56	68	64	64	68	72	59	790	66	58	50	57%
Clavicle	0	0	0	0	0	2	0	0	0	0	0	0	2	1	0	1	0%
Coccyx	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0%
Elbow	1	2	1	1	4	1	2	1	2	2	0	1	18	0	1	1	1%
Facial Bones	0	0	1	0	0	0	1	2	1	1	0	0	6	0	1	0	0%
Femur	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	2	0%
Finger	1	3	2	4	1	2	4	6	3	3	2	3	34	3	4	2	3%
foot	2	2	1	2	1	3	1	5	1	3	4	6	31	4	2	2	2%
Forearm	1	1	0	1	2	0	1	5	3	0	1	2	17	0	1	2	1%
Hand	16	11	8	7	9	8	16	8	15	7	23	17	145	7	11	2	10%
Hip	1	0	1	0	1	0	2	0	2	0	2	0	9	2	1	11	1%
Humerus	2	1	1	0	0	0	0	0	0	0	0	0	4	0	0	1	0%
Knee	4	2	1	6	3	1	1	6	5	2	3	1	35	2	2	0	2%
KUB	1	7	2	1	2	0	3	10	4	5	0	0	35	0	0	4	2%
Lumbosacral Spine	1	2	2	2	2	1	0	1	2	4	1	1	19	0	3	7	2%
Mandible	0	1	1	1	2	0	1	1	0	0	0	2	9	0	0	2	1%
Mastoids	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0%
Nasal Bones	0	1	0	0	0	1	0	3	1	1	1	2	10	2	0	0	1%
Pelvis	0	0	2	0	0	0	0	1	0	0	1	0	4	1	0	2	0%
Orbits	0	2	0	1	2	1	0	1	2	0	2	0	11	0	0	3	1%
Ribs	3	1	1	1	5	2	0	3	1	2	3	0	22	0	0	0	1%
Sacroiliac (SI) Joints	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0%
Sacrum	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0%
Scapula	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0%
Scoliosis	0	0	0	0	1	0	0	0	0	0	0	0	1	0	0	0	0%
Shoulder	1	5	2	2	1	3	1	8	3	2	1	5	34	4	1	0	2%
Sinuses	0	0	0	0	0	0	0	0	0	1	0	0	1	0	0	4	0%
Skull	0	0	1	0	0	1	1	0	1	0	0	1	5	0	0	0	0%
Sternum	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0%
Temporomandibular Joint (TMJ)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0%
Thoracic Spine	0	0	0	1	0	0	0	1	2	0	1	0	5	0	1	0	0%
Tibia/Fibula	0	1	0	0	1	0	2	1	1	0	0	0	6	0	0	1	0%
Toes	1	1	0	1	1	0	2	0	0	0	2	1	9	3	0	0	1%
Wrist	5	3	2	2	3	4	11	5	8	5	5	8	61	2	6	2	4%
Wrist: Carpal Tunnel	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0%
Wrist: Scaphoid Views	0	1	0	1	0	0	0	0	0	0	0	0	2	0	0	0	0%
Zygomatic Arches	1	0	0	0	1	0	0	0	0	0	1	0	3	0	0	0	0%
Miscellaneous	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0%
Total	107	132	109	107	98	89	129	138	128	113	129	119	1398	105	100	102	100%

**ATTACHMENT A1-11
OFFSITE LABORATORY TESTS FOR PCADC**

Test Code	Description	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Total 12 month pd.	Aug-12	Sep-12	Monthly Average
80048	BASIC MET PANEL	0	0	0	1	0	1	1	5	0	10	5	13	36	0	0	2.57
80053	COMP PANEL CONMED	63	75	66	89	114	89	92	77	72	88	93	98	1016	64	40	80.00
80053+	COMP+CBC CONMED	53	32	37	25	10	21	24	17	11	5	26	19	280	38	44	25.86
80055	PRENATAL CONMED	5	2	2	2	3	0	2	2	0	5	1	1	25	3	0	2.00
80061	LIPID PANEL CONMED	17	19	8	14	10	9	14	9	5	6	7	10	128	14	18	11.43
80076	HEPATIC PANEL CONMED	21	33	21	29	36	25	14	29	24	18	24	15	289	21	14	23.14
80074	HEPATITIS,ACUTE CONMED	12	1	0	1	0	0	0	0	1	2	0	0	17	0	0	1.21
80101	10 PANEL/50,URINE	4	2	0	2	0	0	2	0	0	0	0	1	11	0	0	0.79
80101	DRUG SCREEN 5/50	0	0	0	1	0	2	0	0	0	0	0	0	3	0	0	0.21
80156	TEGRETOL/CARBAMAZEPINE	9	6	8	11	14	10	13	2	5	6	10	8	102	6	12	8.57
80164	VALPROIC ACID/DEPAKOTE	33	38	25	24	33	28	26	30	24	27	40	33	361	24	21	29.00
80178	LITHIUM	28	21	25	29	16	23	19	15	19	23	24	22	264	25	28	22.64
80184	PHENOBARBITAL	0	0	0	0	0	0	0	0	0	0	0	1	1	1	0	0.14
80185	DILANTIN/PHENYTOIN	13	11	7	12	7	8	7	9	7	5	7	5	98	1	3	7.29
80202	VANCOMYCIN RANDOM	0	0	0	0	0	4	0	0	0	1	0	0	5	0	0	0.36
81001	URINE WITH MICRO	6	0	0	2	0	1	0	0	0	2	1	0	12	0	0	0.86
82043	MICROALBUMIN-URINE,	2	0	0	2	0	1	0	0	0	0	0	0	5	0	0	0.36
82150	AMYLASE	0	2	2	4	4	1	0	3	1	3	1	5	26	0	0	1.86
82140	AMMONIA	0	0	0	7	7	3	0	2	0	10	6	13	48	0	0	3.43
82105	ALPHA FETOPROTEIN	2	1	2	3	0	0	1	0	0	0	1	0	10	0	0	0.71
82248	BILIRUBIN, DIRECT	13	10	17	4	22	31	24	25	21	26	32	18	243	16	8	19.07
82306	VITAMIN D, 25-HYDROXY	1	1	1	1	1	0	2	0	0	0	1	0	8	0	0	0.57
82492	RIFABUTIN, ANTIMICROBIAL LEV	0	0	0	0	0	0	1	0	0	0	0	2	3	0	0	0.21
82550	CK/CPK	0	0	0	1	3	1	1	2	0	3	1	8	20	0	0	1.43
82607	VITAMIN B12	0	0	0	1	0	1	2	0	0	0	0	0	4	0	0	0.29
82677	ESTRIOL, SERUM	0	0	1	1	0	0	0	0	0	0	1	0	3	0	0	0.21
82746	FOLATE	0	0	0	1	0	1	2	0	0	0	0	0	4	0	0	0.29
82728	FERRITIN	0	0	1	0	1	1	1	0	0	0	0	0	4	0	0	0.29
82310	CALCIUM	1	0	0	0	0	1	0	0	0	0	0	0	2	0	0	0.14
82565	CREATININE, SERUM	2	0	0	0	0	0	2	0	0	0	0	0	4	0	0	0.29
82947	GLUCOSE, FASTING	3	4	2	1	5	2	0	1	1	0	4	2	25	4	3	2.29
82947	GLUCOSE, RANDOM	0	0	0	0	0	1	0	1	0	0	0	1	3	0	0	0.21
82950	1 HOUR POST GLUCOSE	2	2	2	0	2	0	0	1	1	0	1	2	13	0	2	1.07
83001	FSH	0	0	2	2	0	1	0	1	1	1	2	0	10	2	0	0.86
83002	LUTEINIZING HORMONE	0	0	1	0	0	0	0	1	1	1	2	0	6	2	0	0.57
83036	HBA1C	9	9	14	11	25	39	23	19	9	24	36	33	251	23	13	20.50
83540	IRON, SERUM	0	0	2	0	0	1	1	0	0	0	0	0	4	0	0	0.29
83550	TIBC	0	0	2	0	1	1	1	0	0	0	0	0	5	0	0	0.36
83655	LEAD, URINE	0	0	1	1	0	0	0	0	0	0	0	0	2	0	0	0.14
83690	LIPASE SERUM	0	0	1	3	4	1	0	3	1	3	1	6	23	0	0	1.64
83735	MAGNESIUM	0	0	0	0	0	1	0	0	0	0	0	1	2	0	0	0.14
83825	MERCURY URINE	0	0	1	1	0	0	0	0	0	0	0	0	2	0	0	0.14
83880	BNP	0	0	0	1	2	3	2	4	2	0	1	0	15	0	1	1.14
84146	PROLACTIN	0	0	1	5	1	1	1	2	2	2	2	3	20	4	0	1.71
84153	PSA, TOTAL	3	2	0	3	0	1	0	1	1	2	0	0	13	1	5	1.36
84436	T4	0	0	0	1	0	0	1	0	0	0	0	0	2	0	0	0.14
84439	FT4/THYROXINE-FREE,DIRECT	2	6	3	0	0	0	0	0	0	0	0	0	11	0	0	0.79
84443	TSH	26	30	28	37	25	26	32	15	17	16	37	29	318	42	28	27.71
84443+	THYROID PANEL CONMED	11	6	19	14	20	17	19	12	18	24	12	13	185	9	10	14.57
84520	BUN	0	0	0	0	0	0	2	0	0	0	0	0	2	0	0	0.14

**ATTACHMENT A1-11
OFFSITE LABORATORY TESTS FOR PCADC**

Test Code	Description	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Total 12 month pd	Aug-12	Sep-12	Monthly Average
84484	TROPONIN	0	0	0	0	1	1	0	1	0	3	2	5	13	0	1	1.00
84479	T3 UPTAKE	0	1	0	1	0	0	0	0	0	0	0	0	2	0	0	0.14
84481	T3, FREE	0	1	3	0	0	0	0	0	0	0	0	0	4	0	0	0.29
84550	URIC ACID	0	1	1	1	0	0	1	0	1	1	0	1	7	1	2	0.71
84702	BETA HCG, QNT	2	0	2	1	1	0	1	0	0	0	1	0	8	0	0	0.57
85025	CBC/DIFF/PLT	32	41	31	59	87	78	57	80	73	99	89	106	832	62	39	66.64
85651	SED RATE, WESTERGREN	2	2	1	0	0	0	0	1	0	0	1	2	9	0	3	0.86
86003	BETA-LACTOGLOBIN IGE	0	1	0	2	0	0	0	0	0	0	0	0	3	0	0	0.21
86003	RAST-PEANUT	1	4	9	5	3	9	12	18	5	7	12	14	99	13	21	9.50
86003	TUNA IgE	2	4	3	3	3	3	6	5	2	3	4	4	42	10	6	4.14
86038	ANA	1	1	0	0	0	0	1	1	1	0	0	1	6	0	1	0.50
86336	INHIBIN A	0	0	1	1	0	0	0	0	0	0	0	0	3	0	0	0.21
86361	CD4/T HELPER CELL	5	6	2	4	2	5	3	0	4	3	1	6	41	2	4	3.36
86592	RPR	26	33	21	17	28	25	20	22	23	15	21	8	259	10	12	20.07
86593	RPR TITER	0	0	0	1	0	0	2	1	0	1	0	2	7	0	0	0.50
86635	COCCIDIOIDES ABS PANEL	2	1	1	0	0	2	0	0	0	1	0	0	7	1	0	0.57
86677	HELICOBACTER PYLORI IGG	1	0	1	0	0	0	0	1	0	1	1	0	5	1	0	0.43
86689	HIV W.B.	2	1	0	0	0	0	0	0	0	0	0	0	3	0	0	0.21
86695	HERPES I IGG AB	0	1	1	0	1	1	0	1	0	0	0	0	5	0	1	0.43
86696	HERPES II IGG AB	0	1	1	0	1	1	0	1	0	0	0	0	5	0	1	0.43
86703	HIV 1&2	4	2	2	0	0	3	1	0	0	0	0	0	12	0	0	0.86
86706	HEP B SURF AB	24	5	0	1	3	0	2	1	0	2	0	0	38	1	1	2.86
86708	HEPATITIS A AB, IGG/IGM	0	1	0	0	0	0	1	0	0	0	0	0	2	0	0	0.14
86709	HEPATITIS A IGM AB	0	1	0	1	0	0	0	0	0	1	0	0	3	0	0	0.21
86780	FTA-ABS	0	1	0	1	0	0	2	1	0	2	0	2	9	0	0	0.64
86803	HEPATITIS C AB	29	34	19	20	28	27	31	25	22	33	44	22	334	22	20	26.86
87045	STOOL CULTURE	0	0	0	0	1	0	0	0	0	0	0	1	2	0	0	0.14
87070	MISC CULT, AEROBIC	5	7	6	5	1	2	1	2	3	0	1	4	37	1	3	2.93
87070	WOUND CULTURE, AEROBIC	1	1	1	2	0	0	1	2	0	0	0	1	9	1	0	0.71
87077	CULT ID, DEF #2	4	4	0	0	1	0	0	2	1	1	0	0	13	0	0	0.93
87077	CULT ID, DEF #3	2	2	0	0	0	0	0	1	0	0	0	0	5	0	0	0.36
87077	CULT ID, DEF #4	1	1	0	0	0	0	0	1	0	0	0	0	3	0	0	0.21
87077	CULT ID, DEF #5	1	1	0	0	0	0	0	0	0	0	0	0	2	0	0	0.14
87077	CULTURE ID, DEF AEROBIC	3	11	8	4	1	1	2	4	3	1	3	4	45	2	2	3.50
87081	VAGINAL CULT-B STREP	1	0	0	2	2	0	2	0	0	1	1	0	9	1	0	0.71
87086	URINE CULTURE	7	4	5	2	3	2	3	4	4	6	2	5	47	2	5	3.86
87088	URINE CULT ID-PRESUMPTIVE	1	0	0	0	1	0	0	0	0	0	1	0	3	0	0	0.21
87116	AFB CULTURE	11	4	2	0	0	4	1	4	0	3	0	3	32	0	0	2.29
87147	SEROGROUPING	0	1	0	0	1	0	0	0	1	0	0	0	3	0	0	0.21
87149	CULTURE ID, MYCOBACTERIA	0	0	3	0	0	0	0	0	0	0	0	0	3	0	0	0.21
87185	B LACT ENZ DET	0	0	1	0	0	0	0	0	1	0	0	0	2	0	0	0.14
87186	SENSITIVITY	3	11	8	4	1	1	2	4	3	1	3	3	44	2	2	3.43
87186	SENSITIVITY #2	0	4	0	0	1	0	0	2	1	1	0	0	9	0	0	0.64
87186	SENSITIVITY #3	0	2	0	0	0	0	0	1	0	0	0	0	3	0	0	0.21
87186	SENSITIVITY #4	0	1	0	0	0	0	0	1	0	0	0	0	2	0	0	0.14
87206	AFB SMEAR	11	4	2	0	0	4	1	4	0	3	0	3	32	0	0	2.29
87340	HEP B SURF AG	3	30	16	14	14	19	22	14	18	22	33	11	216	9	15	17.14
87490	CHLAMYDIA TRACH rRNA APTIMA	0	0	4	4	0	0	1	0	0	0	0	0	9	0	0	0.64
87490	CHLAMYDIA TRACH DET (RRNA)	28	33	17	16	24	21	16	19	22	17	19	13	245	16	18	19.93
87490	CHLAMYDIA TR DNA, SDA PRO	0	0	0	0	1	1	1	0	0	0	0	0	3	0	0	0.21

**ATTACHMENT A1-11
OFFSITE LABORATORY TESTS FOR PCADC**

Test Code	Description	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Total 12 month pd	Aug-12	Sep-12	Monthly Average
87491	CHLAMYDIA DNA SDA	11	9	5	4	6	5	5	2	6	11	9	4	77	0	0	5.50
87491	CHLAMYDIA DNA SDA URINE	0	0	0	0	0	0	0	0	0	0	0	0	0	4	7	0.79
87517	HBV ULTRA QUANT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0.07
87522	HEP C (BDNA) ULTRAQUANT	2	1	3	4	2	1	0	1	0	0	0	0	14	0	1	1.07
87536	HIV RNA QNT bDNA	4	6	2	4	1	4	3	0	4	3	1	7	39	2	4	3.21
87590	NEISSERIA GON rRNA APTIMA	0	0	4	4	0	0	1	0	0	0	0	0	9	0	0	0.64
87590	NEISSERIA GONORRHOEAE AG DET	28	33	17	16	24	21	16	19	22	17	19	13	245	16	18	19.93
87590	NEISSERIA GON DNA, SDA BD	0	0	0	0	1	1	1	0	0	0	0	0	3	0	0	0.21
87591	NEISSERIA GONOR DNA SDA	11	9	5	4	6	5	5	2	6	11	9	4	77	0	0	5.50
87591	GC AMP DNA URINE	0	0	0	0	0	0	0	0	0	0	0	0	0	4	7	0.79
87901	HIV GENOTYPE	0	0	0	1	0	1	1	0	0	0	1	0	4	0	0	0.29
87902	HEPATITIS C GENOTYPE	0	0	1	1	0	0	0	0	0	0	0	0	2	0	0	0.14
88141	PAP SMEAR, INTERP	1	2	5	1	5	4	3	2	1	2	1	1	28	2	0	2.14
88164	PAP SMEAR	13	12	8	6	11	9	6	10	3	9	10	4	101	8	11	8.57
88305	TISSUE	0	0	0	0	0	0	3	0	1	0	1	0	5	0	0	0.36
	OTHER (fewer than one)	4	7	8	3	2	1	1	1	1	0	1	0	29	1	1	2.21
	TOTAL TESTS RUN	630	656	532	566	634	619	570	549	476	594	671	616	7113	494	457	576.00

ATTACHMENT A1-12

ELECTRONIC HEALTH RECORD AND HEALTH INFORMATION EXCHANGE

1. The bidder must commit to usage of the Transfer Summary jointly developed by clinical leadership of the Maricopa Correctional Health, Pima County Adult Detention and Arizona Department of Correction (ADOC) for releases to ADOC and ADJC, as well as to the community providers that are not actively exchanging health information through the statewide HIE. The bidder must demonstrate and continue to ensure the Transfer Summary is auto filled by their EHR software.
2. The bidder must commit to register and pay for the Direct Exchange offered through the Arizona Health-e Connection and use it for transmission of: 1.) the Transfer Summary for those individuals sentenced to ADOC or ADJC to the health care providers at those entities and 2.) reporting of TB and infectious diseases to the Pima County Health Department.
3. The bidder must demonstrate that its pharmacy vendor is actively transmitting information to Surescripts, the nationwide prescription drug repository utilized by the statewide HIE.
4. The bidder must execute an agreement with the University of Arizona to read and interpret diagnostic images taken of detainees at PCADC using teleradiology equipment provided by COUNTY and provide written reports stating professional interpretations and findings regarding the detainee's conditions based on those readings. Contract should require at a minimum the following:
 - Written reports to be provided to the physician who ordered the report as soon as possible but in no case more than 24 hours after receipt of the image. Reports shall be made available through the University Network for the referring physician to review.
 - Radiologists shall be available for telephonic consultation 24 hours per day, 365 days per year.
 - Storage of and unlimited access to images taken on the digital imaging equipment at PCADC. Retention of images must be in compliance with COUNTY's retention policy.
5. The bidder agrees to work cooperatively in the transition to ensure data from the existing EHR is transferred to the new EHR, if the incumbent is not awarded the bid, to minimize disruption in treatment of detainees.
6. The bidder agrees to retain an independent third party to perform a HIPAA Security and Privacy audit initially no later than 90 days prior to the contract performance start date and completed prior to the first exchange of health information with the statewide HIE.
7. Bidder agrees to perform subsequent HIPAA Security and Privacy audits annually and submit them to the COUNTY on or before October 1 each year.
8. The bidder must provide the COUNTY with a data dictionary for their E H R on the effective date of the contract.
9. Bidder agrees to permit read only access to the database containing the E H R system data for purposes of creating reports essential to health planning, policy and grant preparation as well as operational assessment.
10. Bidder agrees to provide at a minimum the report formats specified in **Attachments A1-21 and A2-12**.

ATTACHMENT A1-13

Continuity of Care / Transfer Summary
Preview Patient
#BOOKING

JMS ID: 000000 **Location:** Location
SSN: 000-00-0000 **Ethnicity:** Ethnicity
DOB: 1989-04-05 **Interviewer:**
Age: 23
Agency: County

From Facility:	<input type="radio"/> Pima County Adult Detention Complex (PCADC)
Destination Facility:	
Abnormal Test Results Attached:	<input type="radio"/> Yes <input type="radio"/> No
Infectious Diseases	
1. PPD Test	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Results (Note induration in mm)	<input type="radio"/> pos <input type="radio"/> neg
Date	
2. TB Chest X-Ray	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Result:	<input type="radio"/> pos <input type="radio"/> neg
Date:	
3. HIV Test:	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Results	<input type="radio"/> pos <input type="radio"/> neg
Date:	
4. RPR	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Results: (if positive document results)	<input type="radio"/> pos <input type="radio"/> neg
Date:	
5. Varicella Immune	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Results:	<input type="radio"/> pos <input type="radio"/> neg
Date:	
6. Hep A	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown

Results	<input type="radio"/> pos <input type="radio"/> neg
Date:	
7. Hep B	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Results:	<input type="radio"/> pos <input type="radio"/> neg
Date:	
8. Hep C	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Results:	<input type="radio"/> pos <input type="radio"/> neg
Date:	
Vaccination:	
MMR #1	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Date:	
MMR #2	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Date:	
Tetanus	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Date:	
Reported to Health Department?	<input type="radio"/> Yes <input type="radio"/> No
Date:	
Other Immunization(s)	
1. Immunization: Name / Date	
2. Immunization: Name / Date	
3. Immunization: Name / Date	
Other Infection(s):	
1. Other Infection: Name / Date:	
2. Other Infection: Name / Date:	
Significant Lab Information:	

1. Type:	
Result / Date:	
2. Type:	
Result / Date:	
3. Type:	
Result / Date:	
Pending:	
Health Request:	<input type="radio"/> Yes (Description in notes) <input type="radio"/> No
Internal Appointment:	<input type="radio"/> Yes (Description in notes) <input type="radio"/> No
Off-Site Appointment:	<input type="radio"/> Yes (Description in notes) <input type="radio"/> No
Lab	<input type="radio"/> Yes (Description in notes) <input type="radio"/> No
X-ray	<input type="radio"/> Yes (Description in notes) <input type="radio"/> No
Current Medical Treatment:	
Medical - Acute:	<input type="radio"/> Yes (Description in notes) <input type="radio"/> No
Medical - Chronic:	<input type="radio"/> Yes (Description in notes) <input type="radio"/> No
Current Psychiatric Treatment / Medications:	<input type="radio"/> Yes (Description in notes) <input type="radio"/> No
Suicidal Ideation Now:	<input type="radio"/> Yes (Description in notes) <input type="radio"/> No
Drug Protocol:	<input type="radio"/> Yes (Description in notes) <input type="radio"/> No
Alcohol Protocol:	<input type="radio"/> Yes (Description in notes) <input type="radio"/> No
Dental	<input type="radio"/> Yes (Description in notes) <input type="radio"/> No
Special Needs:	
Pregnancy:	<input type="radio"/> Yes (Description in notes) <input type="radio"/> No <input type="radio"/> Unknown
Documented Medical Supplies / Devices	<input type="radio"/> Yes (Description in notes) <input type="radio"/> No
Documented Diet:	<input type="radio"/> Yes (Description in notes) <input type="radio"/> No

DOCUMENTED MEDICATION OR FOOD ALLERGIES	<input type="radio"/> Yes (Description in notes) <input type="radio"/> No
OTHER DOCUMENTED PROBLEMS:	<input type="radio"/> Yes (Description in notes) <input type="radio"/> No
Medications:	
Current Medications: (If yes, copy and paste current medications into notes section and attach a copy of current MAR)	<input type="radio"/> Yes (attach current MAR) <input type="radio"/> No
14 Day Physical Exam Completed:	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown
Date:	
Documented Medical History:	
Surgical History	
Psychiatric History, including recent suicide attempts:	
Comments:	
Work Telephone / Date:	

ATTACHMENT A1-14

PCADC HEALTH POLICIES

Please refer to Pima County Sheriff's Department's Health Policies for PCADC:

Policies included in the link:

Chapter 2	Section 1	Accommodations for the Disabled
	Section 2	Substance Abuse
	Section 3	Medical Care
	Section 4	Medical Emergencies
	Section 5	Medication Administration and Dispensing
	Section 6	Medical Records
	Section 7	Booking Medical Screening and Clearance/Rejection of New Arrestees or Inmates Reporting to Jail Custody
	Section 8	Mental Health Units
	Section 9	Suicide Watches
	Section 10	Tuberculosis/Infectious Disease Exposure Control Plan
	Section 11	Medical Services Fees
	Section 12	Health Information Network of Arizona
	Section 13	Keep on Person (KOP) Medication Program

PIMA COUNTY HEALTH DEPARTMENT

STANDARDS AND RECOMMENDATIONS CONCERNING THE SCREENING,
DIAGNOSIS AND TREATMENT OF COMMUNICABLE DISEASE AT THE
PIMA COUNTY ADULT DETENTION COMPLEX (PCADC) AND PIMA
COUNTY JUVENILE DETENTION CENTER (PCJDC)

Detainee populations in detention facilities are at high risk for all forms of communicable disease. The National Commission on Correctional Health Care has established standards for care service providers in jails regarding infection control programs and screening and management of communicable diseases and communicable disease outbreaks. In the best interest of Pima County and consistent with mandates for local health departments established by Arizona law, the Pima County Health Department (PCHD) Chief Medical Officer has established standards for screening, diagnosis and treatment of detainees and youth for management of communicable disease outbreaks at PCADC and PCJDC as set forth below. The Chief Medical Officer reserves the right to modify these standards and recommendations based on changes in Public Health practice and in the face of emerging threats to the health of the community from communicable disease outbreaks.

“Minimum Standards” are those standards that the PCADC/PCJDC health care provider (hereinafter “CONTRACTOR”) is required to establish and maintain. “Recommendations” are practices that should be adopted to minimize the spread of communicable disease to the greatest extent possible, within PCADC, PCJDC and in the community at large. “Recommended Standards” may be triggered in the event of an outbreak of a communicable disease at PCADC or PCJDC.

Minimum Standards:

1. **Policies and Procedures:** CONTRACTOR must establish policies and procedures for the screening and management of communicable disease at PCADC and PCJDC that are consistent with these Standards and Recommendations. Such policies and procedures must contain protocols for identification, isolation and treatment of tuberculosis (TB), sexually transmitted diseases (i.e., syphilis, gonorrhea, Chlamydia and HIV/AIDS), hepatitis, MRSA, chicken pox, measles and mumps.
2. **Airborne Disease:** CONTRACTOR must screen all detainees and youth at booking for symptoms of TB as described below. The purpose of screening is primarily to detect active TB. If CONTRACTOR rules out TB, CONTRACTOR must then also rule out other communicable airborne disease (such as pertussis) prior to placing detainees and youth in the general population. The following standards apply:
 - a. TB:
 - i. Screen for symptoms including cough lasting more than 3 weeks, hemoptysis, night sweats and weight loss.
 - ii. Isolate detainees who do not pass the screen in a negative airflow isolation room (if available) until further evaluation establishes

ATTACHMENT A1-15

whether they have TB. If a negative air pressure isolation room is not available, CONTRACTOR must

1. Arrange for transport of detainees and youth who have high risk factors (such as heavy, prolonged coughing, significant risk for exposure to TB, most of the symptoms of TB, x-ray compatible with TB and/or are very infections (4+ on smear)) to an area hospital emergency department; and
 2. Place detainees and youth with low risk factors (such as normal chest x-ray and no symptoms apart from a prolonged cough) in an isolation room without negative air pressure for further observation and evaluation.
 - iii. Treat detainees and youth based on the results of diagnostic testing and observation.
 - b. At the initial physical examination, CONTRACTOR must assess detainees and youth for TB through administration of a PPD test or (for detainees and youth who have previously tested positive) chest x-ray. Detainees and youth who are positive on PPD but are asymptomatic and have had a normal chest x-ray within six months of entering PCADC or PCJDC do not require an additional x-ray.
3. Contagious Rash Illness: CONTRACTOR must screen all detainees and youth at booking for contagious rash illnesses including chicken pox, measles, MRSA and scarlatina rash (for strep). CONTRACTOR must isolate detainees and youth suspected of having a contagious rash illness and contact PCHD immediately at (520) 243-7797 regarding the need for ongoing isolation.
 4. Enteric Illness: CONTRACTOR must screen detainees and youth at booking for enteric illnesses. CONTRACTOR must isolate those detainees and youth who have active diarrhea and/or vomiting.
 5. Sexually Transmitted Diseases (STD) (at PCJDC this is done onsite by the PCHD):
 - a. CONTRACTOR must offer serologic testing for syphilis for all detainees. CONTRACTOR must strongly encourage detainees who are involved in the commercial sex trade or who are symptomatic for any sexually transmitted disease to receive this screening.
 - b. CONTRACTOR must offer testing for gonorrhea and Chlamydia to detainees either at booking or at the time of the initial physical examination.
 - c. CONTRACTOR must examine and test all detainees who are symptomatic of STD and treat them as clinically indicated.
 6. Reporting Infectious Disease and Managing Disease Outbreaks: CONTRACTOR must report communicable diseases in compliance with Arizona law. CONTRACTOR must immediately contact PCHD to report any actual or suspected infectious diseases that have the potential for outbreak in PCADC or PCJDC. PCHD will provide advice and assistance to CONTRACTOR and CONTRACTOR will cooperate with PCHD to respond to outbreaks of communicable diseases.
 7. Infection Control Monitoring and Reporting: As part of its required Infection Control Program, CONTRACTOR must designate an Infection Control Practitioner responsible for all infectious disease screenings, case finding, required follow-up, required reporting and incidence tracking. CONTRACTOR must generate and

ATTACHMENT A1-15

provide to COUNTY on a monthly basis a report of all incidences of infectious disease diagnosed by CONTRACTOR, by diagnosis and outcome. This report will be in a format acceptable to COUNTY.

Vaccinations: CONTRACTOR must coordinate with the PCHD Immunization Program to offer vaccinations to detainees who meet criteria for vaccination, including, for example, pneumococcal and influenza vaccination for detainees over age 65 or with heart and lung disease, and in its vaccination program for remanded juveniles. At PCJDC, the initial health assessment, conducted not more than seven days after admission to PCJDC, CONTRACTOR will review the immunization history of the youth in the Arizona State Immunization Information System (ASIIS) and update the schedule as needed.

Recommendations:

1. Response to Outbreaks: CONTRACTOR should establish a mechanism for screening, diagnosis and treatment of detainees and youth in the event of an outbreak of communicable diseases such as chicken pox, measles, mumps and flu. Such protocols should include provisions for isolation and/or congregate housing for those detainees and youth who screen positive for these diseases.
2. Use of Negative Pressure Rooms: Negative pressure rooms are appropriate for use for any potentially airborne disease like TB or measles. Simple isolation (with droplet or contact precautions) may be sufficient for diseases not thought to spread through aerosolized particles.
3. Viral Hepatitis and HIV/AIDS: Injection drug users and sex workers are at high risk for hepatitis and HIV/AIDS. For those detainees or youth who are injection drug users and/or sex workers, CONTRACTOR should offer testing for HIV and hepatitis B and C, especially if such testing has not been performed within the past twelve months. CONTRACTOR is encouraged to seek alternative funding for vaccination against hepatitis A and B, and offer such vaccination as clinically appropriate and in the case of youth, with parental consent.

ATTACHMENT A1-16

	<u>Inmate Charges for Health Care Services Provided at the PCADC</u>		
	AC-07	June 1, 2012	
S&P NUMBER		DATE EFFECTIVE	
APPROVED	TITLE	DATE	
<u>REPLACES S&P: 11/01/05</u>			
<u>DEPARTMENT: PIMA COUNTY DEPARTMENT OF INSTITUTIONAL HEALTH (DIH)</u>			
<u>SUBJECT:</u> Process for applying inmate charges or refunds for health care services provided at the Pima County Adult Detention Center			

1. Statement of Purpose:

1.1 This Standard and Procedure establishes how Pima County Department of Institutional Health (DIH) collects and applies copay charges (and credits) detainees incur for receiving healthcare services at the Pima County Adult Detention Center (PCADC).

2. Definitions:

2.1 Rose System: The PCADC data base used to document copays applied to inmate accounts.

2.3 Spillman: The database used at PCADC to track and monitor the status of detainees at the PCADC from booking to release.

3. Standard:

3.1 The sheriff may charge each inmate who is committed to jail by competent authority a reasonable fee or copayment of not more than ten dollars for each inmate initiated health service that is provided, for each medical visit to a physician that is referred by a physician, a physician assistant or nurse practitioner or for prescription drugs that a county jail health services agency dispenses to an inmate.¹

3.2 Pima County's Department of Institutional Health (DIH) is responsible for collecting charges for healthcare services provided at PCADC.

3.3 At the sole discretion of the Sheriff's department (who may update this list from time to time) Inmates will not be charged for the following services:

3.3.1 Conditions that may pose a threat to public health or safety if left untreated, such as tuberculosis and sexually transmitted diseases and mental health conditions;

3.3.2 Substance withdrawal treatment;

¹ ARS 31-161

ATTACHMENT A1-16

- 3.3.3 Pre-booking, intake and 14-day physical and behavioral health assessments;
- 3.3.4 Pre-natal and obstetrical care;
- 3.3.5 Follow-up visits ordered by a prescribing provider or as required by NCCHC standards or as required by Contractor Provider's chronic care management protocols; and
- 3.3.6 Medical emergencies.
- 3.4 No inmate shall be denied a health care service based on an inability to pay.²
- 3.5 Collected charges shall be used by Pima County to offset the costs of providing healthcare services at PCADC.³
- 3.6 The Sheriff's Department shall transfer collected funds to DIH on a weekly basis.
- 3.7 The PCADC Health Services Contract Provider is responsible for completing the "Inmate Health Care Service Charge Form" (Attachment 1) at the time that a chargeable health care service is provided.
- 3.8 DIH will provide the PCADC Health Services Contract Provider with the "Inmate Health Care Service Charge Form."
- 3.9 The PCADC Health Services Contract Provider is responsible for orienting health care staff to this process and the completion of the "Inmate Health Care Service Charge Form."
- 3.10 DIH shall maintain data regarding the total dollars collected and the number and type of services for which charges were collected.
- 3.11 DIH will process all requests for refunds submitted to DIH on a "Request for Copy of Inmate Health Service Charge Record or Inmate Reimbursement" form (Attachment 2) within thirty (30) days from the date it is received.

4. Procedure:

4.1 Inmate Health Care Services

- 4.1.1 The PCADC Health Services Contract Provider determines if an inmate visit for healthcare services qualifies for inmate copay charges.
 - 4.1.1.1 If the service qualifies for inmate copay charges, the PCADC Health Services Contract Provider fills out the "Inmate Health Care Service Charge Form," identifies the type of service provided, the charges to be assessed, signs the form and requests that the inmate initial the form.
 - 4.1.1.1.1 PCADC Health Services Contract Provider collects the forms and forwards them to DIH via Pima County interoffice mail, at least twice per week.

4.2 Inmate Charges for Health Care Services

- 4.2.1 DIH Senior Special Staff Assistant receives the "Inmate Health Care Service Charge Forms" via inter-office mail from PCADC's Health Services Contract Provider.
 - 4.2.1.1 The forms are counted, entered into the "Jail Slip" Database and forwarded to Support Staff who:
 - 4.2.1.1.1 Date stamps all forms with the received date;
 - 4.2.1.1.2 Reviews forms for completeness and accuracy;
 - 4.2.1.1.2.1 Returns incomplete/inaccurate forms to the PCADC Health Services Contract Provider to be completed and returned in accordance with 4.2.1.

