Incumbent Contract, Staffing and Costs

1. Please provide a copy of the current health services contract(s) for the Pima County Adult Detention Complex (PCADC) and Pima County Juvenile Detention Center (PCJDC), including any exhibits, attachments, and amendments. The contract and the six amendments can be found at the following link: http://www.pima.gov/public-eContracts/viewcontract.asp?number=13000000000000000580-1&code=MA&vend=CVS0002650

2. Please provide (by year) the amounts of any staffing paybacks/credits the County has assessed against the incumbent vendor over the term of the current contract. Please see the worksheet on Deductions for the current contract included as part of this Addendum and labelled Attachment 1.

3. Please provide (by year) the amounts and reasons for any non-staffing penalties/liquidated damages the County has assessed against the incumbent vendor over the term of the current contract. Please see Attachment 1 of this Addendum.

4. For both the PCADC and the PCJDC, please provide (by shift and day of the week) the minimum health service staffing required by the current contract. We believe this is different from the “critical staffing requirements” provided on Page 45 of 61 (if not, please explain). Yes, this is different to the critical staffing requirements. Please see Attachments B-4 and B-5 in the current contract (see link above) for the current schedule. You are not required to replicate this schedule in your proposal– just meet the critical staffing requirements.

5. Please also provide the actual staffing your current health care vendor is providing at each facility, for instance, any positions and/or hours being worked over and above what is required by the contract. The County does not track hours worked over and above what is required as we do not pay for them.

6. For each facility, please provide a listing of any current health service vacancies, by position. Please provide the current annual medical and mental health staff turnover rate. We do not have this information.

7. Please provide the salaries/wages your incumbent health service Vendor is paying to its staff at the PCADC and the PCJDC.
   a. How old is this data?
   b. Where did this data come from, for example, County records, data from the incumbent Vendor, etc.?

   The Correctional Healthcare Contract is an “at risk”, fixed price, contract. We do not reimburse actual expenses. Exhibits B-6 and B-7 of the contract referred to above will provide the hourly rates by type of position that the County is currently paying to the Contractor. However, we do not have information on actual salaries or benefits paid to the Contractor’s staff.

8. Please identify with whom your incumbent Vendor subcontracts to provide pharmacy services. Correct Rx
9. Please identify with whom your incumbent Vendor subcontracts to provide laboratory services. How often are they on-site? What’s the annual cost for lab services? The current vendor is LabCorp. We do not know the answer to the other questions.

Personnel

10. Please clarify which positions are exempt and which are non-exempt. Please refer to Exhibit B, 2.2.1. Funding for “Relief Compensation” is only provided for non-exempt positions – positions that must be filled when a staff member is on PTO. In Worksheets 6 and 7 of Appendix VII of the RFP, you may propose which positions are exempt and non-exempt.

11. With regard to background checks, who is financially responsible for paying for this service: the County or the Vendor? The Sheriff’s Department provides this service at no cost to the vendor.

12. With regard to drug testing for potential employees, does the County have any requirements on the testing methodology (saliva testing, urinalysis, etc.)? The Sheriff’s department does random drug testing using urinalysis and hair testing. Healthcare staff are included in this testing, but the vendor does not have to pay for it.

13. Will the County allow “grandfathered” credentialing for incumbent staff already employed by (or contracted with) the current health care Vendor? Neither PCADC nor PCJDC require facility specific credentialing. Incumbent staff should meet the licensure and experience requirements stated in the RFP.

14. Are any members of the current health service workforce unionized / are there any collective bargaining agreements in place? If yes, please provide the following.
   a. A copy of each union contract
   b. Complete contact information for a designated contact person at each union
   c. The number of union grievances that resulted in arbitration cases over the last 12 months

Arizona is a “right to work” state. To our knowledge, the current healthcare staff are not unionized.

15. Please confirm that the time health services staff members spend in orientation, in-service training, and continuing education classes will count toward the hours required by the contract. The time spent on-site in orientation and in-service training can be counted towards the hours required by the contract. Time spent in continuing education classes cannot.

16. Please confirm that overtime and agency hours will count toward the hours required by the contract. Overtime hours provided by an employee can be used to fill deficient hours in the same or lower classification at the rate of the classification being filled. Agency hours will count toward the hours required, however, the County strongly encourages the Vendor to limit Agency hours.

17. Please confirm that paid-time-off hours will count toward the hours required by the contract. In the case of exempt staff, yes. Relief funding is not provided for exempt staff. Please see Appendix VII, worksheets 6 and 7, and section 2.2.1 of Exhibit B of the RFP for additional information.

18. Are nursing agency/temporary services being used by your current provider? If so, how often? The current provider does use agency/temporary services but we do not have information on how often. As mentioned above, the County strongly recommends minimizing the use of Agency staff.
Booking and Intake

19. Please estimate the number of times a day, on average, when the intake area becomes backlogged? PCADC books an average of 120 arrestees per day. Typically, the busiest times are from 5:00 pm to 2:00 AM, especially on weekends. Please refer to the following chart for a “snapshot” of one month to see bookings by hour of the day:

In November 2017, the greatest number of bookings occurred between 18:00 and 18:59 (131 bookings).
Over the month, the average number of bookings per one-hour period was 92 bookings.

21. Is the holding area in the booking section of the facility? Yes.

Medical

22. How do inmates currently receive vision services: (a) onsite, with permanent County-owned equipment; (b) onsite, but through a mobile optometry vendor (PLEASE IDENTIFY VENDOR); or (c) offsite? Both options (b) and (c) are used. In fiscal year 16/17, 35 inmates were sent offsite for vision care.

23. How many dialysis patients did you have in each of the past two years? Please refer to line 215 of Attachment A1-5 in the RFP for patients during fiscal year 2017. In fiscal year 2016, there were no patients with dialysis from July 2015-Jan 2016. The numbers for the next five months are 9, 14, 11, 13 and 13. We do not have data by individuals.

24. How do inmates currently receive dialysis services: (a) onsite, with permanent County-owned equipment; (b) onsite, but with Vendor-owned equipment (PLEASE IDENTIFY VENDOR); or (c) offsite? Are there any onsite dialysis clinics? At this time there are no on-site dialysis clinics.

25. When during the intake process are PPDs administered? PPDs are placed within 7 days of booking and annually thereafter. Are there any specific licensure requirements for the person administering PPDs? Certified Medical Assistants or higher.
26. What are the hospitals most frequently used by the PCADC and the PCJDC? Who is the current preferred hospital provider for the PCADC? Banner-University (both campuses) and St. Mary’s – especially for emergent as it is the closest hospital to the jail. The County does not have a preferred hospital.

27. For each facility, please:
   a. Identify any specialty clinics currently conducted onsite: At PCADC: Cancer, Diabetes, GYN, HIV, Hepatitis, Hypercholesteremia, HTN, Pregnancy (OB), Pulmonary, Seizure/Neurological
   b. Indicate how many hours per week each clinic is held. Clinics are held twice a week.
   c. How many clinics have been utilized in the past 12 months? Ten types of clinics.
   d. Who are the physicians providing the current clinics? Vendor MD, NP and PA.

28. Please identify the number, type, and timeframes of any backlogs (chronic care clinics, offsite referrals, dental encounters, etc.) that currently exist at the facilities. We do not have this information.

29. Page 8 of 61 states “The CONTRACTOR may also utilize the State’s designated Health Information Exchange (HIE) to look up individuals and medications which may assist with continuity of care. There are fees associated with these queries, which would be the responsibility of the CONTRACTOR.” Please provide the amounts of these fees. As of now, it is $1.25 per look up, whether there is a hit or not. The County prefers use of the JHIDE system through which this information can be obtained through the RBHA and community providers at no cost. Also, the State HIE system does not currently allow verification of meds.

30. Page 14 of 61 states that “Most Sick Call Requests are received through a web-based electronic solution.” Please provide details on this web-based solution and how the electronic submission process works. Most inmates have a tablet issued to them and they can submit a sick call request on the tablet. Vendor logs in a web-based portal to access the requests. Currently, the request is printed, responded to, and scanned into the EMR. Some individuals, who do not have access to tablets, still fill out a paper request which is forwarded to the Vendor.

31. Page 3 of 61 in the RFP states that “Currently there is the ability to utilize a Tandberg 6000 unit to conduct telemedicine.”
   a. What specialty clinics are currently provided through telemedicine?
   b. How frequently, and for how many hours, is each clinic held?
   We are not aware of any specialty clinics using telemedicine at this time. It has been used for diabetes education in the past. The County is open to proposals to increase the use of telemedicine clinics but has found the jail setting to not be very conducive to them.

32. What specialty services are currently being provided via telemedicine by the University of Arizona Telemedicine Program? Besides radiology reads, teled is used for HIV patients as a specialty population. At this time, these are the only services teled is used for.

33. Please provide statistics for the last two years for the # patients on Hepatitis C medications, # patients on hemophilia medications. The PCADC Pharmacy Report lists one patient on Hep C in July and Sept 2015, Jul, Aug, Sept and Oct 2016 and June 2017. There are two inmates on Hep C in August 2015 and zero the remaining months for the period July 2015 – June 2017. There is currently one Hep C patient receiving medication management. To our knowledge, there have been no inmates with hemophilia during the last two years.

34. What is the average census and length of stay for patients in the medical observation unit? Please refer to lines 115-121 in Attachment A1-5 of the RFP.
35. Does the county health department provide any services to inmates? If so, please describe. The Pima County Health Department does not currently provide any health services directly to inmates or detained youth. There are however requirements for reporting communicable diseases to the Health Department as per Attachment A1-18 of the RFP.

36. What types of accommodations are currently in place for the physically and developmentally disabled populations? Both facilities are ADA compliant. Wheelchairs are provided as needed and healthcare staff will be asked to evaluate requests for lower bunks. Inmates with disabilities are housed with other inmates unless their mental health condition requires them to be housed in a mental health pod. Please also see lines 168-175 of Attachment A1-5 in the RFP.

37. Is the County’s infirmary appropriately set-up to provide basic OB/GYN programs and services on-site? PCADC does not have an infirmary. They have a Medical Observation Unit that does not meet infirmary requirements. We do not know where the OB/GYN clinics are held, but they are on-site. When possible, does the County/court system work well with the County to release these inmates as appropriate? The Sheriff’s Department does not petition the courts to release detainees based on pregnancy unless absolutely medically necessary and continued incarceration would be detrimental to the health of the mother or fetus. The courts are typically amicable to hearing and considering these requests.

38. Would the County like the Proposer to administer flu and/or Hepatitis B vaccinations to inmates and County employees, and if so how many are projected annually, and does the County bear the cost and provide the serum? There are no requirements for providing services to County employees. Please refer to lines 157-167 in Attachment A1-5 in the RFP for the number of immunizations administered over a one year period. The Vendor is responsible for obtaining and paying for the serum.

39. On average, how many TB skin tests for employees and detainees should be considered on an annual basis? Does the County bear the cost and provide the serum? Please refer to lines 122-129 and line 151 in Attachment A1-5 and the section on Diagnostic Testing on page 1 of Attachment A2-5 of the RFP.

40. Would the County like the Proposer to provide pre-employment drug screens on prospective County employees and/or volunteers on an annual basis? If so, how many should be considered? No thank you.

41. Who provides dental services for the County? Is the dentist accompanied by a dental assistant? Does the County contract for a dental hygienist? The current contract includes a dentist and a dental assistant, not a dental hygienist.

42. How many hours per week do you have a dentist and/or hygienist on-site? Please refer to the response to Question #4.

43. How long is the typical wait to see the dentist or hygienist? If this is tracked, it is not reported to the County.

44. Contractor will complete a comprehensive medical assessment for all detainees within 14 days after admission to facility. Is this requirement currently being met? NCCHC and Pima County require a medical assessment within 14 days after admission. This requirement is sometimes not met due to Court scheduling.

45. In efforts to reduce offsite care, will the county purchase any specialty equipment for such services as ultrasonography or dialysis? The County will replace existing equipment if needed, but has no
plans to acquire additional equipment for ultrasonography or dialysis. However, the County is open to discussion about equipment that would result in a cost savings.

Ancillary Services

46. Which diagnostic/x-ray provider does the County currently use for diagnostic/x-ray services? How often are they on-site? What’s the annual cost for diagnostic/x-ray services? X-rays taken at PCADC by Vendor staff are read by Banner-University using telemedicine. They do not come on-site. X-rays for PCJDC are done off-site. Please see Attachment A1-8 of the RFP for the type and frequency of x-rays at PCADC and Attachment A2-5, page 2, for radiology services at PCJDC.

47. How many x-rays have been provided in the past 12 months? How many ultrasounds have been provided in the last 12 months? How many CT scans have been provided in the past 12 months? Please refer to Attachment A1-8 for x-rays taken at PCADC and Attachment A1-7 for imaging done off-site. All CT scans and ultrasounds are done off-site.

48. Who is the current onsite EKG provider? What is the age/condition of the EKG equipment? EKGs are performed onsite by the healthcare vendor. The County provides EKG equipment and replaces it as needed.

49. Which medical waste provider does the County currently use? How often are they on-site? What’s the annual cost for medical waste services? The Vendor pays for medical waste disposal. We do not know what provider they use. We believe the approximate cost is $95 per 55 gallon can.

50. What ambulance service is currently used? There are a number of ambulance services in the area. The Tucson Fire Department responds to emergency calls and transports in most cases. Southwest Ambulance is a secondary responder and usually transports in non-emergency instances.

Behavioral Health

51. Page 10 of 61 states that “The Sheriff’s Department may approve the use of medication assisted treatment (MAT) and related medications to be administered onsite.” Since it seems as though the Department has not yet made a definite decision to implement this initiative, should vendors include the cost of such a MAT program in their base pricing? As discussed in the pre-proposal conference, please only include MAT for pregnant women in your bid. The current MAT program at PCADC consists only of suboxone for pregnant women.

