MEMORANDUM

Date: November 7, 2023

To: The Honorable Chair and Members
Pima County Board of Supervisors

From: Jan Lesher
County Administrator

Re: **Update on Naphcare's Performance in the Pima County Adult and Juvenile Detention Centers**

The Role of Behavioral Health

Pima County has the legal responsibility to provide health services for detainees booked into the Pima County Adult Detention Complex ("PCADC") and the Superior Court has the legal responsibility to provide health services for juveniles detained in the Pima County Juvenile Detention Center ("PCJDC"). Pima County Behavioral Health ("Behavioral Health") has an Intergovernmental Agreement with the Superior Court to select a medical services vendor for PCJDC and administer that contract. The County has contracted with Naphcare for the provision of health services within PCADC and PCJDC. The goal is the provision of comprehensive physical and behavioral health services to the populations of PCADC and PCJDC ("detainees"[1]) to ensure compliance with standards promulgated by the National Commission on Correctional Health Care ("NCCHC") and best outcomes for those in Pima County detention settings.

Pima County Sheriff's Department, Corrections Bureau ("Corrections") is responsible for overall jail operations and environment. Health care delivery in the jail is necessarily constrained, influenced, and impacted by the real safety and logistical considerations of operating a jail. For example, not all detainees can be housed with one another or even be in proximity with each other or have access to the same type of materials or privileges. The medications that can be prescribed, administered, or kept on person as well as what type of durable medical equipment can be provided to a detainee are subject to the jail's regulations and limited by Corrections approval. When and how a detainee can be moved to receive care is also controlled by Corrections, as is Naphcare's access to housing units. Corrections determines whether the jail or portions thereof will be placed on "lock-down" thereby limiting movement in the jail. Therefore, even something as simple as having a group therapy session involves Corrections' approval, coordination, and assistance. Accordingly, all proposed solutions to issues and proposals to modify and improve health services require collaboration with Corrections.

Behavioral Health's role in administering the contract is not to direct care but is to be a resource for Corrections and Naphcare and monitor contractor performance. Behavioral Health works with Corrections and Naphcare in a collaboration designed to provide the best

[1] From the Behavioral Health and Naphcare perspective, the circumstances of a person's detention are irrelevant to their care and therefore we refer to the population as "patients" but for purposes of this memorandum, we use the term "detainee."

possible outcomes for our populations. Together this team identifies issues and provides solutions that work for all interests involved.

Linda Everett R.N., a certified correctional health professional with Behavioral Health, facilitates the team. The collaboration between Corrections staff, Naphcare, and Behavioral Health is successful, and recently received national recognition through the 2023 R. Scott Chavez Facility of Year award by the NCCHC. Attachment 1.

The Population Served

The populations of both the PCADC and the PCJDC are not merely a subset of the community population with standard health issues. Rather, these populations are largely comprised of pretrial detainees, many of whom come from traditionally underserved populations, may not receive any health care other than while in detention, and are disproportionately affected by acute and chronic conditions. Many of these detainees are not coming into our facilities in the best possible health and are often in the midst of withdrawal or some other crisis requiring more intensive resources.

At booking, many detainees are agitated, angry, intoxicated, uncooperative and in denial of their circumstances. Many are poor historians of their physical and mental health or intentionally withhold information from medical staff for fear of additional legal charges, among other reasons. Greater than 80% of the adult population have a chronic condition ranging from cardiovascular to cancer. Almost 40% have some form of substance use disorder and greater than 50% have a mental health condition requiring medication. Moreover, a disproportionate share of this population, 20%, have an infectious disease, many without symptoms or prior detection, who require treatment. All of these conditions may be exacerbated by detention and the trauma of diminished contact with family and friends, loss of employment, and uncertainty of their prosecution. Some of these traumas can be mitigated; others cannot.