² ARS 31-161 (A)

³ ARS 31-162

ATTACHMENT A1-16

- 4.2.1.1.3 Checks Spillman to verify the service is within thirty (30) days of the booking date.
 - 4.2.1.1.3.1 If the date of service is within thirty (30) days from the booking date the “Inmate Health Care Service Charge Form” is marked with an “ok” at the top of the form.
 - 4.2.1.1.3.2 If the date of service is over thirty (30) days from the booking date, check Spillman to determine if the inmate is still in custody.
 - 4.2.1.1.3.2.1 If the inmate is not in custody, check the “NIC” box and write today’s date.
 - 4.2.1.1.3.2.2 If the inmate is in custody, check “jmcash” in Spillman to determine if there were funds in the inmate account in the last thirty (30) days from the date of service.
 - 4.2.1.1.3.2.2.1 If there was \$10 or more on the date of service, approve the slip with an “ok” at the top right corner of the slip.
 - 4.2.1.1.3.2.2.2 If there was less than \$10 on the date of service, the account is monitored for thirty (30) days.
 - 4.2.1.1.3.2.2.2.1 If at any time within the thirty (30) days, there is \$10 or more, the slip is approved with an “ok” at the top right corner of the slip.
 - 4.2.1.1.3.2.2.2.2 If there is no money within this thirty (30) day time period, check the box marked “non-chargeable; no funds in account 30 days.”

4.3 Applying Charges to Inmate Accounts

- 4.3.1 Gather all “Inmate Health Care Service Charge” Forms marked “ok” and in Spillman, “cmpurch”:
 - 4.3.1.1 Check old money for funds. Deduct increments up to \$10, as necessary.
 - 4.3.1.1.1 Subtract the amount collected and write remaining balance on the “Inmate Health Care Service Charge Form.”
 - 4.3.1.1.2 Print invoice and attach it to the “Inmate Health Care Service Charge Form.”
 - 4.3.1.2 Check “new money” for funds and repeat steps outlined in 4.3.1.1.1 and 4.3.1.1.2.

4.4 Daily Reporting

- 4.4.1 Run a daily report from Spillman, which reflects the total amount collected for the day:
 - 4.4.1.1 Rpcmics; 578;Date 00/00/0000; F3; Yourname; Rpt; Print
- 4.4.2 In the Rose System:
 - 4.4.2.1 Type “Q” for Query and enter the inmate name number.
 - 4.4.2.1.1 If the account comes up, enter date of service and type of service.
 - 4.4.2.1.2 If the account does not come up, create a new account using the inmate name number and name.
 - 4.4.2.2 Put all new money/receipts in ROSE first, follow steps 4.4.2.1.1 and 4.4.2.1.2 (if necessary).
 - 4.4.2.3 To credit accounts with receipts, type “m” and enter receipt #, enter amount paid. If amount paid is less than that owed, return to old money for future collections.

4.5 Grievances/Appeals

ATTACHMENT A1-16

- 4.5.1 DIH receives a “Request for Copy of Inmate Health Service Charge Record or Inmate Reimbursement” form via interoffice mail.
 - 4.5.1.1 The form is forwarded to DIH Support Staff who:
 - 4.5.1.1.1 Enters information about the grievance into the “Request for Refund” spreadsheet.
 - 4.5.1.1.2 Reviews the request and makes a determination.
 - 4.5.1.1.2.1 If the determination is to refund an inmate, follow step 4.4.2.3.
 - 4.5.1.1.3 The final determination is noted on the “Request for Copy of Inmate Health Service Charge Record or Inmate Reimbursement” form and returned to PCADC Health Care Services Provider via interoffice mail.
 - 4.5.1.1.4 Enters the date of final determination into the “Request for Refund” spreadsheet and emails a copy of the spreadsheet to PCADC Health Care Services Provider.

4.6 Reports

- 4.6.1 Once a month, DIH will email a copy of the “Request for Refund” spreadsheet to PCADC Health Care Services Vendor.
- 4.6.2 DIH Support Staff prepares a “Commissary Purchase Summary Report” (Attachment 3) and a “PCADC Health Care Services Charges Received Report” (Attachment 4).
 - 4.6.2.1 DIH’s Senior Special Staff Assistant enters the data into the “Inmate Health Care Service Copay Charge” spread sheet.⁴
- 4.6.3 At least once per week, the Sheriff’s Department provides DIH with an “AMS Advantage Report” that indicates a dollar amount deposited into DIH’s General Fund (Fund 100, Object Code 4404).
 - 4.6.3.1 DIH’s Senior Special Staff Assistant enters this amount into the “Inmate Health Care Service Copay Charge” spreadsheet.
- 4.6.4 Monthly, DIH’s Senior Special Staff Assistant prepares a report indicating total jail slips processed, amounts collected and amounts deposited into DIH’s General Fund to verify monies balance, and is provided to the DIH Department Director for review.

⁴ Located in DIH’s shared folder: Z:_Shared Data\Inmate Charges

Attachment 1

**INMATE HEALTH
CARE SERVICE
CHARGE FORM**

**PIMA COUNTY ADULT
DETENTION CENTER**

**INMATE HEALTH
CARE SERVICE
CHARGE FORM**

Inmate Name: [REDACTED] Date of Service: 5/13/12

Name #: [REDACTED] Booking #: [REDACTED]

Service Provided: Dental Nurse MD/PA/NP Mental Health

Number of Medication Prescriptions: 1

No. of Services/Meds @ \$10 each = \$20.00 Total Charges Inmate Initials: [REDACTED]

Health Care Staff Signature: [Signature] Date: 5/13/12

DIH Use Only:

- Non-chargeable; no funds in acct > 30 days. No Longer In Custody
- Collected \$ _____ on _____ Remaining Balance: \$ _____
- Collected \$ _____ on _____ Remaining Balance: \$ _____
- Collected \$ _____ on _____ Remaining Balance: \$ _____

Comments: _____

ATTACHMENT A1-16

Attachment 2

Pima County
Department of Institutional Health

Request for Copy of Inmate Health Service Charge Record or Inmate Reimbursement

Date of Request: _____

Inmate Name: _____ Inmate Name #: _____

Type of Request (check one only and complete required information):

- A copy of the Inmate Health Care Service Charge Form is needed for the above inmate to respond to an inquiry. Please fax or send copies of the charge form(s) to the person submitting this request.

Service Date(s) Required: _____

- Refund to inmate who was incorrectly charged for services:

Reason for refund: _____

Date of Service: _____ Reimbursement Amount: \$ _____

Type of Service: / / Dental / /Nurse / /MD/PA/NP / /Mental Health / / ___ Prescriptions

Name/Title of Requesting Person: _____

Contact Phone: _____ Fax: _____

DIH Use Only

Date Request Received: _____ Signature: _____

Date of Response: _____ Signature: _____

Response Provided: *Attach copy of response provided to this form and file*

Comments:

ATTACHMENT A1-16

Attachment 3

05/14/12
15:32

Commissary Purchases Summary Report, by Item Number Page: 9590
1

Item	Item Description	Quantity	Total Cost
578	Medical Service \$1.00	550	550.00
		550	550.00
	Tax		0.00
	Total		550.00

Report Includes:
All items matching ` 578`
All purchase dates matching `05/14/12`
All transaction types
All taxable items
All persons
All item descriptions

*** End of Report /tmp/rptTLMcia-rpcmicps.rz1_2 ***

VKS

ATTACHMENT A1-17

	ADULT CORRECTIONAL HEALTH	AC-01
	DIVISION / FUNCTIONAL AREA	NUMBER
	APPROVED 3/1/11	TITLE
	EFFECTIVE DATE	DATE
<p><u>REPLACES POLICY: DATED 12/1/08</u></p> <p><u>DEPARTMENT: PIMA COUNTY DEPARTMENT OF INSTITUTIONAL HEALTH (DIH)</u></p> <p><u>SUBJECT: NOTIFICATION TO PIMA COUNTY DIH OF HOSPITALIZED DETAINEES</u></p>		

1.0 Purpose: To establish a process to permit the County to facilitate enrollment of hospitalized detainees into the Arizona Health Care Cost Containment System (AHCCCS) to maximize Federal funding and offset healthcare costs for Pima County and the contracted healthcare provider (“Provider”) at the Pima County Adult Detention Complex (PCADC).

2.0 Background: Medicaid generally excludes incarcerated individuals from eligibility for coverage under AHCCCS. However, an exception exists for those detainees who are admitted as inpatients to a hospital ward that is open to the general public. Those individuals may qualify for limited AHCCCS coverage under the Federal Financial Participation (FFP) program if they meet the AHCCCS eligibility requirements. DIH has established a notification system for Provider’s use to facilitate compliance with this policy. Therefore Provider must adhere to this policy, since by so doing it reduces the cost of care to Pima County and, by extension, the Provider itself.

3.0 Standard:

3.1 Federal regulations and the Arizona Administrative Code establish definitions and requirements for AHCCCS applications. These are found at 42 CFR 435.907 and AAC R9-22-1406. The definitions and requirements set forth in statutes and regulations are incorporated into this Policy as if set forth in full.

3.1.1 The requirements for a valid, written application are:

3.1.1.1 Applicant’s legible name,

3.1.1.2 Address or location where the applicant can be reached,

3.1.1.3 Signature of the person listed and

ATTACHMENT A1-17

- 3.1.1.4 Date the application was signed.
- 3.2 According to Arizona Revised Statute (A.R.S.) 36-2910.03.C and AAC R9-22-1416 A, AHCCCS eligibility becomes effective in the month the applicant files an application, if the applicant is eligible that month.
- 3.3 Prior to the detainee's transport from PCADC the County's contracted health care provider (Provider) at PCADC will obtain the detainee's dated signature (if the detainee is not incapacitated) on all designated forms initiating an AHCCCS application. *Dated detainee signatures are essential for AHCCCS to cover healthcare services, especially those provided after the 25th of the month, in order to meet the application submission deadline.*
- 3.4 If a detainee is incapacitated and unable to sign the AHCCCS application forms, Provider's physician will complete, sign and date the AHCCCS Physician Statement of Incapacity form for submission to DIH. Provider will then designate a person to sign and date the AHCCCS Authorized Representative form and page 1 of the AHCCCS application on behalf of the detainee for submission to DIH.
- 3.5 Pursuant to the procedure set forth below, Provider must notify DIH AHCCCS Eligibility staff within 24 hours of a detainee's hospital admission. This includes both medical and behavioral health admissions.
- 3.6 DIH AHCCCS Eligibility staff will follow up on notifications received from Provider and complete the screening and application process for enrolling the detainees into AHCCCS.

4.0 Procedure:

4.1 Responsibilities of Provider:

4.1.1 Completing AHCCCS Application

4.1.1.1 Prior to transporting a detainee to a hospital, Provider will

- 4.1.1.1.1 Print the detainee's first and last name on the Authorized Representative form (Attachment A) and Application for AHCCCS Health Insurance form (Attachment B) and
- 4.1.1.1.2 Obtain the detainee's dated signatures on the Authorized Representative form (1 signature) and application form (2 signatures required).
- 4.1.1.1.3 Immediately fax the signed/dated AHCCCS forms to DIH.

4.1.1.2 If a detainee is incapacitated and unable to sign and date an application prior to transporting the detainee to a hospital Provider will,

ATTACHMENT A1-17

- 4.1.1.2.1 Have their physician complete, sign and date the Physician Statement of Incapacity form (Attachment C).
- 4.1.1.2.2 Designate a staff person other than the physician to complete, sign and date the Authorized Representative form and page 1 (2 signatures) of the AHCCCS application on behalf of the incapacitated detainee.
- 4.1.1.2.3 Immediately fax all three AHCCCS forms to DIH for follow up.

4.1.2 Reporting to DIH

- 4.1.2.1 Before 0830 of every day Provider will access the County's network notification system to complete the electronic notification form (Attachment D) and report to DIH regarding any admissions that occurred after 1700 the previous day. If no detainees were admitted, Provider will report "no detainees admitted" (Attachment E).
- 4.1.2.2 From 0830-1700, Provider will access the county's network notification system and report to DIH regarding any admissions that occur during those hours (Attachment F).
- 4.1.2.3 Provider will make corrections or changes to an existing notification record by creating a NEW notification record. Provider will indicate that this is a revised notice and identify the specific changes in the comments section. Provider will submit corrections and changes to DIH in the notification system as soon as they are discovered.
- 4.1.2.4 In the event the Provider is unable to access or use the County's network reporting system, Provider will complete and email the standard password protected electronic form to DIH (Attachment G).
- 4.1.2.5 If Provider is unable to access or use either the network notification system or the email system, Provider must fax the electronic form and call DIH to report hospital admissions as indicated below.
 - 4.1.2.5.1 In the event all three notification options listed above are unavailable, Provider will call DIH AHCCCS eligibility staff during county business hours and provide all required data from the notification form OR
 - 4.1.2.5.2 Call the DIH Administrator On Call during non-business hours and provide, at minimum, the detainee's full name, date of birth, detainee name number and the name of the hospital where the detainee was admitted.

4.2 Responsibilities of DIH staff :

ATTACHMENT A1-17

- 4.2.1 In the event Provider fails to comply with the procedures set forth above, DIH will contact Provider's Health Services Administrator to request compliance with this policy.
- 4.2.2 When Provider calls DIH during business hours or the DIH AOC during non-business hours to report that all notification options are inoperable, DIH staff will complete the following steps in time to meet the AHCCCS enrollment deadline outline above.
 - 4.2.2.1 Enter the data reported by Provider in to the county notification system.
 - 4.2.2.2 If the notification system is not accessible, DIH staff will complete an electronic notification form to email to DIH eligibility staff and
 - 4.2.2.3 Enter the notification in to the notification system noting the date and time of the Provider call when the notification system becomes accessible.
- 4.2.3 DIH AHCCCS Eligibility staff will conduct an in-person interview with the detainee to determine the likelihood of AHCCCS eligibility.
 - 4.2.3.1 For detainees whom DIH determines as potentially eligible, DIH will
 - 4.2.3.1.1 Complete an AHCCCS application with the detainee.
 - 4.2.3.1.2 Send notice to the hospital and Provider regarding pending AHCCCS eligibility.
 - 4.2.3.1.3 Forward completed applications to AHCCCS for processing and enrollment.
 - 4.2.3.2 If DIH determines that a detainee would not meet AHCCCS eligibility requirements, no AHCCCS application is filed.
- 4.2.4 DIH will notify the hospital, the DIH Third Party Administrator and the Provider in writing of AHCCCS and/or other known private insurance eligibility.

ATTACHMENT A1-18

	ADULT CORRECTIONAL HEALTH	AC-06	
	DIVISION / FUNCTIONAL AREA	NUMBER	
	APPROVED February 15, 2012	TITLE	DATE
	EFFECTIVE DATE		
<p><u>REPLACES POLICY: NEW POLICY & PROCEDURE</u></p> <p><u>DEPARTMENT: PIMA COUNTY DEPARTMENT OF INSTITUTIONAL HEALTH (DIH)</u></p> <p><u>SUBJECT: APPROVAL FOR HEALTHCARE LEADERSHIP POSITIONS IN DETENTION FACILITIES</u></p>			

1.0 Purpose:

To establish a hiring process for leadership healthcare staff at the Pima County Adult Detention Complex (PCADC) and the Pima County Juvenile Detention Center (PCJDC) by which all interested parties remain informed regarding the recruitment process and have an opportunity to review the candidate and to provide approval, as indicated, prior to an offer being made.

2.0 Definitions:

- 2.1 Contractor – Provider contracted by Pima County to provide healthcare services to detainees at the PCADC and/or to youth at the PCJDC.
- 2.2 Custody Healthcare Liaison – The Pima County Sheriff’s Department staff person named as liaison to the contracted healthcare provider
- 2.3 Detention Director – The Pima County Juvenile Detention Center staff person appointed to supervise detention operations at the PCJDC
- 2.4 DIH – Pima County’s Department of Institutional Health; includes Office of Chief Medical Director, Behavioral Health Administrator, and Health Policy
- 2.5 Leadership Personnel – as defined in the Scope of Services in relevant contract(s) between Pima County and Contractor
- 2.6 PCADC – Pima County Adult Detention Complex
- 2.7 PCJDC – Pima County Juvenile Detention Center

3.0 Standards:

- 3.1 Contractor will inform County of resignations or departures of leadership personnel and will keep appropriate County staff informed of Contractor’s efforts to fill these positions.
- 3.2 Contractor will not extend an offer for a leadership position without written approval from the Pima County Chief Medical Director and, if for PCADC, the Custody Healthcare Liaison.

4.0 Procedure:

4.1 Notification of departure of leadership personnel:

4.1.1 Within 72 hours of becoming aware of an unscheduled departure or receipt of a resignation, Contractor will provide written notification to Pima County:

- Custody Healthcare Liaison (PCADC) or the Detention Director (PCJDC);
- Director of DIH;
- Chief Medical Director;
- Behavioral Health Administrator; and
- DIH@pima.gov (file copy)

4.1.2 Such notification must include the name, title, and final work day of the leadership personnel departing, as well as the name and effective date of the interim replacement.

4.2 Weekly reporting:

4.2.1 Each Monday morning until a permanent replacement has been hired, Contractor will report to the recipients specified in 4.1.1 above the progress and efforts by Contractor to recruit a permanent replacement.

4.3 Additional communication:

At its discretion, Contractor may share with recipients specified in 4.1.1 additional detail regarding the recruitment process, such as names of candidates, resumes, references or other information about candidates.

4.4 Approvals:

4.4.1 Once a final candidate has been selected, the candidate shall be made available to the Custody Healthcare Liaison (for PCADC candidates) or the Detention Director (for PCJDC candidates), and the County Chief Medical Director.

4.4.2 The Custody Healthcare Liaison (for PCADC candidates) and the Chief Medical Director (for all candidates) will interview the candidate as quickly as practicable and provide feedback to Contractor within 48 hours of the interview, including written approval if indicated.

4.4.3 For approved candidates, Contractor will notify the recipients specified in 4.1.1 of the appointment and effective date of the selected candidate.

4.5 Clearances: Despite any interviews or approvals, any candidate must pass the required security clearance for the site at which the candidate will work prior to being hired.

5.0 Payment Adjustments

5.1 A failure to follow a procedural element of this process, such failure to file a weekly report on time, will result in assessment of damages of \$1000 to Contractor.

5.2 Any significant failure of this process, such as Contractor hiring a candidate into a leadership position without requisite written approval(s), will result in assessment of damages of \$5,000 to contractor.

**ATTACHMENT A1-19
SAMPLE PERFORMANCE INDICATORS FOR PCADC**

Functional Area or Activity	Performance Indicator(s)	Threshold	Financial Consequences of Not Meeting Performance Indicators (\$ per indicator)	Review Frequency ¹	Sample Size	Source Documents ²
Intake	1. Prebooking screening is completed by a qualified healthcare professional within 30 minutes of detainee completing booking or other timeframes as specified in Exhibit A - Scope - 12/01/09 .	97%	\$1,000	Bi-monthly	100	PCADC Booking Information Summary; Intake Records
Intake	2. Medically unstable detainees or detainees clinically determined to be at health risk and unable to withstand the remaining booking process are referred immediately(within 10 minutes of becoming aware of instability) to a RN for assessment and, when indicated, sent off site for evaluation and medical clearance.	90%	\$1,000	Quarterly	100	PCADC Booking Information Summary; Intake Records
Intake	3. Detainees presenting with serious (acute or chronic) medical or mental health conditions are referred to and assessed by a RN within 90 minutes of arrival for booking.	90%	\$1,000	Bi-monthly	100	PCADC Booking Information Summary; Intake Records
Intake	4. Detainees presenting with stable medical and mental health status are assessed by an RN within 6 hours of booking or prior to housing whichever occurs first.	95%	\$1,000	Bi-monthly	100	PCADC Booking Information Summary; Intake Records SOAP Notes
Intake	5. When the health care provider identifies a detainee who is currently taking prescribed medication, the health care provider (1) verifies and obtains bridge orders for medications prior to detainee housing or (2) if unable to verify medications during intake, schedules the detainee to be seen by an appropriate prescribing provider within 48 hours of booking.	95%	\$1,000	Monthly	100 over 3 months*	Intake Records; Physicians Orders; MAR, SOAP Note
Intake	6. If the mental health screening indicates the need for an assessment by a mental health professional, the assessment is completed within 60 minutes of notification. If an assessment is not completed in 60 minutes, an appropriate reason is documented for not doing so.	95%	\$1,000	Quarterly	100 over 3 months*	Intake Records; Mental Health Records
Intake	7. When the health care provider identifies an detainee who presents in intake with a chronic condition (including mental health condition) or pregnancy, the intake admissions orders document a referral to the appropriate chronic care and/or prenatal clinic.	95%	\$1,000	Bi-monthly	100 over 2 months*	Intake Records; Physician Orders
Intake	8. The health care provider will provide a list/log of all detainees who present at intake with suicide ideation.	95%	\$1,000	Quarterly	100 over 3 months*	Intake Records; Log
Initial Health Assessment (14-day Physical Exam)	9. All detainees receive an initial health assessment by a prescribing provider within 14 days of booking.	97%	\$1,000	Bi-monthly	100	PCADC Booking Information Summary; Initial Assessment
Comprehensive Mental Health Exam	10. Detainees with a positive mental health screen during receiving screening receive a mental health evaluation by a qualified mental health professional within 14 days of booking.	97%	\$1,000	Bi-monthly	100 over 2 months*	PCADC Booking Information Summary; Mental Health Records

**ATTACHMENT A1-19
SAMPLE PERFORMANCE INDICATORS FOR PCADC**

Functional Area or Activity	Performance Indicator(s)	Threshold	Financial Consequences of Not Meeting Performance Indicators (\$ per indicator)	Review Frequency ¹	Sample Size	Source Documents ²
Sick Call Request (SCR) Triage	11. All SCRs received from detainees in the highest security pod(s) are triaged face-to-face by a RN or prescribing provider within 24 hours of receipt.	95%	\$1,000	Bi-annually	100 over 6 months*	SCR; Progress Notes, SOAP Note
Sick Call Request (SCR) Triage	12. All SCRs/complaints received from detainees on any pod reporting a wound, pain, acute dental problem and/or trauma are triaged <i>face-to-face</i> by a RN or prescribing provider within 24 hours of receipt of the SCR/complaint.	97%	\$1,000	Bi-monthly	100 over 2 months*	SCR; Progress Notes, SOAP Note
Prescribing Provider Sick Call	13. An detainee who is referred to a prescribing provider for evaluation of a non-urgent complaint is seen by a prescribing provider within seven (7) days of referral.	97%	\$1,000	Quarterly	100 over 3 months*	SCR; Progress Notes; SOAP Note, Physician Orders
Prescribing Provider Sick Call	14. An detainee with an acute or urgent condition is seen by a prescribing provider within 24 hours of the referral.	100%	\$1,000	Every Other Month	100 over 2 months	SCR; Progress Notes; SOAP Note, Physician Orders
Offsite Service Requests	15. Semi-annual review of offsite service requests, including level of urgency, are documented in the detainee's record. Where log indicates a written report for the offsite service was received, it is included in the record.	100%	\$1,000	Semi-Annual	100 over 6 months*	Request for Offsite Service; Offsite Service Request Log; Provider Reports
Pharmacy	16. Semi-annual pharmacy inspection report reflects compliance with all regulatory requirements.	100%	\$1,000	Semi-Annual	2 Reports	Quarterly Pharmacist Report
Medication Administration	17. MARs will be <i>completed</i> to include allergies, start and stop dates, dosage, route of administration, frequency, and hour of administration. There are no blank spaces without nurse initials and/or coding to explain reason for medication not being administered.	97%	\$1,000	Monthly	100	MAR, Date on the MAR reflects the date the medication is ordered
Medication Administration	18. Stock medication is started within 24 hours of the written order or within the timeframe specified in the order. Non-stock medication is started within 48 hours of the order or within the timeframe specified in the order.	97%	\$1,000	Monthly	100	Physician Orders; MAR, Date on the MAR reflects the date the medication is ordered.
Medication Administration	19. Medications are administered as prescribed.	97%	\$1,000	Monthly	100	MAR
Management of TB	20. All asymptomatic inmates will receive PPD testing or a chest x-ray within 7 days of booking and annually thereafter.	100%	\$1,000	Quarterly	100	PCADC Booking Information Summary; Infectious Diseases Testing Form; Xray records
Management of TB	21. All suspected TB cases are reported to Pima County Health Department within one (1) business day of identification.	100%	\$1,000	Quarterly	3 over 3 months*	Medical Record; verification with Health Department

**ATTACHMENT A1-19
SAMPLE PERFORMANCE INDICATORS FOR PCADC**

Functional Area or Activity	Performance Indicator(s)	Threshold	Financial Consequences of Not Meeting Performance Indicators (\$ per indicator)	Review Frequency ¹	Sample Size	Source Documents ²
Restraints	22. Upon notification of custody-ordered restraints, the health care provider assesses the detainee. Then will review the detainee's health record for any contraindications or accommodations required. If the restrained detainee has a medical or mental health condition that contraindicates the use of restraints, the physician is notified immediately so that appropriate orders can be given and custody can be notified. The health care provider continues to assess the detainee every hour while the detainee remains restrained.	100%	\$1,000	Bi-monthly	20 over 2 months*	Progress Notes; Restraint Log; Restraint Documentation Forms
Credentialing	23. All health care providers will have on file unrestricted Arizona license (for the time period in question) to practice their respective discipline (to include no prescribing or practice restrictions) or there is documentation that obtaining required license is in process as per regulatory allowances.	100%	\$1,000	Quarterly	100	Copy of current license/certification or other documentation as indicated to indicate transfer of license is in progress.
Behavioral Health Care	24. Once evaluated by a prescribing authority, all detainees on psychotropic medications have a mental health diagnosis documented. Bridge orders are excluded from this requirement.	100%	\$1,000	Quarterly	100	Intake Records; Mental Health Records; Problem List
Behavioral Health Care	25. A mental health assessment, including a treatment plan, is <i>completed</i> within 24 hours of admission to the acute mental health unit (1S unless housing is determined elsewhere by custody).	98%	\$1,000	Quarterly	100 over 3 months*	Mental Health Records Completion of the Initial Evaluation and Treatment Plan
Behavioral Health Care	26. Provider will provide a list/log of detainees on behavioral health caseload. The log includes the detainee name, booking/name number, mental health diagnosis, history of suicide ideation or attempt, housing location and mental health professional assigned to detainee.	95%	\$1,000	Quarterly	25	Mental Health Database; Provider Logs; Mental Health Records; Mental Health Caseload Log
Behavioral Health Care	27. Verify, via a process approved by the Pima County Behavioral Health Administrator, active, inactive or no behavioral health service provision history through the Pima County Regional Behavioral Health Authority at the time of intake.	95%	\$500	Monthly	100	Medical Records Documentation of contact with RHBA/CPSA to expedite services.

1. Bi-monthly = every other month. Semi-annually = twice per year.

2. The sample of records to be reviewed will be selected from the 1, 2, 3 or 6 months prior to the month of review as indicated. For example, P.I. #5: If reviewed in Dec, this sample is selected from Sep, Oct, and Nov services.

3. All records/forms **MUST BE** complete.

**ATTACHMENT A1-20
SAMPLE REQUIRED REPORTS AND REPORTING SCHEDULE FOR PCADC**

Report #	Report	Frequency	RFP Reference
1	Invoice for Payment including Usage Report	Monthly	Attachment B-1
2	Daily Staffing Assignment Sheets	Monthly	Attachment B-3
3	Timesheet Report detailing employee name, position, worked hours, paid hours and swipe data	Monthly	Attachment B-4
4	Staffing Payment Adjustment Report	Monthly	Attachment B-5
5	Report of Outlier Medications	Monthly	Exhibit B, Section 1.10.4
6	Statistical Data Report	Monthly	Attachment A1-5
7	Diversion Logs - Intake Rejection Logs (includes date, time and reason)	Monthly	Attachment A1-7
8	Offsite Healthcare Service Log and Tracking Reports	Monthly	Exhibit B, Section 1.10.5
9	Report of Offsite Lab Services by Type	Monthly	Exhibit A, Part 1, Section 11
10	Radiology Log	Monthly	Attachment A1-11
11	Involuntary Psychiatric Evaluations - Onsite	Monthly	Exhibit A, Part I, Section 10.3.3
12	Inpatient Hospital Services Log (input daily into CITRIX database)	Daily	DIH Policy AC-01
13	Pharmacy Report	Monthly	Attachment A1-8
14	Inventory - equipment and furniture	June 1 and December 1	Attachment A1-4

Notes:

- 1) Monthly reports are due on the 10th calendar day of the month for services provided in the previous month.
- 2) County and Contractor to complete inventory jointly
- 3) This list is to be used for the purposes of a check list and is not intended to be an all inclusive reporting list.

**ATTACHMENT A1-21
SAMPLE BUSINESS REQUIREMENTS FOR PCADC**

Require ment #	Business Requirement	Threshold	Financial Consequences of not meeting Business Requirement
1	Maintain NCCHC accreditation, if the cause for losing accreditation was within CONTRACTOR's control.	100%	\$ 50,000
2	Immediately notify the County's Chief Medical Director or Administrator On-Call of any event detailed in DIH Policy CMD-I-03 (see Exhibit A, Part I, Section 16.3.1).	100%	\$ 5,000
3	Notify the County of an inpatient admission within 24 hours of admission (other than out of County RTC detainees)	100%	\$5,000 or the actual claim payment, whichever is greater
4	Notify the County of an inpatient admission of an out of County RTC detainee within 8 hours of admission	100%	\$5,000 or the actual claim payment, whichever is greater
5	Provide to COUNTY referrals for in-patient services and documentation regarding Utilization Management communication.	100%	\$1,000 per occurrence
6	Provide policies/procedures for off-site services (see Exhibit A, Part I, Section 3).	100%	\$500 per occurrence
7	No dismissals of Civil Commitment petitions due to untimely psychiatric evaluations or failure to appear to testify in Court hearings.	90%	\$1,000 per occurrence
8	Assist the County to assess detainee charges for health services per DIH Policy AC-07 (see Attachment A1-16)	100%	\$100 per occurrence
9	Acknowledge COUNTY notification of Utilization Management deficiency within 3 business days and present an Action Plan to address deficiency within 10 calendar days from receipt of notification from COUNTY.	100%	\$5,000 per deficiency - acknowledgement or Action Plan but not both
10	Implement agreed to Action Plan to address Utilization Management deficiency to COUNTY satisfaction within 30 calendar days.	100%	\$7,500 per occurrence
11	Comply with the Critical Staffing Requirements (see Section 15.3.1 in Exhibit A, Part I)	100%	\$5,000 per occurrence
12	Notify Department of Institutional Health immediately of any lapse or expiration of or adverse action taken against any licensure or certification for any health staff member	100%	\$1,000 per occurrence
13	Send to COUNTY notice of departure of Leadership Positions and weekly updates regarding status of recruitment for vacant or soon-to-be vacant Leadership Positions, pursuant to agreed-upon DIH Policy AC-06 (see Attachment A1-19).	100%	\$1,000 per occurrence
14	Obtain written approval from PCADC Custody Command and from COUNTY's Chief Medical Director prior to hiring any Leadership Position.	100%	\$5,000 per occurrence
15	Inform and receive approval from Custody Command when one of three medical or one of three behavioral health leadership positions will not be on-site during business hours.	100%	\$1,000 per occurrence during a 24 hour period

ATTACHMENT A1-22

Sample Statistical Data Report for Healthcare at the PCADC

Service Provided	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	YTD Total	Monthly Average
average daily population														
Main Jail														
Total # of Bookings at Main Jail														
#of Pre Booking / Intake Assessments (including Mental Health)														
# of Pre Booking Rejections														
# of Intake Rejections														
# of Inmates Reporting Meth Use														
Mission Road														
Total # of Bookings at Mission Road														
# of Pre- Booking/Intake Assessments (including Mental Health Assessment and Substance Abuse Screening														
# Pre- Booking Rejections														
# of Inmates Reporting Meth Use														
Ajo Jail														
# of Bookings at Ajo Jail														
# of Inmates transferred to Main Jail														
Medical: 14-Day Evaluations														
# 14-Day Physicals (includes oral screening)														
# of Annual Physicals														
# 14-day Mental Health Evaluations														
Medical: Sick Call														
Total # Sick Call requests- Medical Services														
Total # of Medical Prescribing Provider Visits (MD/NP/PA)														
# MD visits (medical)														
# MD visits (obstetrics)														
# NP Visits (medical)														
# PA Visits (medical)														
# Prescribing Provider Visits Scheduled But Not Seen														
Total # Nurse Sick Call Visits														
Total # Nurse Sick Call requests for Remanded Juveniles														
# Nurse Sick Call Visits Scheduled But Not Seen														
Medical: Chronic Care Visits														
Total # of Chronic Care Visits (CC) (Chronic Care clinic held 2x/week)														
Total # of CC Visits by Prescribing Providers														
# of CC Visits by Physician														
# of CC Visits by NP														
# of CC Visits by PA's														
# of CC Visits by Diagnosis:														
Hypertension/Cardiac														
Pulmonary														
Diabetes														
Gastrointestinal														
HIV														
Hepatitis														

ATTACHMENT A1-22

Sample Statistical Data Report for Healthcare at the PCADC

Service Provided	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	YTD Total	Monthly Average
Pregnancy (OB)														
GYN														
Seizure/Neurological														
Medical: Female Services														
# Pregnant at end of month														
# Pregnant Remanded Juveniles at end of month														
# of Deliveries														
# of PAP smears														
# of Colposcopies														
# of Mammograms														
Dental														
# of Dental Sick Call Requests														
# Dental Sick Call Requests for Remanded Juveniles														
# of Dental Visits On Site														
# of Dental Visits Off Site														
# of Dental Xrays														
Behavioral Health: Average Daily Census														
Average Daily Census on Behavioral Health Caseload														
Average Daily Census of Inmates with Serious Mental Illness (SMI) (as defined by http://www.azdhs.gov/bhs/provider/sec3_10.pdf)														
Average Daily Census of Inmates with General Mental Health (GMH) Diagnosis														
Average Daily Census Enrolled with CPSA														
Behavioral Health: Sick Call/Referrals														
# of Behavioral Health Sick Call Requests														
# of Behavioral Health Sick Call Requests Remanded Juveniles														
Total # of Behavioral Health Referrals														
Total # of Behavioral Health Referrals Remanded Juveniles														
# Referrals by Source:														
From Medical Staff														
From Correction Officers														
From Probation Officers														
From Outside Provider														
Behavioral Health Visits/Encounters														
Total # of Behavioral Health Visits/Encounters														
Total # of Behavioral Health Visits/Encounters Remanded Juveniles														
# Visits/Encounters by:														
# Psychiatrist/NP visits/encounters Remanded Juveniles														
Psychiatrist														
Mental Health Nurse Practitioner														
Psychologist														
Mental Health Registered Nurse														
Mental Health Technician														

ATTACHMENT A1-22

Sample Statistical Data Report for Healthcare at the PCADC

Service Provided	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	YTD Total	Monthly Average
Mental Health Professional														
# of Group Sessions														
# Prescribing Provider Visits Scheduled But Not Seen														
Behavioral Health: Court Ordered Activity														
Total # Ordered Rule 11 Evaluation														
Total # for Which Title 36 Petition Initiated Post Booking														
Total # with Court-ordered Medication														
Total # Ordered Treatment Furlough														
Behavioral Health: Suicide Watch/Attempt/Successful														
Total # Inmates Placed on Suicide Watch														
# inmates on Suicide Watch by Location:														
Mental Health Unit (1S)														
Infirmary														
Juvenile Pod														
Other Location (specify): Intake, 1A, 1H, 1K, 1G														
Total # Attempting Suicide														
Total # Successful Suicides														
Behavioral Health: Substance Abuse Counseling/Education														
Total # of SA Group Sessions														
Total # of Inmate Attendees														
Total # Completing SA Education Program														
Total # Remanded Juveniles in any Substance Abuse Treatment														
Segregation														
# of Segregation rounds														
Average # of inmates in seg for month														
# of Medical visits to segregation														
# of Seg inmates referred to medical														
Restraints														
# of Inmates in Custody Restraints Evaluated by Healthcare Staff														
# Remanded Juveniles in Custody Restraints Evaluated														
# of Inmates Placed in Clinical Restraints														
# Remanded Juveniles Placed in Clinical Restraints														
# of Inmates Requiring Chemical Restraint														
# Remanded Juveniles Requiring Chemical Restraint														
Infirmary														
# of Admissions														
# Remanded Juvenile Admissions														
# of Discharges														
Total Infirmary Days														
Average Daily Census														
Average Length of Stay in Days														

ATTACHMENT A1-22

Sample Statistical Data Report for Healthcare at the PCADC

Service Provided	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	YTD Total	Monthly Average
Infectious Diseases: TB														
# of TSTs planted														
# of Chest xrays														
# Suspected TB														
# Confirmed Active TB														
# Treated for Active TB														
# Treated Prophylactically for TB														
# Reported to Pima County Health Department														
Infectious Diseases: HIV/AIDS														
# Tested for HIV/AIDS														
# Tested Positive for HIV														
# With Active AIDS														
# Treated for HIV/AIDS														
Infectious Diseases: Hepatitis														
# Hepatitis A cases														
# Hepatitis B cases														
# Hepatitis C cases														
# Treated for Hepatitis														
Infectious Diseases: STD														
# Tested for Chlamydia														
# Tested Positive for Chlamydia														
# Tested for Gonorrhea														
# Tested Positive for Gonorrhea														
# Tested for Syphilis														
# Testing Positive for Syphilis														
Infectious Diseases: MRSA														
# Tested for MRSA														
# Tested Positive for MRSA														
Infectious Diseases: Remanded Juveniles														
# Remanded Juveniles Tested Positive for TB														
# Remanded Juveniles Tested Positive for HIV/AIDS														
# Remanded Juveniles Tested Positive for Hepatitis														
# Remanded Juveniles Tested Positive for STDs														
# Remanded Juveniles Tested Positive for MRSA														
Infectious Diseases: Immunizations														
Total # Immunizations Administered														
# of Immunizations by Type:														
Hep A														
Hep B														
DTE-TDAP														
Td														
IVP														
MMR														

ATTACHMENT A1-22

Sample Statistical Data Report for Healthcare at the PCADC

Service Provided	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	YTD Total	Monthly Average
Varicella														
Meningococcal														
other - Twinrix														
Special Needs														
Average Daily Census for Juveniles														
# Requiring Orthotic/Prosthetic														
# Physically Disabled (requiring assistive device, i.e., wheelchair, walker, cane)														
# Frail or Elderly (≥ 70 years of age)														
# Terminally Ill														
# Developmentally Disabled														
Other (such as deaf, blind, mute) (specify):														
Medications														
# of inmates on prescription medication (unduplicated)														
# Remanded Juveniles on prescription medication (unduplicated)														
# of inmates on HIV therapy														
# of Remanded Juveniles on HIV therapy														
# of inmates on psychotropic medication														
# of Remanded Juveniles on psychotropic medication														
Diagnostic Testing: Laboratory Tests On Site														
Total # Tests Completed On Site														
# of Tests Completed by Type:														
Rapid Strep														
Fingerstick Blood Glucose														
Urine Pregnancy Test														
# Testing Positive for Pregnancy														
Diagnostic Testing: X-rays & EKGs On Site														
Total # Images X-rayed on Site														
# of Inmates by Type of X-ray:														
Chest														
Abdomen (Flat Plate)														
Extremity														
EKG Completed														
Emergency Care														
# of Mandown Events														
# of CPR Events														
# of Disaster Drills														
# of Deaths														
Emergency/Urgent Transports														
Emergency Transports via Ambulance														
Urgent Transports (PCSD Van) (excludes scheduled appointments)														
# of Remanded Juvenile Emergency & Urgent Transports														

ATTACHMENT A1-22

Sample Statistical Data Report for Healthcare at the PCADC

Service Provided	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	YTD Total	Monthly Average
Off Site Health Care: Outpatient Services														
Cardiology														
Colposcopy														
CT														
Emergency Department														
Ear, Nose, Throat														
Gastroenterology														
Gynecology														
Hemodialysis														
Mammogram														
MRI														
Neurology														
Obstetrics														
Ophthalmology+Optometry														
Orthopedics														
Pulmonary														
Stress Test														
Surgery														
Ultrasound														
Urology														
Oral surgery														
Nuclear medicine														
Deliveries														
Total # of Outpatient Visits														
# Outpatient Visits-Remanded Juveniles														
Off Site Health Care: Inpatient														
Total # of Inpatient Admissions														
# Remanded Juvenile Inpatient Admissions														
Total # of Inpatient Days														
Average Length of Stay														
Training														
# of Hours of Training Programs for PCADC Staff														
# of PCADC Staff Attending														
# of Hours of Inservice Programs for Healthcare Staff														
# of Healthcare Staff Attending														
Sentinel Events														
# of Grievances														
# of Security breaches by staff														
# of Post-use-of-force exams														
# of Assaults on health care staff														
# of Medication errors														
Other														
# of Dietary Consults														
# of Telemed Consults With Ajo Site														

EXHIBIT A: SCOPE OF SERVICES – PART II

PIMA COUNTY JUVENILE DETENTION CENTER

1. Facilities and Equipment

1.1 Housing

The Pima County Juvenile Detention Center (PCJDC), located at 2225 East Ajo Way, Tucson, Arizona 85713 was opened in February 2000. The PCJDC receives and books youth in the custody of the Pima County Juvenile Court, 24 hours per day, 7 days per week. See **Attachment A2-2** for a map of the Main Jail, MSF and the Pima County Juvenile Detention Center.