52. Is there currently a contract or agreement with the community provider for Medication Assisted Treatment (MAT) for detainees in the facilities? Yes. Services are currently provided by ConnectionsAZ.

53. Page 11 of 61 states that “Pima County is participating in a number of grant initiatives related to ETI / ATI.” Please provide details on these initiatives and describe what the new Contractor’s role will be in each program. At this time, involvement from the Contractor is primarily to check JHIDE for a hit as described in Exhibit A1, Section 4.1.1, and Section 10.1, and fill out a release form and obtain the detainee’s signature at booking. If signed, this form is shared with Pre-trial services who then follow up with the RHBA for additional information. On occasion, the Contractor may be asked to provide data for inclusion in grant proposals or reports.

54. What hours are behavioral health services on-site? Are the mental health providers available 24/7? One of the critical staffing requirements at PCADC (see 15.3.1 of Part I of the Scope in the RFP) is to have behavioral health coverage 24/7. This is not a requirement in PCJDC (see 15.3.1 of Part II of the Scope in the RFP).
55. How long is the typical wait to see the psychiatrist? The requirement is that if an inmate is identified with a mental health condition they must be seen within 14 days from admission.

56. Can you please comment as to why, in Attachment A1-5, the number of 14-day Mental Health Evaluations (line 18) is greater than the # of 14-day physicals (line 16)? The Mental Health evaluations are frequently done before the 14 days are up, depending on acuity. Many of the people that received a MH evaluation were released before receiving their physical evaluation.

57. Are inmates currently given forced or involuntary psychiatric medications when they’re a danger to self or others as a result of a psychiatric disease, disorder, or illness? Forced medications are only administered as a result of a specific court order.

58. Does the County coordinate with any locally based community-based providers to assist with your mental health population? If so, who are these providers and what assistance do they provide? The County rarely contacts the providers directly. Our coordination is done through the RBHA, Cenpatico, leadership and their Criminal Justice team. From there, coordination of care reaches the entire behavioral health system of RBHA providers. Please refer to Cenpatico’s website for a list of all their contracted providers.

59. Please describe the current discharge planning system in place, if any. Please refer to section 12 of the Scope, Parts I and II, in the RFP.

60. What percentage of discharges are planned discharges as relates to section 12.1 in the RFP Scope? At PCJDC, the majority of discharges are planned. The only exception is the occasional youth requiring inpatient psychiatric care. While PCADC does not track planned vs. unplanned releases, we anecdotally know that only 25-35% of releases are planned.

61. Are the current number of substance abuse classes sufficient for the population? More substance abuse classes would be welcome, especially given the current opioid crisis.

62. How many detainees with Petitions presented in the intake within the past year? Though we do not have data on this, we know that the number is negligible.

63. Please provide statistics on how many detainees required a Petition after Booking in the past 12 months. See line 87 in Attachment A1-5 of the RFP.

64. How many detainees from other counties have been ordered Restoration to Competency and housed in your facilities during the past 12 months? In FY1617, there were a total of five. This FY there have been 5 in the first six months.

65. How many requests by RTC staff for urine and blood toxicology screens and other requested medical testing are requested each month? RTC staff do not request labs. The Vendor is responsible for appropriate medical care that may include toxicology screens as clinically indicated.

Pharmacy

66. Please provide the following information about medication administration.
   a. Who administers medications (RNs, LPNs, medical assistants)? Currently, LPNs and RNs.
   b. How long does it take to perform the average medication pass? The County has not tracked this.
   c. How many staff members and carts are required to complete each med pass? 1 nurse per cart. A CO assists the nurse in each pod. There are currently six carts.
67. How often are medication passes conducted each day? As mentioned in section 7.2 of Part I of the RFP Scope, currently meds are passed twice a day at PCADC and PCJDC.

68. Please provide copies of the following documents.
   a. The drug formulary currently in use. Please refer to Attachment 2 of this Addendum.
   b. The laboratory formulary currently in use. We do not require this information and do not have it.
   c. A current pharmacy/formulary management report. The information required in the Pharmacy Report can be found in Attachment A1-6 of the RFP. The most recent pharmacy report from CorrectRx is included in this Addendum as Attachment 3.

69. Do you allow family members to provide inmate medications? Yes. See 7.3 in Parts I and II of the RFP Scope of Services.

70. For high risk condition medications that cannot be verified, is the 24 and 48 hour provider assessment requirement applicable to weekends and holidays? Yes.

71. Is the provider assessment for high risk conditions required to be a face to face assessment? Yes.

72. Please provide:
   a. Please provide the number of prescriptions filled per month for the past 12 months? What is your total drug spend by month for the last 12 months? Please refer to Attachment A1-6 and A2-6 in the RFP.
   b. The top 25 / 100 (one vendor asked 25 another 100) most frequently prescribed non-over-the-counter pharmaceuticals. Please refer to Attachment 3 for the top 50 by price. We do not have the top by quantity.
   c. The top 100 prescription medications by cost over the past 12 months. Please refer to Attachment 3 for the top 50 in November.
   d. Please provide the top 25 most frequently prescribed psychotropics. Please refer to Attachment 3 for the top 50.
   e. Please provide utilization/cost by name/strength of your top OTC medications over the last 12 months. Please refer to Attachment 3 for the top 50 by price in November.

73. What is your current fee for each new Rx? What is your current fee for each refill Rx? What is your current fee for each stock medication fill? Is it per fill or is it per card? We do not contract with the pharmacy and do not have this information.

74. Do you receive credit for medication returns which have not been in an inmate’s possession? Are you charged a handling fee for medication you return? Is it a flat fee or is it a fee per unit/card? What is that per card fee? The County does not contract for pharmacy services. These type of arrangements are between the Vendor and their selected pharmacy.

75. Do your facilities currently use an electronic prescription order entry and eMAR system? Yes, in CorEMR. If so, what is the name of the system? Do your facilities currently use a barcode electronic order reconciliation and medication return management system? No. If so, is that system provided at no cost to you by your pharmacy vendor? Are prescription orders transmitted electronically to the Pharmacy Vendor? We don't know. What is the interface utilized? The County does not know how our vendor and their pharmacy reconcile their supplies. The County is open to an eMAR system other than CorEMR.

76. What pharmacy(s) do you utilize locally for backup pharmacy services? Are any of them open 24 hours? The Vendor uses Walgreens, open 24 hours.
77. Please provide copies of the Regional Behavioral Health Authority and Arizona State Hospital formularies. Please refer to the following web page for the RBHA’s formulary: https://www.cenpaticointegratedcareaz.com/for-members/helpful-resources/medication-formulary/ The State Medicaid (AHCCCS) formulary covers ASH patients. Please see: https://www.azahcccs.gov/Members/Pharmacy/ The primary requirement is that medications for patients returning from ASH not be changed unless clinically indicated. In the past six years, we have not had anyone sent to ASH.

78. What percentage of your prescription volume is:
   a. Written and filled as a patient-specific order?
   b. Administered or obtained from a stock system at the facility
   We do not have data, but we believe it is mostly stock medication.

79. On average, what percentage of your population is on medication at any given time? Please refer to page 3 of Attachment A1-6, Part I of the Scope in the RFP.

80. Which method of dispensing pharmaceuticals does the county prefer, stock or patient specific? The County has no preference.

81. Will Pima County allow pharmacy vendors to operate consistent with applicable state law and as further delineated by their existing Arizona Board of Pharmacy issued licensure specific to their business model? Pima County expects all vendors to operate within State and Federal laws. The Vendor can choose the Pharmacy/ies they wish to work with and together they must fulfill all laws. This answer also applies to questions 82-84.

82. It has come to our attention that certain bidders within the industry are submitting questions to state and local correctional agencies during the bid process with misleading information regarding pharmacy operations in an effort to eliminate competition. For example, a competitor in the industry stated that a “company must be an FDA Registered Repacker to legally repackage stock medications from bulk containers into blister cards.” However, not every pharmacy is required to hold a repacker registration merely because it is repackaging stock medication. The Code of Federal Regulations governing FDA Registered Repackers provides certain specific exemptions from registration under Section 207.10. It provides that if a pharmacy is operating under all applicable local laws that regulate the dispensing of medication and further if it is manufacturing or processing drugs in the normal course of pharmacy business and those drugs are being supplied to a licensed practitioner for use in his or her professional practice, then a pharmacy is exempt from the registration requirements. Therefore, based on most business models, wherein it is providing stock medications in a container relabeled by a pharmacist to a physician, then the repacker registration is not required. This unnecessary requirement only serves to eliminate competition and prevent the use of other significantly qualified pharmacy vendors who would provide cost effective, efficient and clinically sound pharmacy services to Washoe County. Will Pima County agree and acknowledge that holding a FDA Repacker registration is not required in order to provide services to the PCADC/PCJDC contract?

83. These same competitors have also stated that “the Prescription Drug Marketing Act of 1987 (PDMA) requires vendors to provide electronic pedigree papers (ePedigrees) with all stock medications.” However, not every pharmacy is required to provide pedigree papers with its stock medications. Pedigree papers are only required of wholesale distributors under the Prescription Drug Marketing Act. Will Pima County agree and acknowledge that pedigree papers are not required in order to perform services under this contract?

84. Finally, a competitor has stated that “true unit-dose dispensing is required in many states before a pharmacy vendor is allowed to accept returns and provide credit on returned medications. A pharmacy vendor that dispenses medication in blister cards (both stock and patient-specific) must
individually label each bubble of the blister card with a medication’s name, strength, manufacturer, NDC number, lot number and expiration date.” However, not every pharmacy is required to label its stock and patient specific medications as identified above. The labeling requirement is applicable only to those who hold a repacker registration. Will Pima County agree and acknowledge that bidders are not required to label their medications as identified above in order to service this contract?

85. Who is currently physically administering the medications to detainees at Ajo Detention Center? Page 1 of Exhibit A states the contractor is not required to provide medical services to Ajo Detention Center detainees. Page 21 of Exhibit A requires the contractor to provide a policy and procedure for administering medication to the detainees at Ajo Detention Center. In Ajo, Corrections Officers currently administer medications provided by the vendor as indicated in the prescription.

86. Is the contractor responsible for ordering and delivery of medications to the Ajo Detention Center? The Vendor is responsible for ordering medications but not for delivery. Officers from Ajo pick up the medication.

Electronic Medical Record / Information Systems

87. Does the incumbent health care vendor use a proprietary electronic medical record (EMR)? If so, how will the County ensure that required inmate data is available for the new incoming vendor? The current Contractor uses CorEMR. It was implemented in PCADC in 2013 and in PCJDC in 2014. It is a requirement of the current contract that all data will be returned to the County upon contract end. The County does not require the incoming vendor to use CorEMR.

88. Will the County permit the incoming vendor's EMR to be hosted on Pima County servers? Possibly, but this is not what is currently done.

89. Which JMS system is currently in use by the County? Spillman at PCADC and JOLTS at PCJDC.

90. Please describe the internet and Wi-Fi accessibility for healthcare staff in your facility. At both facilities, the healthcare vendor has access to the internet but there is no Wi-Fi. At both facilities, the current Vendor installed and pays for Wi-Fi that operates only within the medical unit.

Other

91. What is the inmate co-pay for medication, sick calls/doctors' visits? How is the inmate co-pay system currently managed? Please see Attachment A1-14 in the RFP for the standards and procedures related to co-pays.

92. Please explain the County’s detention officers' role in assisting with the management of inmate medical, mental and ancillary healthcare programs and services. Detention officers are responsible for bringing inmates/youth to and from the clinic, transportation and security to and from off-site medical appointments, and providing security to medical staff. Officers in the Mental Health Units work closely with Mental Health Staff and participate in weekly meetings to discuss changes in inmate behaviors. Officers do not participate in any healthcare programs or services. However, if a CO identifies an inmate that requires medical care, the Vendor must respond.

93. What specific assistance will the contractor be expected to provide to minimize the number of detainees released without health insurance? Pima County has a number of organizations that seek to enroll detainees in health insurance. This is not a responsibility of the healthcare Vendor.

94. Please provide a list of the “vital documents” as determined by HHS (for language interpretation
95. Please identify the number of annual training hours to be provided by the contractor for correctional staff working in the behavioral health units. Are the required training hours for correctional officers working in the behavioral health units included in the 20 hours of officer training required per year in this section? There are 20 hours of training per Officer Academy specific to medical and mental health. There are 3 to 4 academies per year. Any training provided to officers working in Mental Health Units would be included in the 20 hours required. There is no specific requirement to provide a set number of hours of training to officers in these units.

Scope of Services, Part III

96. On average, how many hours per month does the Behavioral Health Advisor spend in community meetings/committees/boards and the steering committee? Less than 10 hours/month.

97. Are these services billed separately, like the applicant evaluations are? Yes, they should be billed separately.

Legal Issues

98. Are any of the Pima County facilities currently subject to any court orders or legal directives / consent decrees? If “yes,” please provide copies of the order/directive. No, neither facility is under any orders or directives.

99. Are there any current audits or investigations pending for the County’s inmate facilities? No.

100. With regard to lawsuits (frivolous or otherwise) pertaining to inmate health care:
   a. How many have been filed against the County and/or the incumbent health care provider in the last three years? From 1/1/15 to 12/20/17, there were four lawsuits filed. During that time, there were also eight claims that never turned into lawsuits (they were denied and no further legal action was taken by the claimants).
   b. How many have been settled in that timeframe? One lawsuit was settled during this time but it was filed prior to 1/1/15 and is not included in the four lawsuits mentioned above.