The juvenile population, while typically in better physical health, also has a disproportionate percentage of youth with substance use and mental health disorders. Nearly 56% of these youth have a mental health diagnosis and 52% require medication to treat their mental health. Youth requiring detoxification protocol up to and including a buprenorphine taper[2] has risen to 7% of the population that is vastly more disturbing than the interventions required for historic substances of choice, namely, marijuana and alcohol. This shift is believed to be a direct result of the rise of fentanyl use.

With the arrival of xylazine or "Tranq", a large animal tranquilizer often cut with fentanyl in the illicit drug market, there is an anticipated increase in mortality due to overdose as Narcan is ineffective against the tranquilizer. Additionally, people who use xylazine are prone to large non-healing injection site wounds that become infected, and they experience more severe

[2] Buprenorphine is a medication that can provide much relief to those wanting to overcome opioid dependency; "tapering" is a process whereby a patient can come off Buprenophrine over time.

withdrawal symptoms. We anticipate that additional specialty wound care nurses and facilities may be needed in the near future to care for these detainees.

History of the Naphcare Contract

On September 15, 2021, Pima County contracted with Naphcare, Inc. utilizing a limited competition procurement due to the unexpected departure of the prior vendor at the end of their initial three-year term rather than the expected extension of the contract for up to two additional years. Pima County and the prior vendor were not able to agree on contract extension terms as the prior vendor refused to continue providing civil commitment services, which was and is a material term of the contract. Naphcare was selected as the County had just purchased Naphcare's electronic health record, TechCare, for use in both detention facilities. As a condition of utilizing the limited competition procurement, Behavioral Health committed to a contract term of one year and issued an RFP for the services in the Spring of 2022. The County received two proposals as a result of the RFP, and Naphcare was the successful bidder. Pima County entered into a second contract with Naphcare effective October 1, 2022, with an initial term of three years and two one-year extension options.

Pima County has for many years measured contracted vendor performance on a variety of parameters including: Staffing; Performance Indicators; and Business Requirements. Non-attainment of those standards is associated with financial consequences. These metrics closely follow the standards set forth by the NCCHC, which is the entity that accredits the healthcare provided in our facilities. Both the adult and juvenile centers are accredited and in good standing with the NCCHC. To have the vendor provide more than just the minimum contractual standards of care we have included financial incentives for sustained success in certain areas related to health equity.

It is Pima County's expectation that the care delivered in the County's facilities should meet or exceed the care available in the community, within the limitations inherent in a jail setting. To that end, Behavioral Health rigorously monitors and audits vendor performance and provides the results of those audits to County Administration at the time the vendor's monthly invoice is processed for payment. When indicated, we also require the vendor to implement Corrective Action Plans when standards are not met for an extended period, or, when circumstances require instant resolution. Further, Behavioral Health investigates each and every adverse event including but not limited to, sexual assault, near miss events that could have easily had a negative outcome, suicide attempts resulting in severe morbidity (requiring hospitalization), severe injuries requiring amputation or resulting in permanent paralysis, Medication Assisted Treatment ("MAT") medication diversions, deaths, and any other serious event the County determines as requiring review. When any adverse event occurs, Behavioral Health meets with the vendor to review the event as well as to identify opportunities for improvement in either patient care or policy and procedure.

The County has contracted with six vendors over the course of the past twenty years. It has been our experience that the performance remains relatively constant regardless of vendor. Prior to 2002, the County operated health services in both the adult and juvenile detention

centers utilizing a combination of employees and individual contractors. Pima County's decision to contract completely with outside vendors for these services arose from externally validated concerns about the quality of care. At that time, the County's decision relied heavily on the final report authored by the Harvey M. Rose Accountancy Corporation, which found that the County was unable to attract and maintain adequate staffing among other issues. More recently, on July 26, 2022, a memorandum examined the possibility of Pima County once again directly providing correctional health services and conservatively estimated that such a proposal, for the PCADC alone, would cost the County an additional $18 million over three years, above our current contractual costs. Further, any current indemnification protections would necessarily be lost, and there is no assurance that our insurance carrier would agree to provide coverage.

Staffing Adjustments

Naphcare has struggled to meet the contracted staffing requirements since their engagement. Part of the reason for the staffing shortages related to the COVID pandemic but Arizona and, Pima County in particular, have an overall shortage of healthcare providers especially in the area of behavioral health.