Refer to **Attachment A2-1** for census data from July 2011 – September 2012. Although the detention facility was built with a much larger capacity, only six living units are currently staffed. There are four living units (pods) with a bed capacity of 16 each, one unit with a bed capacity of 7 and a unit with a bed capacity of 11, for a total maximum bed capacity of 82.

Each living unit also contains two reverse airflow rooms; however, these rooms are not negative airflow rooms such as are normally used for medical isolation purposes.

1.2 Healthcare Facilities

There are three areas within the Detention Center currently assigned for health care service use: the Medical Unit, a room in the receiving area, and an office space for administrative and mental health staff, health records and storage. All of these areas are in close proximity to each other. See **Attachment A2-3** for a map on which these areas and the occupied pods are identified.

1.2.1 Receiving Area

There is a room in the PCJDC Intake Receiving Unit that is used by health staff to complete a medical and mental health receiving screening of each youth admitted to the PCJDC. The decision regarding medical clearance versus medical diversion is made in this area.

1.2.2 Medical Unit

The Medical Unit is the main area for administering health care services, consisting of three rooms equipped for examinations, a room used for nurse sick call, a laboratory area, a negative airflow room, a clerk work area, two rooms for health records, fax and copy machines, reference books and manuals, paper supplies, a storage area, a nursing work area, a restroom for medical staff use and a restroom for youth.

The Medical Unit is the primary location for youth health care services including physical exams, sick call, chronic care clinic, TB testing (PPD only), daily specimen collection (as needed) and a

STD/Family Planning clinic operated by the Pima County Health Department (PCHD) approximately eight hours (usually two half days) per week. In addition, a full time PCHD staff member is based in the medical unit. PCHD supplies and equipment must be stored in a secured area and may not be utilized by the CONTRACTOR. There is no observation room, infirmary, x-ray equipment, mental health housing or dental operatory onsite (dentist occupies a examination room when onsite).

1.2.3 Mental Health Office

The Mental Health Office consists of five rooms, three of which are individual offices, one of which is a common area divided into four sections (3 work modules and an entry area), and one room that contains supplies and a work desk.

The Mental Health Office is not considered a secure area for youth treatment. Behavioral health services primarily occur on the living units and in the receiving area when necessary.

1.3 Phone, Fax Lines and Internet Access

There are five phone lines and one fax line in the Mental Health Offices. There are five phone lines and one fax line in the Medical Unit. There is also a phone line in the intake area. Internet access shall be provided and maintained by the CONTRACTOR at the CONTRACTOR's expense (see **Attachment B-5** for responsibility of operational costs).

1.4 Equipment and Supplies

See **Attachment A2-4** for an inventory of the equipment and furniture currently at the PCJDC. These inventories may change by the start date of this contract. CONTRACTOR should plan to utilize the inventory that belongs to Pima County existing on the first day of performance of the Contract. For medical equipment with a unit purchase price of \$500 or more, COUNTY will purchase, repair, replace or supplement the existing inventory as needed to fulfill the obligations of the Contract, except for cases of abuse or misuse by CONTRACTOR. CONTRACTOR will be responsible for maintenance of all medical equipment.

CONTRACTOR will be responsible for purchase, lease, repair, or maintenance of computer workstations, printers, fax machines or other office equipment at PCJDC.

All medical equipment purchased by COUNTY will be property of COUNTY, and all office equipment purchased by CONTRACTOR for its performance under this Contract will be property of CONTRACTOR.

CONTRACTOR shall inventory all equipment being utilized for health care services operation at PCJDC on January 1 and July 1 of each year for the term of the Contract, and provide a copy of the inventory to the County Department of Institutional Health (DIH) and PCJDC. Inventories must specify ownership of the items by the COUNTY, CONTRACTOR and PCJDC. COUNTY has the right to perform any and all inspections and inventories at any time.

CONTRACTOR is required to provide all medical supplies and replenish supplies as necessary to ensure that sufficient supplies are always on hand to permit CONTRACTOR to provide services to youth.

2. Accreditation, Licenses, Registration and Waivers

The CONTRACTOR shall cooperate with COUNTY to maintain compliance with the COUNTY's accreditation and regulatory obligations. Upon notification from any regulatory or accrediting agency that a site visit, survey, inspection, on-site review, or any other contact with the facility or program is contemplated, the CONTRACTOR shall immediately notify the COUNTY and PCJDC and cooperate fully with COUNTY, the Pima County Juvenile Court and all regulatory and accrediting agencies.

The CONTRACTOR shall not respond to any written correspondence from any regulatory agency without the express written consent of the COUNTY and the Pima County Juvenile Court. The CONTRACTOR shall cooperate fully with the COUNTY and the Pima County Juvenile Court to formulate a response to the regulatory or accrediting agency. The COUNTY shall file any Plans of Correction required. Any inquiry by an outside agency or party regarding health care operations should be directed to the COUNTY, who will inform Pima County Juvenile Court.

2.1 Arizona Department of Health Services Licenses

The PCJDC is licensed as an Outpatient Treatment Center through the Arizona Department of Health Services (ADHS). Regardless of whether or not the facility holds the license, CONTRACTOR is expected to comply with licensure requirements for an Outpatient Treatment Center and Behavioral Health Outpatient Treatment Center (www.azdhs.gov). COUNTY will pay any applicable license fees.

The COUNTY also requires that CONTRACTOR follow the Operational Standards and Best Practices for Juvenile Detention Care in Arizona as set forth in Section II.B.1, Health Services Information:

<http://azcourts.gov/Portals/29/JJSD%20Publication%20Reports/DetentionStandards04202011.pdf>

2.2 NCCHC Accreditation

PCJDC has been accredited with NCCHC since October 2004. The current accreditation expires in October 2013. The CONTRACTOR shall operate the health care services in compliance with the NCCHC standards and accreditation requirements on an ongoing basis. Failure to do so may be cause for termination of the Contract for non-performance. The CONTRACTOR shall renew and maintain this accreditation status, and bear all costs, including the NCCHC accreditation fee associated with that task. Failure to maintain NCCHC

accreditation will have significant financial consequences per **Attachment A2-13**, Sample Business Requirements, and may result in termination of the contract.

At its sole discretion and at its own cost, COUNTY may perform or cause to be performed a simulated NCCHC accreditation survey or surveys. CONTRACTOR must cooperate in such simulated survey(s) and must correct any and all deficiencies noted therein within 30 days of receipt of notice from County of such deficiencies.

In addition to the Pima County requirements set forth in this RFP, CONTRACTOR must comply with all NCCHC requirements as set forth in the NCCHC book titled Standards for Health Services in Juvenile Detention and Confinement Facilities (2011) or most recent version.

2.3 CLIA Certificate of Waiver

The PCJDC Medical Unit holds and maintains a Clinical Laboratory Improvement Amendments of 1988 (CLIA) Certificate of Waiver for certain onsite testing. The CONTRACTOR shall ensure that the health care service operation is compliant with the requirements of the waiver. The CONTRACTOR shall notify the COUNTY if the conditions of the waiver are no longer met and a higher level of laboratory certification is required.

Unless a higher level of laboratory certification is required, the CONTRACTOR shall keep current the CLIA Certificate of Waiver and shall file any required renewal applications and advise the COUNTY of such filings, including copies of updated certificates. The CLIA waiver for PCJDC expires 11/26/2014. The COUNTY shall pay the necessary fees for renewal.

3. Standards, Policies and Procedures

The CONTRACTOR shall be responsible for providing health care services to all juveniles held in the custody of the Pima County Juvenile Court in a manner that meets or exceeds the standard of care of a reasonable, prudent health care provider in the community.

The CONTRACTOR shall provide onsite services that maximize cost containment without compromising the quality of medically necessary services. CONTRACTOR shall provide medically necessary services in a manner that complies with State licensure requirements (www.azdhs.gov), the relevant Standards published by the National Commission on Correctional Health Care (NCCHC) and the Administrative Office of the Courts' Detention Standards.

The CONTRACTOR shall recruit and retain staff to operate the health care services program in a manner that maintains NCCHC accreditation. Failure to maintain NCCHC Accreditation may be cause for termination of the contract for non-performance.

Any initial policies and procedures and subsequent updates and changes utilized by CONTRACTOR must be consistent with the Court's and the COUNTY's policies and procedures. CONTRACTOR will request input from the COUNTY and Court on said policies and procedures.

CONTRACTOR will provide to COUNTY and the Court for review and comment copies of new and updated policies and procedures which it utilizes at PCJDC at least thirty (30) days prior to implementation.

CONTRACTOR will provide to the COUNTY and the Court a complete set of site specific signed policies, procedures and forms by July 31 of each year for the duration of the contract.

4. Receiving and Booking

NCCHC Requirements: Please refer to standards Y-E-02, Receiving Screening and Y-G-06, Intoxication and Withdrawal.

4.1 Screening and medical diversions

COUNTY requests that the Offeror provide plans and pricing for two alternative scenarios related to the initial medical and mental health screen of youth arriving at the PCJDC:

1. In scenario one, which is assumed in the remainder of this Scope of Services, a medical and mental health screening should be initiated by an RN who has experience working with youth in a behavioral health crisis within an hour of CONTRACTOR being notified of an **admission** to the detention center (only youth that will be admitted). About 57% of the youth identified in **Attachment A2-1** as having been booked fall into this category (1,035 for calendar year 2011).
2. Scenario two involves a medical and mental health screening by an RN who has experience working with youth in a behavioral health crisis within an hour of CONTRACTOR being notified of the **arrival** of a youth in the receiving area of the detention center (all youth that arrive, regardless of determination). Refer to **Attachment A2-1** for the number of youth arriving (booked) in calendar year 2011 and CY 2012.

Upon arrival, all youth are administered the Massachusetts Youth Screening Instrument Second Version (MAYSI-2) by Detention. If the youth scores a "Warning" level on the self-harm or depressed-anxious scale, this information will be shared with the CONTRACTOR and, together with the results from the CONTRACTOR's mental health screen, CONTRACTOR will ascertain the youth's suicide risk level and the need for suicide precautions to be initiated in accordance with PCJDC policy and procedure.

The CONTRACTOR shall have a protocol to quickly identify and send offsite for care those youth who cannot be safely or adequately treated at the PCJDC and require medical evaluation and treatment offsite, especially those youth exhibiting signs and symptoms of alcohol or drug overdose and those youth who score in the “caution” or “warning” levels for suicide risk on the MAYSI-2. CONTRACTOR shall respond to Cautions and Warnings on the MAYSI-2 according to PCJDC policy and procedure.

The initial mental health screening provided by the CONTRACTOR will include assessment of suicidal or homicidal ideation and determination of intent/plan. It will also include an assessment of psychosis to determine if the youth is psychiatrically stable enough to be maintained in the detention environment. Further assessment is required within 24 hours of the initial screening. See section 10.1.

If the youth’s condition cannot be stabilized safely at PCJDC, the youth shall be diverted to a local emergency department for evaluation and treatment. To the extent possible, the CONTRACTOR shall manage the care of the youth onsite to prevent medically unnecessary diversions.

The CONTRACTOR shall establish written protocols with local hospitals for referral of youths for medical clearance.

The CONTRACTOR shall maintain a log listing all youths medically diverted by the CONTRACTOR with information about the youth, reason for the diversion, where the youth was diverted to and any special instructions.

4.2 Intake

If the youth is medically cleared to continue the intake process, CONTRACTOR will conduct several queries into the youth’s health background:

- a) Implement a procedure to identify youth who are or have been enrolled in the Regional Behavioral Health Authority (RBHA) responsible for providing behavioral health services in Pima County and, if they are enrolled, whether they are diagnosed with a Serious Emotional Disorder (SED), and which agency is assigned to provide behavioral health services. CONTRACTOR must establish and implement procedures to coordinate continuity of care with community behavioral health providers and the assigned probation officer.
- b) If the Court decides to participate in the statewide Health Information Exchange (HIE), CONTRACTOR will check the database of the statewide HIE for information that may assist with continuity of care. Currently, information about medications is available. As the exchange becomes more robust, it will include information about laboratory results and other services received. CONTRACTOR will be required to query the HIE database

at intake and incorporate the results of the query into the youth's Electronic Health Record (EHR).

- c) CONTRACTOR will query the PCJDC Juvenile Online Tracking System (JOLTs) to determine whether a youth has prior detentions. CONTRACTOR will retrieve and review all available prior health care records of youth with prior detentions within 24 hours of medical clearance.
- d) CONTRACTOR will inquire of youth and/or their legal guardian and record in the health record any health insurance the youth currently holds and information relating to coordination of services.

CONTRACTOR shall identify youth with special needs or conditions and communicate health information necessary for observation, classification and housing of the youth to detention staff using forms provided by PCJDC for that purpose. Any contagious illness, physical disabilities, activity restrictions, allergies or special diet needs must also be identified and communicated.

The CONTRACTOR shall develop a plan to identify and safely address withdrawal. The plan shall include the identification of the level of withdrawal that can be handled safely at the facility, how CONTRACTOR will provide and how juveniles who must be diverted to a local hospital will be monitored until they are transported to the hospital for medical evaluation. The plan shall also establish the procedures for monitoring a juvenile diverted for withdrawal upon return to detention from the hospital.

4.3 Insurance Eligibility

CONTRACTOR will determine whether the youth has a third-party health insurance payer and, if no payer, will give that information to Pima Community Access Program (PCAP) for them to work with the legal guardian to determine financial eligibility for insurance. Current screening indicates that between 30-40% of youth booked into detention do not have any form of health insurance.

5. Medical and Mental Health Assessments

NCCHC Requirements: Refer to standard Y-E-04 for requirements for the medical health assessment and standard Y-E-05 for requirements related to the mental health assessment.

The object of the medical and mental health assessments is to ascertain the current physical and mental status (suicidal ideation/homicidal ideation with intent/plan) of each youth so that a baseline for chronic conditions can be established and continuity of care can be provided. The mental health assessment must also determine if a community behavioral health provider is currently treating the youth for a mental disorder and identify any drug abuse and drug treatment history. The assessment will also guide the mental health professional in maintaining

the youth's mental health stability and assist PCJDC staff to manage the youth's behavior while in detention. CONTRACTOR has a responsibility to collaborate with the Court detention administration and officers to maintain stability for the youth.

The CONTRACTOR must establish policies and procedures for conducting initial physical and mental health assessments for all youth per NCCHC requirements. Such policies and procedures shall be subject to review and approved by Pima County and PCJCC.

The CONTRACTOR shall make every effort to obtain youth health information from community providers as soon as possible for use in developing a treatment plan for complex or critical cases.

6. Nonemergency Health Care

6.1 Sick Call Requests

NCCHC Requirements: Please refer to standard Y-E-07, Nonemergency Health Care Requests and Services.

The CONTRACTOR must establish policies and procedures for triaging and responding to each youth's sick call request (SCR) for non-emergency medical treatment. SCRs are to be prepared by the youth and triaged face-to-face with the youth by a Licensed Practical Nurse (LPN), a Registered Nurse, a Physician Assistant or a Nurse Practitioner within 24 hours of receipt to ascertain the nature and urgency of the youth's complaint. Triage for a SCR should occur on the youth's living unit when medically appropriate and possible to reduce the number of youth transports by custody. SCRs will be picked up no less than three times per day, seven days a week, in each occupied living unit and initially screened for emergencies prior to triage evaluation.

The triage evaluation will contain, at a minimum, a full set of vital signs, pulse oximetry and physical exam based on the chief complaint. A prescribing provider must be consulted regarding a youth with an acute or urgent condition within 24 hours of identifying the condition.

Contractor must establish a system acceptable to the COUNTY and the Court which tracks the SCRs from initial receipt to final disposition, including date of initial complaint, timeliness of response, and name and title of health care provider. CONTRACTOR shall track and report their performance as part of the monthly performance evaluation.

6.2 Special Needs

NCCHC Requirements: See standard Y-G-02, Patients with Special Health Needs.

6.2.1 Infectious Disease

NCCHC Requirements: See standard Y-B-01, Infection Control Program.

CONTRACTOR will coordinate with the PCHD in the detection, prevention and treatment of communicable diseases, including but not limited to chicken pox, measles, pertussis, tuberculosis, HIV/AIDS and sexually transmitted diseases and report communicable diseases to PCHD as required by Arizona law, Federal law and, to the extent permitted by law, to the Court. All infectious diseases, with the exception of HIV/AIDS, shall be reported to Detention Administration immediately.

There is one negative pressure room available at the PCJDC. If a youth is housed in the negative pressure room, a medical professional is required to monitor them. The need for negative pressure isolation will depend on the level of suspicion. If there is a high level of suspicion, such as coughing, many cavities, very infectious (4+ on smear), etc., the youth would need to be transported to a hospital emergency department for further evaluation and treatment. If there is a low level of suspicion, such as a normal chest x-ray, no associated symptoms beyond the prolonged cough, the juvenile may be housed in one of the juvenile detention center's reverse airflow rooms until a final diagnosis is made or medical isolation is required.

6.2.2 Chronic Disease Management

NCCHC Requirements: See standard Y-G-01, Chronic Disease Services

CONTRACTOR will analyze the PCJDC population to determine which diseases and illnesses are most prevalent, chronic, difficult and/or expensive to manage and implement such disease management strategies and best practices to treat youth as are clinically indicated. The CONTRACTOR shall establish chronic care management protocols consistent with recognized national clinical practice guidelines such as the American Academy of Family Practice, including type and frequency of diagnostic testing by disease category.

CONTRACTOR must confer with COUNTY's Chief Medical Director to identify those strategies and best practices that are acceptable to COUNTY and the Court.

6.2.3 Oral Care

NCCHC Requirements: See Standard Y-E-06, Oral Care.

There are no dental facilities available at PCJDC. The dentist from PCADC (only if s/he has pediatric experience) or a contracted dentist with pediatric experience shall perform onsite an oral examination within 60 days of admission and bring the equipment needed for such examination with them.

CONTRACTOR will not be responsible for providing or paying for dental treatment required that cannot be addressed onsite. If a dental examination discovers, or youth present with symptoms of dental problems, CONTRACTOR will only treat somatic symptoms such as pain or infection. For all other dental related care, youth will be transported off site for care by a community dental provider. Off-site treatment will be at times and locations arranged by youth's legal guardian – and at their expense.

6.2.4 Health Care for Female Youth

NCCHC Requirements: See standards Y-G-07, Care of the Pregnant Juvenile and Y-G-09, Family Planning Services.

All female youth, ten years and older, may be tested for pregnancy and assessed for the date of their last menstrual period and frequency.

The CONTRACTOR must establish policies and procedures specific to health care of pregnant youth, which must include, at a minimum, the following:

- Pre-natal care that includes regular monitoring by an obstetrician and/or nurse practitioner;
- Provision of appropriate vitamins and dietary needs; and
- Identification and disposition of high-risk pregnancies, to include appropriate referrals to a specialist physician or hospital facility.

6.2.5 Restraints

NCCHC Requirements: See standard Y-I-01, Restraint and Seclusion

Health care services personnel shall immediately respond when notified of a restraint by detention staff. CONTRACTOR will (a) assess a youth's condition whenever a youth is placed in detention-imposed restraints; (b) inform detention staff of any contra-indications to the imposition of the restraint; (c) monitor the youth at least every hour while in restraints (every 15 minutes for youth in a bed restraint) and (d) implement procedures to (i) document the youth's condition while in restraints (BP, apical pulse, breath sounds, pulse oximetry, skin condition,

evidence of edema, intake and elimination status) in the youth's health record and (ii) ensure that the youth continues to be monitored the entire time he/she is in restraints.

CONTRACTOR will use a "Restraint Log" to monitor youth in restraints/restraint bed. CONTRACTOR will document youth identifying information, age, housing location, date and time placed in restraints, actions taken by CONTRACTOR, and the time restraints were discontinued in the Restraint Log. Health staff documentation of monitoring of the youth's health condition during a restraint must be done so that an independent reviewer can clearly understand the chronology and content of the monitoring. Documentation of the use of restraints/restraint bed and CONTRACTOR's actions to monitor the impact of the use of restraints on the youth's health must also be included in the youth's health record.

CONTRACTOR shall provide COUNTY with a monthly log of health care restraint assessments completed.

6.2.6 Eye Care

CONTRACTOR is not responsible for the costs of eye examination and corrective lens. CONTRACTOR shall be responsible for arranging eye examinations and corrective lenses when they are medically necessary. CONTRACTOR shall coordinate with the youth's legal guardian to identify the provider they use for such services, provide consent and make arrangements for payment.

6.2.7 Durable Medical Equipment (DME), Prosthetics, and Orthotics

CONTRACTOR must maintain adequate supplies of DME to meet the needs of youth. CONTRACTOR will provide and dispense, at its own expense, DME to youth as medically necessary.

6.2.8 Nutritional Services

NCCHC Requirements: See standard Y-F-02, Nutrition and Medical Diets

The CONTRACTOR shall coordinate with the food service manager to ensure the provision of medically necessary clinical diets. The CONTRACTOR shall ensure that nutritional services meet NCCHC Standards. CONTRACTOR shall provide a licensed or registered dietician to conduct twice annual reviews of regular and medical diets for nutritional adequacy and whenever a substantial change in the menus is made.

6.2.9 Language Interpretation for Health Care Services

CONTRACTOR shall take reasonable steps to ensure meaningful access to health care services for persons who have Limited Proficiency in English (LPE), following the guidance "Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons" issued by the Department of Health and Human Services in the Federal Register, Volume 68, No. 153, Friday, August 8, 2003.

In particular, CONTRACTOR shall comply with the following guidance:

- CONTRACTOR shall use only interpreters who are fluent in both English and the second language that they are interpreting.
- CONTRACTOR shall provide, or arrange to be provided, training to interpreters in confidentiality, and obtain assurance that interpreters will maintain the confidentiality of information they receive during the course of their engagement.
- CONTRACTOR shall make sure that all of its "vital documents" as described in the HHS Guidance are available in Spanish and in English.

6.3 Health Education

NCCHC Requirements: See standard Y-E-01, Information on Health Services; Y-F-01, Healthy Lifestyle Promotion; Y-F-05, Use of Tobacco; and Y-G-09, Family Planning Services.

The CONTRACTOR shall design and provide an ongoing youth health education program that is compliant with the NCCHC Standards and meets Court security requirements.

The Pima County Health Department (PCHD) currently offers a Sexually Transmitted Disease and Family Planning Clinic (aka Teen Clinic) at the PCJDC Medical Unit no less than one half day per week, staffed by a prescribing provider. In addition, a full time PCHD staff member is based in the medical unit. A single exam room acceptable to PCHD has been designated for the Teen Clinic. CONTRACTOR must establish a plan with PCHD to provide discreet locked space for supplies and equipment and full use of the lab area. PCHD maintains their own CLIA waiver. The CONTRACTOR should refer any youth who require STD testing or family planning services to the Teen Clinic. However, the CONTRACTOR shall not defer treatment of youth in need of urgent medical care to the Teen Clinic.

The CONTRACTOR shall coordinate educational content and scheduling with the respective education program coordinators and facility administration. The CONTRACTOR shall ensure that there is documentation of health education in the youth's health record.

6.4 Immunizations

The CONTRACTOR shall collect current immunization records for all youth. Upon request the COUNTY can provide the most recent listing of contacts for each school if that is the source the CONTRACTOR wishes to use. The CONTRACTOR can also access the Arizona State Immunization Information System (ASIIS) www.asiis.state.az.us to obtain information for those youth who are registered in the ASIIS system. The immunization status is required for all youth committed to any state correctional facility.

The CONTRACTOR is not required to provide immunizations to youth housed at PCJDC.

6.5 Coordination with Education

CONTRACTOR is required to work with the school staff at PCJDC. CONTRACTOR shall report health care information that impacts the youth's school performance and coordinate health care services that may be specified on a youth's Individualized Education Plan (IEP). Services on the IEP should not be duplicated by the CONTRACTOR.

At the PCJDC, except in emergencies, youth will not be removed from educational activities for healthcare activities of the CONTRACTOR.

7. Pharmaceutical Operations and Administration of Medications

NCCHC Requirements: Please refer to standard Y-D-01, Pharmaceutical Operations; Y-D-02, Medication Services; and Y-I-02, Emergency Psychotropic Medication

7.1 Pharmacy and Formulary

COUNTY does not possess and will not provide DEA certification or Arizona Board of Pharmacy permit to operate a pharmacy or dispense medications. CONTRACTOR must contract with a pharmacy that can provide medications in a timely manner at or below market cost. CONTRACTOR must provide pharmacy utilization reports to COUNTY as set forth in **Attachment A2-6** to this Scope of Work.

If an out of area pharmacy is selected by the CONTRACTOR as the primary source for pharmaceuticals, the CONTRACTOR must also demonstrate the ability to legally purchase pharmaceuticals from a local pharmacy so that the CONTRACTOR can ensure that medications are obtained and administered within twenty-four (24) hours of the time they are ordered by a prescribing provider. Clear protocols must exist for procuring and administering critical medications required immediately.

To facilitate continuity of care upon release and minimize the youth's risk of de-compensating when back in the community, the psychotropic medications ordered for youth while under treatment in the PCJDC should be consistent with the formulary of the community behavioral health provider ultimately responsible for behavioral health services for the youth after their release. Contractor must ensure that any drug formulary it adopts includes accessibility to medications included in formularies used by the Regional Behavioral Health Authority (RBHA) in Pima County and the Arizona State Hospital (ASH).

To achieve maximum benefit of efficiencies and reduced costs where appropriate, Contractor must use generic medications whenever possible and permit the substitution of generic for brand name drugs in its prescriptions.

CONTRACTOR will submit its formulary to COUNTY by June 15, 2013 for approval by County's Chief Medical Director (CMD). CONTRACTOR will provide to COUNTY by June 15, 2013 its policies and procedures for obtaining non-formulary medications. Thereafter, any changes in formulary and/or changes in policies and procedures must have prior approval of the CMD.

7.2 Administration of Medications

Medications must be administered to youth in the living units. Currently medications are passed twice a day to minimize the impact on PCJDC personnel while ensuring medication administration meets the health needs of the youth. COUNTY will consider proposals for alternatives to the twice a day approach that may be more cost effective while ensuring that medication administration occurs as prescribed. Consideration will include the impact on health and detention staff. The CONTRACTOR's written plan for the daily delivery and administration of medications will be submitted for approval by the Court and the COUNTY.

CONTRACTOR will comply with Arizona State Board of Pharmacy regulations regarding the acquisition, storage, dispensing, monitoring and disposal of medications and the documentation thereof. Failure to maintain accurate documentation confirming that medications have been administered to youth as prescribed may be cause for termination of the contract for non-performance.

In addition to applicable federal and state reporting requirements, CONTRACTOR must report any theft or loss of medications and/or medical supplies to PCJDC and the Department of Institutional Health (DIH), verbally and in writing, immediately upon discovery of such theft or loss.

The CONTRACTOR shall provide policy and procedures for removal and disposal of any and all outdated, unneeded, or surplus medications. Outdated medications will not be kept onsite.

7.3 Bridging Medications

After a youth's arrival at the PCJDC, CONTRACTOR's qualified healthcare professional will contact the legal guardian regarding any youth who has been taking prescription or over-the-counter medications prior to their admission to the PCJDC to identify current medication regimen, obtain permission to administer medications and, if necessary, request that the youth's medication be brought to the PCJDC. The youth's assigned Probation Officer may be requested to pick up the medication for delivery to the health unit if the legal guardian is not available. CONTRACTOR will make every effort to verify current medications with the Statewide Health Information Exchange (if the HIE is implemented in detention), community providers, the dispensing pharmacy and, in the case of detainees receiving services through the RBHA, with the RBHA for psychotropic medications.

Once permission is obtained, CONTRACTOR will continue the youth's current prescribed medication(s) without interruption unless, in the best professional judgment of CONTRACTOR's prescribing provider, a change in medications is clinically necessary. CONTRACTOR will obtain and pay for the required medications while continuing to attempt to obtain medications from the legal guardian.

Where legally possible, the medication(s) should be brought to the detention center by the legal guardian without interrupting the youth's medication regimen. CONTRACTOR will establish a protocol for verifying, receiving and authorizing use of medications brought to the facility for the youth.

If consent from the legal guardian to administer bridge medications has not been obtained after 48 hours and there is no emergent/urgent need, CONTRACTOR should contact the youth's Probation Officer for assistance and not administer medication until consent is obtained. If there is an emergent/urgent need, CONTRACTOR should seek the Court's assistance in obtaining an administrative order to allow administration of medications.

7.4. Discharge Medications

CONTRACTOR will comply with all NCCHC standards with respect to discharge planning, including those related to medications provided to youth upon release. CONTRACTOR will provide youth with a minimum of a three day supply of medications or a maximum of seven days of medications upon release, as requested by Probation or a community provider to bridge medications until the follow-up appointment in the community.

7.5 Hazardous Waste

PCJDC will remove and dispose of hazardous waste at their facility.

8. Diagnostic Testing: Laboratory and Imaging Services

NCCHC Requirements: See standard Y-D-04, Diagnostic Services

8.1 Diagnostic Laboratory

CONTRACTOR must, directly or through contract, perform all clinical diagnostic laboratory testing required for the diagnosis and treatment of youth. COUNTY has obtained a CLIA waiver for laboratory testing at PCJDC. CONTRACTOR will limit its onsite diagnostic laboratory testing to those services permitted under the waiver. In the event that CONTRACTOR determines it would be in its best interest to perform additional testing onsite, CONTRACTOR will, at its own expense and with approval from the Court, obtain all necessary CLIA and state authorizations to do so, and must operate its onsite diagnostic laboratory testing functions in a manner consistent with such authorization.

CONTRACTOR will perform placement testing of blood (RPR) for youth committed to the Arizona Department of Juvenile Corrections (ADJC) prior to their transfer.

The CONTRACTOR shall ensure that the contracted provider can respond timely for stat testing and reporting. At its own expense, CONTRACTOR must acquire and maintain all equipment and supplies necessary for specimen collection, preparation and storage of laboratory specimens pending transport.

8.2 Diagnostic Imaging

CONTRACTOR will arrange for all diagnostic testing, including imaging and diagnostic laboratory testing, required for the diagnosis and treatment of PCJDC youth. CONTRACTOR will make every effort to expedite processing of the rapid plasma reagin (RPR) test when youth are awaiting transport to the Arizona Department of Juvenile Corrections (ADJC).

Currently there is no space or equipment available at PCJDC dedicated to imaging equipment. Youth in the custody of the Court must be sent offsite for radiological services. CONTRACTOR shall contact the youth's legal guardian to identify the provider they wish to use for the diagnostic testing, provide consent, and make payment arrangements.

9. Emergency Services

9.1 Emergency Medical Treatment

NCCHC Requirements: See standard Y-E-08, Emergency Services.