NCCHC Accreditation

101. We know that the PCADC and PCJDC are currently accredited by the National Commission on Correctional Health Care (NCCHC). Please provide copies of the most recent accreditation audit reports for the facilities. Please see Attachments 4 and 5 of this Addendum.

Infrastructure and Inventory

102. Please provide an inventory of office equipment (PCs, printers, fax machines, copiers) currently in use at the PCADC and identify items will be available for use by the new Vendor. Please refer to Attachment A1-4 for a list of inventory that belongs to the County and will be available for use by the Contractor. The IT equipment is owned by the Contractor.

Census

103. We appreciate the July 2016 through June 2017 data the County provided with the RFP. Could the County please provide the same data for July 2014 through June 2016 (an additional two years of historic data, so bidders can identify trends)? Census data for PCADC for these years is included as Attachment 6 of Addendum 1.
104. Section 2.2.3 of Exhibit B Pricing and Compensation (page 6 of 11) contains multiple conflicting numbers for the upper and lower limits of the contract’s population range. These include 1,700 versus 1,800 for the lower limit; and 2,000 versus 2,100 versus 2,200 for the upper limit. Please clarify what the true thresholds are for the contract’s population range. There is an error in the RFP section you refer to. The fourth line of the last paragraph in this section should read, “one thousand seven hundred (1,700) or the ADP at PCJDC…” The words did not match the number. However, there is not a contradiction between the 1,700/2,100 and the 1,800/2,000. The population range you should bid on is from 1,800 – 2,000. The final paragraph in this section says that if the population at PCADC falls below 1,700 or above 2,100 for at least three continuous months, the County and Contractor will discuss whether there is a need to amend the census range and pricing in the contract. We were unable to find the reference to 2,200 for the upper limit that you refer to.

105. Provide a census of any and all contracted inmates to include Federal inmates, US Marshall inmates, ICE/Immigration inmates, neighboring County inmates and/or any other contracted inmates the County has held over the past two years. In rare cases, PCADC holds inmates of another jurisdiction in transit. However, neither facility contracts for federal or other county inmates. The only exception to this is the RTC program which has a few contracted inmates from other counties.

106. What is your projected inmate population for the next three years? We do not have any way of projecting future population other than looking at the past. Please see Attachment 6 of Addendum 1 and Attachments A1-1 and A2-1 of the RFP. As mentioned, the County has an aggressive diversion program and seeks to reduce its detained population as far as possible without compromising community safety. Over the past few years, the census in both facilities has declined.

107. Please provide the County’s plans for any facility expansions, if any. There are no plans for facility expansion.

108. Please provide the specific locations where female detainees are housed? Currently female housing units are: 1P, 1E/F, 1J, 6E (MSF). Future plans would put the female housing units in: 5A,B, C, D (MSF), 1E/F. Pregnant females and those requiring a higher level of security will continue to be housed at the main building.

109. What is the average number of BTS detainees presenting to the detention center on Friday afternoon/evening? 18.

Pricing

110. Please provide annual spend amounts for the past three years for the following categories.
   a. Laboratory services
   b. X-ray services

The Correctional Healthcare Contract is an “at risk”, fixed price, contract. We do not reimburse actual expenses. The County does not receive information on what the actual expenses of the current vendor is for these items.

111. Please confirm that under the new contract, the Vendor will not be financially responsible for any of the following services.
   a. Neonatal or newborn care after actual delivery Confirmed
   b. Elective or mandated abortion Only if the mother’s health is in danger
   c. Cosmetic surgery, including breast reduction Confirmed
   d. Sex change surgery (including treatment or related cosmetic procedures) Confirmed
e. Contraceptive care including elective vasectomy (or reversal of such) and tubal ligation (or reversal of such) **Confirmed**

f. Extraordinary and/or experimental care  **No to experimental.** For extraordinary, the Contractor would be financially responsible for the first $25,000 if the care is medically necessary.

g. Elective care (care which if not provided would not, in the opinion of the Medical Director, cause the inmate’s health to deteriorate or cause definite and/or irreparable harm to the inmate’s physical status). The only elective care at this time is to provide glasses to those that require them.

h. Autopsies **Confirmed**

i. Any organ (or other) transplant or related costs, including, but not limited to labs, testing, pharmaceuticals, pre- or post-op follow-up care, or ongoing care related to a transplant, etc. In general, this should not be required. However, if extraordinary circumstances required the need for a transplant, the Contractor would be responsible for the first $25,000 in expense.

j. Medications for the treatment of bleeding disorders, including, but not limited to Factor VIII and IX **Please refer to Section 2.2.4 of Exhibit B.**

112. With regard to the $25,000 per episode cap on outlier medications:
   a. Please provide a list of the medications that fall into this “outlier” category.
   b. Please identify the amount of any “outlier medication” cap that exists in the current contract.
   c. For each of the past three (3) years, please indicate how many times—and by how many dollars—expenses have exceeded the contracted outlier medication cap amount.

The County is no longer using a list of outlier medications such as was done in the current contract. However, the current contract also requires the Contractor to cover the first $25,000 of medications on the outlier list. In the RFP, the $25,000 cap applies to all medications that are recommended by an appropriate specialist. In the past 3 years, there have not been any charges for outlier medications at PCADC or PCJDC. There may have been some outlier medications used, but if there were, it was not billed to the County (did not exceed $25,000).

113. With regard to the $25,000 per episode cap on offsite care:
   a. Please identify the amount of any offsite care cap that exists in the current contract.
   b. For each of the past three (3) years, please indicate how many times—and by how many dollars—expenses have exceeded the contracted offsite care cap amount.

The same $25,000 cap applies to the current contract. In the past three years, one person exceeded that cap, for a total of expense of $34,064 (of which Contractor paid the first $25,000).

114. Are there any shared cost arrangements or annual caps in place with your current health services contract, and if so, what are they? **Please see Conmed contract Exhibit B and the responses above.**

RFP and Contract Process

115. What is the County’s targeted award date for the contract? **The current tentative date is 3/22/18.**

116. We have noticed that in many cases, different components of a solicitation contain conflicting language and specifications. Please confirm the latest dated document always holds precedence, so bidders know which information to use in case of conflicting data sets among the County’s solicitation materials (original RFP, addenda, responses to questions). **Confirmed.**

117. Please confirm the County is not requiring bidders to submit their Technical and Pricing proposals in separately sealed envelopes. **Confirmed.**
## RFP #BH-2018-01

### ADDENDUM 1, ATTACHMENT 1

Deductions made for Staffing, Performance Indicators, and Business Requirements in Current Contract

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RFP #BH-2018-01
ADDENDUM 1
ATTACHMENT 2

CONMED 2016 FORMULARY

Please refer to separate file for the most recent PCADC formulary available.
RFP #BH-2018-01
ADDENDUM 1
ATTACHMENT 3

PHARMACY REPORT – NOVEMBER 2017

Please refer to separate file for the most recent PCADC Pharmacy Report available.
ACCREDITATION REPORT OF
THE HEALTH CARE SERVICES AT
PIMA COUNTY ADULT DETENTION CENTER

Tucson, AZ

April 30, 2017
The National Commission on Correctional Health Care is dedicated to improving the quality of correctional health services and helping correctional facilities provide effective and efficient care. NCCHC grew out of a program begun at the American Medical Association in the 1970s. The standards are NCCHC’s recommended requirements for the proper management of a correctional health services delivery system. These standards have helped correctional facilities improve the health of their inmates and the communities to which they return, increase the efficiency of their health services delivery, strengthen their organizational effectiveness, and reduce their risk of adverse patient outcomes and legal judgments.

On February 22-24, 2017, NCCHC conducted its review for continued accreditation of this facility. We commend the facility staff for their professional conduct, assistance, and candor during the course of our review. The NCCHC’s team of experienced certified correctional health professionals utilized NCCHC’s 2014 Standards for Health Services in Jails as the basis of its health services analysis. This report focuses primarily on issues in need of correction or enhancement. It is most effective when read in conjunction with the Standards manual. The information in this report is privileged and confidential and is intended for the sole use of persons addressed.

There are 40 essential standards; 38 are applicable to this facility and 37 (95%) were found to be in compliance. One hundred percent of the applicable essential standards must be met. Our findings include:

- **Essential Standards Not in Compliance**
  - J-E-02 Receiving Screening
  - J-G-07 Intoxication and Withdrawal

- **Essential Standards Not Applicable**
  - J-E-03 Transfer Screening
  - J-G-03 Infirmary Care

There are 27 important standards; 26 are applicable to this facility and 26 (100%) were found to be in compliance. Eighty-five percent or more of the applicable important standards must be met. Our findings include:

- **Important Standards Not in Compliance**
  - None

- **Important Standard Not Applicable**
  - J-C-08 Health Care Liaison

Decision: On April 30, 2017, NCCHC’s Accreditation Committee awarded the facility Continuing Accreditation with Verification (CAV), contingent upon receiving requested compliance verification by August 30, 2017.
I. Facility Profile

The facility’s security classification is: High, Medium and Low.  
The facility was built in: 1983, 1986 and 2006.  
The facility’s mission of purpose has not changed in the last year.  
The facility is located in the southwestern United States.  
The facility’s supervision style is: Direct Supervision.  
The facility’s structural layout is: Modular-Style Housing.  
Since the last NCCHC survey there have not been any major renovations/expansions/closures in the facility.  
There are no any major renovations/expansions/closures anticipated.  
Total Inmate Count on day of survey: 1832.  
Total number of adult males on day of the survey: 1497  
Total number of adult females on day of the survey: 316  
Total number of juvenile males on day of the survey: 19  
Average Daily Population (ADP) for last completed calendar year: 1837  
The design-rated capacity for the facility is: 2096  
There has not been a substantial increase or decrease in the inmate population.  
Admissions to the facility arrive: unscheduled and at any time of the day.  
The total number of admissions to the facility last year was: 30,766  
The average daily intake to the facility last year was: 84  
The total number of correctional staff assigned to this facility is: 415  
The usual shift coverage for correctional staff is: Day: 178  Evening: 142  Night: 95  
There has not been a recent change in health care contractor.  
Health services are provided by a national health care vendor.  
They have provided health services since: 2008.  
There have not been distinctive events that may affect the delivery of health care.  
The facility has one satellite.  
It is 135 miles away from the main facility and has an ADP of 5.

II. Survey Method

We toured the clinic area, inmate housing areas, and segregation. We reviewed 239 health records; policies and procedures; provider licenses; administrative, health staff, and continuous quality improvement (CQI) meeting minutes; job descriptions; statistical and environmental inspection reports; and health services personnel and CO training records. We interviewed the captain, responsible physician, health services administrator (HSA), other health, dental, and mental health staff, medical records staff, addiction specialist, three COs, and 18 inmates selected at random.
III. Survey Findings and Comments

A. GOVERNANCE AND ADMINISTRATION

The standards in this section address the foundation of a functioning correctional health services system and the interactions between custody and health services authorities. Any model of organization is considered valid, provided the outcome is an integrated system of health care in which medical orders are carried out and documented appropriately and the results are monitored as indicated. Policies and procedures are to include site-specific operating guidelines.

Standard Specific Findings

J-A-01 Access to Care (E). Inmates have access to health care. Patients see a qualified clinician and receive care for their serious medical, mental health, and dental needs. They are charged $10 to see a provider and for medication. All inmates receive care regardless of their ability to pay. The standard is met.

J-A-02 Responsible Health Authority (E). The responsible health authority (RHA) is national medical contractor, whose on-site representative is the full-time HSA. Clinical judgments rest with a designated, full-time, responsible physician. Mental health services are provided under the same contract. The standard is met.

J-A-03 Medical Autonomy (E). Qualified health care professionals make decisions regarding inmates' serious medical, dental, and mental health needs in the inmates' best interests. We noted excellent cooperation between custody and medical staff. Administrative decisions are coordinated, if necessary, with clinical needs so that patient care is not jeopardized. Health staff is subject to the same security regulations as other facility employees. The standard is met.

J-A-04 Administrative Meetings and Reports (E). The chief and the HSA meet bi-monthly to discuss administrative matters with the responsible physician, contract monitor, lieutenant, director of nursing, chief, an LPN, behavioral health representative, discharge planner and the regional mental health director. Health staff meets monthly to discuss health services operations. Attendees include the responsible physician, HSA, mental health and nursing staff, dentist, clerks, and EMTs. The facility administrator receives monthly statistical reports of health services utilization, which are used to monitor trends in the delivery of health care. The standard is met.

J-A-05 Policies and Procedures (E). The health services policy manual is site-specific. The RHA and responsible physician last reviewed it on October 19, 2016. Custody, kitchen, or corporate policies do not conflict with health care policies, which are accessible to health staff. The standard is met.

J-A-06 Continuous Quality Improvement Program (E). The CQI program identifies health care aspects to be monitored, implements and monitors corrective action when necessary, and studies the effectiveness of the corrective action plan. The quality improvement committee, which meets monthly, consists of the RN (as chairperson), CQI nurse, the HSA, the director of nursing, infection control nurse, responsible physician and any other staff members who may be indicated by the study topics. A variety of studies (site-specific and corporate-driven) have been completed since the last survey. Site-specific studies included the following: the lack of pertinent information being recorded for chronic care patients, with particular attention paid the diabetes
and asthma clinics (2014); proper completion of medication administration records (2015); and timely sick call triage (2016).

At the time of the survey, the QA nurse was new to the role, but he appeared to have a firm grasp on what needs to be accomplished. The responsible physician was also new to the position, but we observed her and the QA nurse actively discussing some areas to review.

We also verified that annual reviews of the program have been completed. The standard is met.