Notably, the issue of attracting and maintaining adequate staffing for medical services in the Adult Detention Center has not changed in the past twenty years. This remains an ongoing issue despite contractors not being constricted by the County's hiring processes and compensation limitations.

At its peak, for October 2022, a total of $360,145.96 was deducted from the Basic Services Fee for staffing shortages at the adult facility. However, by June of 2023 that deduction was reduced to $78,934.60 per month for the adult facility. The average monthly staffing adjustment over the course of the current contract for the adult facility is $188,104.77. Although still not perfect, there has been demonstrable improvement in staffing. Similarly, the staffing reduction for the Juvenile facility peaked in October 2022 at $49,338.98 with the lowest deduction of $4,801.47 occurring the following month before rising again to an average of approximately $20,896 per month.

Many of Naphcare's performance issues are the result of the lack of permanent on-site leadership. Since inception of service, Naphcare has had four Health Service Administrators. The current Health Service Administrator was hired on July 30, 2023. The Medical Director position has transitioned three times with a six-month vacancy between the previous occupant and the arrival of Dr. Ravi Shah on July 11, 2023. Further, the Chief Psychiatrist position also turned over three times with the longest occupant lasting four months. On June 8, 2023, the Chief Psychiatrist position was permanently filled by Dr. Joshua Sonkiss who is a Forensic Psychiatrist with a dedication to the Tucson community and a demonstrated interest in our detention population. The Mental Health Director position has proven to be the most challenging to fill. The Mental Health Director position has had two prior occupants

and was recently filled. With a fully staffed, dedicated and strong on-site leadership team it is anticipated that additional progress will be possible in a relatively expedient manner.[3]

In addition to the on-site staff and leadership, Naphcare provides Pima County with corporate support personnel including Dr. Jeffery Alvarez, Medical Director for the West Coast, Alicia Clarke R.N., Senior Vice President of Operations, and Marsha Hanna R.N., Director of Operations. These individuals attend meetings and routinely visit our sites to ensure that the care delivered is in accordance with their contractual requirements and County expectations. Moreover, these individuals are *extremely responsive* to County and corrections staff and can be reached at any time.

Contract Monitoring

The County audits a total of 20 Performance Indicators for the adult facility and 12 for the juvenile facility. A chart listing the Performance Indicators, the performance threshold, and financial consequence for failing to meet the threshold (Attachment 2). Most of the Performance Indicators are related to the prompt identification of health care issues and delivery of care. There are six separate Performance Indicators related to the vendor's service coordination with our Restoration to Competency ("RTC") Program (Attachment 3). Performance Indicators are audited bi-monthly by a selection of 10 indicators for the adult facility and six for the juvenile facility and a random sample of approximately 50 detainee charts for the adult and all the charts for newly admitted juveniles. Not all indicators are reviewed each month to allow the vendor 30 days to correct any issues found. A chart reflecting all Performance Indicator audit results for the current contract is attached (Attachment 4).

The areas where Naphcare struggles the most (and where medical providers nationwide are also struggling) is consistent with our experience with past vendors: Detox and Mental Health Treatment Planning. To address this, Naphcare has eliminated the scoring process from the decision of when medication is initiated for detainees undergoing the detoxification protocol. As of July 24, 2023, all detainees who are at any level of the Clinical Opiate Withdrawal Score ("COWS") are started on a Suboxone taper 24 hours after admission to the Detox protocol, when the risk of a dangerous and precipitous withdrawal has passed.

The County monitors 11 Business Requirements related mostly to notice and communication. Under the current contract, Naphcare has failed to meet at least one Business Requirement in three different months. All the adjustments were due to the lack of at least one staff member in a leadership position present for both medical and behavioral health from 8 a.m. to 5 p.m. Monday through Friday. The total amount withheld from Naphcare for this reason was $30,000 or $5,000 per day and per facility that the requisite staff was not present. A

[3] The *Health Service Administrator* is responsible for arranging all levels of health care and ensuring quality and accessible health services; the *Medical Director* is responsible for oversight of quality medical care to detainees by medical staff; the *Chief Psychiatrist* focuses on oversight and delivery of psychiatric care; and the *Mental Health Director* is responsible for oversight and administration behavioral health care by behavioral health staff.

listing of all Business Requirements, their thresholds, and financial consequences are attached (Attachment 5).