The CONTRACTOR must establish, in coordination with the PCJCC Administration, policies and procedures for responding to medical emergencies for youth and personnel onsite in the detention center 24 hours per day, 7 days per week. CONTRACTOR shall contact PCJDC staff to summon all emergency medical services, including calling 911. The CONTRACTOR shall not be responsible for responding to emergency calls in the Court Center unless it involves a youth currently housed at the detention center or a youth pending admission to detention or awaiting offsite transport for health care services. The Court shall call 911 for all other emergencies occurring in the Court or Administration Offices.

The CONTRACTOR must establish a system that tracks the emergency medical requests from initial receipt to final disposition, including date of event and name and title of health care provider who provided treatment. The CONTRACTOR must include in the monthly statistical report to DIH information on all emergency medical responses.

The CONTRACTOR shall assist custody staff in providing first aid and cardiopulmonary resuscitation services until emergency medical services (EMS) arrive.

Pima County's AED program is a "trained responder" program. The program is designed for all uniformed custody staff to be current in AED certification. The COUNTY has provided an AED in the Juvenile Court Center and one in the PCJDC. The CONTRACTOR is expected to regularly monitor the readiness of this equipment.

9.2 Emergency Preparedness

NCCHC Requirements: See standard Y-A-07, Emergency Response Plan.

The CONTRACTOR shall consult with the Court regarding the role of CONTRACTOR in the PCJCC emergency response and disaster plans. CONTRACTOR shall cooperate and participate in the COUNTY's emergency plans administered by Pima County Office of Emergency Management and Homeland Security unless Court Administration determines otherwise.

Disaster and man-down drills shall be conducted in accordance with NCCHC requirements.

10. Behavioral / Mental Health

NCCHC Requirements: See standard Y-G-04, Basic Mental Health Services; Y-G-05, Suicide Prevention Program; Y-G-06, Intoxication and Withdrawal; and Y-G-08, Juveniles with Alcohol and Other Drug Problems.

10.1 General Behavioral Health Services

Due to an aggressive diversion program, the youth detained at the PCJDC have a high incidence of mental and behavioral health disorders. On average, 42% of youth housed at PCJDC are consumers of psychiatric services, 45% have a mental health diagnosis prior to being detained and 79% have substance abuse histories. Many of the youth have histories of abuse, neglect and trauma. Any youth who is detained is seen by detention and the Court as being in a behavioral health crisis.

CONTRACTOR must operate a comprehensive behavioral health services program that includes evaluation, diagnosis and treatment of mental illness for all youth. In addition to compliance with applicable NCCHC standards and Arizona licensing requirements, CONTRACTOR will provide behavioral health services with particular attention to:

- a) Mental Health screenings;
- b) Administration of appropriate psychotropic medication needed to address identified symptoms;
- c) Assessments/Evaluations;
- d) Coordination of care with all community behavioral health care providers, including RBHA network providers;
- e) Suicide prevention;
- f) Stabilization and treatment of youth with serious emotional disorder;
- g) Coordination with PCJDC detention and probation staff to ensure the safety and security of youth suffering from mental illness; and
- h) Substance abuse education/relapse prevention.

The COUNTY expects the CONTRACTOR to be vigilant regarding youth behavioral health needs and treatment from the time youth arrive at the PCJDC through their release or transfer. Behavioral health services shall include, at a minimum, assessment and evaluation of:

- a) Mental and/or behavioral health conditions, including comprehensive assessment of trauma;
- b) Substance use/abuse history;
- c) Assessment of depression and/or anxiety;
- d) Complete Psycho/Social history;
- e) Writing a treatment plan based on the assessments and staffing the information with the psychiatrist for approval of such plan; and
- f) Helping detention staff to create and implement Behavioral Plans (plans to address behaviors in the detention setting that are specific, versus overall treatment and discharge planning).

The CONTRACTOR is required to track youth with diagnosed mental illnesses and to maintain at all times an accurate listing of current and previous youth diagnosed with a Serious Emotional Disorder (SED), as well as all other youth diagnosed as mentally ill that do not fit the SED categories.

Within 24 hours of completion of the mental health assessment performed during admission, CONTRACTOR must coordinate with RBHA personnel for individuals enrolled in the RBHA to:

- a) Contact the youth's community provider;
- b) Obtain the youth's health records and most recent medication regimen;
- c) Coordinate care while detained;
- d) Begin a plan to coordinate services for the youth at the time of release from the facility (discharge planning);
- e) Participate in behavioral plan creation and implementation; and
- f) Participate in Child Family Team and/or other case management meetings as requested.

10.2 Suicide Risk & Prevention

CONTRACTOR will work with PCJDC staff to implement and participate in a comprehensive, multi-disciplinary suicide prevention program. CONTRACTOR will immediately coordinate with PCJDC detention staff regarding youth who are confirmed to be at risk of suicide or self-harm as a result of Health Intake Screening, and, in collaboration with PCJDC staff, implement those safety and suicide prevention precautions that best suit the youth's circumstances and needs.

When a youth is actively suicidal and/or requires hospitalization in a Level I facility, CONTRACTOR will contact detention staff to activate the emergency systems for transport if other means of transportation are not practical or safe. In such circumstances, CONTRACTOR will notify Detention and the COUNTY Administrator on Call immediately.

In the event of a suicide or serious suicide attempt, CONTRACTOR must (a) review the events and circumstances surrounding the suicide or suicide attempt and, in coordination with the detention staff, implement process improvements to prevent similar events from recurring and (b) cooperate in the performance of any Quality Review that COUNTY or the Court may conduct and correct any deficiencies noted.

10.3 Assessments and Treatment Plans

CONTRACTOR's licensed mental health clinician will conduct a detailed assessment and evaluation, as described above in 10.1. These assessments shall be completed on all youth as expeditiously as possible, but in no case more than 24 hours after the initial mental health screening. The comprehensive assessment will include identification of an AXIS I-V diagnoses, psychosocial history, a complete mental status exam and recommendations for treatment. After assessing the youth, the behavioral health professional will prioritize scheduling a face to face visit for the youth with the psychiatrist, based on clinical need. If a face to face visit is not clinically indicated, the psychiatrist will still review each treatment and/or behavioral plan and sign off on such plan for the medical record.

CONTRACTOR will respond to any reported acting-out behavior including youth's statements or self harm behaviors that need professional behavior intervention and schedule follow-up within 24 hours, or sooner if clinically appropriate.

CONTRACTOR's adolescent psychiatrist will be involved with and sign off on medical and mental health treatment plans for all detained youth. The psychiatrist or psychiatric nurse practitioner will see youth as clinically appropriate or when requested to by detention or probation staff.

If requested to do so by the Court, CONTRACTOR will provide a positive structured group process on a recurring basis, in a time not conflicting with the school schedule, to discuss topics of youth's interest, as well as subjects related to healthy versus risky behaviors, such as the following:

- Substance abuse issues, including relapse prevention, responding to peer-pressure, and challenging pro-drug belief systems;
- Issues related to trauma;
- Learning better affect regulation and challenging belief systems that endorse violent, delinquent, and criminal behaviors;
- Exploration of the challenges of growing up and becoming a responsible citizen; and/or
- How to handle grief and loss issues.

CONTRACTOR must identify youth with mental health and behavioral problems quickly so that a medical and mental health treatment plan can be initiated as soon as possible based on acuity and clinical need. CONTRACTOR will develop a multidisciplinary treatment plan that attempts to include, but is not limited to, input from community providers, results of neuropsychological and IQ testing, and school IEPs. Such a medical and mental health treatment plan shall be in addition to any separate Court plan that may be developed. Mental Health staff will also work with Detention Officers to assist them with the creation and effective implementation, management and measurable outcome of behavioral plans when requested.

CONTRACTOR shall support and coordinate with the Make a Change (MAC) program implemented by the Court. See **Attachment A2-14** for a description of the MAC program.

Mental Health staff will communicate with the youth's Probation Officer and the Court regarding the current status of, and the youth's response to, his/her treatment plan and behavioral plan, and will identify any community safety concerns. Mental Health staff will collaborate with the youth's community mental health provider to maintain continuity in the treatment plan upon discharge.

11. Offsite Services

NCCHC Requirements: See standard Y-E-12, Continuity of Care During Incarceration.

CONTRACTOR must provide services onsite whenever it is feasible and clinically appropriate to do so according to CONTRACTOR's best professional judgment. CONTRACTOR must minimize the extent to which youth need to be transported offsite for health care services.

CONTRACTOR will refer youth to providers in the community as medically necessary when CONTRACTOR is unable to provide safe and adequate healthcare services onsite. CONTRACTOR will ensure that off-site services provided are medically necessary and youth are returned for on-site care as soon as is medically appropriate.

CONTRACTOR must coordinate with PCJDC administration to arrange for transportation to and from community providers for all offsite services.

CONTRACTOR will establish and update as necessary policies and procedures for sending youth off-site for inpatient or outpatient services. Policies and procedures should include flow diagrams and contact information for key points of contact, including but not limited to, PCJDC administration, COUNTY's management, hospitals, and medical and behavioral health community providers.

The providers of offsite services shall bill third party payers or the legal guardian if the youth is not covered by health insurance. In the case of PCJDC only, CONTRACTOR shall not be financially responsible for the provision of offsite services.

11.1 Outpatient services provided in the community

If a youth requires non-emergency services from a community provider, the legal guardian is to be contacted to identify the provider they utilize for such services, provide consent to treat, and collaborate with the CONTRACTOR to schedule an appointment. CONTRACTOR will contact the assigned probation officer if a legal guardian cannot be contacted and the youth is at risk if treatment is not provided quickly. CONTRACTOR will also notify the youth's Probation Officer of all offsite health appointments and verify that the appointment does not conflict with the youth's scheduled court hearings.

CONTRACTOR must provide all relevant health records, including diagnostic testing results, notes and medication administration records, to the community provider selected for consultation. CONTRACTOR must ensure that community providers submit complete consultation reports to CONTRACTOR within 48 hours, describing diagnostic testing conducted, if any, impressions, findings and treatment recommendations for the youth sent to community providers. CONTRACTOR will integrate community providers' consultations into youth health records and incorporate their findings and recommendations into youth's plans of care to the extent that such findings and recommendations are appropriate, in the exercise of CONTRACTOR's best professional judgment.

The CONTRACTOR is responsible at all times for coordination of care to ensure that the health record of all youth returning to detention from treatment by community providers is clear as to the diagnosis and plan for continued treatment, including medications and follow-up services so that the CONTRACTOR can coordinate care and comply with the discharge instructions.

The CONTRACTOR shall establish a system to ensure that ordered testing is done and that reports of testing are received and reviewed in a timely manner. Each off-site referral to a community provider must result in a legible consultation/treatment report in the youth's health record within forty-eight (48) hours of the encounter.

11.2 Inpatient services provided in the community

In the event a youth is admitted to a hospital, the CONTRACTOR shall notify a legal guardian and the youth's probation officer of the admission as soon as possible and the DIH Administrator on Call within 24 hours of the hospital admission. The legal guardian should 1)

provide consent to treat to the hospital; 2) make payment arrangements to pay for services; and 3) if appropriate, work with the CONTRACTOR and the County to complete an AHCCCS application. The CONTRACTOR shall track the health progress of each juvenile who remains detained while an inpatient at a hospital and discuss with hospital discharge planners the appropriateness of the youth returning to detention where the CONTRACTOR is the treating provider. Youth can only be discharged from the hospital to detention, unless a court order states otherwise.

CONTRACTOR will provide Utilization Management services for all inpatient stays for youth who remain in custody of the Juvenile Court.

CONTRACTOR will ensure that its physicians communicate with local hospital staff and the Crisis Response Center, including visiting local hospitals and other facilities as appropriate, to discuss alternatives to inpatient status, cost-effective settings for housing youth, and expeditious discharge of youth to be returned to the PCJDC or housed in an alternative setting.

The CONTRACTOR shall develop relationships and communication methods with local hospitals to conduct concurrent review and facilitate discharge planning as soon as the youth is admitted. CONTRACTOR shall monitor the condition and progress of the youth while hospitalized and, without compromising the youth's medical condition, facilitate the youth's transfer to PCJDC as soon as possible.

CONTRACTOR shall be responsible to evaluate the youth's special care needs and obtain the equipment and services as required at PCJDC to expedite the youth's transfer from the hospital. CONTRACTOR shall contact County's Administrator on Call for assistance to resolve barriers to the youth's transfer to PCJDC.

12. Release and Transfer Planning

NCCHC Requirements: See standard Y-E-13, Discharge Planning

12.1 Planned Discharges

From the point of admission, where practicable, CONTRACTOR will coordinate with PCJDC, community medical and behavioral health providers, the RBHA, RBHA network providers, the Arizona Long Term Care System (ALTCS), the Tribal RBHA (TRBHA), Indian Health Services, the Court and any other appropriate individuals or agencies to coordinate services for youth upon release. CONTRACTOR will develop policies and procedures to maximize the benefit of PCAP (see Section 4.3) or their agent's activities at PCJDC designed to maximize the use of available systems in discharge planning.

CONTRACTOR will participate, either in person or by providing pertinent written information to the probation officer, in Child and Family Team meetings, as requested by the Court, with

representatives of the PCJCC, PCJDC, health care providers (including by way of example but not limitation, those affiliated with the RBHA, Court-sponsored programs or the community at large) and the youth's legal guardian.

Remaining medications provided by legal guardian must be returned in their entirety to the legal guardian.

The CONTRACTOR shall coordinate with the Pima County Health Department (PCHD) to ensure follow-up for those youth that are released and require follow-up related to a reportable communicable disease (see **Attachment A2-9**). If a youth is released before laboratory results are received, the CONTRACTOR shall make every effort to mail the laboratory results to the youth's last known address with instructions for follow-up by the PCHD. CONTRACTOR shall also file all mandated reports with PCHD for communicable diseases.

Detention officers will contact the CONTRACTOR when a youth is ready for release. Discharges to the custody of a legal guardian must include a conversation with them regarding continuing medication and treatment after discharge.

12.2 Transfer to a Correctional Facility

The CONTRACTOR shall establish and implement a procedure to communicate confidential critical health information of a youth that is transferred to another correctional facility. At a minimum, the CONTRACTOR shall complete a transfer summary and send it with the youth at the time of transfer. The Transfer Form shall include:

- Medical, dental and behavioral health history (including suicide attempts or ideation and drug and alcohol abuse), and hospitalizations in the last two (2) years;
- Active diagnoses, current status and treatment plans;
- Current medications prescribed (including prescription and over-the-counter medication);
- Allergies to medications and food;
- Date and results of most recent tuberculosis testing and other communicable disease tests;
- Immunization records when available;
- Results of any current physical examinations;
- Date and results of most recent diagnostic testing related to active diagnoses; and
- Contact information for CONTRACTOR.

For youth being transferred to the Arizona Department of Juvenile Corrections, CONTRACTOR will make every effort to expedite processing of the rapid plasma reagent (RPR) test and provide a three day supply of the youth's current medications to accompany the youth.

Upon release of a youth to federal authorities, CONTRACTOR shall provide a short medical summary and no more than eight hours of the youth's current medications.

12.3 Transfer to a Residential Treatment Center or Other Out-of-Home Placement

When a youth is transferred to a residential treatment center or other out-of-home placement, CONTRACTOR will provide a copy of the youth's health record, including the physical exam and mental health treatment plan, when requested by the Court. Youth being placed in an out of home placement must have a transfer document sent with them.

12.4 Returning Youth Pursuant to Interstate Compact

Pursuant to ARS §8-362, youth who run away, escape, or abscond from the supervision of another jurisdiction are subject to being detained by law enforcement and taken to the PCJDC to await pick-up by the other jurisdiction. Conversely, youth who run away, escape, or abscond from Pima County may be detained in another jurisdiction and subsequently returned to PCJDC. The CONTRACTOR shall provide health care services to these youth when at PCJDC and shall provide necessary health information (if available) for a Pima County youth housed in another jurisdiction.

13. Health Records Management

NCCHC Requirements: See Section H of Standards for Health Services in Juvenile Detention and Confinement Facilities.

See also **Attachment A2-8** for additional information related to the EHR and HIE.

13.1 Ownership of Health Records

The State of Arizona is the sole owner of all health records for youth in the custody of the Pima County Juvenile Court. Only the Court will provide authorization for access to these records.

The CONTRACTOR shall be solely responsible for the cost of development, maintenance and security of health records. All liability for security breaches lies with the CONTRACTOR.

All COUNTY Confidential Information including, without limitation, any COUNTY Data and health records owned by the COUNTY or the State, whether in existence at the Effective Date, and/or compiled thereafter in the course of performing the Services, shall be treated by CONTRACTOR and its subcontractors as the exclusive property of the COUNTY and the furnishing of such COUNTY Confidential Information, or access to such items by, CONTRACTOR and/or its subcontractors, shall not grant any express or implied interest in such COUNTY Confidential Information to CONTRACTOR and/or its subcontractors.

CONTRACTOR's and its subcontractors' use of such COUNTY Confidential Information and COUNTY Data shall be limited to such use as is necessary to perform and provide the Services. Upon demand by the COUNTY at any time and from time to time, and without regard to a Party's default under the Agreement, CONTRACTOR and/or its subcontractors shall promptly deliver the COUNTY Confidential Information and COUNTY Data to the COUNTY in electronic format and in such hard copy as exists on the date of the request by the COUNTY. COUNTY data shall not be accessible by any other Customer or Vendor of CONTRACTOR unless express written approval is provided by the COUNTY and Court and all appropriate legal documents have been signed by all Parties.

13.2 Electronic Health Records

The COUNTY desires to have both the internal functionality of Electronic Health Records (EHR) and the ability to share information with community providers outside of the Pima County detention facilities through the Statewide Health Information Exchange (HIE). At this time, there is no EHR system installed at the PCJDC.

Offerors are required to use an EHR system that will be certified by the Office of the National Coordinator (ONC) by October 1, 2013.

Connectivity with the Statewide HIE is dependent upon the establishment of two interfaces for information flow. The first interface is established and paid for by the COUNTY, allowing information to be received from the Statewide HIE into the healthcare vendor's EHR. The second interface allows information from the healthcare vendor's EHR to be shared with the Statewide HIE. The CONTRACTOR is required to build this interface in coordination with the Statewide HIE. This interface is the financial responsibility of the CONTRACTOR.

CONTRACTOR's EHR must be able to produce query reports to address most of the Performance Indicators seen in **Attachment A2-11** (see also section 16, Quality Assurance/Improvement) and the Statistical Data Reporting in **Attachment A2-5**.

CONTRACTOR shall create a policy for the use of electronic health information obtained from the Statewide HIE. CONTRACTOR is required to remain in compliance with the Statewide HIE policies and procedures as well as the Court's policies and procedures.

13.3 Maintenance of Health Records

The Contractor shall ensure that a centralized health record that includes all medical, dental and behavioral health records is initiated and maintained for each youth admitted to PCJDC. The CONTRACTOR is responsible for the maintenance and retention of a complete, standardized health record for all youth in accordance with prevailing medical regulations for confidentiality, retention and access and established Pima County Juvenile Court operating policies and procedures.

The health record shall be customized for a detained population and include all health care services provided to the youth onsite and offsite in a current, detailed, organized and comprehensive manner that permits effective patient care and quality review. In addition to the information required by NCCHC, all health records will contain results of database queries (such as to the Statewide Health Information Exchange), including documentation when no record is found. All records must be electronically dated and signed.

Backup and recovery procedures for the EHR data must be defined, documented, and periodically tested with results and work plans published.

Only one record shall be maintained for each youth until he/she turns eighteen years of age.

CONTRACTOR shall establish a Health Records and Forms Committee, including detention, the Court, medical and behavioral health staff, the Chief Medical Director or designee, and others as designated by COUNTY. This Committee will be responsible for reviewing and developing forms to be included in the health record subject to approval from the Court.

13.4 COUNTY Access to Health Records

COUNTY may conduct quality assurance, utilization and other performance reviews from time to time that require review of patient charts. CONTRACTOR must make space available for COUNTY's use to perform such reviews and must provide COUNTY with records requested. COUNTY will provide CONTRACTOR reasonable notice of health records requested.

CONTRACTOR must operate the health records function so as to ensure that records are readily available to providers treating the patient, to reviewers performing quality assurance/utilization/performance improvement reviews and to authorized Court personnel. Health records must be available to designated staff of the Court at all times.

13.5 Confidentiality of Health Records

The COUNTY has determined that the Medical Unit at PCJDC is a "covered entity" as defined in 45 CFR 160.103. CONTRACTOR must safeguard the confidentiality and security of the health information of all persons in detention in compliance with the standards and regulations adopted by the Department of Health and Human Services in the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Rules. CONTRACTOR will comply with the policies and procedures established by the Court and all applicable laws regarding confidentiality and security of such information.

See **Exhibit C** for a sample Business Associate Agreement which will be included in the contract for services.

13.6 Release of Health Records

All requests from external sources for copies of Health Records of youth currently or at any time under the jurisdiction of the Court from external sources shall be directed to the PCJCC Administration for approval. Upon approval, PCJCC shall forward those requests to the CONTRACTOR for completion.

If any member of the CONTRACTOR's staff is served with a subpoena for Health Records, a copy of the subpoena is to be delivered to the Court Administrator if it relates to youth who are or have been under the jurisdiction of the Court. The Court Administrator has full responsibility for responding to the subpoena for youth under the jurisdiction of the Court.

For youth released to the community and required to return to school, CONTRACTOR shall establish procedures acceptable to PCJCC to expedite the provision of health records necessary for the youth to return to school.

Legal guardians are entitled to a copy of the youth's health record upon request.

13.7 Storage and Retention of Health Records

Health records shall be retained as required by Arizona Revised Statute 12-2297, Retention of Records, which states that health records where the patient is under 18 should be retained either for at least three years after the child's eighteenth birthday or for at least six years after the last date the child received medical or health care services from that provider, whichever date occurs later.

All Health Records for youth under the jurisdiction of the Court that are less than eighteen (18) years of age shall be housed in the Health Care Unit offices. PCJDC will provide a file system for storage of active paper Health Records. Each month the CONTRACTOR shall pull the Health Records for youth who turn eighteen (18) years of age and prepare for archive storage per the Pima County Juvenile Court policy and procedure for record retention and disposition.

13.8 Control of Data Provided by Pima County

For those projects and contracts where the COUNTY has provided data to enable the CONTRACTOR to provide contracted services or products, unless otherwise specified and agreed to in writing by the COUNTY and the Court, CONTRACTOR shall treat, control and limit access to said information as confidential and under no circumstances release any data provided by the COUNTY during the term of this agreement and thereafter, including but not limited to personal identifying information as defined by A.R.S. § 44-1373, and is further prohibited from selling such data directly or through a third party. Upon termination of the associated agreement or completion of the required contractual intent, whichever occurs sooner, CONTRACTOR shall return all data to County.

13.9 Data Availability and Security

During the term of this agreement and upon termination, CONTRACTOR will offer and provide at no cost to the COUNTY database backup files and/or a standard formatted export file upon request and agrees that all data is owned by the Court and COUNTY. CONTRACTOR also agrees that all Court and COUNTY information housed within the CONTRACTOR's EHR solution is private and owned by the Court and is not to be shared with any other customer, vendor or third party unless the Court and COUNTY grants that right.

CONTRACTOR also agrees that:

- Information will reside in a highly secure and redundant data center environment that is recoverable within a two hour window in the event of a primary data center / network disaster / outage;
- The data center environment will be physically secure, with employee and customer access / monitoring control practices in place and adhered to, and customers / visitors are escorted at all times within the data center environment;
- Security release upgrades and monitoring practices will be in place and adhered to, and CONTRACTOR security practices will require critical CONTRACTOR security patches to be implemented within 24 hours of CONTRACTOR's release of the security patch; and
- Intrusion detection will be conducted by the CONTRACTOR at least once per year with results published to include actions taken by the CONTRACTOR. Results will be made available to COUNTY and Court for review.

14. Training for Detention Officers

NCCHC Requirements: See standard Y-C-04, Health Training for Child Care Staff.

CONTRACTOR will provide 30 hours per year (unless less is agreed to by PCJDC administration) to PCJDC Detention Officers on such topics as first aid for first responders, suicide prevention and crisis intervention, trauma informed care, how to recognize and respond to mental illness in the detention setting, developing and implementing both treatment and behavior plans, how to recognize and respond to the symptoms of alcohol and drug withdrawal, how to de-escalate situations in order to prevent the application of restraints and other topics that, in collaboration with the PCJDC administration, are relevant and beneficial to their staff's ability to manage youth in a safe and secure environment.

15. Personnel

NCCHC Requirements: See Section C in Standards for Health Services in Juvenile Detention and Confinement Facilities (2011) and standard Y-A-02, Responsible Health Authority.

15.1 Hiring Requirements for Health Care Staff

The CONTRACTOR shall, prior to assignment of any licensed health care provider, verify in writing that the provider possesses the necessary licensure to perform their duties and that the provider's license is in good standing with the applicable licensing or regulatory boards including the Board of the State of Arizona (e.g. Board of Medicine, Board of Nursing, etc.) prior to hiring the individual. The CONTRACTOR shall be responsible for professional credentialing and any associated costs. The credentialing files shall be retained by the CONTRACTOR and made available to COUNTY for monitoring as requested.

Personnel filling non-administrative positions at PCJDC must have experience as follows: the medical prescribing provider needs to be a pediatrician or family doctor, the psychiatrist must be an adolescent psychiatrist with recent and long term experience working with adolescents, and all other clinical staff should have experience working with youth in behavioral health crisis. CONTRACTOR should coordinate recruitment of staff for the PCJDC with the Court.

The CONTRACTOR may only utilize personnel who pass the background check required by PCJCC. Health care services personnel delivering services to youth must comply with PCJCC's random drug testing requirements, at CONTRACTOR'S expense.

The selection of designated leadership positions will be subject to the advance approval of the COUNTY, who will obtain input from the Court. Leadership positions for purpose of this requirement are the Health Services Administrator and Medical Director. If the CONTRACTOR has not filled a leadership position with a permanent replacement within thirty (30) days of vacancy, COUNTY, with input from the Court, must approve the person appointed to fill said interim position and CONTRACTOR's recruitment plan. Leadership personnel serve at the discretion of the Court. **See Attachment A2-10** for further information.

Prior to assignment of any health care staff to provide services under this Contract, CONTRACTOR will document that each person employed or engaged by CONTRACTOR has:

1. Training in Blood and Body Fluid Precautions as set out by OSHA standards;
2. Immunization for hepatitis B or, in the alternative, an OSHA declination of such immunization;
3. Trained and certified in Basic Life Support – Cardiopulmonary Resuscitation (BLS-CPR) with re-certification every two years and AED use with re-certification on an annual basis;
4. Annual Tuberculin skin test, chest x-ray or other acceptable health test or survey; and
5. Immunization for or immunity to measles and rubella.

CONTRACTOR shall, prior to assignment of any health care staff to provide services under the Contract, provide evidence of compliance with the requirements set forth in A.R.S. § 41-1758.01 *et seq.* A.R.S. § 13-705 and A.R.S. § 41-2814.

CONTRACTOR must credential its professional personnel in a manner that meets or exceeds AHCCCS credentialing requirements set forth in Arizona Health Care Cost Containment System, AHCCCS Medical Policy Manual, Chapter 900 Quality Management and Performance Improvement Program.

CONTRACTOR shall validate subcontractor and employee status against the United States Department of Health and Human Services Office of Inspector General (OIG) List of Excluded Individuals and Entities (Exclusion List) prior to hire and at least annually thereafter. No individual or contractor appearing on the OIG Exclusion List will be allowed to provide services.

Prior to placement of personnel at PCJDC, CONTRACTOR shall orient and train all of its personnel in the proper use and execution of forms, policies and procedures. The Court will provide orientation on their policies and procedures for all new health care services personnel. CONTRACTOR shall document such training and orientation in each employed or contracted person's record, and make such records available onsite for inspection by COUNTY at any time.

15.2 Personnel Administration

The CONTRACTOR must develop and distribute a written job description to each member of health care services personnel which clearly delineates assigned responsibilities in the context of providing services at PCJDC.

The CONTRACTOR shall perform and maintain written annual or more frequent performance evaluations of each person providing services. The CONTRACTOR shall ensure each personnel file contains written evidence of skills and competencies specific to the services that the personnel are providing and that these skills and competencies are appropriate to the ages of youth to whom services are provided in any contract resulting from this solicitation.

CONTRACTOR shall ensure that each of the physicians or other persons employed or engaged by CONTRACTOR maintain, when appropriate, controlled substances registrations issued by the appropriate federal and other regulatory, which are required for such persons to prescribe controlled substances under both federal and state law.

In the event any related youth or any youth personally close to any employee of the CONTRACTOR is arrested, referred, or assigned to the PCJDC and/or the probation division, the employee must notify the PCJDC administration, as a potential conflict of interest case.

CONTRACTOR shall conduct required communicable disease testing and immunizations for CONTRACTOR personnel.

CONTRACTOR personnel are subject to all security regulations and procedures of the Court or PCJDC. CONTRACTOR personnel are subject to removal from the facilities at any time for security or misconduct reasons as determined by the Court. Personnel are also required to adhere to the Judicial Code of Conduct for Court Employees.

The CONTRACTOR shall require its employees and contracted personnel to notify CONTRACTOR if they are arrested, summoned or cited for a felony, or a misdemeanor. The CONTRACTOR shall immediately remove any person arrested or convicted of any felony or certain misdemeanors involving offenses against children.

The CONTRACTOR shall notify COUNTY within two working days of when it learns of any adverse action taken against one of its staff members or contracted personnel providing services at PCJDC, including but not limited to:

1. Any lapse or expiration of any licensure or certification;
2. Exclusion from participation with federally-funded health programs;
3. Restrictions to a provider's license;
4. Revocation of a provider's license;
5. Restriction or removal of a prescribing provider's DEA certification;
6. Any other disciplinary action taken against a member of CONTRACTOR's staff by a professional regulatory board in the state of Arizona or any other state;
7. Any arrests, summons, citations or convictions for a felony, or a misdemeanor offense; and
8. Any complaint filed against a provider's license.

The CONTRACTOR is to provide a minimum of twelve hours of annual in-service training for all qualified health care services employees, including physicians. The CONTRACTOR shall be responsible for the following training for CONTRACTOR personnel at required intervals: basic life support (BLS), AED training, OSHA training including infection control, universal precautions and respiratory fit training and testing.

15.3 Staffing Scheduling

The CONTRACTOR shall establish an appropriate schedule of personnel to ensure effective delivery of services regarding ongoing operations and PCJDC policies. The schedule shall conform to the staffing commitment submitted in the CONTRACTOR's proposal in response to this solicitation.

The CONTRACTOR shall provide twenty-four (24) hour on-call coverage by appropriately licensed providers. On-call coverage is defined as the ability to respond to a pager within 15 minutes, or, if needed, to respond in person to the detention center within 60 minutes.

The CONTRACTOR's proposal must include a budgeted onsite staffing commitment plan for PCJDC (see **Appendix VII, Worksheet 5**). Each position must include clear commitment by functional area, of the shift and hours to be worked for each position title by day of the week and a budgeted rate of compensation for the position (**Appendix VII, Worksheet 7**).

The budgeted staffing commitment shall be a contractual requirement. CONTRACTOR will meet their contractual obligations and provide sufficient staffing to provide the appropriate level of health care services necessary to address the needs of the youth at any given time.

CONTRACTOR will submit a report showing actual hours worked for each position by week, based on an electronic timekeeping system that tracks hours worked for each staff member. Any contracted shifts/hours not worked will be deducted from the monthly payment with a staffing payment adjustment (see **Exhibit B** for additional information).

15.3.1 Critical Staffing Requirements

The following staffing minimum requirements must be kept at all times, regardless of census. Failure to meet these minimum requirements will result in a financial consequence per **Attachment A2-13**.

Medical Staffing

- A Health Services Administrator who has a background in providing medical care in a detention setting and experience with oversight of behavioral health service delivery.
- At least one RN will be present for sick call and other tasks 24/7.
- A Medical Doctor who is also the Medical Director will be present a minimum of four (4) hours per week.
- A dentist onsite twice per month to provide 60 day dental exams.

Behavioral Health Staffing

- At least one Master's level Mental Health Clinician, licensed by the Arizona State Board of Behavioral Health, with a background of working with children in crisis and experience working in a correctional setting.
- At least one Psychiatrist will be present for a minimum of eight (8) hours per week.

15.4 Healthcare Workforce Development

The CONTRACTOR should establish positive mutually beneficial relationships with local entities that train and certify healthcare and administrative professionals as are required by the scope of this contract. CONTRACTOR should have an active pipeline of key and leadership talent, including, where possible, transfer or promotional candidates from within CONTRACTOR's organization.

The COUNTY is committed to the development of a health care workforce. CONTRACTOR will collaborate with the COUNTY, the University of Arizona and other health care educational institutions to provide training opportunities at PCJDC for nurses, physicians, psychiatrists, pharmacists and other healthcare professionals completing internships and residencies. CONTRACTOR will be solely responsible for obtaining an affiliation agreement with participating programs and supervision of program participants. COUNTY will not be liable for any actions arising from CONTRACTOR's participation in any teaching program.

16. Quality Assurance / Improvement

NCCHC Requirements: See standard Y-A-06, Continuous Quality Improvement Program

16.1 Grievances and Requests

NCCHC Requirements: See Y-A-11, Grievance Mechanism for Health Complaints.

The CONTRACTOR shall review, evaluate and respond to youth inquiries, writs, complaints, and grievances related to healthcare in accordance with relevant policies and procedures of PCJDC. The CONTRACTOR is responsible for ensuring that healthcare related grievances are resolved in a timely fashion. The CONTRACTOR shall maintain a system for tracking all grievances, including results of investigation and resolution.

As dictated by the Court, CONTRACTOR may be required to testify in response to requests filed by or on behalf of youth or concerning writs of habeas corpus.

16.2 Utilization Management

CONTRACTOR will provide Utilization Management services for all inpatient stays for youth who remain in custody of the Juvenile Court.

The utilization records shall be the property of the COUNTY and the CONTRACTOR shall allow COUNTY timely access to utilization review records.

16.3 Continuous Quality Improvement Program

The CONTRACTOR shall implement a Continuous Quality Improvement Program (CQI Program) designed to comply with NCCHC Standards for quality monitoring and continuous quality improvement. The program shall also include provisions for completion of:

1. Mortality and Serious Adverse Event reviews as related to health care services;
2. Completion and reporting of health service related incident reports to the COUNTY;
3. Completion of youth profiles for high risk youth;
4. Participation in DIH Quality Assurance program and meetings as requested; and
5. Attendance of COUNTY representative(s) at CONTRACTOR's QA meetings.

16.3.1 Incident Reporting

Incident reporting is an integral part of the COUNTY's performance improvement process. Incidents are defined as health care related events or events that result in actual injury, morbidity or death or represent a high potential for injury, morbidity or death.

The CONTRACTOR is required to report incidents in order to establish the chronology and relevant facts surrounding any health care related incident and to formulate a corrective action

plan. The overall goal is to reduce the frequency and severity of future incidents (proactive risk management) and to ensure that the standards for youth health care are met.

CONTRACTOR must immediately notify the DIH Administrator on Call in the event of:

- a. Death of a youth (non-suicide);
- b. Suicide or suicide attempt with or without injury;
- c. Serious injury (requiring transport offsite);
- d. Any extraordinary event (i.e. riot, disaster, evacuation, hostage situation, elopement, infectious disease outbreak, etc.);
- e. Birth(s) on site; and
- f. Health condition resulting in death or near death requiring emergency transport.

The CONTRACTOR shall complete and email a written incident report within twenty-four (24) hours of the incident to the COUNTY's Chief Medical Director and copy the QA nurse assigned to the facility.

The CONTRACTOR shall initiate a plan of correction for all serious adverse events and submit the plan of correction to the OCMD for approval with a copy to the Court.

16.3.2 Death and Serious Adverse Event Review

NCCHC Requirements: See Y-A-10, Procedure in the Event of a Juvenile Death

A Death and Serious Adverse Event review shall occur in the following circumstances:

- A youth reports physical or sexual assault;
- The death of a youth while in detention; and
- A youth sustains an injury resulting in severe morbidity, e.g., injury requiring amputation or resulting in permanent paralysis.