J-A-07 Emergency Response Plan (E). The RHA and facility administrator have approved the health aspects of the emergency response plan, which included all the required elements. Multiple casualty disaster drills have been held annually so that over the course of three years, staff on each shift has had an opportunity to participate. The scenarios included a gas explosion in the laundry (2014); an actual inmate disturbance, during which inmates refused to lock down due to the temperature in the housing area and cells, leading to heat exhaustion (2015); and an inmate fight (2016). The drills have been critiqued and the results were shared with the health staff.

Man-down drills have been held so that health staff on each shift has been able to participate annually. They chose to critique actual events, which ranged from seizures to slip-and-fall incidences, amongst other issues. These have also been critiqued and the results were shared with all health staff. The standard is met.

J-A-08 Communication on Patients' Health Needs (E). Communication between designated correctional and health services staff with regard to inmates' special health needs occurs in writing, on the medical alert form, which is then entered into the computer. The standard is met.

J-A-09 Privacy of Care (I). All clinical encounters and discussion of patient information occurs in both auditory and/or visual privacy. Security personnel are present only if the patient poses a probable risk to the safety of the health care professional or others. The standard is met.

J-A-10 Procedure in the Event of an Inmate Death (I). Since the last survey, there have been 15 inmate deaths, 13 of which were reportedly due to natural causes, and two to suicide. All the death reviews consisted of an administrative review and a clinical mortality review (and psychological autopsies were completed for the cases of suicide). Treating staff were informed of the findings. There were no recommendations for change as a result of the psychological autopsies. The standard is met.

J-A-11 Grievance Mechanism for Health Complaints (I). The health-related grievance program is integrated with the formal grievance program. On average, approximately 30 to 40 grievances are filed each month, although the vast majority is determined to be "unfounded." Policy dictates the time frame in which the appeals process is conducted. We found the grievances to be answered in a timely manner, and within policy guidelines. The standard is met.
B. MANAGING A SAFE AND HEALTHY ENVIRONMENT

The standards in this section address the importance of preventative monitoring of the physical plant. Health staff has a crucial role in identifying issues that could have a negative impact on the health and safety of facility staff and the inmate population if left unaddressed.

Standard Specific Findings

J-B-01 Infection Prevention and Control Program (E). The responsible physician has approved the written exposure control plan, most recently on September 30, 2016. Infection control matters are addressed at the infection control, CQI, administrative, and health staff meetings. Patients with communicable diseases are assigned to one of the four negative airflow rooms. Effective ectoparasite control procedures are used to treat infected inmates. Inmates receive immunizations as appropriate. Equipment and instruments are decontaminated by autoclave in the dental area. A medical waste company has been contracted to remove biohazardous materials. All inmates receive a TB test within the first week of their incarceration, and all HIV patients receive a chest x-ray. The health services area is inspected monthly for environmental concerns. The standard is met.

J-B-02 Patient Safety (I). Health staff can self-report any adverse or near-miss events that affect patient safety in a nonpunitive environment. All sentinel events are reviewed at the CQI, medical administrative, and health staff meetings. The standard is met.

J-B-03 Staff Safety (I). Health staff appears to work under safe and sanitary conditions. Officer presence was obvious throughout the survey. Safety topics are discussed at the safety committee and health staff meetings. The standard is met.

J-B-04 Federal Sexual Abuse Regulations (E). The captain described the facility as compliant with the 2003 Federal Prison Rape Elimination Act (PREA). Written policies and procedures address the detection and prevention of sexual abuse. The standard is met.

J-B-05 Response to Sexual Abuse (I). Health staff has been trained in how to detect, assess and respond to signs of sexual abuse or sexual harassment, including how to preserve physical evidence of sexual abuse. This is part of all new employees' security orientation, and reviewed on-line annually thereafter. Victims of sexual assault are referred to a local hospital that has a SANE nurse on duty to treat and collect evidence. In all cases, the victim is evaluated by a qualified mental health professional, and a report is made to correctional authorities to effect a housing separation of the victim from the assailant. The standard is met.
C. PERSONNEL AND TRAINING

The standards in this section address the need for a staffing plan adequate to meet the needs of the inmate population, and appropriately trained and credentialed health staff. Correctional officers are to have a minimum amount of health-related training in order to step in during an emergency, if health staff is not immediately available.

Standard Specific Findings

J-C-01 Credentials (E). Health care personnel who provide services to inmates had credentials and were providing services consistent with the jurisdiction's licensure, certification and registration requirements. The original credentialing verification process includes inquiry regarding sanctions or disciplinary actions of state boards, employers and the National Practitioner Data Bank. The standard is met.

J-C-02 Clinical Performance Enhancement (I). A clinical performance enhancement process evaluates the appropriateness of services delivered by all direct patient care clinicians, registered nurses (RN) and licensed practical nurses (LPN). A professional of at least equal training in the same general discipline completes the reviews annually. We reviewed a log listing the names of the individuals being reviewed and the date of their most recent review, which included the required elements. The standard is met.

J-C-03 Professional Development (E). We confirmed that qualified health care professionals had the required number of continuing education credits; all were current in cardiopulmonary resuscitation (CPR) training. Our record review indicated that training far exceeds the 12 hours required by the standard. We verified compliance by reviewing a list of completed courses, dates and number of hours per course. The standard is met.

J-C-04 Health Training for Correctional Officers (E). Correctional staff had the required training in health-related topics, and almost all were current in their health-related training. These classes are considered mandatory. Each month there is training on medical and mental health topics taught by members of the respective staff. We reviewed the training outline (including course content and length), and confirmed it includes all the required topics. The standard is met.

J-C-05 Medication Administration Training (E). Nurses administer medications. The responsible physician and facility administrator have approved the training, which includes matters of security, accountability, common side effects and documentation. The standard is met.

J-C-06 Inmate Workers (E). Inmate workers do not provide any health services, or clean the medical area (county employees do so). The standard is met.

J-C-07 Staffing (I). Full-time equivalent health staff includes:

<table>
<thead>
<tr>
<th>Full time</th>
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</thead>
<tbody>
<tr>
<td>Health Services Administrator</td>
</tr>
<tr>
<td>Responsible Physician</td>
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<tr>
<td>Medical Doctor</td>
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Pima County Adult Detention Center, AZ
April 30, 2017

<table>
<thead>
<tr>
<th>Position</th>
<th>1.0 made up of three part-time staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>PA</td>
<td>1.4</td>
</tr>
<tr>
<td>NP</td>
<td>1.0 (acting)</td>
</tr>
<tr>
<td>DON</td>
<td>19.2</td>
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<tr>
<td>RN</td>
<td>8.4</td>
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<tr>
<td>LPN</td>
<td>2.2</td>
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<tr>
<td>Pharmacy Technician</td>
<td>1.0</td>
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<tr>
<td>Phlebotomist</td>
<td>8.4</td>
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<tr>
<td>EMT</td>
<td>1.0</td>
</tr>
<tr>
<td>Imaging Tech</td>
<td>2.0</td>
</tr>
<tr>
<td>Unit Clerk</td>
<td>1.0</td>
</tr>
<tr>
<td>Scheduling Clerk</td>
<td>1.0</td>
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<tr>
<td>Medical Records</td>
<td>3.4</td>
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<tr>
<td>AA</td>
<td>2.0</td>
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<tr>
<td>Dentist</td>
<td>1.0</td>
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<tr>
<td>Dental Assistant</td>
<td>1.0</td>
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<tr>
<td>Case Manager (UM/UR)</td>
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<tr>
<td>Director of Quality Assurance</td>
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<tr>
<td>Director of Behavioral Services</td>
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<tr>
<td>Chief Psychiatrist</td>
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<tr>
<td>Psychiatrist</td>
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<tr>
<td>Forensic Psychiatrist</td>
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<tr>
<td>Mid-level Psychiatrist</td>
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<tr>
<td>Psychologist</td>
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<tr>
<td>Mental Health Coordinator</td>
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<tr>
<td>Mental Health Professional</td>
<td>7.55</td>
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<tr>
<td>Substance Abuse Counselors</td>
<td>2.0</td>
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<tr>
<td>Mental Health RN</td>
<td>1.0</td>
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<tr>
<td>Mental Health Clerk</td>
<td>1.0</td>
</tr>
<tr>
<td>Mental Health Administrative Assistant</td>
<td>1.0</td>
</tr>
</tbody>
</table>

At the time of the survey, the following positions were new: 0.5 MD, 1.4 RN, and 1.4 LPN.

The following health staff positions were vacant: 4.0 LPN, 1.0 NP, 1.0 chief of psychiatry, 0.5 MMP, and 1.0 substance abuse counselor. The standard is met.

**J-C-08 Health Care Liaison (l)**. Health staff is on site 24 hours a day. The standard is not applicable.

**J-C-09 Orientation for Health Staff (l)**. We confirmed that health staff has received the appropriate orientation. The orientation lesson plan is reviewed every two years, most recently on December 2, 2016. The standard is met.
Pima County Adult Detention Center, AZ
April 30, 2017

D. HEALTH CARE SERVICES AND SUPPORT

The standards in this section address the manner in which health services are delivered--the adequacy of space, the availability and adequacy of materials, and, when necessary, documented agreements with community providers for health services.

Standard Specific Findings

J-D-01 Pharmaceutical Operations (E). A national pharmacy provides pharmaceutical services that are sufficient to meet the needs of the inmates. Medication is stored in a large, well-organized, secure room on site, which the pharmacy technician supervises. Medications are ordered electronically, and delivered (usually in a blister pack), then stocked on the appropriate medication carts for administration. All unused medication is returned to the pharmacy for credit, or it is disposed of in the appropriate containers. A consulting pharmacist inspects quarterly, most recently on December 9, 2016. The responsible health authority maintains records as necessary to ensure adequate control of and accountability for all medications, including stock; there are par levels and all medication bins are counted at least once a week. We verified that all medications were stored under proper conditions and an adequate supply of antidotes and other emergency medications was readily available to staff. The standard is met.

J-D-02 Medication Services (E). Medication services are clinically appropriate and provided in a timely, safe and sufficient manner. If medication is ordered by 10:00 a.m., it is usually delivered the following day; or it can be ordered from the local Walgreens if this is not sufficient. The responsible physician determines the prescriptive practices at this facility. Medications are prescribed only when clinically indicated. Inmates entering the facility on prescription medication continue to receive it or an acceptable alternate medication as clinically indicated. Inmates may only keep creams on their persons. The standard is met.

J-D-03 Clinic Space, Equipment, and Supplies (I). The clinic area consists of five examination rooms, a medication room, a medical records area, an area designated for telemedicine, an x-ray space, a lab, two emergency rooms, and several offices. Sharps and other items subject to abuse are inventoried on each shift. We verified the accuracy of the counts, and confirmed that adequate supplies and equipment, including five automated external defibrillators (AED), were available. The standard is met.

J-D-04 Diagnostic Services (I). On-site diagnostic services include stool blood-testing material, finger-stick blood glucose tests, peak flow meters, multiple-test dipstick urinalysis, and pregnancy tests. An outside laboratory was contracted to provide services. X-rays can be taken on-site and transmitted digitally to a radiology service. We confirmed that all results are returned for the prescribing provider to review in a timely manner. Each service had a procedure manual that included the protocols for testing device calibration. The standard is met.

J-D-05 Hospital and Specialty Care (E). Hospitalization and specialty care is available to patients in need of these services. We verified through record review that off-site facilities or health professionals provide a summary of the treatment given, and any follow-up instructions. One on-site physician assistant’s specialty is orthopedics, and another’s is infectious diseases, such as Hepatitis C and HIV. The nurse practitioner’s specialty is obstetrics/gynecology (another specialist also comes on site). We verified that the appropriate licenses and certifications were on file. A hospital is nearby, and the major trauma center is within close
driving distance. The ambulance driver decides where the patient is transported. The standard is met.

E. INMATE CARE AND TREATMENT

The standards in this section address the core of a health services program: that all inmates have access to health services, how they are to request emergency and non-emergency care, that health histories are obtained, that assessments and care can be demonstrated to be provided in a timely fashion, and that discharge planning is considered. In short, health care for the inmates is to be consistent with current community standards of care.

Standard Specific Findings

J-E-01 Information on Health Services (E). Upon arrival, inmates receive both verbal and written instructions (in English and Spanish) on access to health care services, the fee-for-service policy, and the health-related grievance procedures. The hearing impaired is assisted by a sign language interpreter, while those who speak other languages use a language line to facilitate communication. An "access to care" sign was posted in the intake area. The standard is met.

J-E-02 Receiving Screening (E). New admissions arrive directly from the community. Reception personnel identify those individuals in need of care, and refer them immediately. From the time the inmate walks in the door, health services staff has 90 minutes to decide whether or not the inmate can be accepted for entry into the facility. If not, his or her subsequent admission to the facility is predicated on a written medical clearance from the hospital.

The nurse completes the receiving screening as soon as possible, generally within three or four hours of inmates’ arrival. The receiving screening includes a disposition and addresses all the required areas of inquiry. If a woman reports current opiate use, she is referred immediately for a pregnancy test. Prescribed medications are reviewed and maintained as clinically indicated. Health staff regularly monitors receiving screenings (during the CQI meetings) to determine the safety and effectiveness of the process.

We noted that the satellite intake area was 135 miles away from the main facility. At this facility, an EMT conducts a mini-screening. Reportedly, anyone with any positive screening results would be transferred to the main facility for a complete screening. However, our review indicated that several inmates had spent a couple of days at the satellite intake area before being properly screened, and the mini-screening does not contain all of the components of a receiving screening. The standard is not met.

Corrective action is required for Compliance Indicator #5. A receiving screening must take place for all inmates as soon as possible, including at the satellite facility. Verification that receiving screening is conducted as soon as possible upon an inmate’s arrival using an RHA-approved form is required. Acceptable documentation includes a plan from the RHA that ensures screening as soon as possible when inmates arrive at the facility. The plan should include any policy and procedure changes as well as evidence of necessary staff training. In addition, a CQI study on the timeliness of the intake process should be submitted. The CQI study should include a sufficient number of
examples to demonstrate compliance with the standard. In order to receive accreditation, verification that this standard has been met is required.

Corrective action is required for Compliance Indicator #6. The receiving screening form should be approved by the responsible health authority and contain inquiries as to the inmate’s current and past illnesses, health conditions, or special health requirements (e.g., dietary needs); past serious infectious disease; recent communicable illness symptoms (e.g., chronic cough, coughing up blood, lethargy, weakness, weight loss, loss of appetite, fever, night sweats); past or current mental illness, including hospitalizations; history of or current suicidal ideation; dental problems; allergies; legal and illegal drug use (including type, amount, and time of last use); current or prior withdrawal symptoms; possible, current, or recent pregnancy; and other health problems as designated by the responsible physician. Acceptable documentation includes: (a) a revised receiving screening form for the satellite that contains all inquiries required by the standard; (b) evidence of staff training; and (c) evidence of its implementation. In order to receive accreditation, verification that this standard has been met is required.

J-E-03 Transfer Screening (E). All inmates arrive as a new admission. The standard is not applicable.

J-E-04 Initial Health Assessment (E). The full population health assessment has been implemented. A trained RN completes the initial health assessment no later than 14 calendar days after inmates’ admission. The health assessment consists of all the required elements, including a review of the receiving screening results, and laboratory or diagnostic tests for communicable diseases. These include STDs such as HIV, Hepatitis C, syphilis, gonorrhea and Chlamydia. The treating clinician reviews all positive findings. Specific problems are integrated into an initial problem list. Diagnostic and therapeutic plans for each problem are developed as clinically indicated. The standard is met.

J-E-05 Mental Health Screening and Evaluation (E). A trained RN completes the mental health screening during the intake screening (a trained EMT also completes a brief mental health screening prior to the receiving screening). We verified that the screening includes all the required areas of inquiry. Any patients who screen positive on the mental health screening are referred to a qualified mental health professional for further evaluation. If an inmate is admitted in crisis, a mental health professional has one hour to respond. Routine referrals must be evaluated within 14 days, but are usually scheduled to be seen on the seventh day of admission. The standard is met.

J-E-06 Oral Care (E). Either a trained RN or a provider completes the oral screening during the health assessment. Instruction in oral hygiene and preventive oral education is given during the health assessment. The dentist completes an oral examination within 12 months of the inmate’s admission. Staffing includes a full-time dentist, and a full-time dental assistant. Oral care is timely and it includes immediate access for urgent or painful conditions. The system of established priorities for oral treatment is not limited to extractions. The standard is met.

J-E-07 Nonemergency Health Care Requests and Services (E). All inmates, regardless of housing assignment, have access to regularly scheduled times for routine health care. The frequency and duration of response to requests for health services is sufficient for the inmate population. Sick call is held seven days a week, and can be provided 24 hours a day as an RN
is always on site. Patients place request slips in the designated boxes in all the housing areas. A nurse retrieves them daily, and they are triaged within 24 hours; patients are seen within 24 to 48 hours. When a provider visit is necessary, clinical needs dictates timing. Our record review indicated that most patients were seen the following day. The standard is met.

**J-E-08 Emergency Services (E).** The responsible health authority maintains emergency drugs, supplies and medical equipment. An ambulance can be summoned when an inmate needs to be transferred off-site. A major trauma center is also located nearby. The standard is met.

**J-E-09 Segregated Inmates (I).** Conditions of segregation at this facility are NCCHC's categories of 2b and 2c, and require health rounds three times a week, which is the practice at this facility. (Health rounds are completed by mental health staff.) Before they are segregated, inmates are brought to medical services so the health staff can determine whether there are any contraindications to segregation. If the inmate is combative, health staff is notified immediately so that they may check the inmate's record. Health staff informs custody officials of the latest scientific information concerning the health effects of segregation at the various meetings or by direct telephone conversation. The standard is met.

**J-E-10 Patient Escort (I).** Patients are escorted to on- and off-site clinical appointments in a timely manner. The transporting officers are alerted to special accommodations, such as medication administration. Patient confidentiality is maintained. The standard is met.

**J-E-11 Nursing Assessment Protocols (I).** Nursing assessment protocols, which do not include prescription medications, are utilized. The responsible physician and nursing administrator last reviewed them on February 1, 2017. The nurses are trained to use the protocols upon hire, and when protocols are introduced or revised; they also undergo annual reviews of competency. The standard is met.

**J-E-12 Continuity and Coordination of Care During Incarceration (E).** We confirmed that continuity of care is appropriate. Clinician orders are evidence-based and implemented in a timely manner. Deviations are clinically justified, documented and shared with the patient. The clinician reviews diagnostic tests in a timely manner, and modifies treatment plans as clinically indicated.

Patients receive treatment and diagnostic tests as ordered by the clinicians, who discuss such care with them. When a patient returns from the emergency room, urgent care or hospitalization, protocols are followed in accordance with the standard. The clinician reviews and acts upon specialty consultation recommendations in a timely manner.

The responsible physician determines the frequency of periodic health assessments on the basis of protocols promulgated by corporate leadership. Chart reviews are reviewed of sufficient frequency and number to assure that clinically appropriate care is ordered and implemented by attending health staff. The standard is met.

**J-E-13 Discharge Planning (E).** Inmates are given one week of medication upon release. As health services are affiliated with the health department, arrangements are made for discharging inmates to obtain follow up care at clinics. The standard is met.
F. HEALTH PROMOTION AND DISEASE PREVENTION

The standards in this section address health and lifestyle education and practices, as well as patient-specific instruction during clinical encounters.

Standard Specific Findings

J-F-01 Healthy Lifestyle Promotion (I). A variety of health-related brochures and pamphlets were available to all inmates in the various housing units. Individual health education and instruction in self-care was documented in the health record during clinical encounters. At the time of the survey, there were plans to incorporate some of these health pamphlets into the tablets that are given to all inmates. The standard is met.

J-F-02 Medical Diets (I). At the time of the survey, approximately 200 medical diets were being prepared for patients with specific dietary needs. Inmates who refuse prescribed diets receive follow up nutritional counseling. A registered dietitian reviews the medical diet menus at least every six months, most recently in February 2016. Workers who prepare medical diets are supervised while doing so. The standard is met.

J-F-03 Use of Tobacco (I). Smoking is prohibited in all indoor areas. We verified that information on the health hazards of tobacco was available to all inmates. The standard is met.

G. SPECIAL NEEDS AND SERVICES

The standards in this section address the needs of inmates with chronic conditions or other health conditions that require a multidisciplinary approach to treatment. These special needs include mental health issues.

Standard Specific Findings

J-G-01 Chronic Disease Services (E). Care as reflected in the health record appears in compliance with current community standards. The responsible physician establishes and annually approves clinical protocols consistent with national practice guidelines. We confirmed there were guidelines for all nine disease entities.

Health records documentation confirmed that clinicians follow the chronic disease protocols. The treatment plans included all the appropriate elements, such as frequency of follow-up, monitoring condition and status and taking action as indicated, type and frequency of diagnostic testing and therapeutic regimens, instruction on diet, exercise, medication and adaptation to correctional environment, and clinical justification of any deviation from the protocols. Chronic illnesses are listed on the problem list, and the responsible health authority maintains a list of chronic care patients. The standard is met.

J-G-02 Patients With Special Health Needs (E). When required by the health condition(s) of the patient, treatment plans define the individual’s care, and include the frequency of follow-up, type and frequency of diagnostic testing and therapeutic regimens, and instructions about diet, exercise, adaptation to the correctional environment and medication. Special needs were listed on the problem list, and the responsible health authority maintains a list of special needs
patients. Accommodations are documented, and custody staff is notified. Any persons requiring special adaptation can be admitted to the medical observation area. The standard is met.

**J-G-03 Infirmary Care (E).** This facility does not operate an infirmary. Patients who require that level of care are transferred to the local hospital. The standard is not applicable.

**J-G-04 Basic Mental Health Services (E).** When clinically appropriate, a patient's commitment or transfer to an inpatient psychiatric setting is timely and accomplished according to procedures. Mental health staff is actively involved with the court representatives in the "restoration to competency" program. These patients are followed by attorneys and evaluators, as well as behavioral health staff, and placed on medication. The psychiatrist sees the patient every 30 days, and they are followed by a mental health professional every week. They are also reviewed by an outside forensic psychologist to determine their competency.

Acutely mentally ill patients are housed in the in-patient unit. There is also a step-down unit for the seriously mentally ill (SMI) patients, and the officers receive specialized training. These inmates are allowed to come out of their cells alone for 45 minutes. Those considered to be mental health status 2 are double-bunked, and spend time together in the dayroom.

Outpatients receiving basic mental health services are seen at least every 90 days (or as clinically indicated). Mental health, medical and substance abuse services are coordinated to facilitate integrated patient management, and to ensure medical and mental health needs are met. The entire mental health team meets daily to discuss the treatment of these patients. Psychotropic medication management is provided as needed, as well as psychosocial/psychoeducational programs, groups and individual treatment, and treatment documentation and follow-up. The standard is met.

**J-G-05 Suicide Prevention Program (E).** The suicide prevention program addresses each of the 11 key components as described by the standard. The RHA has approved the training curriculum for staff. Treatment plans address suicidal ideation and recurrence. Patient follow-up occurs as clinically indicated. All suicidal inmates are monitored constantly (regardless of acuity), and documentation is noted at five minute intervals. If someone is downgraded to mental health status 2, he/she is housed with another inmate, and is on a 15-minute staggered watch. Once the patient is off the watch, follow up occurs for another week.

There were two suicides since the last site survey. Both death reviews included a psychological autopsy. There were no recommendations for change as a result of these reviews. The standard is met.

**J-G-06 Patients with Alcohol and Other Drug all Problems (AOD) (E).** Disorders associated with AOD, such as HIV and liver disease, are recognized and treated. Correctional staff has been trained to recognize inmates' AOD problems. Medical, mental health, and substance abuse staff communicates and coordinates with each other regarding patients' AOD care. Self-help substance abuse programs, individual counseling and/or group therapy are offered on site. The program schedule that deals with recovery issues is extensive: MRT (Moral Reconciliation Therapy) is substance abuse treatment. Other offerings include "Recovery Toolkit," "Five Steps to Peace," as well as Alcoholics and Narcotics Anonymous, and Alanon. These are offered in Spanish, as well. The standard is met.
J-G-07 Intoxication and Withdrawal (E). The responsible physician has approved current protocols consistent with nationally accepted treatment guidelines for intoxication and withdrawal. The protocols were last approved on October 19, 2016. Individuals are housed in a safe location that allows for effective monitoring by health professionals using recognized standard assessments at appropriate intervals. A physician supervises detoxification.

Individuals experiencing severe intoxication or withdrawal are transferred immediately to a licensed, acute care facility.

The facility's policy addresses that if a pregnant inmate with opioid addiction is currently involved in a methadone program, the program representative would be contacted to administer methadone. If she is not enrolled in a program, and if it is a weekend, she would be given a bridge order until she can be seen by the clinic staff on Monday. At the time of the survey, health services staff were involved in revising the policy and changing it to methadone; this involved working with an addiction specialist. The standard is not met.

Corrective action is needed for Compliance Indicators #7 and #8. If a pregnant inmate is admitted with opioid dependence or treatment (including methadone and buprenorphine), a qualified clinician should be contacted so that the opiate dependence can be assessed and appropriately treated. There should be a policy that addresses the management of inmates, including pregnant inmates, on methadone or similar substances. Pregnant inmates entering the facility on such substances should have their medication therapy continued, or a plan for appropriate treatment of the methadone withdrawal syndrome is initiated. National guidelines (ASAM, 2015) state “pregnant women who are physically dependent on opioids should receive treatment using agonist medications rather than withdrawal management or abstinence as these approaches may pose a risk to the fetus.” Of note, the controlled substance act forbids the use of an opioid to treat opioid dependence unless done within an OTP or by a DATA waived physician (http://www.deadiversion.usdoj.gov/21cfr/cfr/1306/1306_07.htm). There are only two exceptions. Facilities may prescribe the opioid daily for a maximum of three days “as a bridge” while arrangements are being made for continuation or detoxification in facility licensed to prescribe opioids. The second exception for use of opioids for maintenance or detoxification during pregnancy is if the facility is licensed by both the state and DEA as a clinic, a hospital, or a hospital/clinic. Acceptable documentation for this corrective plan includes a plan for how this standard will be corrected including any policy and procedure or protocol changes and evidence staff training. In order to receive accreditation, verification that this standard has been met is required.

J-G-08 Contraception (I). Emergency contraception is available. Continuing contraception is available after receiving screening, after a recent sexual assault with risk of unwanted pregnancy, and when medically indicated. Written information about contraception methods and community resources was available. The standard is met.

J-G-09 Counseling And Care Of The Pregnant Inmate (E). Comprehensive counseling services are available to pregnant inmates, as are prenatal care, specialized obstetrical services when indicated, and postpartum care. One of the nurse practitioners on staff works at the local hospital’s prenatal clinic. Pregnant females are followed there, and they also see the facility’s nurse practitioner. All pregnant females receive a special diet and prenatal vitamins. They
deliver at the hospital, and we confirmed that restraints are not used during active labor and delivery. They also receive counseling at the hospital.

At the time of the survey, there were 19 pregnant females at the facility. We interviewed one of them, and she indicated she was pleased with her care. The standard is met.