All deaths are reviewed to determine the appropriateness of clinical care; to ascertain whether changes to policies, procedures, or practices are warranted; and to identify issues that require further study.

In the event of a youth death, whether natural or otherwise, or serious adverse event, the CONTRACTOR shall notify the DIH Administrator On Call immediately of the event, immediately secure and photocopy the youth's health record, forward the health record to the Office of the Chief Medical Director (OCMD), and schedule a mortality or serious adverse event review with the COUNTY no later than 24 hours after the event to include:

- Interviews with all health care personnel involved;
- Reconstruction of the chronology of events leading up to the serious adverse event;
- Identification of the key factors or processes that may have contributed to a serious adverse event;

- Recommendations for process improvements to prevent other serious adverse events; and
- Issuance of a written report of the findings and recommendations.

At a minimum, a representative from the OCMD and CONTRACTOR staff shall attend the Death and Serious Adverse Event review. The COUNTY retains the right to utilize independent experts in the provision of health care services to participate in the review.

An administrative review, assessing the detention and emergency response actions, will occur separately to identify areas where facility operations, policies, and procedures can be improved.

When required, the CONTRACTOR shall prepare a plan of correction, submit the plan of correction to the COUNTY for approval and monitoring and to the Court for review, and actively participate in monitoring the implementation and effectiveness of the correction actions. The CONTRACTOR shall provide the results of their monitoring to the Pima County OCMD Nurse assigned to the facility. The results shall serve as documentation of CONTRACTOR's actions and initiate COUNTY assistance to the CONTRACTOR if necessary.

16.3.3 COUNTY's Quality Assurance / Performance Improvement Program

COUNTY operates a Quality Assurance/Performance Improvement (QA/PI) program to assess the quality of health care services provided to youth, identify opportunities for improvement and implement modifications to bring about improvements. COUNTY may perform chart reviews, studies and investigations and/or any activities that, at its sole discretion, COUNTY determines necessary or desirable in the performance of its QA/PI program. CONTRACTOR will cooperate fully with COUNTY's reasonable QA/PI program activities.

CONTRACTOR will comply with all existing applicable Pima County and Court Policies and Procedures. For new procedures or changes to existing procedures, COUNTY and/or Court will notify CONTRACTOR whenever possible prior to final approval to facilitate discussion and seek input from the CONTRACTOR. Upon final approval by COUNTY or Court, CONTRACTOR will have 14 days to comply with the new Policy & Procedure. In the event of a legal mandate or emergent situations impacting the health and welfare of a youth and/or personnel at PCJDC, COUNTY has the right to require CONTRACTOR to comply in a shorter period of time.

16.4 Audit of Performance Indicators and Operations

As part of its ongoing performance improvement efforts during the term of the contract, COUNTY, at its own expense, may undertake one or more operational reviews with or without utilizing an objective third party to identify any opportunities for improvement in health care services to youth. CONTRACTOR will cooperate with any operational review conducted by COUNTY or its designee and will make available all records, personnel, policies and procedures, and arrange for onsite work area and interviews in a timely manner. COUNTY will endeavor to conduct such reviews in the least disruptive manner and, in the event of utilizing a

third party, to ensure an exit interview occurs in person or by phone. COUNTY also commits to requiring any third party reviewer to provide a written report containing findings and recommended corrective actions within one month of the review.

COUNTY has established certain clinical standards (“Performance Indicators”) related to evaluating the quality of health care provided to youth. CONTRACTOR will cooperate fully with the monthly audit of these Performance Indicators. CONTRACTOR must meet or exceed the threshold levels in Performance Indicators established by COUNTY in **Attachment A2-11**. Failure to meet the Performance Indicators will result in Liquidated Damages as indicated in **Attachment A2-11**.

16.5 Corrective Action Plans

From time to time, COUNTY may notify CONTRACTOR regarding deficiencies in its performance or operations that COUNTY has identified. Such deficiencies may be “urgent” or “non-urgent.” CONTRACTOR must correct any and all non-urgent deficiencies within 30 days of receipt of notice from COUNTY of such deficiencies. CONTRACTOR must correct urgent deficiencies within three business days from receipt of notice from COUNTY of such deficiencies. Failure to correct deficiencies will subject CONTRACTOR to the imposition of Liquidated Damages and may result in termination of the contract at the COUNTY’s sole discretion. As part of its remediation of quality of care deficiencies, CONTRACTOR must develop and submit to COUNTY a Corrective Action Plan that addresses the following:

- a) Description of problem or deficiency;
- b) Result of investigation conducted by CONTRACTOR, including a description of the conditions that caused and/or contributed to the problem or deficiency;
- c) Detailed description of specific actions CONTRACTOR will implement to correct each deficiency (a “plan of correction”);
- d) Identification of position or named individual responsible for implementing each element of the plan of correction;
- e) Time frames for completion of each element in the plan of correction; and
- f) Plan for follow-up, including time frames and individuals responsible for follow-up.

16.6 Other QA/QM Activities

The CONTRACTOR shall cooperate with the COUNTY’s QA/QM monitoring program that shall include, but not be limited to, the following

- Onsite review visits;
- Health record review;
- Investigation, analysis, tracking & trending of quality of care issues including mortality reviews, incident reporting and follow-up, grievances and complaints and follow-up, and status of corrective action plans;
- Review of CONTRACTOR QA/QM plan and activities, including committee minutes, monitoring reports and follow-up;

- Review of compliance with OSHA standards (respiratory fit program, reverse airflow rooms) and Material Safety Data Sheets (MSDS) (if appropriate);
- Infection control plan and activities, including committee minutes, monitoring reports and follow-up, testing activity and follow-up, review of incidence reporting;
- Personnel record review, including licensure/certification, training, and disease monitoring requirements;
- Review of professional credentialing files;
- Review site accreditation, licensure, certification and registration status; and
- Review for compliance with health care service standards (such as NCCHC Standards), regulatory requirements, and DIH procedure.

16.7 Participation in Research and Grants

NCCHC Requirements: See standard Y-I-05, Medical and Other Research.

CONTRACTOR shall not conduct or participate in research projects involving youth without the prior written consent of the COUNTY and the Court.

The Court has a policy and procedure that shall be followed by all parties requesting to conduct a research project involving the Court or those for whom they have jurisdiction. CONTRACTOR will assist with scheduling, consultation, and referral of any youth participating in any COUNTY-initiated and approved research project. In every case, the CONTRACTOR shall secure written informed consent from the legal guardian of the youth who is the subject of a research project prior to the youth's participation as a subject.

CONTRACTOR will assist with COUNTY or Court initiated grant writing and implementation.

17. Reporting

NCCHC Requirements: See Standard Y-A-04, Administrative Meetings and Reports

17.1 Administrator on Call

The COUNTY has designated a DIH staff member to be available by cell phone 24 hours per day, seven days a week including holidays, to receive calls from the CONTRACTOR regarding designated information. See Section 16.3 of Exhibit A, Part II, for when to notify the Administrator on Call.

17.2 Service Utilization, Cost and Outcome Data

The COUNTY requires raw data and certain reports on a regular basis to

- Evaluate the quality of care provided;
- Obtain demographic data that describes the population receiving the services;

- Justify the cost of the services; and
- Collect data for trending and planning.

The CONTRACTOR shall electronically provide the COUNTY with designated data on a monthly basis using report formats specified by the COUNTY. The CONTRACTOR shall provide daily data regarding diversions, hospitalizations, and transports offsite for emergency service to designated DIH staff. Other data shall be reported with the monthly Statistical Data Report and other required reports. See **Attachment A2-5** for a sample Statistical Data Report which lists the utilization data required by the COUNTY. Detailed reports on services provided offsite are also required in order to facilitate payment of services (see **Exhibit B** for more information).

A monthly Comprehensive Pharmacy Report is also required. At a minimum, the information presented in **Attachment A2-6** must be included in the Pharmacy Report.

17.3 Staffing Reports

The CONTRACTOR shall maintain an electronic time keeping system to provide monthly data and reports detailing employee or contracted personnel who are onsite, including but not limited to, position title, hours worked onsite by week and functional area in which the hours were worked. The report comparing actual hours to budgeted commitment is an essential requirement for payment.

The staffing reports must demonstrate completion of the critical staffing requirements in Section 15.3 above.

17.4 Data Transmission and Reporting Requirements

All data shall be transmitted electronically, in compliance with HIPAA requirements, on a schedule agreeable to both the CONTRACTOR and the COUNTY.

The CONTRACTOR shall be responsible for providing all reports and data in an electronically accessible format acceptable to the COUNTY. Acceptable formats include: delimited text files (*.txt), MS Excel , MS Access, MS Word, or any ODBC compliant database format.

No data shall be shared or replicated by the CONTRACTOR without express written consent from COUNTY and the Court.

17.5. Routine Meetings for Contract Administration and Coordination

The NCCHC Standards require regular administrative meetings to facilitate the delivery of health care services to youth through joint monitoring, planning and problem resolution, hereinafter called the Medical Administrative Committee Meeting (MAC Meeting). These meetings are also intended to inform the CONTRACTOR and the COUNTY of PCJDC

operational issues and changes in policy and procedure impacting health care delivery. MAC meetings shall be held at least quarterly.

The CONTRACTOR's HSA shall be responsible for a calendar of meetings, the MAC meeting notification and agenda, sign in sheets, and meeting minutes. CONTRACTOR shall distribute copies of meeting agendas, and minutes from the previous meeting prior to the next scheduled meeting.

The agenda for the MAC meetings shall focus on general operational process issues and utilization data related to the delivery of health care services. Meeting discussion should not include youth names or details that could identify youth.

18. Coordination with Judicial and Legal Issues

NCCHC Requirements: See section I, Medical – Legal Issues, and Appendix A, The Legal Context of Correctional Health Care.

18.1 Informed Consent to Treat

NCCHC Requirements: See standard Y-I-04, Informed Consent and Right to Refuse.

The CONTRACTOR shall obtain informed consent for services rendered to youth, including surgical or other invasive procedures, from the legal guardian for youth. CONTRACTOR shall document informed consent in writing.

Youth may refuse treatment to the same extent that the law permits them to consent to treatment. In the event that treatment has been authorized by a parent or legal guardian, but the youth refuses the treatment, the CONTRACTOR shall consult with PCJDC staff, the legal guardian, and the youth's attorney, if one has been appointed or retained, to determine the best course of action.

Consent from the legal guardian is required for non emergent offsite health care services.

The wishes of the youth do not control the disclosure of information. Therefore, the CONTRACTOR shall not give assurances of confidentiality to youth in custody of the Court.

18.2 Court Orders

Youth may be subject to court orders that may affect their medical, dental, and/or behavioral health treatment. The Court has agreed to include the PCJDC health care services CONTRACTOR on the minute entry distribution list for every minute entry related to health care ordered for a youth detained at PCJDC in order to expedite compliance with such court orders.

The CONTRACTOR shall develop a mechanism to review all minute entries received from the Court and to ensure timely compliance with court orders such as, but not limited to, those that:

- a) Order the youth to comply with certain treatment plans; or
- b) Authorize the CONTRACTOR to administer treatment on an involuntary basis; or
- c) Otherwise impact the youth's health care and the CONTRACTOR's role in the youth's health care services continuum.

The CONTRACTOR shall maintain a log of all minute entries received, including the date received and action taken, and make the log available for COUNTY and Court review.

The CONTRACTOR shall comply with the Court's order specifying the Court's expectation that medication is to be administered to youth "voluntarily or involuntarily" within the detention setting. The CONTRACTOR shall seek such court orders when the youth's failure to take medication contributes to behavior dangerous to self or others, or adversely impacts stabilization.

18.3 Subpoenas

Upon receipt of a subpoena for a youth's health care services record CONTRACTOR shall immediately forward subpoena to PCJCC Administration for processing. CONTRACTOR shall not issue the record until it has received written authorization to do so from the PCJCC Administration.

18.4 Professional Consultation Services

CONTRACTOR shall provide professional consultation services on health care matters to the presiding judge or individual judges as requested by a judicial officer, including making recommendations for early release of youth diagnosed with a serious illness. CONTRACTOR will provide a regular report to the assigned Probation Officer and Judge containing summary information of youth's current health status and health issues for consideration in judicial proceedings, or as may be requested by the Court.

19. Glossary

1. **ADHS**: Arizona Department of Health Services.
2. **ADJC**: Arizona Department of Juvenile Corrections.
3. **AHCCCS**: Arizona Health Care Cost Containment System. Arizona's Medicaid program.
4. **ALTCS**: Arizona Long Term Care System. Arizona's long term care Medicaid program.
5. **A.R.S.**: Arizona Revised Statutes. The full text of the statutes can be found at <http://www.azleg.state.az.us/ArizonaRevisedStatutes.asp>.
6. **Behavioral Health Services**: Includes the use of those behavioral health services essential to alleviate symptoms, attain appropriate functioning, and prevent relapse. Essential behavioral health services do not include routine individual or group therapy services as would be found in a licensed treatment facility.
7. **Bridge Orders**: Short-term temporary orders for critical medications to maintain continuity of care until a more extensive assessment can be done.
8. **CDC**: Center for Disease Control and Prevention.
9. **CQI Program**: Continuous Quality Improvement Program.
10. **Care Coordination**: Communication between the CONTRACTOR and other healthcare providers who may have been or are currently treating youth during their stay in detention to ensure coordination among the treating providers, including clear documentation, so that CONTRACTOR's treating providers are fully aware of all diagnostic testing, treatments and medications ordered by other healthcare providers. Such coordination extends to discharge planning to ensure that when the youth transitions out to the community or to another facility the treating providers at those sites have essential information on the health services and status of the youth to continue care with minimal disruption.
11. **Community Behavioral Health Provider**: The offsite Community Behavioral Health Provider that has been treating the youth prior to detention.
12. **Consent to Treat**: Defined in NCCHC Standards.
13. **Contract**: Legally binding document executed between CONTRACTOR and COUNTY resulting from this solicitation which incorporates RFP, addendum(s) and all responses by CONTRACTOR.

14. **CPSA**: Community Partnership of Southern Arizona. CPSA is Pima County's RBHA.
15. **Critical Health Information**: Key health information collected and maintained for quick reference during detention, restraint, care coordination with offsite providers or transfer of youth.
16. **Critical Medications**: Those prescription medications that are required to treat chronic health conditions, such as cardiopulmonary, diabetes, and mental health disorders.
17. **DEA**: Drug Enforcement Administration. Federal agency responsible for regulatory compliance for controlled substances.
18. **DIH**: A department within Pima County government known as the Department of Institutional Health charged with responsibility for contracting, oversight, coordination and management of the health care services for youth housed at the Pima County Juvenile Detention Center and adults and remanded juveniles housed at the Pima County Adult Detention Complex.
19. **EHR**: Electronic Health Record.
20. **Episode of Care – Offsite Services**: The set of services required to manage a specific medical condition of a youth over a defined period of time. Qualifying services may include ambulance transportation, medical professional services, hospital or other medical facility stay, and other ancillary services not included in a tiered payment rate. An episode begins at an acute onset of a health condition that requires qualifying treatment either at or away from PCJDC and continues on until the youth is released from custody or returned to the PCJDC, whichever occurs sooner. Subsequent services or re-admission to a medical facility for the same youth, even related to the same medical condition, constitute a new episode unless a follow-up return to inpatient status or outpatient treatment was medically indicated and scheduled at the time of the previous discharge.
21. **Episode of Care – Outlier Medication**: Medication on the Outlier Medication List (see **Attachment A2-7**) required to manage a specific medical condition of a youth over a defined period of time. An episode of care begins upon detention and ends upon release from the PCADC. Any subsequent detentions will be considered a new episode of care.
22. **Essential Mental Health Services**: As defined by NCCHC and Best Practices guidelines published by the State.
23. **Formulary**: A written list of prescription and non-prescription medications that is developed and provided by the CONTRACTOR and mutually agreed upon by the CONTRACTOR and COUNTY that are ordinarily available to authorized prescribers working for the CONTRACTOR. All or substantially all of the drugs in the antidepressant,

antipsychotic, anticonvulsant, anticancer, immunosuppressant, and HIV/AIDS categories are to be included in formularies.

24. **Full Time Equivalent (FTE)**: Annual paid hours of 2,080 per year for any position.
25. **General Mental Illness**: A mental disorder as described in A.R.S. § 36-501 (25).
26. **Health Care Services**: Medical, behavioral, mental and withdrawal services as specified in NCCHC standards and best practices.
27. **HIE**: Health Information Exchange.
28. **IEP**: Individualized Education Plan. A requirement of the Individuals with Disabilities Education Act (IDEA) that calls for the detention center education provider to evaluate every child and, for those children with special education needs, establish and administer an IEP.
29. **Informed Consent**: Defined in NCCHC Standards.
30. **Insurance Program**: Any third party payer program that pays for health care services on behalf of eligible members.
31. **Juvenile**: An individual under the age of eighteen (18).
32. **MAC**: Medical Administrative Committee. Also used for Make a Change, a substance abuse treatment readiness and relapse prevention program run by the Court.
33. **Medical Isolation**: A therapeutic intervention initiated by medical or mental health staff to use rooms designed to safely limit a patient's mobility due to a physical or mental illness.
34. **Medical Necessity**: Any service, supply, treatment, or hospital confinement which is essential to the treatment of the injury or illness for which it is prescribed or performed; is based upon valid medical need according to accepted standards of medical practice and meets generally accepted standards for medical practice, and is ordered by a physician (except where the treatment is rendered by another provider and is generally recognized as not requiring a physician order).
35. **NCCHC**: National Commission on Correctional Health Care.
36. **OCMD**: Office of the Chief Medical Director (Pima County).
37. **OIG**: Office of the Inspector General.

38. **ONC:** Office of the National Coordinator for Health Information Technology, located within the US Department of Health and Human Services.
39. **On-Call Coverage:** Ability to respond to a pager within 15 minutes; or, if needed, to respond in person to the detention center(s) within 60 minutes.
40. **Offsite Health Services:** Services for youth that are not available at the PCJDC but are medically necessary according to the standards governing correctional health care services.
41. **Payer:** Any individual, entity or program that is or may be liable to pay all or part of the health services expense of injury, disease or disability.
42. **PCAP:** Pima Community Access Program, a not-for-profit organization that facilitates eligibility screening and enrollment for publicly funded healthcare programs and provides access to professional health care at discounted prices.
43. **PCHD:** Pima County Health Department.
44. **PCADC:** Pima County Adult Detention Complex.
45. **PCJCC:** Pima County Juvenile Court Center.
46. **PCJDC:** Pima County Juvenile Detention Center.
47. **Prescribing Provider:** Individuals whose professional licenses allow them to prescribe medications.
48. **QA:** Quality Assurance.
49. **QA/PI Program:** Quality Assurance / Performance Improvement Program (Pima County).
50. **RBHA:** Regional Behavioral Health Authority; an agency contracted with the Arizona Department of Health Services (ADHS) to provide behavioral health administration services for a geographical area of the State.
51. **RFP:** Request for Proposals.
52. **Security Clearance:** Background check as specified by the PCJCC.
53. **Serious Emotional Disorder (SED):** A diagnosable mental disorder found in persons from birth to 18 years of age that is so severe and long lasting that it seriously interferes with functioning in family, school, community, or other major life activities.

54. **Sick Call**: Scheduled visits with nurses, physicians and mid-level providers for treatment of youth health conditions.
55. **Sick Call Requests**: Written request prepared by youth on form provided.
56. **Specialty Court**: Specialty Court is a court to which certain types of cases are assigned to a single Division so that all parties, including the judge, are knowledgeable and experienced with regard to a special set of circumstances common to all of those cases.
57. **Staffing Plan/Commitment**: The plan agreed to by the CONTRACTOR and the COUNTY for ensuring sufficient onsite health service personnel to perform the functions outlined in the contracted scope of services.
58. **Staffing Budget**: The annual cost of wages and benefits or contracted fees associated with the provision of the budgeted Staffing Plan.
59. **Temporary Relief Staff**: Personnel from a staffing pool established by the CONTRACTOR or a staffing agency the CONTRACTOR uses to cover scheduled or unscheduled absences of individuals who are normally providing services under this contract.
60. **Trauma Informed Care**: An approach to engaging people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives.
61. **Triage**: Sorting and classifying of youth sick call requests using pre -established criteria to determine the prioritization of requests and ensure the timely provision of health services.
62. **TRBHA**: Tribal Regional Behavioral Health Authority. See also RBHA.
63. **Utilization Management (UM)**: The methodology used by CONTRACTOR to monitor and assess the appropriateness and efficiency of care provided to youth and activities designed to improve the utilization of care provided to youth through implementation of a formal program with involvement of multiple organizational components.
64. **Youth**: Refers to a juvenile booked into the Pima County Juvenile Detention Center. As used in this RFP, the term is both singular and plural.

LIST OF ATTACHMENTS

EXHIBIT A: SCOPE OF SERVICES – PART II, PCJDC

- A2-1 Demographic Information for PCJDC
- A2-2 Map of Service Areas Included in the RFP
- A2-3 PCJDC Floor Plans
- A2-4 Inventory of Medical Equipment, Office Equipment, and Furniture in the Health Areas of PCJDC
- A2-5 Consolidated Statistical Data Report for Healthcare at the PCJDC
- A2-6 PCJDC Pharmacy Data for July 2011 – September 2012
- A2-7 List of Outlier Medications
- A2-8 Electronic Health Record and Health Information Exchange
- A2-9 Standards and Recommendations Concerning the Screening, Diagnosis and Treatment of Communicable Disease at PCADC and PCJCC
- A2-10 DIH Policy AC-06 Approval for Healthcare Leadership Positions in Detention Facilities
- A2-11 Sample Performance Indicators for PCJDC
- A2-12 Sample Required Reports and Reporting Schedule for PCJDC
- A2-13 Sample Business Requirements for PCJDC
- A2-14 Make a Change (MAC)
- A2-15 PCJCC Health Policies

**ATTACHMENT A2-1
DEMOGRAPHIC INFORMATION FOR PCJDC**

Consolidated Inmate Headcount:	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12
Males	50	48	49	41	40	41	43	50	49
Females	7	8	10	12	9	9	10	11	7
Monthly Average Census	57	56	59	53	49	50	53	61	56

Consolidated Inmate Headcount (cont):	Apr-12	May-12	Jun-12	YTD Total	Jul-12	Aug-12	Sep-12	Monthly Average
Males	49	57	51	567	45	42	45	46.6
Females	4	8	9	104	16	13	12	9.6
Monthly Average Census	53	65	60	672	61	55	56	56.2

Additional Information Regarding the Population of PCJDC:	
Average age	15.6
Average length of stay 2011	17 days
Average length of stay 2012 YTD	21 days
% dually adjudicated	15%
% detained for violations of court orders	75%

Ethnicity:	
Hispanic	49%
Caucasian - non-Hispanic	36%
African American	6%
Native American	3%
Other/Unknown	6%

# of Bookings by Time of Day				
Time	CY 2011		CY 2012 YTD	
	# Bookings	% of Total	# Bookings	% of Total
8 a.m. - 2:59 p.m.	649	36%	285	38%
3:00 p.m. - 6:59 p.m.	453	25%	193	25%
7:00 p.m. - 9:59 p.m.	281	15%	106	14%
10:00 p.m. - 11:59 p.m.	156	9%	48	6%
12:00 a.m. - 7:59 a.m.	276	15%	127	17%
Total Bookings	1,815	100%	759	100%

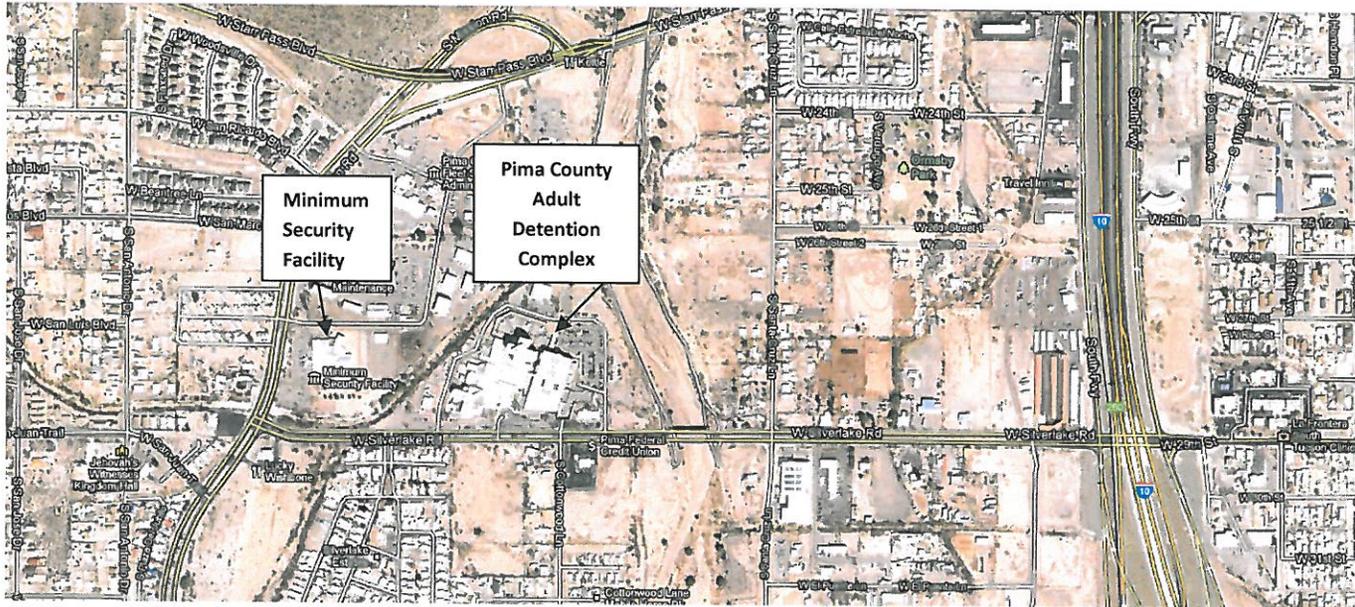
Length of Stay - Releases 7/1/11 to 9/30/12		
Days in Detention	Count	Percent
15 days or less	772	60.4%
16-30 days	245	19.2%
31-50 days	168	13.1%
51-70 days	51	4.0%
71 - 100 days	24	1.9%
More than 100 days	19	1.5%
Total	1,279	100.0%

Staffed Bed Capacity & Average Census by Living Unit				
Youth Assigned to Unit	Living Unit #	Current Staffed Beds	average Bed Use*	
Males 14-17	100	16	13.3	
Special Consideration Males 14-17	200	16	9.7	
Make a Change Male Program	300	11	10.3	
Females and Younger males 8-14	400	16	7.3	
Make a Change Female Program	500	7	4.6	
Not currently in use	1300	0	0.9	
Males 14-17	1500	16	12.6	
Totals		82	58.7	

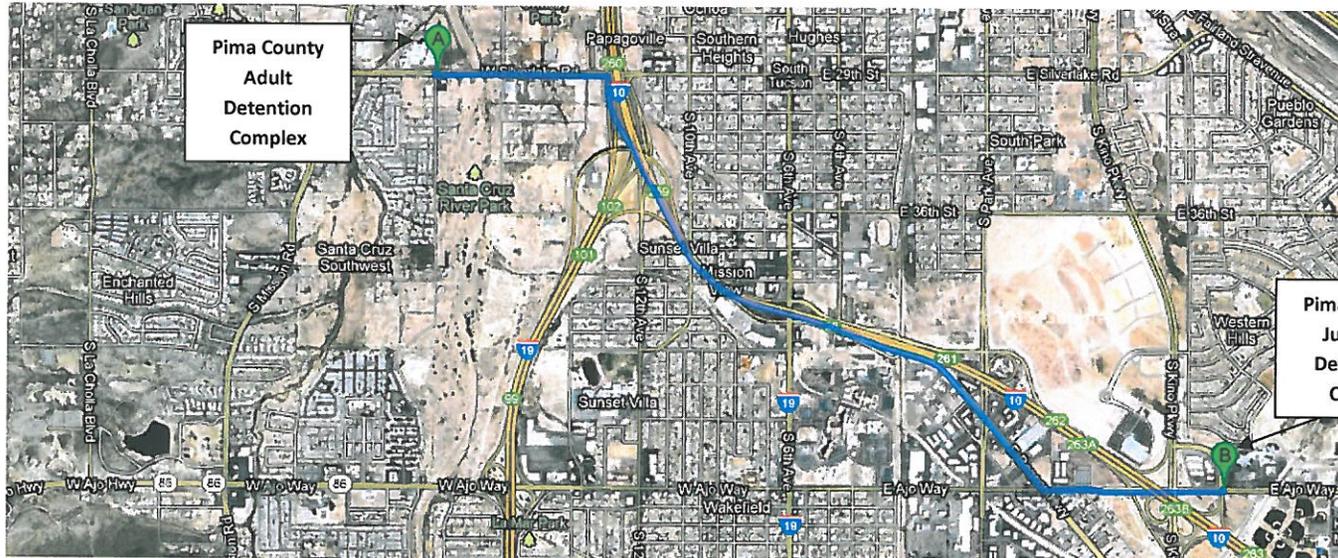
* From April 2011 through June 2012

ATTACHMENT A2-2

Service Areas Included in the RFP

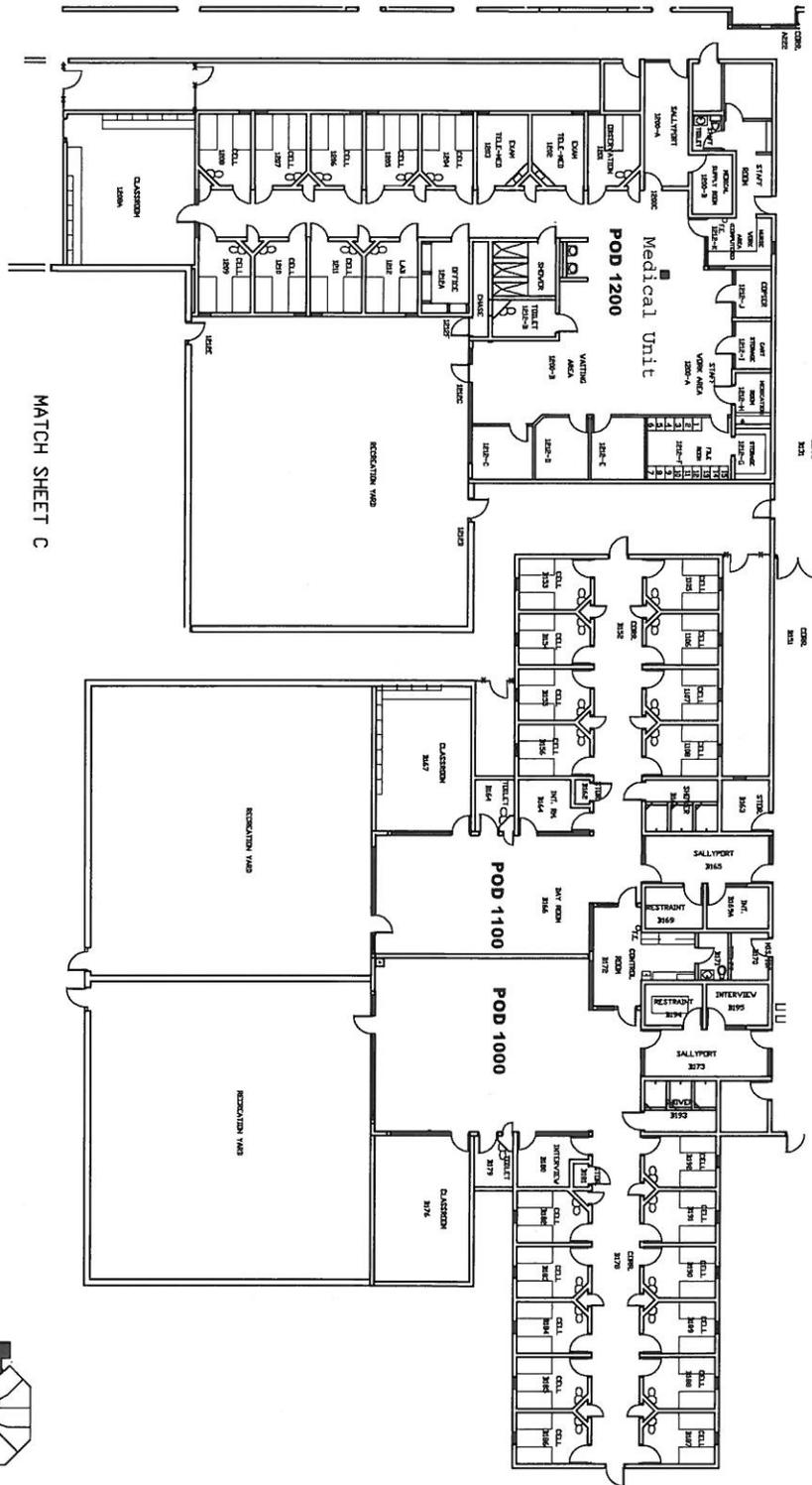


Distances:
PCADC Main Complex to MSF:
.9 miles
PCADC to PCJDC: 5.4 miles

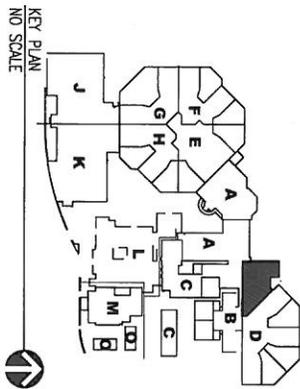


ATTACHMENT A2-3

MATCH SHEET A2




SCALE = 1"=20'
 20765 SF (INCLUDES BOTH NORTH & SOUTH)



KEY PLAN
 NO SCALE

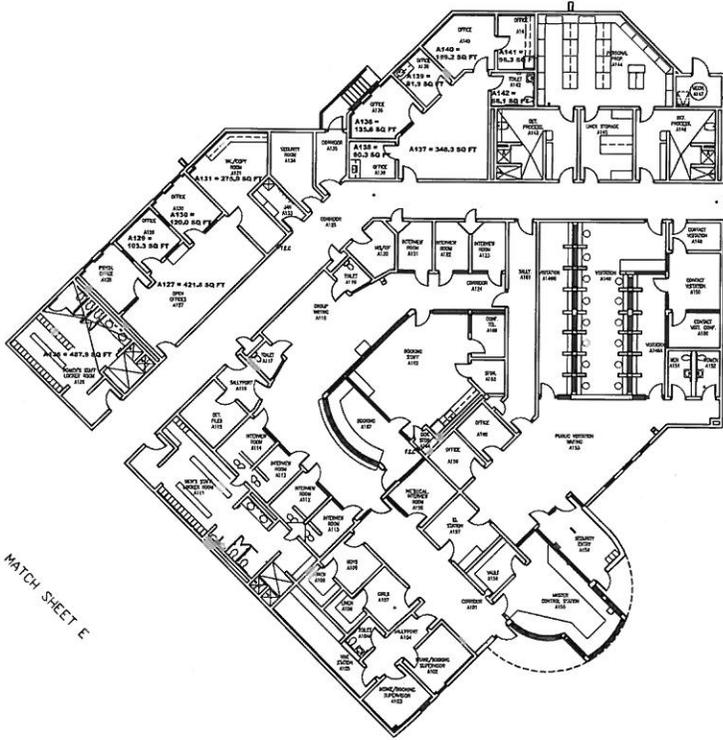
PIMA COUNTY FACILITIES MANAGEMENT, 150 WEST CONGRESS, TUCSON ARIZONA 85701 (520)740-3085

B1N
 4 OF 16
 V.A. NUMBER



JUVENILE COURTS CENTER
EAST AJO WAY
TUCSON, AZ

BLDG B SOUTH



MATCH SHEET E

MATCH SHEET A-E



SCALE 1" = 20'
15265 SF



KEY PLAN
NO SCALE

PIMA COUNTY FACILITIES MANAGEMENT, 150 WEST CONGRESS, TUCSON ARIZONA 85701 (520)740-3085

JUVENILE COURTS CENTER
EAST AJO WAY
TUCSON, AZ

BLDG A-WEST



DESIGNED BY: R.L.K.
DRAWN BY: J.P.Z.
CHECKED BY: J.P.Z.
DATE: 10/16/16
A-W
J 16
P.L. 10/16/16

ATTACHMENT A2-4
INVENTORY OF MEDICAL EQUIPMENT, OFFICE EQUIPMENT AND FURNITURE AT PCJDC

Audit Date: 11/24/2012

Note: Inventory owned by Pima County is representative of what will be available to the CONTRACTOR selected on 7/1/2013. Not all items are guaranteed to be present by that date. Inventory owned by current healthcare provider will not be available unless other arrangements are made.