J-G-10 Aids to Impairment (I). During the site survey, we observed inmate using aids such as wheelchairs, crutches, braces, and eyeglasses. The health record review also confirmed that aids are provided as necessary. When an aid is contraindicated for reasons of security, health staff works to provide a suitable alternative. The standard is met.

J-G-11 Care for the Terminally Ill (I). Although it would be rare for a terminally ill patient to be held at this facility, procedures were in place to make the appropriate accommodations. Health services staff would petition the courts for compassionate release. If that were to be denied, the patient would be transferred to a hospital for terminal care. The standard is met.

H. HEALTH RECORDS

The standards in this section address the importance of accurate health record documentation, health record organization and accessibility, and need to ensure that medical and mental health information is communicated when those records are separate documents.

Standard Specific Findings

J-H-01 Health Record Format and Contents (E). Inmates’ medical and mental health records are integrated in electronic format. Information is readily shared between both medical, mental health and dental staff. We verified that the health record included a problem list, as well as all the other critical elements required by the standard. The standard is met.

J-H-02 Confidentiality of Health Records (E). Health records are maintained under secure conditions (password protection). Health staff had documented instruction in maintaining patient confidentiality. If nonhealth staff transports health records, the records are placed in secure envelopes. The standard is met.

J-H-03 Management of Health Records (I). The health record is available for each patient care encounter. When an inmate is transferred to another facility, a comprehensive health summary accompanies him or her. The jurisdiction’s legal requirements regarding records retention are followed. Health records can be reactivated when a treating health professional requests it. The standard is met.

J-H-04 Access to Custody Information (I). Qualified health care professionals have access to information in the inmate’s custody record when such information may be relevant to the inmate’s health and course of treatment. The standard is met.
Pima County Adult Detention Center, AZ  
April 30, 2017

I. MEDICAL-LEGAL ISSUES

The standards in this section address the most complex issues facing correctional health care providers. While the rights of inmate-patients in a correctional setting are generally the same as those of a patient in the free world, the correctional setting often adds additional considerations when patient care is decided. The rights of the patient, and the duty to protect that patient and others, may conflict; however, ethical guidelines, professional practice standards, and NCCHC’s standards are the determining factors regarding these interventions and issues.

Standard Specific Findings

J-I-01 Restraint and Seclusion (E). Neither medical nor mental health staff orders any patient to be restrained. When custody staff orders a patient to be placed in the restraint chair, medical staff is notified, and monitors the patient. (The time in the chair is limited to two hours.) The physician is notified should the inmate develop a medical or mental health condition. If health staff notes improper restraint use that is jeopardizing the health of the inmate, they communicate this to the appropriate custody staff. The standard is met.

J-I-02 Emergency Psychotropic Medication (E). Policies address the use of emergency psychotropic medication, implementation of which would require a court order. There had been no such instances since the last survey. The standard is met.

J-I-03 Forensic Information (I). Health staff does not collect any forensic information. The standard is met.

J-I-04 End-of-life Decision Making (I). As patients approach the end of life, they are permitted to execute advance directives. This is documented in the health record. A physician not directly involved in the patient's care would first complete an independent review. The standard is met.

J-I-05 Informed Consent and Right to Refuse (I). Informal consents and refusals of care are documented and consist of the required elements, including the signatures of the patient and a health staff witness. Patients are counseled as to possible adverse consequences to health that may occur as a result of a refusal. If the inmate refuses to sign a refusal form, this would be documented by a health staff member and another witness. The standard is met.

J-I-06 Medical and Other Research (I). No health-related research is conducted at this facility. The standard is met.
NCCHC

ACCREDITATION UPDATE REPORT OF

THE HEALTH CARE SERVICES AT

PIMA COUNTY JUVENILE COURT CENTER

Tucson, AZ

July 19, 2017

National Commission on Correctional Health Care
1145 W. Diversey Pkwy.
Chicago, IL 60614-1318
(773) 880-1480
Pima County Juvenile Court Center, AZ
July 19, 2017
UPDATE REPORT

The National Commission on Correctional Health Care is dedicated to improving the quality of correctional health services and helping correctional facilities provide effective and efficient care. NCCHC grew out of a program begun at the American Medical Association in the 1970s. The standards are NCCHC’s recommended requirements for the proper management of a correctional health services delivery system. These standards have helped correctional facilities improve the health of their inmates and the communities to which they return, increase the efficiency of their health services delivery, strengthen their organizational effectiveness, and reduce their risk of adverse patient outcomes and legal judgments.

On October 19-20, 2016 NCCHC conducted its review for continuing accreditation of the Pima County Juvenile Court Center under the NCCHC 2015 Standards for Health Services in Juvenile Detention and Confinement Facilities. On February 24, 2017, NCCHC granted continuing accreditation with verification. Subsequently, the RHA has submitted corrective action, which brought the facility into compliance with applicable essential and important standards. This report focuses primarily on issues that required corrective action for compliance with the standards and is most effective when read in conjunction with NCCHC’s February 24, 2017 report.

There are 43 essential standards; 40 are applicable to this facility and 40 (100%) were found to be in compliance. One hundred percent of the applicable essential standards must be met. **The Pima County Juvenile Court Center has now met this condition.**

**Essential Standards Not in Compliance**
None

**Essential Standards Not Applicable**
Y-C-08 Health Care Liaison
Y-E-03 Transfer Screening
Y-G-03 Infirmary Care

There are 27 important standards; 27 are applicable to this facility and 27 (100%) were found to be in compliance. Eighty-five percent or more of the applicable important standards must be met. **The Pima County Juvenile Court Center has met this condition.**

**Important Standards Not in Compliance**
None

**Important Standards Not Applicable**
None

Decision: On July 19, 2017, NCCHC's Accreditation Committee granted accreditation to the Pima County Juvenile Court Center.
**Y-A-05 Policies and Procedures (E).** The manual of health policies and procedures is located at the nurses’ station, making it accessible to staff. The RHA and responsible physician last reviewed it on September 18, 2016.

However, a number of health service policies and procedures in the policy manual were not amended to be site-specific. In addition, several policies require revision to address all compliance indicators:

- **Y-A-02 Responsible Health Authority – Cl# 3, 4 and 5 are not addressed.**
- **Y-A-03 Medical Autonomy – Cl# 3 and 5 are not addressed.**
- **Y-A-04 Administrative Meetings and Reports – Cl# 2 is not addressed.**
- **Y-A-07 Emergency Response Plan – Cl# 1g is not addressed.**
- **Y-A-08 Communication on Patients’ Health Needs – Health policy title is out of date (Communication on Patients with Special Needs); Cl# 2k-o are not addressed.**
- **Y-A-10 Procedure in the Event of a Juvenile Death – Cl# 3 is not addressed.**
- **Y-B-01 Infection Prevention and Control Program – Cl# 8 and 9c are not addressed.**
- **Y-B-06 Response to Sexual Abuse – Cl# 1 and 3b are not addressed.**
- **Y-C-02 Clinical Performance Enhancement – Cl# 4 is not addressed.**
- **Y-C-05 Medication Administration Training – Cl# 2 does not include facility administrator or designee.**
- **Y-D-02 Medication Services – Cl# 3 and 6 are not addressed.**
- **Y-D-03 Clinic Space, Equipment, and Supplies – Cl# 4 and 8 are not addressed.**
- **Y-E-02 Receiving Screening – Cl# 7 and 8 are not addressed.**
- **Y-E-04 Health Assessment – Cl# 2 and 3 are not addressed.**
- **Y-E-06 Oral Care – Cl# 5, 6 and 9 are not addressed.**
- **Y-E-08 Emergency Services – Cl# 1f is not addressed.**
- **Y-E-10 Patient Escort – Cl# 1 is not addressed.**
- **Y-E-11 Nursing Assessment Protocols – Cl# 1 The nursing administrator must also develop and review the nursing assessment protocols annually with the responsible physician.**
- **Y-E-12 Continuity and Coordination of Care During Incarceration – Cl# 5 is not addressed.**
- **Y-G-01 Chronic Disease Services – Cl# 1g (sickle cell disease) is not addressed.**
- **Y-G-04 Basic Mental Health Services – Cl# 2 is not addressed.**
- **Y-G-05 Suicide Prevention Program – Cl# 3 is not addressed.**
- **Y-G-06 Patients with Alcohol and Other Drug Problems – Cl# 1, 4, 5 and 6 are not addressed.**
- **Y-G-07 Intoxication and Withdrawal – Cl# 6 is not addressed.**
- **Y-G-09 Counseling and Care of the Pregnant and Postpartum Juvenile – Cl# 3 is not addressed.**
- **Y-H-03 Management of Health Records – Cl# 2b, 2c and 4 are not addressed.**

The standard is not met.

**Corrective action is required.** A manual or compilation of written policies and defined procedures regarding health care services should be site-specific and address each applicable standard in the 2015 *Standards for Health Services in Juvenile Detention and Confinement Facilities*. The RHA should ensure that all applicable compliance indicators in all applicable standards are addressed in facility policy. Acceptable documentation includes revised policies and procedures that reflect the deficiencies noted above. The revisions should be signed by the responsible physician and the RHA. We recommend that each NCCHC standard is cross referenced with the policy manual to ensure coverage.
The RHA may organize policies and procedures in the manner best suited for the facility; however, if that organization does not parallel the sequence of the Standards, then a guide to identify which policies addresses each standard and any required revisions is necessary to facilitate confirming compliance. In order to receive accreditation, verification that this standard has been met is required.

In June 2016, the RHA submitted revised policies and procedures with all compliance indicators addressed except D-02, compliance indicator #6. The RHA is reminded to include information in that policy regarding how the ordering clinician is notified of an impending expiration of an order. **The standard is now met.**

**Y-A-06 Continuous Quality Improvement Program (E).** The CQI program monitors major aspects of health care through a multidisciplinary committee that meets at least quarterly. The membership includes the facility administration, the HSA, nurse practitioner, mental health director, regional nursing manager, and detention supervisors. Several studies have been completed since 2014. In 2014, the following process studies were completed: emergency services, physician chart reviews on nonemergency health service requests, referrals to the emergency room, chronic care and admission screenings with findings, management of controlled substance, initiating essential medications from admission screening, continuity of care for patients with chronic disease, compliance with asthma clinical protocols, follow-up assessment of patients referred to offsite specialty clinics for chronic illness, receiving screening and verification of medications on youth who are on prescribed medication, assessment of mental health patients returning from hospitalization, suicide risk reduction, and health record documentation. In 2015, the following process studies were completed: management of controlled substances, physician chart reviews on nonemergency health service requests, appropriateness and documentation of medical diets, treatment plan for patients with special health needs, adherence to clinical guidelines for patients with alcohol and other drug problems, medication administration record, documentation of refusals for health services, nursing documentation, timeliness and appropriateness of treatment of health service requests, compliance with oral care standards, psychiatry services, initiating essential medications from admission screening, return of patients from offsite specialty referrals, health assessment compliance, elements of discharge planning, suicide risk reduction, receiving screening and verification of medications on youth who are on prescribed medication, treatment plan for patients with chronic disease, appropriateness of laboratory and radiology services, and effectiveness of pre-natal care for pregnant patients. In 2016, a process study was completed on documentation of health services refusals.

The committee reviews the effectiveness of the CQI program annually. In addition to the internal CQI program review, the county health department completes a performance review of 13 indicators (where the facility is fined if it does not meet or exceed the threshold).

The responsible physician is involved in the CQI program by submitting a summary of record reviews to the CQI committee.

However, upon closer examination, we found the physician record reviews were completed by the administrative assistant. The standard is not met.

**Corrective action is required for Compliance Indicator #3.** The responsible physician should be involved in the CQI program. Acceptable documentation includes a copy of CQI
minutes demonstrating that the responsible physician is taking an active role in the CQI program and a plan by the RHA of how the responsible physician will be involved in the future. In order to receive accreditation, verification that this standard has been met is required.

In June 2016, the RHA submitted the policy and procedure (reviewed and effective September 2016) that requires the site medical director or designee to participate in the CQI committee. The CQI meeting minutes (included in the submission with the attendance roster) of March 2017 indicated the physician continued to educate the staff on the importance of medication administration records documentation (with a follow-up scheduled for July 2017). A CQI study examined 15 records for the following criteria: 1) month and year written on MAR; 2) physician’s name documented; 3) presence or absence of allergies documented; 4) medication start and stop dates documented; 5) reason for not giving medication documented; 6) if medication refused three consecutive times, referral to a practitioner documented; and 7) nurse signed MAR. Overall compliance was demonstrated at approximately 77% (100% for the first four criteria, 60% for #5, 0% for #6, and 80% for #7). The CQI meeting of February 2017 (attendance roster included) documented physician education on the importance of completing the refusal form correctly and discussed the completed screens for suicide prevention, scheduled and unscheduled care, and refusal of service. A CQI study spanning December 2016 through mid-February 2017 examined 16 records for 12 different criteria; compliance was demonstrated at 100% for all applicable criteria (seven of 12). A CQI study on scheduled and unscheduled care (spanning October 2016 through January 2017) examined six records for 10 different criteria; compliance was demonstrated at 100% for the six applicable criteria. **The standard is now met.**

**Y-B-02 Environmental Health and Safety (E).** Juveniles are housed and receive health care in a clean, safe environment. Detention and health staff performs a weekly walk-through of each area of the facility, including the areas where health services are provided, in accordance with the standard. The report is submitted to the HSA and facility administrator. Food is prepared on site by facility food workers. No juvenile workers are employed in the food service operations.

However, we were not able to confirm during the site survey whether the kitchen workers are medically cleared and follow hygienic practices; if the kitchen, food storage, preparation, and dining areas are inspected monthly; and if suspected food borne illness outbreaks are reported to the health department. The standard is not met.

**Corrective action is required for Compliance Indicator #5, #6, #7, and #8.** All kitchen workers, including juveniles should be medically cleared and subsequently checked daily by supervising kitchen staff to ensure they are free from diarrhea, open sores, skin infections and other illnesses transmissible by food or utensils. If a suspected outbreak of a food borne illness occurs, it should be reported to the local health department. Workers should follow hygienic practices and wear hairnets or caps when working with food. Inspections of the kitchen, food storage, preparation, and dining areas should be conducted at least monthly and have evidence of corrective actions for negative findings. Acceptable documentation includes a plan by the RHA on how this standard will be corrected including any policy and procedure changes and evidence of staff training. The RHA should also submit evidence of implementation of the corrective action plan. In order to receive accreditation, verification that this standard has been met is required.
In June 2017, the RHA submitted a policy and procedure (reviewed and effective September 2016) that requires food borne illness to be reported to the county health department; that kitchen workers (including youth) be medically cleared and checked daily for supervisory kitchen staff; that kitchen workers follow hygienic practices; and that the kitchen, food storage, preparation and dining areas be inspected monthly (and corrective action taken as indicated). The RHA further indicated that there is no state or county requirement to keep a daily log of employees verifying clearance of blood borne pathogens, although they are required to report any contagious condition, or exposure to contagion. All kitchen staff is also cleared through a TB test upon hire, and annually thereafter (required of county staff); this documentation is filed with the county’s human resources department. **The standard is now met.**

**Y-B-06 Response To Sexual Abuse (I).** Health staff is trained during orientation and annually thereafter, in how to detect, assess, and respond to signs of sexual abuse and sexual harassment. All victims of alleged sexual abuse are referred to a local emergency room for assessment, treatment and evidence collection. In all cases, the victim is evaluated by a qualified mental health professional and a report is made to correctional authorities. The RHS reports alleged sexual assaults to the appropriate child protection agency and policy jurisdiction.

However, training in how to preserve the physical evidence of sexual abuse is not provided. **The standard is not met.**

Corrective action is required for Compliance Indicator #1. Health staff should be trained in how to detect, assess, and respond to signs of sexual abuse and harassment, as well as how to preserve physical evidence of sexual abuse. Acceptable documentation includes 1) evidence that all health staff have been trained as required by the standard; and 2) a copy of the content of training that includes all components required by the standard. Corrective action is required in order to meet this standard.

In June 2017, the RHA submitted a policy and procedure (reviewed and effective May 2017) that includes the required training elements. The RHA also submitted the training material and certificates of completion. **The standard is now met.**

**Y-C-01 Credentials and Privileges (E).** Health care personnel who provide services to juveniles had current licenses and other appropriate credentials on file.

However, we were not able to verify that the credentialing process includes inquiry regarding sanctions or disciplinary actions of state boards, employers, and the National Practitioner Data Bank. The standard is not met.

Corrective action is required for Compliance Indicator #2. The credentialing process should include inquiry regarding sanctions or disciplinary actions of state boards, employers, and the National Practitioner Data Bank. Acceptable documentation includes evidence that the facility’s qualified health care professionals have been appropriately credentialed in accordance with the standard. In order to receive accreditation, verification that this standard has been met is required.

In June 2016, the RHA submitted the policy and procedure (reviewed and effective September 2016), which requires inquiry into the NPDB, and a statement from the vendor’s credentialing
manager that the physician, psychiatrist, nurse practitioner, and dentist all had NPDB reports prepared in the last year, or while employed at the facility. **The standard is now met.**

**Y-C-02 Clinical Performance Enhancement (I).** We confirmed that the medical providers, registered and licensed practical nurses received clinical performance enhancements, which included all the required elements.

However, we were not able to confirm there were clinical performance enhancements for the two PRN nurse practitioners, nor was there a log or other written record listing the names of the individuals reviewed and the dates of their most recent review to review during the survey. The standard is not met.

Corrective action is required for Compliance Indicators #1 and 3. The clinical performance of the facility's direct patient care clinicians and RNs and LPNs should be reviewed at least annually. In addition, a log or other written record providing the names of the primary care providers and the dates of their most recent reviews should be available. The following is acceptable documentation for compliance: a log or other written record providing the names of the direct patient care clinicians, RNs and LPNs, the dates of their most recent clinical performance enhancement reviews in accordance with the standard, and the signatures of the clinicians being reviewed to attest that the results were shared. Corrective action is required in order to meet this standard.

In June 2017, the RHA submitted a policy and procedure (reviewed and effective May 2017) that requires a clinic performance enhancement review for all direct care clinicians and nurses (RN and LPN). The RHA also submitted a log that confirmed the date of the last peer review and the date of the next for the physician, dentist, psychiatric APRN, nurses (RN and LPN), and mental health professionals, and evidence of that the reviews were completed and shared appropriately (via individual confirmation statements). **The standard is now met.**

**Y-C-03 Professional Development (E).** We confirmed that qualified health care professionals had the required number of continuing education credits; and that all qualified health care professionals who have patient contact were current in cardiopulmonary resuscitation (CPR) training.

However, there was no list of completed courses, dates, and number of hours per course on file. We had to count each certificate to ensure 12 hours of continuing education per year for full-time qualified health care professionals, and a prorated number of hours for part-time qualified health care professionals. The standard is not met.

Corrective action is required for #3c. A list of completed courses, dates, and number of hours per course should be kept on file. Acceptable documentation includes a plan by the RHA on how this standard will be corrected and a copy of the list of completed courses for each qualified health care professional. In order to receive accreditation, verification that this standard has been met is required.
In June 2017, the RHA submitted a policy and procedure (reviewed and effective September 2016) that requires a list of completed courses, dates, and number of hours per course be maintained. The RHA also included individual continuing education logs for the health staff, on which educational hours will be documented. The standard is now met.

Y-D-01 Pharmaceutical Operations (E). A national company and local pharmacies provide pharmaceutical services that are sufficient to meet the needs of the juveniles. The medical department includes a secured medication room, which can only be accessed by appropriate health staff. We verified that the medications were stored under proper conditions, and that there was an adequate supply of antidotes and other emergency medications. While a formulary is in place, clinicians may order “off formulary,” if necessary, by submitting a request to the responsible health authority for approval. The medication carts were well maintained, uncluttered, and had functional locking systems. Discontinued and outdated medications were stored in a secure container to be returned to the national company during pharmacy inspections. The RHA maintains records as necessary to ensure adequate control of, and accountability for, all medications, including stock. We verified the count accuracy of randomly selected patient-specific prescriptions, including controlled and stock medications. The RHA complies with all applicable state and federal regulations regarding prescribing, dispensing, administering, and procuring pharmaceuticals.

While a consulting pharmacist inspects quarterly, we were not able to confirm if there was an inspection between April 26, 2016 and the most recent inspection on October 17, 2016. The standard is not met.

Corrective action is required for Compliance Indicator #9. When there is no staff pharmacist, a consulting pharmacist should be used to document inspections and consultations not less than quarterly. All off-site locations should be included in the inspection schedules. Acceptable documentation includes (a) a copy of the consulting pharmacist’s most recent on-site review of the pharmaceutical practices in the facility; and (b) evidence that these inspections are scheduled to continue quarterly. In order to receive accreditation, verification that this standard has been met is required.

In June 2017, the RHA submitted the policy and procedure (reviewed and effective June 2017) that requires at least quarterly pharmacy inspections by a licensed pharmacist. The RHA also included a copy of the April 2017 inspection. The standard is now met.

Y-D-03 Clinic Space, Equipment, and Supplies (I). The clinic area includes two examination rooms, three offices (one for the HSA, one for mental health staff, and one for the administrative assistant), one medication room, one records room, an open area that serves as the nurses’ station, and a room to store laboratory specimens. There appeared to be adequate supplies and equipment available, including two automated external defibrillators (AED); one was located in control west and a second in the court area. Health staff inventories items subject to abuse daily, and we confirmed the accuracy of the counts during the survey.

However, there was no evidence that the equipment in the medical department had maintenance checks. The standard is not met.
Corrective action is required for Compliance Indicators #2. Pharmaceuticals, medical supplies and mobile emergency equipment should be available and checked regularly. Acceptable documentation includes a plan by the RHA on how this standard will be corrected including any policy and procedure changes and staff training. The plan should outline how pharmaceuticals, medical supplies, and mobile emergency equipment will be checked regularly. Corrective action is required in order to meet this standard.

In June 2017, the RHA submitted a policy and procedure (reviewed and effective May 2017) that requires the health unit’s inventory of equipment, supplies, and medications to be checked every Friday on the day shift, and evidence of staff training in January 2017. The RHA also submitted copies of daily logs for suction machine, oxygen tank, and AED, and the monthly (January through May 2017) defibtech maintenance checklist. The standard is now met.

Y-E-06 Oral Care (E). A registered nurse completes the oral screening during receiving screening, and provides instructions in oral hygiene and preventive oral education within seven days of admission. A dentist has been contracted to perform the oral examination within 60 days of a youth’s admission. Oral care is timely, and includes immediate access for urgent or painful conditions. The system of established priorities for oral care is not limited to extractions.

However, we were not able to confirm that the dentist has trained the nursing staff that performs the oral screening. The standard is not met.

Corrective action is required for Compliance Indicator #1. Oral screening is to be conducted by the dentist or qualified health care professionals trained by the dentist. Verification that all nurses providing oral screening have been appropriately trained is required. Acceptable documentation includes evidence of training for all nurses conducting this screening including the course content, date of most recent training, signature of the nurses completing the training and signature of the dentist. In order to receive accreditation, verification that this standard has been met is required.

In June 2016, the RHA submitted the policy and procedure (reviewed and effective May 2017) that requires health staff to be trained by the dentist, training material (with confirmation of the dentist’s approval), certificates of completion and post-test results. The standard is now met.
RFP #BH-2018-01
ADDENDUM 1
ATTACHMENT 6

ADDITIONAL PCADC POPULATION DATA

Please refer to separate file for additional PCADC Population Data
RFP # BH-2018-01, ADDENDUM 1
ATTACHMENT 7

Notes from the Pre-Proposal Conference, December 13, 2017

9:00am Pima County Adult Detention Center (PCADC) Tour:

9:00 am: Lieutenant Smead introduces himself and discusses connection between Pima County Adult Detention Center (PCADC) and Pima County Behavioral Health (PCBH).

9:04 am: Danna welcomes potential vendors and discusses meeting agenda, purpose of meeting and contract overview.

Introductions: Bio-Reference Laboratories, Carondelet St. Joseph’s Hospital, Correctional Medical Group Companies (CMGC), Corizon Healthcare, Correct Care Solutions, Wexford Health Sources, Connections Southern Arizona, Centurion, Diamond Drugs, Pima County.

Danna provided a brief description of the contract background; PCBH, vendor and RBHA roles; PCADC detainees need for behavioral health services; MAT services provided for pregnant woman; future goals for MAT; booking process and the Restoration to Competency (RTC) program.

Sharon discussed bid requirements which include the following:
   a. Required to bid on all three sections of the Scope of Services.
   b. All questions and deviation requests should be submitted no later than January 26, 2018.
   c. Around the end of February, County will request best and final offers.
   d. Depending on the proposals received, there may be oral presentations scheduled with the top bidders. This is tentatively scheduled for March 12, 2018.
   e. Recommendation for award will be made mid-March and contract will be developed after that.

Sharon represents PCBH in the RFP process and works with procurement to ensure that the process is being followed accordingly. Sharon discussed guidelines for tour including bidder’s ability to ask questions as long as they are aimed at the group. Garrett and Danna will lead question and answer time at the day’s conclusion and all questions need to be directed to them. Sharon provided a website and contract number where the current healthcare contract can be found (to address questions regarding staffing, pharmacy, rates being paid and current open positions:

pima.gov/public-econtracts
Search by Contract Number: 13%0580
or by Vendor: Conmed
9.25am Tour: Policy and Procedure Coordinator Walter provided outline of tour including that all detainees must be accompanied by a Corrections Officer (CO) and all detainees walk on the right side of the hall.

Walter described the booking and intake process including the roles of EMTs and RNs; the pre-trial services process; video court; photo and finger printing; the separation between male and female detainees in the booking area; the body scanner that identifies contraband; how appropriate housing is determined; and the side cells that hold unruly and uncooperative detainees.

Questions:

1. How are medical rejections handled? Group clarified that rejections occur during the intake process and must be determined within 90 minutes of arrival. The decision to medically reject is made by the vendor, not the Sherriff’s Dept. This is identified during screening/assessment and then communicated immediately to the supervising physician who makes the ultimate decision. Once the decision is reached to reject, the vendor notifies custody and the arresting officer and informs them if an ambulance is required. The arresting officer is permitted to leave during the 90 minutes with the understanding that they must return to transport if a rejection occurs. Currently the Sherriff’s Department has an agreement to allow the arresting officer to make their own decision whether to wait the 90 minutes or leave and potentially have to return for a rejection.

2. How quickly do screenings need to be completed in comparison to booking time? The initial screening must occur within 30 minutes of the booking time.

3. Are there any exceptions to the 30 minute requirement if intake is busy? Yes. If 10 or more bookings in 1 hour, requirement is flexed to 45 minutes. 20 or more bookings in 1 hour, requirement is flexed to 90 minutes.

4. How many staff are required to complete a medical screen? Two, an EMT and a RN.

5. What percent of detainees are rejected? Approximately 4-5 a month.

6. What is the average timeframe for a detainee to be housed? Within 2-4 hours.

7. If a detainee is in need of detox, what is the average timeframe for them to be housed? Within 0-3 hours.

8. How are detainees in detox monitored? The nurse assesses the detainee and recommends housing. Medical staff then monitor as clinically indicated.