Room Number	Location	Item	Owner
A. Medical Equipment			
1201	Medical Office	Stabilizer board	Pima County
1201	Medical Office	Pair of crutches	Pima County
1201	Medical Office	Pair of crutches	Pima County
1201	Medical Office	Pair of crutches	Pima County
1201	Medical Office	Pair of crutches	Pima County
1201	Medical Office	Pair of crutches	Pima County
1201	Medical Office	Pair of crutches	Pima County
1201	Medical Office	Pair of crutches	Pima County
1201	Medical Office	Oxygen canister w/cart	Pima County
1202	Medical Office	Exam Table	Pima County
1202	Medical Office	Privacy Curtain	Pima County
1202	Medical Office	2 shelf cart rolling	Pima County
1202	Medical Office	EKG	Pima County
1202	Medical Office	Oxygen canister w/cart	Pima County
1202	Medical Office	hanging sharps container w/gloves	Pima County
1202	Medical Office	portable welch allyn vitals	Pima County
1202	Medical Office	welch allyn ottoscope	Pima County
1202	Medical Office	rolling exam chair	Pima County
1203	Medical Office	Exam Table	Pima County
1203	Medical Office	Privacy Curtain	Pima County
1203	Medical Office	rolling exam chair	Pima County
1203	Medical Office	hanging sharps container w/gloves	Pima County
1203	Medical Office	welch allyn ottoscope	Pima County
1204	Medical Office	Exam Table	Pima County
1204	Medical Office	Privacy Curtain	Pima County
1204	Medical Office	welch allyn ottoscope	Pima County
1204	Medical Office	hanging sharps container w/gloves	Pima County
1204	Medical Office	lamp	Pima County
1212	Medical Office	sanyo fridge (speciman)	Pima County
1212	Medical Office	Summit fridge (meds)	Pima County
1212	Medical Office	biohazard waste container	Pima County
1212	Medical Office	hanging sharps container w/gloves	Pima County
1212	Medical Office	rolling exam chair	Pima County
1212	Medical Office	linen basket	Pima County
1212B	Medical Office	Privacy Curtain	Pima County
1212F	Medical Office	6 shelf for medical records	Pima County
1212F	Medical Office	6 shelf for medical records	Pima County
1212F	Medical Office	6 shelf for medical records	Pima County
1212F	Medical Office	6 shelf for medical records	Pima County
1212F	Medical Office	6 shelf for medical records	Pima County
1212F	Medical Office	6 shelf for medical records	Pima County
1212F	Medical Office	6 shelf for medical records	Pima County
1212F	Medical Office	6 shelf for medical records	Pima County
1212F	Medical Office	6 shelf for medical records	Pima County
1212F	Medical Office	6 shelf for medical records	Pima County

ATTACHMENT A2-4
INVENTORY OF MEDICAL EQUIPMENT, OFFICE EQUIPMENT AND FURNITURE AT PCJDC

Audit Date: 11/24/2012

Note: Inventory owned by Pima County is representative of what will be available to the CONTRACTOR selected on 7/1/2013. Not all items are guaranteed to be present by that date. Inventory owned by current healthcare provider will not be available unless other arrangements are made.

Room Number	Location	Item	Owner
1212F	Medical Office	6 shelf for medical records	Pima County
1212G	Medical Office	7 shelf for medical records	Pima County
1212G	Medical Office	7 shelf for medical records	Pima County
1212H	Medical Office	Med Cart	Pima County
1212H	Medical Office	1 rolling exam chair	Pima County
1212I	Medical Office	rolling exam chair	Pima County
Hallway	Medical Office	scale	Pima County
Hallway	Medical Office	plobotomy chair	Pima County
Hallway	Medical Office	hanging sharps container w/gloves	Pima County
	Intake	portable welch allyn vitals	Pima County

B. Office Furniture & Equipment

1201	Medical Office	2 basket rolling cart	Pima County
1201	Medical Office	Chrome Wastebasket	Pima County
1201	Medical Office	Purple rolling chair	Pima County
1201	Medical Office	Plastic chair	Pima County
1201	Medical Office	Microwave (not working)	Pima County
1202	Medical Office	desk	Pima County
1202	Medical Office	3 drawer file cabinet	Pima County
1202	Medical Office	3 hanging file metal	Pima County
1202	Medical Office	clock	Pima County
1202	Medical Office	wastebasket	Pima County
1203	Medical Office	3 hanging file metal	Pima County
1203	Medical Office	wastebasket	Pima County
1204	Medical Office	3 hanging file metal	Pima County
1204	Medical Office	clock	Pima County
1212	Medical Office	3 hanging file metal	Pima County
1212	Medical Office	2 step ladder	Pima County
1212	Medical Office	wastebasket	Pima County
1212	Medical Office	small desk rolling	Pima County
1212A	Medical Office	wood L shaped desk	Pima County
1212A	Medical Office	light color L shaped desk	Pima County
1212A	Medical Office	6 drawer lateral file	Pima County
1212A	Medical Office	clock	Pima County
1212A	Medical Office	corkboard	Pima County
1212A	Medical Office	blue rolling chair	Pima County
1212C	Medical Office	wood desk (6 drawer)	Pima County
1212C	Medical Office	black chair ex	Pima County
1212C	Medical Office	black chair	Pima County
1212C	Medical Office	black chair	Pima County
1212C	Medical Office	4 drawer lateral	Pima County
1212C	Medical Office	wastebasket	Pima County
1212D	Medical Office	wood desk (4drawer 2drawer)	Pima County
1212D	Medical Office	wood desk (4drawer 2drawer)	Pima County
1212D	Medical Office	3 shelf bookcase	Pima County
1212D	Medical Office	fridge	Pima County

ATTACHMENT A2-4
INVENTORY OF MEDICAL EQUIPMENT, OFFICE EQUIPMENT AND FURNITURE AT PCJDC

Audit Date:

11/24/2012

Note: Inventory owned by Pima County is representative of what will be available to the CONTRACTOR selected on 7/1/2013. Not all items are guaranteed to be present by that date. Inventory owned by current healthcare provider will not be available unless other arrangements are made.

Room Number	Location	Item	Owner
1212D	Medical Office	wastebasket	Pima County
1212D	Medical Office	rolling chairs - black	Pima County
1212D	Medical Office	rolling chairs - black	Pima County
1212D	Medical Office	picture	Pima County
1212E	Medical Office	wood desk (5drawer)	Pima County
1212E	Medical Office	6 shelf bookcase	Pima County
1212E	Medical Office	3 drawer file cabinet	Pima County
1212E	Medical Office	rolling chair - black	Pima County
1212E	Medical Office	Plastic chair	Pima County
1212E	Medical Office	cork board	Pima County
1212E	Medical Office	clock	Pima County
1212E	Medical Office	wastebasket	Pima County
1212F	Medical Office	cannon copier image runner 6065	Pima County
1212F	Medical Office	shredder	Pima County
1212F	Medical Office	2 basket rolling cart	Pima County
1212F	Medical Office	4 drawer file cabinet	Pima County
1212G	Medical Office	wood desk (6drawer)	Pima County
1212G	Medical Office	blue rolling chair	Pima County
1212G	Medical Office	2 basket rolling cart	Pima County
1212G	Medical Office	wastebasket	Pima County
1212H	Medical Office	clock	Pima County
1212I	Medical Office	6 drawer lateral file	Pima County
1212I	Medical Office	6 drawer lateral file	Pima County
1212I	Medical Office	3 shelf bookcase	Pima County
1212J	Medical Office	desk metal (6drawer)	Pima County
1212J	Medical Office	rolling chair grey	Pima County
1212J	Medical Office	wastebasket	Pima County
1212K	Medical Office	metal lockers for employees	Pima County
1212K	Medical Office	metal lockers for employees	Pima County
1212K	Medical Office	metal lockers for employees	Pima County
1212K	Medical Office	metal lockers for employees	Pima County
1212K	Medical Office	metal lockers for employees	Pima County
1212K	Medical Office	metal lockers for employees	Pima County
1212K	Medical Office	metal lockers for employees	Pima County
1212K	Medical Office	metal lockers for employees	Pima County
1212K	Medical Office	metal lockers for employees	Pima County
1212K	Medical Office	metal lockers for employees	Pima County
1212K	Medical Office	metal lockers for employees	Pima County
1212K	Medical Office	metal lockers for employees	Pima County
1212K	Medical Office	metal lockers for employees	Pima County
1212K	Medical Office	metal lockers for employees	Pima County
1212K	Medical Office	metal lockers for employees	Pima County
1212K	Medical Office	32 slot mailbox for employees	Pima County
1212K	Medical Office	maroon chair	Pima County
1212K	Medical Office	computer stand	Pima County
A128	Behavioral Health Office	L shaped desk w/overhead storage	Pima County
A128	Behavioral Health Office	table	Pima County
A128	Behavioral Health Office	2 drawer file cabinets	Pima County
A128	Behavioral Health Office	2 drawer file cabinets	Pima County
A128	Behavioral Health Office	blk exc. Chair	Pima County

ATTACHMENT A2-4
INVENTORY OF MEDICAL EQUIPMENT, OFFICE EQUIPMENT AND FURNITURE AT PCJDC

Audit Date: 11/24/2012

Note: Inventory owned by Pima County is representative of what will be available to the CONTRACTOR selected on 7/1/2013. Not all items are guaranteed to be present by that date. Inventory owned by current healthcare provider will not be available unless other arrangements are made.

Room Number	Location	Item	Owner
A128	Behavioral Health Office	waste basket	Pima County
A129	Behavioral Health Office	desk metal	Pima County
A129	Behavioral Health Office	blk rolling chair	Pima County
A129	Behavioral Health Office	plastic chair	Pima County
A129	Behavioral Health Office	4 drawer file cabinet	Pima County
A129	Behavioral Health Office	4 shelf bookcase	Pima County
A129	Behavioral Health Office	waste basket	Pima County
A130	Behavioral Health Office	v shaped desk	Pima County
A130	Behavioral Health Office	3 drawer file cabinet	Pima County
A130	Behavioral Health Office	2 drawer file cabinets	Pima County
A130	Behavioral Health Office	4 drawer lateral	Pima County
A130	Behavioral Health Office	blk plastic chairs	Pima County
A130	Behavioral Health Office	blk plastic chairs	Pima County
A130	Behavioral Health Office	blk rolling chair	Pima County
A130	Behavioral Health Office	waste basket	Pima County
A130	Behavioral Health Office	fridge	Pima County
Breakroom	Behavioral Health Office	round table	Pima County
Breakroom	Behavioral Health Office	l shaped desk	Pima County
Breakroom	Behavioral Health Office	wood desk (4drawers)	Pima County
Breakroom	Behavioral Health Office	6 shelf bookcase	Pima County
Breakroom	Behavioral Health Office	fridge employee	Pima County
Breakroom	Behavioral Health Office	light blue rolling chair	Pima County
Breakroom	Behavioral Health Office	maroon rolling chair	Pima County
Breakroom	Behavioral Health Office	blk exc. Chair	Pima County
Breakroom	Behavioral Health Office	waste basket	Pima County
Breakroom	Behavioral Health Office	recycle basket	Pima County
Breakroom	Behavioral Health Office	dry erase board	Pima County
Breakroom	Behavioral Health Office	microwave	Pima County
Breakroom	Behavioral Health Office	2 basket rolling cart	Pima County
Breakroom	Medical Office	round table	Pima County
Breakroom	Medical Office	maroon chair	Pima County
Breakroom	Medical Office	maroon chair	Pima County
Breakroom	Medical Office	maroon chair	Pima County
Breakroom	Medical Office	wood table	Pima County
Breakroom	Medical Office	wastebasket	Pima County
Breakroom	Medical Office	clock	Pima County
Cubicle 1	Behavioral Health Office	L shaped desk w/overhead storage	Pima County
Cubicle 1	Behavioral Health Office	2 drawer file cabinets	Pima County
Cubicle 1	Behavioral Health Office	lamp	Pima County
Cubicle 1	Behavioral Health Office	4 shelf bookcase	Pima County
Cubicle 1	Behavioral Health Office	waste basket	Pima County
Cubicle 1	Behavioral Health Office	4 drawer file cabinet	Pima County
Cubicle 2	Behavioral Health Office	L shaped desk w/overhead storage	Pima County
Cubicle 2	Behavioral Health Office	3 drawer file cabinet	Pima County
Cubicle 2	Behavioral Health Office	2 drawer file cabinets	Pima County
Cubicle 2	Behavioral Health Office	4 drawer file cabinet	Pima County
Cubicle 2	Behavioral Health Office	wood shelf	Pima County

**ATTACHMENT A2-4
INVENTORY OF MEDICAL EQUIPMENT, OFFICE EQUIPMENT AND FURNITURE AT PCJDC**

Audit Date: 11/24/2012

Note: Inventory owned by Pima County is representative of what will be available to the CONTRACTOR selected on 7/1/2013. Not all items are guaranteed to be present by that date. Inventory owned by current healthcare provider will not be available unless other arrangements are made.

Room Number	Location	Item	Owner
Cubicle 3	Behavioral Health Office	L shaped desk w/overhead storage	Pima County
Cubicle 3	Behavioral Health Office	2 drawer file cabinets	Pima County
Cubicle 3	Behavioral Health Office	4 drawer file cabinet	Pima County
Cubicle 3	Behavioral Health Office	waste basket	Pima County
Cubicle 3	Behavioral Health Office	waste basket	Pima County
Cubicle 3	Behavioral Health Office	ergonomic chair blk	Pima County
Hallway	Medical Office	Plastic chair	Pima County
Hallway	Medical Office	Plastic chair	Pima County
Hallway	Medical Office	Plastic chair	Pima County
Hallway	Medical Office	metal desk sm	Pima County
Hallway	Medical Office	black chair ex	Pima County
Hallway	Medical Office	wastebasket	Pima County
Hallway	Medical Office	wastebasket	Pima County
Open area	Behavioral Health Office	wood tables	Pima County
Open area	Behavioral Health Office	wood tables	Pima County
Open area	Behavioral Health Office	metal table	Pima County
Open area	Behavioral Health Office	time stamp	Pima County
Open area	Behavioral Health Office	5 shelf metal file (desk top)	Pima County
Open area	Behavioral Health Office	32 slot mail box	Pima County
Open area	Medical Office	l shaped desk	Pima County
Open area	Medical Office	blue rolling chair	Pima County
Open area	Medical Office	blue rolling chair	Pima County
Open area	Medical Office	blue rolling chair	Pima County
Open area	Medical Office	ergonomic chair blk	Pima County
Open area	Medical Office	3 drawer file cabinet	Pima County
Open area	Medical Office	3 drawer file cabinet	Pima County
Open area	Medical Office	five drawer lateral blk	Pima County
Open area	Medical Office	five drawer lateral tan	Pima County
Open area	Medical Office	five drawer lateral tan	Pima County
Open area	Medical Office	4 drawer lateral tan	Pima County
Open area	Medical Office	2 drawer file tan	Pima County
Open area	Medical Office	4 drawer file cabinet blk	Pima County
Open area	Medical Office	metal rack 4 shelves	Pima County
Open area	Medical Office	round table	Pima County
Open area	Medical Office	blue chairs	Pima County
Open area	Medical Office	blue chairs	Pima County
Open area	Medical Office	blue chairs	Pima County
Open area	Medical Office	Purple rolling chair	Pima County
Open area	Medical Office	wood shelve w/doors	Pima County
Open area	Medical Office	wastebasket	Pima County
Open area	Medical Office	wastebasket	Pima County
Open area	Medical Office	wastebasket	Pima County
Open area	Medical Office	wastebasket	Pima County
Open area	Medical Office	wastebasket	Pima County
Open area	Medical Office	wastebasket	Pima County
Open area	Medical Office	wastebasket	Pima County
Open area	Medical Office	recycle basket	Pima County
Open area	Medical Office	clock cracked	Pima County

ATTACHMENT A2-4
INVENTORY OF MEDICAL EQUIPMENT, OFFICE EQUIPMENT AND FURNITURE AT PCJDC

Audit Date:

11/24/2012

Note: Inventory owned by Pima County is representative of what will be available to the CONTRACTOR selected on 7/1/2013. Not all items are guaranteed to be present by that date. Inventory owned by current healthcare provider will not be available unless other arrangements are made.

Room Number	Location	Item	Owner
Intake	Intake	wood desk	Pima County
Intake	Intake	table	Pima County
Intake	Intake	plastic chair	Pima County
Intake	Intake	plastic chair	Pima County
Intake	Intake	plastic chair	Pima County
Intake	Intake	grey rolling chair	Pima County
Intake	Intake	light blue rolling chair	Pima County
Intake	Intake	time stamp	Pima County
Intake	Intake	2 drawer file cabinet	Pima County
Intake	Intake	wastebasket	Pima County
1212J	Medical Office	LG Monitor Black W1943TB	Healthcare Vendor
1212J	Medical Office	Dell Keyboard	Healthcare Vendor
1212J	Medical Office	Optiplex 760 Computer	Healthcare Vendor
1212J	Medical Office	Dell Monitor	Healthcare Vendor
1212J	Medical Office	Dell Keyboard	Healthcare Vendor
1212J	Medical Office	Optiplex 760 Computer	Healthcare Vendor
1212J	Medical Office	Xerox Documate 510	Pima County
1212E	Medical Administration - MD's Office	Optiplex 760 Computer	Healthcare Vendor
1212E	Medical Administration - MD's Office	LG Monitor Black W1943TB	Healthcare Vendor
1212E	Medical Administration - MD's Office	Dell Keyboard	Healthcare Vendor
1212C	Health Services Administration	Optiplex 760 Computer	Healthcare Vendor
1212C	Health Services Administration	LG Monitor Black W1943TB	Healthcare Vendor
1212C	Health Services Administration	Dell Keyboard	Healthcare Vendor
1212J	Medical Office	HP Laserjet P2055dn	Healthcare Vendor
1212J	Medical Office	Brother Fax 1860c	Healthcare Vendor
A128	Behavioral Health - Director's Office	LG Monitor Black W2043T	Healthcare Vendor
A128	Behavioral Health - Director's Office	Dell Keyboard	Healthcare Vendor
A128	Behavioral Health - Director's Office	Optiplex 760 Computer	Healthcare Vendor
A127A	Behavioral Health - Director's Office	HP Laserjet P2055dn	Healthcare Vendor
A129	Behavioral Health - Case Mgr.	LG Monitor Black W2043T	Healthcare Vendor
A129	Behavioral Health - Case Mgr.	Dell Keyboard	Healthcare Vendor
A129	Behavioral Health - Case Mgr.	Optiplex 760 Computer	Healthcare Vendor
A130	Behavioral Health - MH Clinician	LG Monitor Black W2043T	Healthcare Vendor
A130	Behavioral Health - MH Clinician	Dell Keyboard	Healthcare Vendor
A130	Behavioral Health - MH Clinician	Optiplex 760 Computer	Healthcare Vendor
A131	Behavioral Health - Phychiatrist's Office	Brother IntelliFax 775	Healthcare Vendor
A131	Behavioral Health - Phychiatrist's Office	Optiplex 390 Computer	Healthcare Vendor
A131	Behavioral Health - Phychiatrist's Office	Dell Monitor	Healthcare Vendor
A131	Behavioral Health - Phychiatrist's Office	Dell Keyboard	Healthcare Vendor
A131	Behavioral Health - Phychiatrist's Office	HP Office Jet 6700 Premium	Healthcare Vendor
1212I	Supply Room	Brother IntelliFax	Healthcare Vendor
1212C	Health Services Administration	HP Laser Jet M1522nf all in one	Healthcare Vendor

ATTACHMENT A2-5

Consolidated Statistical Data Report for Healthcare at the PCJDC

Service Provided	Jul-11	#####	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	YTD Total	Jul-12	Aug-12	Sep-12	Monthly Average
Average Monthly Census	57	56	59	53	49	50	53	70	56	53	65	60	681	61	55	56	57
#Health Intake Screenings/Admissions	77	95	88	77	87	81	107	86	83	75	106	72	1034	81	76	80	
Medical: Physicals/Sick Call																	
# 7 Day Physicals (Total)	41	54	59	35	48	47	49	54	59	33	47	39	565	46	41	32	46
# Medical Sick Call Request (Total)	245	236	239	238	208	215	219	209	152	226	295	249	2731	249	221	228	229
# Medical Sick Call Visits (Total)	289	338	338	309	281	288	300	354	242	349	468	409	3965	420	362	333	339
# Nurse Sick Call Visits	241	288	282	260	239	237	246	300	194	296	395	353	3331	369	308	277	286
# Prescribing Provider Visits	48	50	56	49	42	51	54	54	48	53	73	56	634	51	54	56	53
# MD Visits	25	20	22	18	17	11	23	10	20	15	26	30	237	19	19	25	20
# Mid Level Provider Visits	23	30	34	31	25	40	31	44	28	38	47	26	397	32	35	31	33
# Chronic Care Visits (Total)	15	16	24	14	12	18	19	9	13	18	23	12	193	12	19	16	16
Cardiovascular	1	0	0	0	0	0	0	0	0	0	1	0	2	0	0	0	0
CNS / Neuro	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Asthma/Respiratory	10	8	17	8	5	13	13	8	13	14	18	6	133	6	8	10	10
Diabetes / Endocrine	0	0	0	0	0	0	0	0	0	0	0	0	0	1	2	0	0
GI	0	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0
ADHD	4	8	7	6	7	4	6	1	0	4	4	6	57	5	9	6	5
Medical : Procedures																	
# of Procedures (Total)	11	41	20	29	13	2	24	9	5	31	25	31	241	64	33	29	24
Wound Care / Dressings / Burns	11	38	19	29	8	2	23	7	2	31	23	30	223	29	31	29	21
EKG	0	0	0	0	5	0	1	2	2	0	2	1	13	2	0	0	1
Respiratory Treatments	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0
Other	0	3	1	0	0	0	0	0	1	0	0	0	5	31	2	0	3
Medical : Diagnostic Testing																	
# Internal Lab Tests (Total)	13	11	17	24	22	14	28	23	12	29	29	42	264	59	121	32	32
Rapid strep	6	3	5	6	5	6	9	7	3	6	5	4	65	1	5	7	5
Fingerstick Blood Glucose	3	0	1	1	3	1	1	1	0	5	4	1	21	34	92	9	10
Urinalysis, by dip stick	1	1	3	5	5	3	4	6	3	6	3	18	58	9	8	5	5
Urine Pregnancy Test	3	7	6	11	9	4	14	7	6	11	17	18	113	15	16	11	10
# Positive Pregnancy Test	0	0	2	1	0	0	0	2	0	1	0	1	7	3	0	1	1
External Lab Tests (Total)	24	45	19	21	16	7	13	11	9	12	18	15	210	18	8	9	16
Chem Panel / LFT	4	4	4	5	3	1	4	2	0	1	3	1	32	2	1	0	2
CBC with platelets / Diff	5	4	3	2	2	1	3	3	1	1	2	3	30	3	2	2	2
Glucose Fasting	0	0	0	1	2	0	0	1	0	1	1	0	6	1	0	1	1
Hg-A1C	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
T4/TSH	3	2	2	3	0	0	1	0	0	1	2	0	14	0	0	0	1
Urine with Micro / Urine C & S	0	0	0	0	0	0	0	0	0	1	0	0	1	1	3	0	0
Hepatitis A, B, C,	0	2	3	1	1	0	0	0	0	0	1	0	8	2	1	0	1
RPR Testing	5	5	2	3	1	1	2	1	5	4	0	8	37	6	1	4	3
Depakote Level (Valproic Acid)	1	0	0	2	0	1	0	1	1	0	1	0	7	0	0	0	0
Lithium Level	2	2	2	1	0	1	2	1	0	1	0	1	13	1	0	2	1
Other	4	26	3	3	7	2	1	2	2	2	8	2	62	2	0	0	4

ATTACHMENT A2-5

Consolidated Statistical Data Report for Healthcare at the PCJDC

Service Provided	Jul-11	#####	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	YTD Total	Jul-12	Aug-12	Sep-12	Monthly Average
47 # PPD Tests	41	58	53	36	44	57	65	66	54	41	68	50	633	50	44	43	51
48 # Positive PPD	2	0	1	0	0	1	0	1	1	1	0	2	9	2	1	1	1
49 # Chest x-rays	2	0	1	0	0	1	0	1	1	1	0	2	9	2	1	1	1
50 # Positive Chest	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
51 # STD tests (Total)	5	7	2	4	1	1	2	1	5	4	0	8	40	6	1	3	3
52 # Chlamydia tests	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
53 # Positive Chlamydia	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
54 # Gonorrhea Tests	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
55 # Positive Gonorrhea	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
56 # RPR test	5	5	2	3	1	1	2	1	5	4	0	8	37	5	1	3	3
57 # Positive RPR	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
58 # HIV tests	0	2	0	1	0	0	0	0	0	0	0	0	3	1	0	0	0
59 # Positive HIV	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
60 # Hepatitis tests (Total)	0	2	3	1	1	0	0	0	0	0	0	0	7	2	0	0	1
61 # Positive Hep A	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
62 # Positive Hep B	0	0	0	0	0	0	0	0	0	0	1	1	2	0	0	0	0
63 # Positive Hep C	0	1	1	1	1	0	0	0	0	0	0	0	4	0	0	0	0
64 Medical: Offsite Services																	
74 # Radiology Services-Off-Site (Total)	4	0	2	4	1	3	3	1	2	3	6	7	36	4	1	2	3
75 # Xrays	4	0	2	2	1	3	3	1	2	3	6	6	33	3	1	2	3
76 # Ultrasounds	0	0	0	1	0	0	0	0	0	0	0	1	2	1	0	0	0
77 # M.R.I.	0	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0	0
78 # C.T. Scan	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
79 # Off Site Referrals (Total)	2	0	1	1	1	3	1	1	2	1	1	6	20	3	1	1	2
80 Cardiology	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
81 Chest Clinic (TB Clinic)	2	0	1	0	0	1	0	1	1	1	0	2	9	2	1	1	1
82 Neurology	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
83 Orthopedics	0	0	0	0	1	1	1	0	1	0	0	0	4	0	0	0	0
84 Obstetrics	0	0	0	1	0	0	0	0	0	0	1	4	6	1	0	0	0
85 Gynecology	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
86 Optometrist	0	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0
87 # Emergency Visits Off Site	3	2	2	4	3	2	2	2	4	3	5	7	39	6	0	2	3
88 # Medical	2	1	1	4	2	2	2	2	4	3	5	7	35	5	0	1	3
89 # Mental Health	1	1	1	0	1	0	0	0	0	0	0	0	4	0	0	1	0
90 # EMS Transport	0	0	0	0	0	0	0	0	1	0	0	1	2	1	0	1	0
91 # Youth Hospitalized (Total)	1	1	1	0	1	0	0	1	1	0	0	0	6	0	0	1	0
92 # for Medical Problems	0	0	0	0	0	0	0	1	1	0	0	0	2	0	0	0	0
93 # Inpatient Days	0	0	0	0	0	0	0	3	2	0	0	0	5	0	0	0	0
94 # for Mental Health Problems	1	1	1	0	1	0	0	0	0	0	0	0	4	0	0	1	0
95 # Inpatient Days	6	1	8	0	1	0	0	0	0	0	0	0	16	0	0	6	1
96 # Youth transported off site for Dental Services	1	2	1	3	0	0	5	1	2	1	2	3	21	5	7	0	2
97 # Youth requiring 60 day dental exam	2	9	0	15	8	6	1	3	9	4	6	6	69	6	12	8	6
98 # 60 day exams completed	0	0	0	15	8	6	1	3	9	4	6	6	58	6	12	8	6

ATTACHMENT A2-5

Consolidated Statistical Data Report for Healthcare at the PCJDC

Service Provided	Jul-11	#####	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	YTD Total	Jul-12	Aug-12	Sep-12	Monthly Average
99 Behavioral Health																	
100 Average Daily Caseload	54	55	56	50	49	48	47	50	53	51	62	57	632	58	53	54	53
101 # 7 day Behavioral Health Evaluations	49	41	41	40	34	40	37	33	38	30	51	37	471	45	36	35	39
102 # Behavioral Health Referrals (Total)	288	302	250	223	215	211	165	169	202	205	282	192	2704	286	290	289	238
103 # Behavioral Health Sick Call Requests	35	55	40	22	29	29	24	12	15	24	35	18	338	27	18	17	27
104 # MAYSJ Referrals	27	30	19	22	18	24	11	14	13	19	19	10	226	23	25	23	20
105 # from Detention Staff	120	144	120	139	120	108	100	113	137	124	163	120	1508	127	129	139	127
106 # from Probation Staff	2	2	2	0	3	0	0	1	0	1	4	0	15	0	0	2	1
107 # from Outside Provider	1	0	1	0	0	0	0	0	0	0	0	0	2	0	1	0	0
108 # from Medical	36	24	36	27	35	35	24	29	35	37	61	34	413	40	43	42	36
109 # Non Paper Referrals	67	47	32	13	10	15	6	0	2	0	0	10	202	69	74	66	27
110 # Behavioral Health Visits (Total)	307	286	286	248	245	223	178	182	227	223	322	243	2970	287	275	277	254
111 # Psychiatrist Visits	18	14	14	10	15	11	7	14	17	18	24	10	172	17	30	18	16
112 # Mid Level Provider Visits	31	35	39	30	36	32	34	31	38	29	44	29	408	33	22	34	33
113 # Behavioral Health Professional Visits	258	237	233	208	194	180	137	137	172	176	254	204	2390	237	223	225	205
114 Unduplicated # of Youths seen in BH	110	104	98	89	87	83	85	81	82	80	103	94	1096	95	98	95	92
115 # Youth Placed on Suicide Watch	7	13	14	13	8	16	8	9	12	17	24	13	154	15	12	18	13
116 # Suicide Watch Evaluations	51	29	35	46	40	47	28	17	29	33	83	50	488	29	28	60	40
117 # Youth using restraint bed	0	0	1	0	0	0	0	0	0	0	1	0	2	0	0	0	0
118 # of Restraint Checks Completed	0	0	1	0	0	0	1	5	3	30	26	18	84	14	13	10	8
119 # Youth Receiving Emergency Psychotropic Medication	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
120 # of Suspected Abuse Cases Reported	1	2	2	2	3	3	0	1	0	1	1	1	17	1	0	0	1
121 # Sexual Abuse	0	0	1	0	1	1	0	0	0	0	0	1	4	1	0	0	0
122 # Physical Abuse	1	2	1	2	2	2	0	1	0	1	1	0	13	0	0	0	1
123 # Neglect	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
124 MEDICATION FROM HOME																	
125 # of Medications Accepted (Total)	109	71	96	63	90	80	90	95	111	95	113	44	1057	38	74	80	83
126 # Medical	30	26	17	14	23	16	54	30	26	25	31	11	303	38	19	25	26
127 # Mental/Behavioral Health	79	45	79	49	67	64	36	65	85	70	82	33	754	0	55	55	58
128 # Medications Rejected (Total)	0	0	3	1	3	1	0	0	1	5	0	1	15	12	2	1	2
129 # Medical	0	0	3	1	2	1	0	0	0	5	0	1	13	12	2	1	2
130 # Mental/Behavioral Health	0	0	0	0	1	0	0	0	1	0	0	0	2	0	0	0	0
131 Training for Detention Officers																	
132 Medical Topic (# of hours provided)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6	0
133 Behavioral Health (# of hours provided)	0	6	4.5	0	2.5	0	0	0	0	0	0	0	13	0	0	6	1
134 SENTINEL EVENTS																	
135 # Youth Attempting Suicide	0	1	0	0	0	0	0	1	0	0	0	0	2	0	0	1	0
136 # Deaths Onsite	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

**ATTACHMENT A2-6
PCJDC PHARMACY DATA FOR JULY 2011 - SEPTEMBER 2012**

Medication Costs by Category																	
	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Total for Year	Jul-12	Aug-12	Sep-12	15 Month Average
Analgesic	\$ 91.54	\$ 76.16	\$ 114.24	\$ 126.13	\$ 92.64	\$ 150.36	\$ 194.73	\$ 95.85	\$ 110.10	\$ 36.70	\$ 43.03	\$ 36.15	\$ 1,167.43	\$ 44.55	\$ 121.96	\$ 124.80	\$ 97.25
Anti-infective	\$ 4.60	\$ 56.46	\$ 54.24	\$ 135.53	\$ 44.64	\$ 109.73	\$ 75.52	\$ 24.92	\$ -	\$ 49.42	\$ 20.64	\$ 33.14	\$ 608.84	\$ 34.96	\$ -	\$ -	\$ 42.92
Dermatological	\$ 193.16	\$ 273.46	\$ 71.73	\$ 212.23	\$ 59.71	\$ 188.88	\$ 139.12	\$ 29.72	\$ 21.54	\$ 74.29	\$ 18.70	\$ 144.90	\$ 1,427.44	\$ 29.43	\$ 25.88	\$ -	\$ 98.84
Asthma	\$ -	\$ 217.56	\$ 377.31	\$ 372.40	\$ -	\$ -	\$ 545.81	\$ -	\$ 348.96	\$ -	\$ 328.00	\$ -	\$ 2,190.04	\$ 109.57	\$ 652.90	\$ 509.18	\$ 230.78
Vaccine	\$ -	\$ 296.69	\$ -	\$ 222.24	\$ -	\$ 222.24	\$ 233.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 974.17	\$ 213.30	\$ -	\$ -	\$ 79.16
Cardiac	\$ 22.05	\$ -	\$ 45.52	\$ 33.44	\$ 30.16	\$ 25.71	\$ 14.40	\$ -	\$ 18.35	\$ 192.06	\$ 50.92	\$ 3.62	\$ 436.23	\$ 39.95	\$ 14.38	\$ 30.48	\$ 34.74
Cough and cold	\$ 4.65	\$ 13.95	\$ 59.04	\$ 15.55	\$ 4.65	\$ 35.08	\$ 184.75	\$ -	\$ 7.14	\$ 23.64	\$ 59.91	\$ 18.12	\$ 426.46	\$ 66.70	\$ 49.84	\$ 34.62	\$ 38.51
Diabetes	\$ -	\$ 44.27	\$ 346.41	\$ 12.05	\$ 12.24	\$ 15.75	\$ 15.92	\$ -	\$ -	\$ 118.53	\$ -	\$ -	\$ 565.17	\$ -	\$ -	\$ -	\$ 46.74
Gastrointestinal	\$ -	\$ 11.97	\$ 27.24	\$ 76.69	\$ 37.92	\$ 19.48	\$ 105.72	\$ 15.46	\$ 22.26	\$ 20.23	\$ -	\$ 20.49	\$ 357.46	\$ 27.01	\$ 24.01	\$ 37.98	\$ 29.76
Ophthalmic and Otic	\$ 26.34	\$ -	\$ 29.16	\$ 69.61	\$ -	\$ 43.74	\$ 19.11	\$ -	\$ -	\$ -	\$ 17.70	\$ -	\$ 205.66	\$ -	\$ 18.48	\$ -	\$ 14.94
Psychotropic	\$ 1,892.27	\$ 1,041.21	\$ 1,026.03	\$ 2,723.87	\$ 1,016.95	\$ 847.77	\$ 1,134.96	\$ 666.47	\$ 1,396.40	\$ 812.73	\$ 1,016.02	\$ 524.84	\$ 14,099.52	\$ 838.56	\$ 1,957.47	\$ 718.58	\$ 1,174.28
Seizure	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 5.08	\$ 34.84	\$ -	\$ 8.02	\$ 47.94	\$ 3.91	\$ 10.72	\$ -	\$ 4.17
Nutritional	\$ -	\$ -	\$ 10.59	\$ 18.91	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 29.50	\$ -	\$ -	\$ -	\$ 1.97
Other	\$ 12.58	\$ 25.72	\$ 9.99	\$ 94.85	\$ 12.66	\$ 12.66	\$ 21.63	\$ 7.32	\$ -	\$ 236.54	\$ 240.96	\$ 338.84	\$ 1,013.55	\$ 74.41	\$ 23.48	\$ 481.67	\$ 106.21
Grand Total	\$ 2,247.19	\$ 2,057.45	\$ 2,171.50	\$ 4,113.30	\$ 1,311.57	\$ 1,671.38	\$ 2,684.67	\$ 839.54	\$ 1,929.83	\$ 1,598.98	\$ 1,795.88	\$ 1,128.12	\$ 23,549.41	\$ 1,482.35	\$ 3,034.84	\$ 1,937.31	\$ 2,000.26