9. Where is a detainee housed upon completion of video court? The booking area.

10. During high volume times, what is the process and timeframes for getting people through and how does that vary? The detainee must be seen by the EMT within 30 minutes of
booking and by the RN within 8 hours of booking. Note: if an urgent or emergent medical and/or behavioral health need is identified, the detainee must be seen by an RN within 90 minutes of booking. If there are more than 10 or more detainees brought in at a time, the vendor is responsible for bringing in additional staff to ensure above timeframes are met.

11. If the detainee has been waiting more than 90 minutes to see an RN and an emergent situation occur, what does corrections do? Again, it is the vendor’s responsibility to identify this during intake and take immediate action. If an emergent medical rejection is made, the medical provider communicates this to custody with a recommendation to call 911 if ambulance is required. Custody does not overstep, they follow the vendor’s recommendations.

Tour moves to Medical Observation Unit (MOU) aka Infirmary. Lieutenant Smead and Walter discussed that the MOU is overseen by the vendor 24/7. There is one CO stationed in the MOU to assist with safety and security. The MOU includes 4 cells for reverse isolation. Detainees are able to participate in video visitations while they are there. The detainees have tablets available to them to make telephone calls, participate in programming and to download music. Most detainees are brought to the MOU by medical referral. The far left holding area is for males and the lobby houses two females or protected custody detainees. Detainees on suicide watch are not housed in the MOU. The medical unit also contains a phlebotomist, dental, exam rooms and x-ray rooms available for detainees and a pharmacy room. Detainees color codes are as follows:

- Orange: general population
- Green: juvenile
- Red: sentenced to one year or less at mission
- White: not classified to housing unit yet
- Black and White Stripes: administration segregation and/or disciplinary status

Questions:

1. How does the med pass work currently? Medical staff prepares med cart for administration to the unit. During all med deliveries the nurse is paired with a corrections officer from the pod where the med pass is happening to work as a team. The CO confirms person’s identity with picture and detainee ID#. Once identity is confirmed, the nurse administers the medications. This is repeated until all meds are delivered.

2. How are situations handled when forced medications are required? Medical staff works with custody to perform this if required and member is under involuntary treatment status. Custody’s role is to physically restrain the detainee while medical staff administer med.

3. Is there any way for detainees to communicate with custody while in the MOU? There is a button in their holding area that they can push to contact corrections. Each cell has a call box that notifies the central control room.
4. Are juvenile detainees kept separate from adults while in the MOU? Yes, by a screen.

5. Does radiology include digital diagnostic and ultrasound? Images are electronically scanned in detainee’s electronic health record and read by Banner-University Medical Center. Ultrasound is not available.

6. Is the electronic health record directly linked to X-Ray? No, documents are scanned into the system.

7. Is telemedicine available to detainees and does telemedicine provide heart and lung exams? No, other than teleradiology, telemedicine is only utilized once a month for detainees with an HIV diagnosis. PCBH is open to additional telemedicine.

8. Where do behavioral health counselors meet with detainees? In the 10 exam rooms, in pods, and/or an individual cell.

The tour moves to 1 Sierra (1S) the Acute Mental Health Unit. Lieutenant Smead informed group that males are housed on the North side of the unit and detainees on suicide watch and/or females are on the South side of the unit. All new CO’s receive 20 hours of behavioral health training. Corrections participates in weekly meetings with entire team to discuss patient progression. Males and females are separated by a recreation yard.

Questions:

1. How is 1S physically different from other units? Males and females are separated, there are larger window cells for more visualization, COs provide suicide watches; COs can assess detainees from their desk and the Sergeant’s office is to the left of this unit.

2. How often do checks occur for a detainee on suicide watch in the mental health pod (1S)? On the mental health unit checks occur every 5 minutes during a suicide watch. Suicide watches are not used for interaction with patients. Custody also added that the unit is highly visible with glass doors and 360 view of nearly the entire pod.

3. Does the jail use a barcode system to match medications with correct detainee? No not currently. Current system is picture ID match with detainee #.

4. Can vendor visit by video? No, face to face only.

5. Are the cells individual? No, there can be more than one detainee housed in each cell unit.

6. How often are detainees able to spend time in the day room? As much as possible; it is dependent on population and staff.
7. Are behavioral health staff assigned to this unit? The vendor determines and decides the staff that are assigned to this unit and Corrections participates accordingly. Currently, a mental health RN is assigned to this unit and sees detainees three times a week.

The tour moves to unit 1R. Lieutenant Smead informed group that 1R has eight (8) dorms and there are televisions and tablets available for detainees.

Questions:

1. How does corrections respond to emergencies? Corrections clears the affected area so medical can do their job efficiently, CO’s will also grab a crash cart and or contact the tactical assistance group.

The tour moves to unit 1A. Lieutenant Smead informed group that 1A is identified as the intake unit as all pods look the same. There is one (1) CO assigned to this unit and detainees placed in administrative segregation are also housed here.

Questions:

1. Does medical staff visit this unit? For emergencies and or med pass only; they do not visit these units for appointments. Detainees are brought to the medical unit by custody staff.

The tour moves to unit 1D. Lieutenant Smead informed group that 1D does NOT house detainees and is a modified area that is utilized for behavioral health staff to meet with detainees.

Questions:

1. Can behavioral health staff visit detainees at their housing unit? Yes.

The tour moves to the West unit. Lieutenant Smead informed group that the West facility houses remanded juveniles. The current census for remanded juveniles is 15-20. Corrections is looking to relocate this unit. Juveniles are seen by behavioral health staff.

Questions:

1. Is schooling provided for remanded juveniles? Yes

2. Does medical staff visit this unit? No, remanded juveniles are taken to medical. Note: State law says juveniles cannot be removed from school for routine medical services.

3. Are bar codes and or scanning used for medication? No, the CO has an ID card and does a two point verification when meds need to be dispensed.
4. Discuss administrative segregation. Those on administrative segregation are seen three times a week by Mental Health. The female unit has a small inset that includes administrative segregation.

The tour moves to Restoration to Competency (RTC) unit. Lieutenant Smead informed group that the visitation area in this area is utilized for detainee interviews; that there are two (2) corrections officers assigned to RTC to ensure staff safety; that this area includes a conference room and prescribing provider room. Danna provides a brief overview of the RTC program; the role of PCBH; the role of the vendor and the RTC team; NCHCC guidelines for RTC and initial assessment timeframes.

Questions:

1. Discuss the notification process for detainees transferred from other counties? There have been only 2-3 in the past five years. The PCBH medical director will decide if there is a need to reject.

2. What is the RTC length of stay? The average length of stay is about 110 days.

Tour Ends; open for Q and A:

1. Does the OOC only address felony charges? Yes

2. Do any of the facilities have WIFI and if so what are the plans? None of the facilities have WIFI.

3. Can vendor connect with County Wi-Fi system using wireless devices? No current vendor installed their own Wi-Fi which is used in select locations only. But not throughout the jail.

4. Can the RFP proposal be delivered electronically? No, the requirements and timeframes include 1 original, 5 copies, 5 copies on thumb drive no later than 4 pm local time on 2/9/18. Delivery by USPS is not recommended due to frequent mail mix-ups with other building tenants.

5. Discuss Sell hearings? Hearing in front of judge regarding forced medications. Pima County has never had a Sell hearing.

6. How often do Sell hearings occur? There has only been one (1) in the last 4-5 years, and it was for an inmate from Cochise County. Due to low volume, do not include cost in your proposal. However, if the number of Sell hearings increases, PCBH will discuss compensation.

7. Discuss tele-radiology. Radiology occurs via telemedicine line. PCBH is open to an increase in the use of telemedicine.
8. **Discuss MAT.** Suboxone (buprenorphine) is currently provided for pregnant females only. A community provider makes these services available to pregnant female detainees. The current RBHA Cenpatico, was recently granted additional monies to expand these services and PCBH would like to expand this program in the future. At this time, PCBH is not asking for an expansion of the MAT program.

9. **Discuss Quality Management (QM).** The Quality Management team consists of two (2) RN’s and a Masters level behavioral health professional. Audits are completed once a month and there is an extensive QM process for indicators that do not meet the contractual threshold requirements.

10. **How long does it take for PCBH to approve leadership positions?** No more than a week; our role in this process should not slow down the vendor hiring process.

11. **Are there any other electronic health record or key systems utilized by the vendor?** No, but the EMR chosen must be compatible with County Justice Health Information Data Exchange (J-HIDE) system used for daily electronic coordination with outside RBHA health providers. The Cenpatico Provider Portal and Spillman are also current systems utilized by vendor and recommended by PCBH. Additionally, the vendor is required to collaborate with Pre-Trial services to support their process. The EMT explains this process to the detainee upon booking and the detainee agrees or disagrees to sign a release of information. When signed, the ROI is provided to Pre-trial Services and is scanned into the electronic health record. Danna said the goals for the J-HIDE program includes adding information from the Adult Probation department.

12. **Is the Medication Administration Record (MAR) completed in the electronic health record?** Yes. However, PCBH is open to other modes of completion as long as it is included in the health record for auditing purposes.

13. **Is the vendor required to use electronic MARs?** There is no requirement to use an e-MAR system but we do require that all MARs are kept in the EMR system under patient record. Either scanned in or using an e-doc.

14. **Is vendor responsible for any RTC related services in the contract?** Yes, currently the Vendor provides physician hours for psychiatric appointments and prescribing psychotropics. This physician is not limited to a formulary for this program. Also, a Master’s level behavioral health clinician is required to see RTC detainees 1x per month. The psychiatrist is required to have an initial appointment within 7 days of admission and the Master’s level clinician within 14 days of admission. See also 10.6 of Part I of the Scope of Services in the RFP.

Mission Facility Tour. Lieutenant Smead informed group that the mission facility houses 220 females and 70-80 males; that PCADC is currently looking at expanding the facility to house
additional detainees; Work release males are currently housed in this unit; there is limited medical staff; nurses office exam room’

1. Should potential vendors bid per the current census or the potential expansion? Bid per the current census and when expansion occurs PCBH will complete an amendment.

2. Are detainees seen by medical at this unit? Yes, there are exam rooms in the unit and one additional storage room that can be utilized as an exam room or staff office.

3. Does this facility have an EKG machine? No.

4. Do any rooms have data connectivity/port? Yes

5. Discuss census. Currently about 300 including newly charged populations. All pregnant females will remain at the PCADC main building.

6. If services can’t be provided here, will detainees be transported to PCADC? What if there is a medical emergency? Yes. 911 will be called if there is a medical emergency.

7. Is there 24/7 medical coverage at this facility? There is 24/7 coverage in that staff from the main PCADC building can come over at any time. There is currently only one RN located at the Mission building for 40 hours a week. Once the women are moved to the Mission, we anticipate that 24/7 coverage located in the Mission will be required.

8. Does this facility provide a crash cart? Yes

9. Does this facility provide a day room? Yes

10. Discuss open door housing? The units at this facility include open door housing with an area for women, a smaller housing unit for men, and an area in the unit where detainees are provided meals.

2pm Pima County Juvenile Detention Center (PCJDC) Tour:

The Director of Juvenile Court Services and Deputy Director introduce themselves and discuss the connection between PCJDC and Pima County Behavioral Health; current outcomes, including an emphasis on mental health needs; emergent situations and the scope of services.

Questions:

1. What is the recent census? High forties to low fifties. Length of stay is an average of 20-30 days.

2. What percentage of youth have a behavioral health issue/diagnosis? Over 75%.
3. Does PCJDC allow outside medications? Yes, parents and or custodial guardians are allowed to bring/provide verified medications to PCJDC for administration. Note: The pharmacy report only includes statistics regarding prescribed medications filled by the Vendor.

4. What percentage of youth are on medications? Review pharmacy report for these statistics.

5. Why is the census so low? At one time the PCJDC census was about 150. However, ten years ago PCJDC participated in a juvenile alternative program that focuses on juvenile justice reformation and since then the census has decreased dramatically.

6. Does PCJDC provide immunizations? No. PCJDC youth still qualify for AHCCCS while they are incarcerated (unless they have a criminal charge) and since the average length of stay is only 27 days, it is the responsibility of the youth’s parents and/or custodial guardians to ensure that the youth receives immunizations. If an immunization happens to be due during a detention stay, the youth is transported to the outpatient clinic to receive it.

2:20pm Teresa Campbell and Ramona Panas commence Tour including visits/discussions regarding the intake and reviewing areas, master control, living units, the Make a Change program, interview rooms, library, Child Family Team meetings, the Department of Child Services’ role and the ASIS center.

Questions:

1. Can youth get their high school diploma at PCJDC? Youth can receive a GED at PCJDC.

2. Are there substance use groups? Yes, groups are offered 2x/week.

3. What is the oldest age a youth can be detained at PCJDC? Once a youth turns 18, they can no longer be housed at PCJDC.

4. Discuss youth uniforms:
   - Yellow: MAC program
   - Orange: discipline
   - Black: highest level/planner
   - White: lowest level

5. Are the vendors responsible for care for youth involved in the ASIS program? No, the ASIS program is solely for youth not detained at PCJDC and focuses on domestic violence (DV) support.

6. When youth utilize support for DV does this information go on their record? Yes.
7. What is the average age of youth detained at PCJDC? 15-17

Tour concluded, Procurement Representative Jennifer Moore and Lt. Smead joined group and Q&A discussion begins:

Questions:

1. What is the timeframe for new staff background checks? One week

2. What is the last date that vendors can submit questions? No later than 1/26/18. PCBH will post responses on the website as soon as possible after we receive them. The responses to any questions received prior to the tours will be included as well. These responses will be on the website after the Christmas holiday.

3. Does PCJDC have any statistics on immunizations for youth in the last year? Please review the Statistical Data Report included in the RFP.