# of Prescriptions/Refills by Category																	
	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Total for Year	Jul-12	Aug-12	Sep-12	15 Month Average
Analgesic	9	2	3	6	5	4	7	26	30	10	8	5	115	7	33	34	13
Anti-infective	1	4	4	5	3	5	7	1	0	5	4	4	43	7	0	0	3
Dermatological	6	5	5	9	6	8	6	2	2	12	1	10	72	3	6	0	5
Asthma	0	1	4	1	0	0	3	0	7	0	1	0	17	1	10	11	3
Vaccine	0	2	0	1	0	1	1	0	0	0	0	0	5	1	0	0	0
Cardiac	5	0	10	8	7	6	3	0	4	4	13	1	61	10	4	8	6
Cough and cold	1	2	4	3	1	3	2	0	1	6	13	1	37	7	8	6	4
Diabetes	0	1	4	3	3	4	4	0	0	1	0	0	20	0	3	0	2
Gastrointestinal	0	3	5	9	5	4	10	4	4	5	0	5	54	7	5	10	5
Ophthalmic and Otic	1	0	1	2	0	1	2	0	0	0	1	0	8	0	3	0	1
Psychotropic	43	42	52	50	42	35	46	39	40	44	44	22	499	45	47	54	43
Seizure	0	0	0	0	0	0	0	0	1	8	0	2	11	1	1	0	1
Nutritional	0	0	3	4	0	0	0	0	0	0	0	0	7	0	0	0	0
Other	3	2	2	5	3	3	5	2	0	6	6	9	46	4	6	11	4
Grand Total	69	64	97	106	75	74	96	74	89	101	91	59	995	93	126	134	90

Of Which:																	
# of New Prescription Orders	42	42	71	70	58	55	87	64	82	64	72	50	737	71	105	104	68
# Stock Medications	22	20	25	35	26	34	49	34	48	49	41	26	409	34	65	65	38
# Over the Counter Orders	14	8	21	27	15	21	22	33	38	34	34	19	286	20	62	51	28

Additional Census and Medication Information																	
	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Average for Year	Jul-12	Aug-12	Sep-12	15 Month Average
Average Daily Census	57	56	60	57	52	50	49	59	54	51	62	58	55	59	53	54	55
Average Cost per Juvenile Day	\$ 1.27	\$ 1.19	\$ 1.21	\$ 2.33	\$ 0.84	\$ 1.08	\$ 1.77	\$ 0.49	\$ 1.15	\$ 1.05	\$ 0.93	\$ 0.65	\$ 1.16	\$ 0.82	\$ 1.85	\$ 1.19	\$ 1.19
# Youth on Prescription Medication	12	13	25	17	14	14	16	11	21	17	18	22	17	21	19	19	17
Monthly Cost per Youth on Rx	\$ 187.27	\$ 158.27	\$ 86.86	\$ 241.96	\$ 93.68	\$ 119.38	\$ 167.70	\$ 78.32	\$ 91.90	\$ 94.06	\$ 99.77	\$ 51.28	\$ 122.38	\$ 70.59	\$ 159.73	\$ 101.96	\$ 120.05

Breakdown of Psychotropic Medications																	
	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Total for Year	Jul-12	Aug-12	Sep-12	15 Month Average
# of Youth on Psychotropic Meds	11	11	19	15	13	11	14	10	18	16	14	16	168	17	15	18	15
# Psychotropic Prescriptions	43	42	52	50	42	35	46	39	40	44	44	22	499	45	47	54	43
Of Which:																	
# Atypical Antipsychotic Rx's	18	12	15	16	4	7	8	4	14	16	7	11	132	23	20	26	13
# Typical Antipsychotic Rx's	0	0	1	0	2	0	2	2	0	0	1	0	8	0	0	0	1
Total Cost of Psychotropic Meds	\$ 1,892.27	\$ 1,041.21	\$ 1,026.03	\$ 2,723.87	\$ 1,016.95	\$ 847.77	\$ 1,134.96	\$ 666.47	\$ 1,396.40	\$ 812.73	\$ 1,016.02	\$ 524.84	\$ 14,099.52	\$ 838.56	\$ 1,957.47	\$ 718.58	\$ 1,174.28
Of Which:																	
Cost of Atypical Antipsychotic Meds	\$ 1,656.46	\$ 788.84	\$ 632.82	\$ 2,474.16	\$ 240.92	\$ 344.46	\$ 584.14	\$ 105.71	\$ 721.68	\$ 439.08	\$ 455.20	\$ 476.85	\$ 8,920.32	\$ 109.37	\$ 1,034.07	\$ 450.07	\$ 700.92
Cost of Typical Antipsychotic Meds	\$ -	\$ -	\$ 4.32	\$ -	\$ 9.12	\$ -	\$ 9.12	\$ 8.58	\$ 6.93	\$ -	\$ 7.50	\$ -	\$ 45.57	\$ -	\$ -	\$ -	\$ 3.04
Cost of Antidepressant Meds	\$ 78.18	\$ 98.57	\$ 71.96	\$ 102.87	\$ 55.21	\$ 41.31	\$ 88.78	\$ 288.98	\$ 98.04	\$ 74.59	\$ 82.61	\$ 29.35	\$ 1,110.45	\$ 147.22	\$ 145.05	\$ 85.35	\$ 99.20

ATTACHMENT A2-7
LIST OF OUTLIER MEDICATIONS
Pima County Department of Institutional Health

Effective 07-01-2013

Medication	Class	NDC	GPI
Advate	Blood Disorder - Factor VIII	00944-2941-10	85100010252170
		00944-2942-10	
		00944-2943-10	
		00944-2944-10	
		00944-2945-10	
Alphanate	Blood Disorder - Factor VIII	68516-4601-01	85100028002125
		68516-4602-01	
		68516-4603-02	
		68516-4604-02	
Helixate FS	Blood Disorder - Factor VIII	00053-8130-01	85100010206440
		00053-8130-02	
		00053-8130-04	
Hemofil M	Blood Disorder - Factor VIII	00944-2935-01	85100010002109
		00944-2935-02	
		00944-2935-03	
		00944-2935-04	
Humate-P	Blood Disorder - Factor VIII	0053-7615-05	85100015102130
		0053-7615-10	
		0053-7615-20	
Koate-DVI	Blood Disorder - Factor VIII	13533-0665-20	85100010002140
		13533-0665-30	
		13533-0665-50	
Kogenate FS	Blood Disorder - Factor VIII	00026-0372-20	85100010206430
		00026-0372-30	85100010002120
		00026-0372-50	
		00026-0379-20	
		00026-0379-30	
Monoclata-P	Blood Disorder - Factor VIII	00053-7656-01	85100010006410
		00053-7656-02	
		00053-7656-04	
		00053-7656-05	
Recombinate	Blood Disorder - Factor VIII	00944-2938-01	85100010202135
		00944-2938-02	
		00944-2938-03	
AlphaNine	Blood Disorder - Factor IX	68516-3600-02	85100028002125
Bebulin VH	Blood Disorder - Factor IX	64193-0244-02	Not Available
Mononine	Blood Disorder - Factor IX	00053-7668-02	Not Available
		00053-7668-04	
Profilnine SD	Blood Disorder - Factor IX	49669-3200-02	Not Available
		49669-3200-03	

ATTACHMENT A2-7
LIST OF OUTLIER MEDICATIONS
Pima County Department of Institutional Health

Effective 07-01-2013

Medication	Class	NDC	GPI
Actimmune 100mcg/0.5ml Vi	Hepatitis C	64116001112	21700060702020
Infergen 15mcg/0.5ml Vial	Hepatitis C	00187200605	12353040102220
Infergen 9mcg/0.3ml Vial	Hepatitis C	64116003906	12353040102220
Intron A 10mmunit/ml Mdv	Hepatitis C	00085113301	21700060202030
Intron A 5mmunit/0.2ml Pe	Hepatitis C	00085123501	21700060202050
Intron-A 18MU Inj	Hepatitis C	00085116801	21700060202022
Intron-a 3mmunit/0.2ml Pe	Hepatitis C	00085124201	21700060202040
Matulane 50mg Capsule	Hepatitis C	54482005301	21700050100105
Pegasys 180mcg/ml Vial	Hepatitis C	00004035009	12353060052020
Pegasys Kit	Hepatitis C	00004035239	12353060056440
Peg-intron 120mcg/0.5ml	Hepatitis C	00085130401	12353060106424
Peg-intron 150mcg/0.5ml	Hepatitis C	00085127901	12353060106430
Peg-intron 50mcg Kit	Hepatitis C	00085136801	12353060106410
Peg-intron 80mcg/0.5ml	Hepatitis C	00085129101	12353060106416
Rebetol 200mg Capsule	Hepatitis C	00085119403	12353070000120
Ribasphere 200mg Caps	Hepatitis C	66435010118	12353070000120
Ribasphere 200mg Tab	Hepatitis C	66435010216	12353070000320
Ribasphere 400mg Tablet	Hepatitis C	66435010356	12353070000340
Ribasphere 600mg Tablet	Hepatitis C	66435010456	12353070000360
Roferon-a 6mmunit/0.5ml S	Hepatitis C	00004201609	21700060106430
Roferon-a Prf Syringe	Hepatitis C	00004201509	21700060106420
Theracys 81mg BCG Live VL	Hepatitis C	49281088001	21700013001940
Tice Bcg Vial + Kit	Hepatitis C	00052060202	21700013001930

ATTACHMENT A2-8
ELECTRONIC HEALTH RECORD AND HEALTH INFORMATION EXCHANGE

1. The bidder must collaborate with the COUNTY and PCJDC on the development of a Transfer Summary for releases to ADJC, as well as to the community providers that are not actively exchanging health information through the statewide HIE.
2. The bidder must commit to register and pay for the Direct Exchange offered through the Arizona Health-e Connection and use it for transmission of: 1.) the Transfer Summary for those individuals sentenced to ADOC or ADJC to the health care providers at those entities and 2.) reporting of TB and infectious diseases to the Pima County Health Department.
3. The bidder must demonstrate that its pharmacy vendor is actively transmitting information to Surescripts, the nationwide prescription drug repository utilized by the statewide HIE.
4. The bidder agrees to work cooperatively in the transition to ensure data from the existing health record is transferred to the new EHR to minimize disruption in treatment of detainees.
5. The bidder agrees to retain an independent third party to perform a HIPAA Security and Privacy audit initially no later than 90 days prior to the contract performance start date and completed prior to the first exchange of health information with the statewide HIE.
6. Bidder agrees to perform subsequent HIPAA Security and Privacy audits annually and submit them to the COUNTY on or before October 1 each year.
7. The bidder must provide the COUNTY with a data dictionary for their E H R on the effective date of the contract.
8. Bidder agrees to permit read only access to the database containing the E H R system data for purposes of creating reports essential to health planning, policy and grant preparation as well as operational assessment.
9. Bidder agrees to provide at a minimum the report formats specified in **Attachments A1-20 and A2-12.**

ATTACHMENT A2-9

PIMA COUNTY HEALTH DEPARTMENT

STANDARDS AND RECOMMENDATIONS CONCERNING THE SCREENING, DIAGNOSIS AND TREATMENT OF COMMUNICABLE DISEASE AT THE PIMA COUNTY ADULT DETENTION COMPLEX (PCADC) AND PIMA COUNTY JUVENILE DETENTION CENTER (PCJDC)

Detainee populations in detention facilities are at high risk for all forms of communicable disease. The National Commission on Correctional Health Care has established standards for care service providers in jails regarding infection control programs and screening and management of communicable diseases and communicable disease outbreaks. In the best interest of Pima County and consistent with mandates for local health departments established by Arizona law, the Pima County Health Department (PCHD) Chief Medical Officer has established standards for screening, diagnosis and treatment of detainees and youth for management of communicable disease outbreaks at PCADC and PCJDC as set forth below. The Chief Medical Officer reserves the right to modify these standards and recommendations based on changes in Public Health practice and in the face of emerging threats to the health of the community from communicable disease outbreaks.

“Minimum Standards” are those standards that the PCADC/PCJDC health care provider (hereinafter “CONTRACTOR”) is required to establish and maintain. “Recommendations” are practices that should be adopted to minimize the spread of communicable disease to the greatest extent possible, within PCADC, PCJDC and in the community at large. “Recommended Standards” may be triggered in the event of an outbreak of a communicable disease at PCADC or PCJDC.

Minimum Standards:

1. **Policies and Procedures:** CONTRACTOR must establish policies and procedures for the screening and management of communicable disease at PCADC and PCJDC that are consistent with these Standards and Recommendations. Such policies and procedures must contain protocols for identification, isolation and treatment of tuberculosis (TB), sexually transmitted diseases (i.e., syphilis, gonorrhea, Chlamydia and HIV/AIDS), hepatitis, MRSA, chicken pox, measles and mumps.
2. **Airborne Disease:** CONTRACTOR must screen all detainees and youth at booking for symptoms of TB as described below. The purpose of screening is primarily to detect active TB. If CONTRACTOR rules out TB, CONTRACTOR must then also rule out other communicable airborne disease (such as pertussis) prior to placing detainees and youth in the general population. The following standards apply:
 - a. TB:
 - i. Screen for symptoms including cough lasting more than 3 weeks, hemoptysis, night sweats and weight loss.
 - ii. Isolate detainees who do not pass the screen in a negative airflow isolation room (if available) until further evaluation establishes

ATTACHMENT A2-9

whether they have TB. If a negative air pressure isolation room is not available, CONTRACTOR must

1. Arrange for transport of detainees and youth who have high risk factors (such as heavy, prolonged coughing, significant risk for exposure to TB, most of the symptoms of TB, x-ray compatible with TB and/or are very infections (4+ on smear)) to an area hospital emergency department; and
 2. Place detainees and youth with low risk factors (such as normal chest x-ray and no symptoms apart from a prolonged cough) in an isolation room without negative air pressure for further observation and evaluation.
 - iii. Treat detainees and youth based on the results of diagnostic testing and observation.
 - b. At the initial physical examination, CONTRACTOR must assess detainees and youth for TB through administration of a PPD test or (for detainees and youth who have previously tested positive) chest x-ray. Detainees and youth who are positive on PPD but are asymptomatic and have had a normal chest x-ray within six months of entering PCADC or PCJDC do not require an additional x-ray.
3. Contagious Rash Illness: CONTRACTOR must screen all detainees and youth at booking for contagious rash illnesses including chicken pox, measles, MRSA and scarlatina rash (for strep). CONTRACTOR must isolate detainees and youth suspected of having a contagious rash illness and contact PCHD immediately at (520) 243-7797 regarding the need for ongoing isolation.
 4. Enteric Illness: CONTRACTOR must screen detainees and youth at booking for enteric illnesses. CONTRACTOR must isolate those detainees and youth who have active diarrhea and/or vomiting.
 5. Sexually Transmitted Diseases (STD) (at PCJDC this is done onsite by the PCHD):
 - a. CONTRACTOR must offer serologic testing for syphilis for all detainees. CONTRACTOR must strongly encourage detainees who are involved in the commercial sex trade or who are symptomatic for any sexually transmitted disease to receive this screening.
 - b. CONTRACTOR must offer testing for gonorrhea and Chlamydia to detainees either at booking or at the time of the initial physical examination.
 - c. CONTRACTOR must examine and test all detainees who are symptomatic of STD and treat them as clinically indicated.
 6. Reporting Infectious Disease and Managing Disease Outbreaks: CONTRACTOR must report communicable diseases in compliance with Arizona law. CONTRACTOR must immediately contact PCHD to report any actual or suspected infectious diseases that have the potential for outbreak in PCADC or PCJDC. PCHD will provide advice and assistance to CONTRACTOR and CONTRACTOR will cooperate with PCHD to respond to outbreaks of communicable diseases.
 7. Infection Control Monitoring and Reporting: As part of its required Infection Control Program, CONTRACTOR must designate an Infection Control Practitioner responsible for all infectious disease screenings, case finding, required follow-up, required reporting and incidence tracking. CONTRACTOR must generate and

ATTACHMENT A2-9

provide to COUNTY on a monthly basis a report of all incidences of infectious disease diagnosed by CONTRACTOR, by diagnosis and outcome. This report will be in a format acceptable to COUNTY.

Vaccinations: CONTRACTOR must coordinate with the PCHD Immunization Program to offer vaccinations to detainees who meet criteria for vaccination, including, for example, pneumococcal and influenza vaccination for detainees over age 65 or with heart and lung disease, and in its vaccination program for remanded juveniles. At PCJDC, the initial health assessment, conducted not more than seven days after admission to PCJDC, CONTRACTOR will review the immunization history of the youth in the Arizona State Immunization Information System (ASIIS) and update the schedule as needed.

Recommendations:

1. Response to Outbreaks: CONTRACTOR should establish a mechanism for screening, diagnosis and treatment of detainees and youth in the event of an outbreak of communicable diseases such as chicken pox, measles, mumps and flu. Such protocols should include provisions for isolation and/or congregate housing for those detainees and youth who screen positive for these diseases.
2. Use of Negative Pressure Rooms: Negative pressure rooms are appropriate for use for any potentially airborne disease like TB or measles. Simple isolation (with droplet or contact precautions) may be sufficient for diseases not thought to spread through aerosolized particles.
3. Viral Hepatitis and HIV/AIDS: Injection drug users and sex workers are at high risk for hepatitis and HIV/AIDS. For those detainees or youth who are injection drug users and/or sex workers, CONTRACTOR should offer testing for HIV and hepatitis B and C, especially if such testing has not been performed within the past twelve months. CONTRACTOR is encouraged to seek alternative funding for vaccination against hepatitis A and B, and offer such vaccination as clinically appropriate and in the case of youth, with parental consent.

ATTACHMENT A2-10

	ADULT CORRECTIONAL HEALTH	AC-06	
	DIVISION / FUNCTIONAL AREA	NUMBER	
	APPROVED	TITLE	DATE
	February 15, 2012		
EFFECTIVE DATE			
<u>REPLACES POLICY: NEW POLICY & PROCEDURE</u>			
<u>DEPARTMENT: PIMA COUNTY DEPARTMENT OF INSTITUTIONAL HEALTH (DIH)</u>			
<u>SUBJECT: APPROVAL FOR HEALTHCARE LEADERSHIP POSITIONS IN DETENTION FACILITIES</u>			

1.0 Purpose:

To establish a hiring process for leadership healthcare staff at the Pima County Adult Detention Complex (PCADC) and the Pima County Juvenile Detention Center (PCJDC) by which all interested parties remain informed regarding the recruitment process and have an opportunity to review the candidate and to provide approval, as indicated, prior to an offer being made.

2.0 Definitions:

- 2.1 Contractor – Provider contracted by Pima County to provide healthcare services to detainees at the PCADC and/or to youth at the PCJDC.
- 2.2 Custody Healthcare Liaison – The Pima County Sheriff's Department staff person named as liaison to the contracted healthcare provider
- 2.3 Detention Director – The Pima County Juvenile Detention Center staff person appointed to supervise detention operations at the PCJDC
- 2.4 DIH – Pima County's Department of Institutional Health; includes Office of Chief Medical Director, Behavioral Health Administrator, and Health Policy
- 2.5 Leadership Personnel – as defined in the Scope of Services in relevant contract(s) between Pima County and Contractor
- 2.6 PCADC – Pima County Adult Detention Complex
- 2.7 PCJDC – Pima County Juvenile Detention Center

3.0 Standards:

- 3.1 Contractor will inform County of resignations or departures of leadership personnel and will keep appropriate County staff informed of Contractor's efforts to fill these positions.
- 3.2 Contractor will not extend an offer for a leadership position without written approval from the Pima County Chief Medical Director and, if for PCADC, the Custody Healthcare Liaison.

4.0 Procedure:

- 4.1 Notification of departure of leadership personnel:
- 4.1.1 Within 72 hours of becoming aware of an unscheduled departure or receipt of a resignation, Contractor will provide written notification to Pima County:
- Custody Healthcare Liaison (PCADC) or the Detention Director (PCJDC);
 - Director of DIH;
 - Chief Medical Director;
 - Behavioral Health Administrator; and
 - DIH@pima.gov (file copy)
- 4.1.2 Such notification must include the name, title, and final work day of the leadership personnel departing, as well as the name and effective date of the interim replacement.
- 4.2 Weekly reporting:
- 4.2.1 Each Monday morning until a permanent replacement has been hired, Contractor will report to the recipients specified in 4.1.1 above the progress and efforts by Contractor to recruit a permanent replacement.
- 4.3 Additional communication:
- At its discretion, Contractor may share with recipients specified in 4.1.1 additional detail regarding the recruitment process, such as names of candidates, resumes, references or other information about candidates.
- 4.4 Approvals:
- 4.4.1 Once a final candidate has been selected, the candidate shall be made available to the Custody Healthcare Liaison (for PCADC candidates) or the Detention Director (for PCJDC candidates), and the County Chief Medical Director.
- 4.4.2 The Custody Healthcare Liaison (for PCADC candidates) and the Chief Medical Director (for all candidates) will interview the candidate as quickly as practicable and provide feedback to Contractor within 48 hours of the interview, including written approval if indicated.
- 4.4.3 For approved candidates, Contractor will notify the recipients specified in 4.1.1 of the appointment and effective date of the selected candidate.
- 4.5 Clearances: Despite any interviews or approvals, any candidate must pass the required security clearance for the site at which the candidate will work prior to being hired.

5.0 Payment Adjustments

- 5.1 A failure to follow a procedural element of this process, such failure to file a weekly report on time, will result in assessment of damages of \$1000 to Contractor.
- 5.2 Any significant failure of this process, such as Contractor hiring a candidate into a leadership position without requisite written approval(s), will result in assessment of damages of \$5,000 to contractor.

**ATTACHMENT A2-11
SAMPLE PERFORMANCE INDICATORS FOR PCJDC**

Functional Area or Activity	Performance Indicator(s)	Threshold	Financial Consequences of Not Meeting Performance Indicators (\$ per indicator)	Review Frequency	Sample Size *
Intake	1. All Youth admitted to the facility receive a Health Intake Screening, including a mental health screening, documented to have been started within one hour of CONTRACTOR being notified by PCJCC staff of an admission.	90%	\$1,000	Monthly	50 or actual
Initial Health Assessment (7-day Physical Exam)	2. All Youth admitted to the facility receive an initial health assessment within 7 days of admission.	90%	\$1,000	Bi-monthly	50 or actual
	3. All Youth with medical or mental health conditions have a problem list in their health record.	94%	\$1,000	Bi-monthly	50 or actual
Behavioral Health Care	4. All Youth with a positive mental health screening or a "Warning" level on the self-harm scale of the MAYSI-2 screening have a comprehensive mental health evaluation completed within 7 days of admission.	94%	\$1,000	Monthly	50 or actual
	5. All Youth with a mental health diagnosis have a documented multidisciplinary treatment plan within 7 days of completion of comprehensive mental health evaluation.	94%	\$1,000	Monthly	50 or actual
	6. All Youth prescribed psychotropic medication have a diagnosis documented in the health record within 72 hours of the order.	100%	\$1,000	Monthly	50 or actual
Sick Call Request (SCR) Triage	7. All sick call requests are triaged within 24 hours of receipt.	90%	\$1,000	Bi-monthly	50 or actual
Prescribing Provider Sick Call	8. A prescribing provider is consulted regarding a Youth with an acute or urgent condition within 24 hours of identifying the condition.	90%	\$1,000	Bi-monthly	50 or actual
Nurse Sick Call	9. Documentation of a nurse sick call visit is in SOAP format.	90%	\$1,000	Quarterly	50 or actual
Pharmacy	10. Quarterly pharmacy inspection report reflects compliance with all regulatory requirements.	100%	\$1,000	Quarterly	1 report
Medication Administration	11. Health record contains a signed order for each medication administered.	100%	\$1,000	Monthly	50 or actual
	12. Allergies are listed on the MAR.	90%	\$1,000	Monthly	50 or actual
	13. Prescribed medications are administered within 48 hours of the written order.	90%	\$1,000	Monthly	50 or actual
	14. MARs contain start and stop dates, dosage, route of administration, frequency, and hour of administration.	90%	\$1,000	Monthly	50 or actual
	15. There are no blank spaces without nurse initials or coding to explain reason for medication not being given.	94%	\$1,000	Monthly	50 or actual

**ATTACHMENT A2-11
SAMPLE PERFORMANCE INDICATORS FOR PCJDC**

Functional Area or Activity	Performance Indicator(s)	Threshold	Financial Consequences of Not Meeting Performance Indicators (\$ per indicator)	Review Frequency	Sample Size *
Management of TB	16. All asymptomatic Youth receive PPD testing or chest x-ray within 7 days of admission.	94%	\$1,000	Quarterly	50 or actual
	17. All suspected TB cases are reported to Pima County Health Department within one business day of identification.	100%	\$1,000	Quarterly	50 or actual
Restraints	18. Upon notification of custody-ordered bed restraint, the health care provider assesses the Youth and continues to assess the Youth every 15 minutes until the bed restraint is discontinued.	97%	\$1,000	Bi-monthly	50 or actual
	19. There is evidence that the health care provider reviewed the Youth's record for any contraindication or required accommodation to the use of restraint.	100%	\$1,000	Bi-monthly	50 or actual
	20. There is documentation that a physician was notified for orders when a Youth has a medical or mental health condition that contraindicates the use of a restraint.	100%	\$1,000	Bi-monthly	50 or actual
Credentialing	21. All health care providers will have on file unrestricted Arizona license to practice their respective discipline (to include no prescribing or practice restrictions) or there is documentation that obtaining required license is in process as per regulatory allowance.	100%	\$1,000	Bi-monthly	50 or actual

* If in reviewing the 50 records pulled for the sample of any indicator, some records are excluded for not meeting the criteria of that indicator, additional records will be pulled until the total sample size reviewed is 50. If 50 qualifying records cannot be identified during the review period, the total number of records identified during the review period that meet the criteria will constitute the sample size against which financial consequences will be assessed.

ATTACHMENT A2-12

SAMPLE REQUIRED REPORTS AND REPORTING SCHEDULE FOR PCJDC

Report #	Report	Frequency	RFP Reference
1	Summary Invoice for Health Services Provided at PCJDC	Monthly	Attachment B-2
2	Daily Staffing Assignment Sheets	Monthly	Attachment B-3
3	Timesheet Report detailing employee name, position, worked hours, paid hours and swipe data	Monthly	Attachment B-4
4	Staffing Payment Adjustment Report	Monthly	Attachment B-5
5	Report of Outlier Medications	Monthly	Exhibit B
6	Statistical Report of Health Services	Monthly	Attachment A2-5
7	Pharmacy Report	Monthly	Attachment A2-6
8	Inventory - Medical equipment, office equipment/software, and furniture	June 1 and December 1	Attachment A2-4

Notes:

- 1) Monthly reports are due on the 10th calendar day of the month for services provided in the previous month.
- 2) County and Contractor to complete inventory jointly. PCJDC to receive a copy and review.
- 3) This list is to be used as a check list and is not intended to be an all inclusive reporting list.

**ATTACHMENT A2-13
SAMPLE BUSINESS REQUIREMENTS FOR PCJDC**

Requirement #	Business Requirement	Threshold	Financial Consequences of not meeting Business Requirement
1	Maintain NCCHC accreditation, if the cause for losing accreditation was within CONTRACTOR's control.	100%	\$ 50,000
2	Notify the County's Chief Medical Director or Administrator On-Call of any event detailed in DIH Policy CMD-I-03 (see Section 16.3.1) within an hour.	100%	\$ 5,000
3	Notify the County of an inpatient admission within 24 hours of admission.	100%	\$ 5,000
4	Provide policies/procedures for off-site services (see Exhibit A, Part II, Section 3)	100%	\$500 per occurrence
5	Comply with the Critical Staffing Requirements (see Section 15.3.1 in Exhibit A, Part II)	100%	\$5,000 per occurrence
6	Notify Department of Institutional Health immediately of any lapse or expiration of or adverse action taken against any licensure or certification for any health staff member	100%	\$1,000 per occurrence
7	Send to COUNTY notice of departure of Leadership Positions and weekly updates regarding status of recruitment for vacant or soon-to-be vacant Leadership Positions, pursuant to agreed-upon DIH Policy AC-06 (see Attachment A2-9)	100%	\$ 1,000
8	Obtain written approval from COUNTY's Chief Medical Director prior to hiring any Leadership Position.	100%	\$ 5,000

ATTACHMENT A2-14

MAKE A CHANGE (MAC)

Program Description

A 1 to 14 day detention substance abuse treatment readiness and relapse prevention program for youth who abuse substances and are awaiting re-entry and a treatment program. The boys MAC program has a capacity of 16 youth, and the girls MAC program has a capacity of 7 youth. Readiness programming will be individualized and include motivational enhancement, relapse prevention, cognitive skill building, and parent education and involvement. Modalities will include group, individual and family education and treatment readiness sessions. Case management for successful transition to community treatment services is also included. Mental health/medical/psychiatric services are provided by the detention contracted health care provider. Program staff includes a Clinical Director, Lead Probation Officer, Juvenile Detention Alternative Specialists, Juvenile Detention Officers and Master's level Substance Abuse clinicians.

Program Entry

- Detained youth volunteer to enter and participate in the MAC program
- Youth will be screened & interviewed for clinical need and program fit
- Probation Officers may make recommendations to the youth, family and their judge
- Judge may order youth into the boys or girls MAC program pending release

If beds are not available, youth will be placed on a wait list and then triaged for available beds based on highest levels of treatment readiness need.

Entrance Criteria

- Males and females 15 to 17 (females may start at a younger age)
- Detained youth awaiting substance abuse treatment upon release
- Significant history of substance abuse
- Stability of mental health and detox symptoms
- Intellectual ability to participate in cognitive programming

Program Goals

- Increase readiness to engage in community substance abuse treatment
- Increase youth participation in community substance abuse treatment
- Decrease youth substance use
- Decrease substance related referrals and detainments
- Increase parental involvement/monitoring of youth

ATTACHMENT A2-15
PCJCC HEALTH POLICIES

Please refer to Health Services Policies of the Pima County Juvenile Court Center

Policies included in the RFP:

- E-201 Administration and Dispensing of Medications
- E-A03 Medical Autonomy
- E-A05 Health Services
- E-A09 Privacy of Care
- E-B01 Exposure Control Plan
- E-B02 Environmental Health and Safety
- E-B03 Health Screening and Assessment
- E-C04 Staff Development and Training
- E-E07 Medical Care and Treatment
- E-F02 Nutrition and Medical Diets
- E-F03 Academic Services
- E-F05 Use of Tobacco

EXHIBIT A: SCOPE OF SERVICES – PART III

Provision of Psychological Testing to Employees and Applicants of the Pima County Sheriff's Department

1. Applicants to the Sheriff's Department

CONTRACTOR must provide a Ph.D. psychologist that is not associated with providing services to detainees or youth to provide the following services for each Deputy Sheriff and Corrections Officer candidate referred to CONTRACTOR by the Sheriff's Department:

- a) Conduct one-on-one psychological interviews of Corrections Officer and Deputy Sheriff applicants; and
- b) Dictate an evaluative report on each applicant, to include a recommendation to the Sheriff's Department hiring authority regarding the viability of each candidate as an employee for the position for which they have been interviewed. This report and recommendation shall be submitted to the Staff Services Section Commander at the Sheriff's Department within 72 hours of the interviews.

2. Return to Duty Interviews

CONTRACTOR will also provide a Ph.D. psychologist to:

- a) Conduct return-to-duty interviews of officers who have been involved in critical incidents, generally officer-involved shootings, prior to the officer's return to duty. These interviews are not fitness-for duty psychological evaluations, which are done by Pima County Risk Management. The return-to-duty interviews are done to ensure that the officers involved in the critical incidents are not experiencing any post-traumatic problems that interfere with their functioning off-duty or that may cause them difficulties in returning to work. These interviews generally take place within three days following the critical incident and are infrequent.
- b) Provide a verbal report the same day of the interview to the Staff Services Section Commander at the Sheriff's Department.
- c) Provide a written report to the Staff Services Section Commander at the Sheriff's Department within 72 hours.

See Attachment A3-1 for utilization of these services from July 2011 to September 2012.

ATTACHMENT A3-1

Psychological Testing Administered to Employees and Applicants of the Pima County Sheriff's Department

	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	YTD Total	Jul-12	Aug-12	Sep-12	Monthly Average
Interviews / Reports with Applicants to the positions of Corrections Officer and Deputy Sheriff	0	34	0	0	61	0	15	0	1	35	2	0	148	0	72	46	17.7
Return-to-duty interviews / reports	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0.0
Total interviews/reports conducted during the month	0	34	0	0	61	0	15	0	1	35	2	0	148	0	72	46	17.7

EXHIBIT B: PRICING AND COMPENSATION

Part 1: Terms and Conditions Applicable to Pricing and Compensation

1.1 Subcontractors

In the event that CONTRACTOR employs the services of a subcontractor to provide services CONTRACTOR will be responsible for all oversight and management of, and payment to, its subcontractor.

1.2 Inventories

COUNTY is providing certain medical and office equipment and furniture for CONTRACTOR's use at PCADC and PCJDC. Inventories are included in **Attachment A1-4** and **Attachment A2-4**. CONTRACTOR should plan to utilize the inventory existing on the first day of performance of the Contract. For medical equipment with a unit purchase price of \$500 or above, COUNTY will purchase, repair, replace or supplement the existing inventory as needed to fulfill the obligations of the Contract, except for cases of abuse or misuse by CONTRACTOR. CONTRACTOR will be responsible for all purchase, lease, repair, or maintenance of office equipment. It is expected that CONTRACTOR or its contracted Pharmacy will provide medication carts that meet COUNTY requirements in Exhibit A, Section 7.2.

All medical equipment purchased by COUNTY will be property of COUNTY, and all office equipment purchased by CONTRACTOR for its performance under this Contract will be property of CONTRACTOR.

1.3 Ordering (to the extent applicable to this solicitation)

Contract administration for the COUNTY may be performed by the Director of the Department of Institutional Health or designee ("Director") or the COUNTY Procurement Department.

As of publication of this Request for Proposals, COUNTY adjudicates off-site correctional healthcare claims at Arizona Medicaid (AHCCCS) rates for both inpatient and outpatient services. Federal Financial Participation in payment of claims for offsite healthcare services provided to detainees eligible for Medicaid under a qualifying hospital stay is currently infrequent. Any changes in the governing laws, rules, or regulations, either at a State or National level, governing the array or volume of healthcare services provided, the required staffing to provide such services, or the compensation required to adjudicate correctional healthcare claims, such as implementation of the Affordable Care Act or expansion of eligibility for AHCCCS, that materially affect the Scope of Service of this Contract, will constitute cause for the parties to negotiate and execute an amendment to this Contract to address any such changes.

1.4 Pricing

All costs will be assigned to a particular line item as defined in **Pricing Worksheets 1, 2 and 3** (PCADC, PCJDC, and the Sheriff's Department) and all unit pricing (per detainee day or per hour) will be firm, fixed and fully loaded to include all incidental and associated costs necessary to provide all the scope of services outlined in relevant parts of Exhibit A: Scope of Services, Parts I, II and III.

Pricing submitted for Pricing Worksheets 1, 2, and 3 must stand alone; in the event that COUNTY, under its option(s) to amend or terminate any contract resulting from this solicitation, opts to terminate contracted service provision related to Pricing Worksheets 1, 2, or 3, the pricing and compensation for any remaining contracted services related to any remaining Pricing Worksheets will remain intact and unaffected.

The initial term of the Contract will be three years. Beginning with the fourth year, proposals to adjust for inflation will be considered that are for no more than:

- i. The medical Consumer Price Index from the Bureau of Labor Statistics for the most recent 12 months available; or
- ii. Five percent (5%), whichever is less

1.5 Acceptance (to the extent applicable to this solicitation)

Acceptance of the goods and services defined by the Contract will be given by the Director of the Department of Institutional Health.

In order to ensure a thorough inspection of the goods and services the CONTRACTOR represents will be provided to the COUNTY in the Contract, the COUNTY reserves the right to, at any time, utilize COUNTY personnel or contractors to monitor and inspect the operations and books and records detailing the actual provision of health services and the related costs including any subcontracts or payments.

1.6 Billing

Contractor will submit Request(s) for Payment/Invoices as set forth in **Attachments B-1 and B-2**. CONTRACTOR will provide a usage report showing the remaining balance on the "Not to Exceed" amount of the Contract as part of the monthly invoice and submit this report as an e-mail attachment to the Department of Institutional Health.

1.7 Delivery

Contractor must deliver the health services according to the standards specified and as outlined in Exhibit A: Scope of Services, Parts I, II and III.

1.8 Fraud and Abuse

CONTRACTOR will report and immediately forward to the COUNTY copies of documentation sent to Adult Protective Services, Arizona Department of Health Services, and/or the appropriate regulatory board of any incidents of fraud and abuse.

Part 2: Compensation

Compensation will consist of the following elements:

2.1 Basic Services Fee

COUNTY and CONTRACTOR will agree on a basic services fee for the initial term of three (3) years, from July 1, 2013 through June 30, 2016. The basic services fee will be invoiced on a monthly basis, dividing the annual payment by twelve.

By the 10th of each month, CONTRACTOR will submit an invoice for the Basic Services Fee, together with supporting documentation and required reports, for services rendered in accordance with Exhibit A. CONTRACTOR will submit Request(s) for Payment/Invoices using the format provided in **Attachments B-1** and **B-2**, Summary Invoice for Health Services Provided, to the COUNTY Department of Institutional Health as an e-mail attachment or on a CD computer disk to the Director of the Department of Institutional Health or their designee. If the invoice with supporting documentation and all required reports is received by the 10th calendar day of the month, payment will be made by the COUNTY no later than the last calendar day of that month. Otherwise, payment will be made within twenty-one (21) calendar days after the final required report or documentation is received. If COUNTY disputes any of the required reports, COUNTY will hold payment until satisfied with the reports.

2.1.1 Adjustments to the Basic Services Fee

Each month, the payment to CONTRACTOR will be adjusted to reflect any credit owed to COUNTY or CONTRACTOR based on the following categories: Staffing Payment Adjustments, Liquidated Damages, Population, Claims Paid for Services Provided by the Community, and Costs of Outlier Medications. In the event COUNTY does not receive the documentation necessary, as described below, to quantify and substantiate any adjustments due for any of the categories, COUNTY will withhold the entire month's payment until such documentation is received.

2.1.1.1 Staffing Payment Adjustments

COUNTY does not compensate CONTRACTOR for staffing hours that are not provided. CONTRACTOR must provide a monthly **Staffing Payment Adjustment Report** for PCADC and PCJDC (see **Attachment B-4**) comparing the Personnel, as that term is defined in Exhibit A: Scope of Services, actually provided by CONTRACTOR in the preceding month with that required by the **Budgeted Onsite Staffing Commitment Worksheets**, which will form part of the Contract between CONTRACTOR and COUNTY. CONTRACTOR must identify any disparities between the Personnel actually provided and those in the Contract, calculate any

credit owed to COUNTY and provide COUNTY with the necessary information to substantiate CONTRACTOR's calculations. Staffing adjustments are calculated based on worked hours for all personnel except for those who are categorized as "Exempt", for whom staffing adjustments will be calculated utilizing paid hours. Personnel categorized as "Exempt" are not relief positions and therefore the position is not filled when a regular employee is absent due to sick, vacation, personal or other paid leave. The required duties are reallocated among remaining staff. Exempt positions are usually management, administrative or those that provide support rather than those directly providing health care services to detainees or youth.

The monthly **Staffing Payment Adjustment Reports** (one for PCADC and one for PCJDC) will display, at a minimum, the following information for each position providing services under this Contract:

- Functional area;
- Position title;
- Budgeted hours by week related to position as shown in the **Budgeted Onsite Staffing Commitment Worksheets**;
- Variances between actual worked hours and budgeted hours for each functional area by position by week;
- Hourly cost for every position (salary and benefits), which is the direct cost, as shown in the **Summary Schedules of Staffing Costs**, which will form part of the Contract;
- Amount of the staffing payment adjustment related to each position; and
- Total of all staffing payment adjustments, with sub-totals for PCADC staff and PCJDC staff, related to every position for which there is a shortfall in the actual hours worked versus the hours budgeted on a weekly basis.

CONTRACTOR will provide to COUNTY the **Staffing Payment Adjustment Reports** in an electronic format acceptable to COUNTY. The report will include the Staffing Payment Adjustments for each month of the contract by position title and a cumulative total for the applicable fiscal year. Both staff and independent contractors will be included in the **Staffing Payment Adjustment Reports**.

The **Staffing Payment Adjustment Reports** will reflect any credit due to the COUNTY for the shortfall in actual hours either worked or paid versus budgeted hours per week for every position as detailed in the CONTRACTOR's **Daily Staffing Schedule** (i.e. Swipe Card Reports – see **Attachment B-3**) generated from the CONTRACTOR's Business Management Tool, which gathers the raw data from the CONTRACTOR's electronic timekeeping system. CONTRACTOR will provide a report containing the paid and worked hours of both staff and independent contractors with detail by individual within each position along with the **Monthly Staffing Payment Adjustment Reports**. For non-exempt positions, CONTRACTOR will be reimbursed only for actual hours worked as reflected in the contractor's electronic timekeeping system.

Relief funding for non-exempt positions will be included in the contracted amount. CONTRACTOR agrees to ensure that the relief funding in the **Summary Schedules of Staffing**

Costs is utilized to ensure relief personnel are provided for the positions listed as non-exempt. No relief compensation will be paid for positions filled by independent contractors.

2.1.1.2 Liquidated Damages

Financial Consequences of CONTRACTOR's failure to perform the tasks and functions listed in the Performance Indicators and Business Requirements are listed in **Attachments A1-19, A1-21, A2-11** and **A2-13**. The sums reflected in the Performance Indicators table and the Business Requirements table will be deducted from CONTRACTOR's Basic Services Fee in the event that either a Performance Indicator or Business Requirement is not met. The indicators/requirements and financial consequences listed in **Attachments A1-19, A1-21, A2-11** and **A2-13** are samples only and will be finalized in Contract negotiations.

2.1.1.2.1 Liquidated Damages - Performance Indicators

The Performance Indicators, which are audited monthly by COUNTY, in collaboration with the CONTRACTOR, are based on NCCHC requirements and the requirements of the Sheriff's Department and/or the Court. COUNTY will select which indicators will be the focus of each monthly review.

In the event a joint review by the COUNTY and CONTRACTOR cannot be scheduled for a given month, COUNTY will schedule the monthly review of indicators independent of CONTRACTOR and will share the results of such review for validation.

In the event CONTRACTOR does not agree with COUNTY's findings, CONTRACTOR will provide a written report on their findings. In the event the COUNTY and CONTRACTOR cannot agree on the findings, the COUNTY will select and engage, at CONTRACTOR's expense, the services of independent reviewers, with whom CONTRACTOR must cooperate, whose findings will be considered final for the purposes of calculating any financial consequences and the requirement that CONTRACTOR provide a written corrective action plan, if applicable.

Should COUNTY request it, within two weeks of the COUNTY's request, the CONTRACTOR will provide COUNTY with a written corrective action plan addressing any Performance Indicator for which the CONTRACTOR did not meet the threshold.

Upon COUNTY's determination that CONTRACTOR failed to meet the threshold for a specific indicator, COUNTY will adjust the Basic Service Fee in the amounts shown on the Performance Indicators table in the column titled "Financial Consequences of Not Meeting Performance Indicators."

2.1.1.2.2 Liquidated Damages – Business Requirements

Upon determination that CONTRACTOR failed to meet a specific requirement, COUNTY will adjust the Basic Service Fee in the amount shown on the Business Requirements table in the column titled "Financial Consequences of Not Meeting Business Requirement".

In the event CONTRACTOR does not agree with COUNTY's findings, CONTRACTOR will follow the contract appeals process as detailed in Article III-Pricing and Compensation of the Sample Contract. Should COUNTY request it, within two weeks of the COUNTY's request, CONTRACTOR will provide COUNTY with a written corrective action plan addressing any Business Requirement for which the CONTRACTOR did not meet the threshold.

2.1.1.3 Population Adjustment (applies to PCADC only)

The basic service fee identified herein is based upon a threshold range for the Average Daily Population (ADP) of 1900 to 2100 detainees. Proposals should be based on providing services to this threshold range of detainees.

CONTRACTOR will be entitled to a per detainee day surcharge, amount to be determined, to be applied to each monthly billing for a monthly ADP in excess of the threshold range ADP. Should the monthly ADP drop below the threshold range, a per detainee day amount, to be determined, will be credited to the COUNTY in each monthly billing. The ADP will be determined on a monthly basis and the appropriate surcharge/credit made accordingly.

In order to address material changes in the ADP and the commensurate change in services required of the CONTRACTOR, both the COUNTY and CONTRACTOR agree to initiate discussions if the ADP either exceeds two thousand two hundred (2,200) or is below one thousand eight hundred (1,800) for at least three (3) continuous months. Changes in the governing laws, rules and regulations regarding County jails and detainees during the term of the Contract may require initiation of discussion to reset the ADP threshold range or per detainee day amount.

2.1.1.4 Costs of Outlier Medications

The COUNTY has identified certain medications as "Outlier Medications." CONTRACTOR acknowledges that the community standard of care regarding the outlier medications listed in **Attachments A1-8** and **A2-7** is that these medications are prescribed only upon the recommendation of a specialist in infectious disease (in the case of Hepatitis C medications) or a specialist in diseases of the blood (in the case of the blood disorder medications). COUNTY will reimburse CONTRACTOR for outlier medications only after CONTRACTOR has provided documentation of such recommendation from the appropriate specialist.

COUNTY requires that CONTRACTOR bill COUNTY for Outlier Medications at cost, which is defined as CONTRACTOR's actual acquisition cost for medications determined by the wholesale price listed on the most recent invoice received by CONTRACTOR's pharmaceutical affiliate plus a fee to be agreed upon per prescription which covers all costs related to the provision of the medication including packaging, shipping and mailing costs.

Outlier Medications used by CONTRACTOR for treatment of detainees or youth will be the responsibility of CONTRACTOR up to \$25,000 per episode of care and any amount in excess of \$25,000 per episode of care will be the responsibility of the COUNTY; billed and paid in addition to the Basic Services Fee due for the month in which the Outlier Medication invoice is provided to COUNTY. For purposes of outlier medications, an episode of care begins upon detention and

ends upon release from the PCADC or PCJDC. Any subsequent detentions will be considered a new episode of care. In the event CONTRACTOR does not utilize any Outlier Medication in a particular month, it is not required to submit documentation to COUNTY and COUNTY will not withhold the Basic Services Fee based on CONTRACTOR's failure to submit Outlier Medication documentation.

CONTRACTOR's Outlier Medication invoice provided to the COUNTY for Outlier Medications that exceed \$25,000 per episode of care at the PCADC or PCJDC will detail the detainee or youth identification number, the specific medication and dosage, the dates such medications were received, and provide proof, such as CONTRACTOR paid invoices totaling or exceeding \$25,000, to permit the COUNTY to audit the medication invoices.

2.1.1.5 Compensation for Services not Provided by CONTRACTOR (PCADC only)

2.1.1.5.1 Health Care Services not Provided by CONTRACTOR – Up to \$25,000 per Episode of Care

The Basic Service Fee will include a negotiated amount to cover the cost of Off-site and On-site Services provided by community providers with a total cost per episode of care of \$25,000 or less. CONTRACTOR will perform Utilization Management (UM) of all services according to its Utilization Management Program. COUNTY will deduct any amounts paid to community providers for health care services provided to detainees in the custody of PCADC, up to \$25,000 per episode, from the monthly basic services fee.

Qualifying services may include ambulance transportation, medical professional services, hospital or other medical facility stay, and other ancillary services not included in a tiered payment rate. An episode of care begins at an acute onset of a health condition that requires qualifying treatment either at or away from PCADC and continues on until the detainee is released from custody, no longer requires the treatment, or is returned to the PCADC, whichever occurs sooner. Subsequent services or re-admission to a medical facility for the same detainee, even related to the same medical condition, constitute a new episode unless a follow-up return to inpatient status or outpatient treatment was medically indicated and scheduled at the time of the previous discharge.

Providers of services such as those listed below will bill COUNTY who will adjudicate and pay claims on behalf of CONTRACTOR. COUNTY will provide CONTRACTOR with a monthly Claims Paid File. The amount paid for claims during the previous month will be deducted from the basic service fee for the following month. COUNTY will adjudicate claims based on UM input from CONTRACTOR and using AHCCCS fee for service and tier rates in effect on the date of service, as allowed by Arizona Statute. Off-site Services include:

- Inpatient hospitalization to include, but not limited to, all services provided to the detainee as an inpatient including ambulance transportation, emergency department services, physician consultation services, ancillary services, and medications
- Outpatient surgeries or procedures to include all services provided to the detainee

- On-site specialty clinics in lieu of offsite transports for services
- Emergency room services
- Off-site radiology services such as CT or MRI
- Dialysis services
- Physical therapy services
- Ambulance and other transportation services
- Prosthetic devices
- Any overnight healthcare facility
- Offsite physician, dental and other specialist services
- Specialists providing services via telemedicine in lieu of offsite transports for services

The following services should not be included in calculations of the cost of an episode of care:

- Laboratory testing for specimens obtained on-site for detainees held at PCADC;
- Radiology reads, professional interpretations or overreads by a radiologist which are expected to be provided within 24 hours of the transmission of a set of readable digital x-rays via the teleradiology equipment; and
- Services related to Involuntary Commitment evaluations (COE).

On a monthly basis, CONTRACTOR will audit the COUNTY's **Claims Paid File** to ensure that all claims payments were made appropriately for detainees eligible for service. If CONTRACTOR determines that a claim was paid inappropriately, it will provide COUNTY an appeal in writing, including all necessary documentation to substantiate its appeal, no later than 60 days from the date the **Claims Paid File** was provided by COUNTY.

COUNTY will research the appeal and make a decision. If the CONTRACTOR's appeal is upheld, then COUNTY will reverse the claim, and will add the amount previously deducted to the following monthly basic service fee. If the appeal is not upheld, then the claim will remain paid and no refund will be issued. COUNTY is solely responsible for validating CONTRACTOR's appeal.

2.1.1.5.2 Services Provided by Community Providers – Above \$25,000 per Episode of Care

CONTRACTOR's responsibility for the off-site claims will be capped at \$25,000 per episode of care. Any expense above that amount will be paid by COUNTY and not deducted from the Basic Service Fee.

Pima County is open to considering an alternate model for handling expenses for offsite services, but bidder's proposals must include the model expressed herein in addition to any alternates being proposed.

2.2 Payment at Termination or Expiration of Contract

To allow sufficient time for all final monthly payment adjustments to be verified and processed and for all claims for offsite services to be received and adjudicated, COUNTY will potentially process two final payments under this contract as follows:

2.2.1 Basic Service Fee Withhold

COUNTY will withhold the final month's Basic Service Fee pending CONTRACTOR's reporting and reconciliation, due on the 10th day of the month following termination or expiration of the Contract, reconciling population adjustments, Outlier Medications, staffing payment adjustments, and liquidated damages related to performance measures and business requirements. By the last day of the month following termination or expiration, or ten days after submission by CONTRACTOR of the required reporting and reconciliation, whichever occurs later, COUNTY will pay the final Basic Service Fee with any adjustments indicated in the reporting and reconciliation mentioned above, withholding \$200,000 for outstanding claims as indicated below.

2.2.2 Withholding for Outstanding Claims from Community Providers

In order to accommodate for the lag time in processing medical claims for outside services, final payment to CONTRACTOR will be made no earlier than 150 days after the termination or expiration of the contract. At the end of this time, claims paid for off-site and on-site services will be deducted from the \$200,000 withheld from the final month's Basic Service Fee and the remainder of the \$200,000 will be sent to CONTRACTOR.

2.3 Psychological Services for COUNTY Sheriff's Department (Exhibit A, Part III):

Payments for services related to Exhibit A, Part III, will be billed as hourly fees at the rate specified on **Pricing Worksheet 3: Psychological Services for Applicants and Return to Duty Officers** for the psychologist providing services to the Sheriff's Department related to candidates for employment and return to duty officers.

CONTRACTOR will transmit a monthly invoice for actual hours of psychological services provided to the COUNTY Sheriff's Department no later than the 10th of each month for services rendered in the preceding month. CONTRACTOR will submit Request(s) for Payment/Invoices to:

- Sheriff's Department Business Office
- 1750 E. Benson Highway
- Tucson, AZ 85714

The invoice submitted will include the number and type of services provided, such as twenty employment interviews and one return to duty interview, in addition to the hours provided. Payment will be made to CONTRACTOR by the COUNTY Sheriff's Department no later than the last calendar day of the month if the invoice is received by the 10th of the month. If CONTRACTOR does not submit invoice to COUNTY Sheriff's Department by 10th of the month, then payment will be made within 30 days after the invoice is received. Payments for services related to Exhibit A, Part III will be processed by the COUNTY Sheriff's Department.

LIST OF ATTACHMENTS
EXHIBIT B: PRICING AND COMPENSATION

- B-1 Summary Invoice for Health Services Provided at PCADC
- B-2 Summary Invoice for Health Services Provided at PCJDC
- B-3 Sample Daily Staffing Schedule
- B-4 Sample Staffing Payment Adjustment Report
- B-5 Responsibility for Operational Expenses

ATTACHMENT B-1

Summary Invoice for Health Services Provided at PCADC

Name of Contractor: <INSERT CONTRACTOR NAME>

SAMPLE

Date of Invoice: <INSERT DATE>

Reporting Period Beginning: <INSERT DATE> and Ending <INSERT DATE>

#	Item	Basic Service Fee	Adjustments
1	Basic Service Payment (monthly contracted amount)	\$.	
2	Adjustment for Failure to Achieve Staffing Commitment (report showing actual staffing hours compared to budgeted staffing hours in format approved by the County must accompany this invoice)		\$
3	Adjustment for liquidated damages from audit of performance indicators (see attached report from DIH as approved by DIH and CONTRACTOR)		\$
4	Adjustment for liquidated damages from audit of business requirements (see attached report from DIH as approved by DIH and CONTRACTOR)		\$
5	Adjustment for Cost of Outlier Medications (see attached detailed report of medications provided at actual acquisition cost)		\$
6	Adjustment for actual average daily census (ADC) either above or below the range of 1900 - 2100 at the rate of \$X.XX per detainee day.		\$
7	Claims payments made by County on behalf of Contractor for offsite services		\$
8	Other:		\$
9	Equals: Total Monthly Adjustments		\$ -

10	Grand Total Amount due for Reporting Period (Line 1 +/- Line 9)	\$
----	--	----

	Original Contract/ Amendment Amount	Previous Amounts Billed	Current Amount Billed	Remaining Contract Balance
11	Cumulative Monthly Usage Report	\$	\$	\$

ATTACHMENT B-2

Summary Invoice for Health Services Provided at PCJDC

Name of Contractor: <INSERT CONTRACTOR NAME>

Date of Invoice: <INSERT DATE>

Reporting Period Beginning: <INSERT DATE> and Ending <INSERT DATE>

SAMPLE

#	Item	Basic Service Fee	Other Adjustments
1	Basic Service Payment (monthly contracted amount)	\$	
2	Adjustment for Failure to Achieve Staffing Commitment (report showing actual staffing hours compared to budgeted staffing hours in format approved by the County must accompany this invoice)		\$
3	Adjustment for liquidated damages from audit of performance indicators (see attached report from DIH as approved by DIH and CONTRACTOR)		\$
4	Adjustment for liquidated damages from audit of business requirements (see attached report from DIH as approved by DIH and CONTRACTOR)		\$
5	Adjustment for Cost of Outlier Medications (see attached detailed report of medications provided at actual acquisition cost)		\$
6	Other:		\$
7	Equals: Total Monthly Adjustments		\$ -

12	Grand Total Amount due for Reporting Period (Line 1 +/- Line 7)	\$ -
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	Original Contract/ Amendment Amount	Previous Amounts Billed	Current Amount Billed	Remaining Contract Balance
13	Cumulative Monthly Usage Report	\$	\$	\$

ATTACHMENT B-3 SAMPLE DAILY STAFFING SCHEDULE

Provides a summary of who worked what hours in what position.

Oct-12	M	TU	W	TH	F	SA	SU	M	TU	W
	1	2	3	4	5	6	7	8	9	
RN BOOKING/INTAKE 7A-7P										
Name #1					6	4	4			
Name #2	6	8	10							(continue for rest of the month)
Name #3	2				6	4	4			
Name #4										
Name #5										
Name #6	4			2		4	4			
RN BOOKING/INTAKE 7P - 7A										
Name #1		6	6	6	6					
Name #2		6	6	6	6					(continue for rest of the month)
Name #3						4	4			
Name #4						4	4			
Name #5						4	4			
EMT BOOKING 7A - 7P										
Name #1		6	6	6	2					
Name #2		6	6	6	6					(continue for rest of the month)
Name #3						4	4			
Name #4						4	4			
Name #5						4	4			
EMT BOOKING 7P - 7A										
Name #1		6	6	6	6					
Name #2		6	4	6	6					(continue for rest of the month)
Name #3						4	4			
Name #4						4	4			
Name #5						4	4			

ATTACHMENT B-4

Back-Up for Sample Staffing Payment Adjustment Report - Week 1 Only

For each functional area, identify hours by Position Title and by shift that were on-site each day of the week.

PCADC Health Care Staffing Plan			Total Hours Worked Per Day								
41183	Shift	Hours Budgeted Per Week	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total Worked	Total Deficient
				1	2	3	4	5	6		
<i>Main Jail Booking/Intake (24x7)</i>											
RN - Booking	7a-7p	72	-	12.00	8.00	12.00	12.00	12.00	12.00	68.00	4.00
RN - Booking	7p-7a	72	-	12.00	12.00	12.00	12.00	12.00	12.00	72.00	-
EMT - Booking	7a-7p	72	-	12.00	12.00	12.00	8.00	12.00	12.00	68.00	4.00
EMT - Booking	7p-7a	72	-	12.00	10.00	12.00	12.00	12.00	12.00	70.00	2.00
Sub Total, this Functional Area			-	-	-	-	-	-	-	278.00	10.00

Sample Staffing Payment Adjustment Report

For each functional area, identify the hours per week that were deficient and calculate the amount of the payment adjustment.

	Shift	Deficient Per Week					Total Monthly Hours Deficient	Monthly Hours Committed	Total Hours Provided	Hourly Rate	Payment Adjustment
		Week 1	Week 2	Week 3	Week 4	Week 5					
<i>Main Jail Booking/Intake (24x7)</i>											
RN - Booking	7a-7p	4.00	-	-	-	-	4.00	372.00	368.00	\$ 30.00	\$ 120.00
RN - Booking	7p-7a	-	-	-	-	-	-	372.00	372.00	\$ 30.00	\$ -
EMT - Booking	7a-7p	4.00	-	-	-	-	4.00	372.00	368.00	\$ 15.00	\$ 60.00
EMT - Booking	7p-7a	2.00	-	-	-	-	2.00	372.00	370.00	\$ 15.00	\$ 30.00
Subtotal		10.00	-	-	-	-	10.00	1,488.00	1,478.00		\$ 210.00

**ATTACHMENT B-5
RESPONSIBILITY FOR OPERATIONAL EXPENSES**

OPERATIONAL EXPENSE	APPLIES TO		RESPONSIBILITY OF	
	PCADC	PCJDC	CONTRACTOR	COUNTY
License, Accreditation, Registration				
NCCHC Accreditation	X	X	X	
Expenses Related to Preparing for NCCHC Accreditation Survey	X	X	X	
ADHS License: Outpatient Clinic (copy available upon request)	NA	X		X
CLIA Certificate (copy available upon request)	X	X		X
ARRA Registration: Medical X-ray Machine (copy available upon request)	X	NA		X
ARRA Registration: Dental X-ray #1	X	NA		X
Credentialing Fees for Privileges at hospital(s)	X	X	X	
Teleradiology/Telemedicine Equipment & Operation				
Teleradiology Equipment: Lease and Maintenance	X	NA		X
Telemedicine Equipment: Maintenance	X	NA		X
University of Arizona Telemedicine Program Contract	X	NA		X
Radiology reads and storage	X	NA	X	
Medical Equipment				
Medical Equipment: Maintenance	X	X	X	
Medical Equipment \$500 and over: New and Replacement	X	X	X	X
Medical Equipment under \$500: New and Replacement	X	X	X	
Medication Carts: (Provided by Pharmacy)	X	X	X	
Office Equipment				
Office Equipment on Site: Maintenance & Replacement	X	X	X	
New Office Equipment	X	X	X	
Health Records				
Electronic Health Records: Purchase Software	X	X	X	
ONC Certification with HL7 v3 or newer	X	X	X	
EHR Installation, Support and Storage	X	X	X	
Interface for receiving information from the Contractor's EHR into the Statewide HIE	X	X	X	
Interface for receiving information from Statewide HIE into Contractor's EHR	X	X		X
Provide County access to Contractor's server for EHR	X	X	X	
For Paper Records if Applicable: Record Holders, Forms, Dividers and Filing Systems	X	X	X	
Communications				
Central Phone System	X	X		X
Desktop Phones in Addition to Those Available	X	X	X	
Direct Lines in Medical Units, Medical Offices and Fax Lines	X	X		X
Direct Lines in Infirmary	X	NA		X
Direct Lines in Addition to Those Available	X	X	X	
Local Call Service	X	X		X
Long Distance Call Service	X	X	X (PCJDC)	X* (PCADC)
Voice Mail	X	X		X
Radios Provided by Corrections	X	X		X
Pagers	X	X	X	
Cell Phones	X	X	X	
Internet Access	X	X	X (PCJDC)	X (PCADC)
Housekeeping				
Cleaning of Medical Facilities and Offices	X	X		X
Laundry and Linen Services	X	X		X
Removal and Disposal of Hazardous Waste	X	X	X (PCJDC)	X (PCADC)
Physical Plant				
Modifications to Physical Plant Allocated for Health Care Services	X	X		X

NA = Not applicable for this site

* County will only pay for long distance calls related to health care services

EXHIBIT C: Business Associate Agreement

WHEREAS, COUNTY entered into this Agreement on behalf of the Pima County Department of Institutional Health which is a “covered entity” as defined in 45 CFR §160.103; and,

WHEREAS, COUNTY has determined that XXX, hereinafter called CONTRACTOR, is a “business associate” of COUNTY as defined in 45 CFR §160.103; and,

WHEREAS, the Standards for Privacy of Individually Identifiable Health Information at 45 CFR part 160 and part 164, subparts A and E require that an agreement be entered into specifying the ways in which CONTRACTOR is permitted to use and disclose protected health information which is provided by COUNTY;

NOW, THEREFORE, CONTRACTOR agrees to comply with and be bound by the following Business Associate Agreement provisions:

1. Definitions. Terms used, but not otherwise defined in this Exhibit shall have the same meaning as those terms in 45 CFR § 160.103 and § 164.501 as currently drafted or subsequently amended.

1.1 “Breach” has the meaning established in Section 13400 of HITECH.

1.2 “Business associate” means (CONTRACTOR).

1.3 “Covered entity” means COUNTY’s Department of Institutional Health.

1.4 “HITECH” means the provisions of the Health Information Technology for Economic and Clinical Health Act enacted on February 17, 2009 as Title XIII of Division A and Title IV of Division B of the American Recovery and Reinvestment Act of 2009 (ARRA) (PL 111-5).

1.5 “Individual” has the same meaning as the term “individual” in 45 CFR §164.501 and shall include a person who qualifies as a personal representative in accordance with 45 CFR §164.502(g).

1.6 “Minimum necessary” means the standard as set forth in 45 CFR §164.502(b).

1.7 “PHI” means “protected health information” the term is defined in 45 CFR 164.501, limited to the information created or received by the business associate from or on behalf of the covered entity.

1.8 “Privacy Rule” means the Standards for Privacy of Individually Identifiable Health Information at 45 CFR part 160 and part 164, subparts A and E.

1.9 “Security Rule” means the Security Standards for the Protection of Electronic Protected Health Information at 45 CFR part 164, subpart C.

2. Permissive uses of PHI by business associate.

2.1 Services. Except as otherwise specified herein, business associate may make only those uses of PHI necessary to perform its obligations under the Agreement provided that such use or disclosure would not violate the Privacy Rule if done by the covered entity. All other uses not authorized by this Exhibit are prohibited, unless agreed to in writing by COUNTY.

2.2 Activities. Except as otherwise limited in this Exhibit, business associate may:

2.2.1 Use the PHI for the proper management and administration of the business associate and to fulfill any present or future legal responsibilities of business associate provided that such uses are permitted under State and Federal confidentiality laws.

2.2.2 Disclose the PHI to a third party for the proper management and administration of the business associate, provided that:

2.2.2.1 Disclosures are required by law; or

2.2.2.2 Business associate obtains reasonable assurances from the third party that the PHI will remain confidential and not be used or further disclosed except as required by law or for the purpose for which it was disclosed to that third party and the third party notifies the business associate of any instances of which it is aware in which the confidentiality of the PHI has been breached.

3. Obligations of business associate with respect to PHI.

3.1 With regard to use and disclosure of PHI provided by covered entity, business associate agrees not to use or further disclose PHI other than as permitted or required by this Exhibit or as required by law.

3.2 With regard to use and disclosure of PHI provided by covered entity, business associate further agrees to:

3.2.1 Use appropriate safeguards to prevent use or disclosure of PHI other than as provided for by this Exhibit;

3.2.2 Mitigate, to the extent practicable, any harmful effect that is known to business associate of a use or disclosure of PHI by business associate in violation of the requirements of this Exhibit;

3.2.3 Report to covered entity, in writing, any use or disclosure of PHI not permitted or required by this Exhibit of which it becomes aware within fifteen (15) days of business associate's discovery of such unauthorized use or disclosure;

3.2.4 Ensure that any agent, including a subcontractor, to whom business associate provides PHI agrees in writing to the same restrictions and conditions on use and disclosure of PHI that apply to business associate;

3.2.5 Make available all records, books, agreements, policies and procedures relating to the use or disclosure of PHI to the Secretary of HHS for purposes of determining covered entity's compliance with the Privacy Rule, subject to applicable legal privileges;

3.2.6 Make available, within seven (7) days of a written request, to covered entity during normal business hours at business associate's offices all records, books, agreements, policies and procedures relating to business associate's use or disclosure of PHI to enable covered entity to determine business associate compliance with the terms of this Exhibit;

3.2.7 Provide access to PHI to the covered entity or the individual to whom PHI relates at the request of and in the time and manner chosen by covered entity to meet the requirements of 45 CFR § 164.524;

3.2.8 Make any amendment(s) to PHI that covered entity directs pursuant to 45 CFR §164.526;

3.2.9 Provide, within fifteen (15) days of a written request, to covered entity such information as is request by covered entity to permit covered entity to respond to a request by an individual for an accounting of the disclosures of the individual's PHI in accordance with 45 CFR §164.528; and

3.2.10 Disclose to subcontractors, agents or other third parties, and request from covered entity, only the minimum PHI necessary to perform or fulfill a specific function required or permitted under the Agreement.

3.3 With regard to securing PHI provided by covered entity, business associate agrees to comply with the requirements for business associates established by HITECH, the Privacy Rule, the Security Rule and such modifications or additions to the Privacy Rule and/or the Security Rule as may be established by the Secretary of the U.S. Department of Health and Human Services.

3.4. With regard to breaches of PHI, business associate agrees to:

3.4.1. Notify covered entity immediately following discovery of a breach of PHI. Such notice shall be made telephonically to the following individual:

Director
Pima County Institutional Health
520-243-7830

3.4.2. Within 1 working day of notice to covered entity, provide covered entity with written documentation, in a format acceptable to covered entity, of the breach and the identification of each individual whose PHI has been, or is reasonably believed by the business associate to have been, accessed, acquired, or disclosed during such breach;

3.4.3. Reimburse covered entity for the cost of notification to individuals whose PHI was or is reasonably believed to have been accessed, acquired or disclosed during the breach. Reimbursement is at the rate of \$15.00 per individual whose information was or was reasonably believed to have been breached.

4. Term and Termination.

4.1 Term. This Exhibit shall become effective on July 1, 2013 and shall continue in effect until all obligations of the Parties have been met, unless the Agreement is terminated as provided in Article XV - Termination or as provided in this Section 4.

4.2 Termination by COUNTY. Upon COUNTY's knowledge of a material breach or violation of the terms of this Exhibit by business associate, COUNTY, in its sole discretion, may:

4.2.1 Immediately terminate the Agreement; or,

4.2.2 Provide business associate with an opportunity to cure the breach or violation within the time specified by COUNTY. If business associate fails to cure the breach or end the violation within the time specified by COUNTY, then COUNTY will either:

4.2.2.1 Terminate the Agreement; or,

4.2.2.2 If COUNTY determines termination is not feasible, report the breach or violation to the Secretary of HHS.

4.3 Effect of termination.

4.3.1 Upon termination of the Agreement, for any reason, business associate agrees to return or destroy all PHI, if it is feasible to do so, and retain no copies thereof. Return or destruction shall occur within 60 days of the termination of the Agreement. Business associate shall, upon return or destruction of PHI, provide written attestation to COUNTY that all PHI held by business associate has been returned to COUNTY or has been destroyed.

4.3.2 Business associate further agrees to recover any PHI in the possession of its subcontractors, agents or third parties to whom business associate has provided PHI and return or destroy such PHI within the 60 days after termination of the Agreement. Business associate shall, upon return or destruction of PHI, provide written attestation to COUNTY that all PHI held by business associate has been returned to COUNTY or has been destroyed.

4.3.3 If return or destruction of PHI is not feasible, business associate shall:

4.3.3.1 Notify covered entity in writing of the specific reasons why the business associate has determined it is infeasible to return or destroy the PHI;

4.3.3.2 Agree to extend any and all protections, limitations, and restrictions contained in this Exhibit to business associate use and disclosure of any PHI retained after the termination of this Agreement; and

4.3.3.3 Agree to limit any further uses and disclosures to those allowed under the Privacy Rule for the purposes that make the return or destruction of PHI infeasible.

4.3.4 If it is not feasible for business associate to obtain PHI in the possession of a subcontractor, agent, or third party to whom business associate has provided PHI, business associate shall:

4.3.4.1 Provide a written explanation to the covered entity why the PHI cannot be obtained;

4.3.4.2 Require the subcontractor, agent, or third party to agree, in writing, to extend any and all protections, limitations, and restrictions contained in this Exhibit to the subcontractor's, agent's, or third party's use and disclosure of any PHI retained after the termination of this Agreement; and

4.3.4.3 Require the subcontractor, agent, or third party to agree, in writing, to limit any further uses and disclosures to those allowed under the Privacy Rule for the purposes that make it infeasible for the business associate to obtain the PHI.

5. Miscellaneous.

5.1 Survival. Sections 4.3 and 2.1 solely with respect to PHI retained by the business associate in accordance with Section 4.3(c) and 4.3 (d), shall survive the termination of the Contract for services between COUNTY and [CONTRACTOR].

5.2 Superseding Effect. Should the terms of this Exhibit conflict with the terms of the Agreement, the terms providing for more stringent protections of PHI shall apply. Nothing contained in this Exhibit shall be held to vary, alter, waive or extend any of the terms, conditions, provisions, agreements, or limitations of the Agreement other than as stated above in this Exhibit.