Despite the noted deficiencies, Naphcare has shown significant improvement which has been facilitated by the meticulous oversight of this contract on the part of Behavioral Health staff. Behavioral Health staff are in constant communication with Naphcare to identify strategies to improve performance.

Deaths

In the 24 months since Naphcare began providing services in the County's detention facilities there have been a total of 22 deaths. Of these deaths, 13 were primarily due *or* complicated by drug intoxication. Fentanyl was involved in ten deaths and methamphetamines were involve in six. Clearly, the opioid epidemic impacting our community has had tremendous impact on mortality in the jail. However, the presence and consumption of harmful illicit substances in the facility is outside of the control of our contractor or the Behavioral Health Department.

A detailed report from the Office of the Medical Examiner reflecting numbers and cause for individual deaths occurring in the PCADC since 2017 is included (Attachment 6).

Risk Reduction

Because the goal is to have zero adverse outcomes, Behavioral Health in concert with Naphcare and Corrections staff have implemented many new processes and interventions to prevent any additional events. For example: In 2021 Narcan was made available to corrections officers in every pod and in quantities that allow for the administration of multiple doses in response to a single suspected overdose; as mentioned above, Suboxone is now started 24 hours after admission to the Detox protocol; supplying Gatorade on the Detox units in large volumes for detainees to access at will to assist in electrolyte replacement during detoxification; and the expansion of the MAT program to reduce the demand for illicit substances, diversion, and to prevent negative withdrawal outcomes. Since May of 2020, the medical services vendor has made Narcan available for detainees who identified with opioid dependency to take with them upon their release. Beginning in September of 2023, a unit of Narcan is available for every detainee as they are released.

The County has had elements of a MAT program in place since 2017 such as induction of pregnant opioid dependent detainees and continuation of treatment for individuals who were already receiving MAT treatment in the community, albeit those services were not provided by the County or our medical vendor but by outside MAT community agencies. Further, the County received its Opioid Treatment Provider ("OTP") license on February 2, 2022 which allowed us to develop and expand MAT in the jail utilizing the full array of addiction medications. Initially, the MAT program operated under the County's OTP license, started slowly by only maintaining people who were already receiving MAT services in the community and inducting pregnant detainees. As of July 20, 2023 the MAT program expanded so that

we are now able to offer induction to all detainees who meet criteria and want the service. Further, Behavioral Health was awarded a Bureau of Justice Assistance grant for the expansion of our MAT program. This has allowed us to hire a MAT navigator who not only follows people while they are in detention but is able to directly connect them with a community provider and ensure that they in fact receive continuing care in the community post release.

Although these measures are implemented collaboratively, Behavioral Health, Naphcare and Corrections staff continue to look for opportunities to safeguard detainees and intervene as early as possible.

Care Enhancement and Expansion

In 2018, a complete examination of the existing care delivered to detainees was performed and a strategic plan for care improvement and expansion was developed. Since that time Behavioral Health has implemented many improvements.

In the fall of 2019 in response to an identified issue with suicides and mental health, PCBH, corrections staff and the medical vendor created detoxification and withdrawal pods with 24/7 nursing care and facilitated a relationship between the then current vendor (Centurion) and a community MAT services provider which expanded MAT from only the off-site induction of pregnant opioid dependent patients to on-site continuation of treatment for patients who were already in service in the community. The original intent was to expand MAT services in phases up to and including induction. However, the plan proved to be unworkable due to the pandemic and communication and documentation issues between community providers and the County's medical vendor. When Naphcare assumed health operations in the fall of 2021, their Medical Director, Dr. Jeffery Alvarez, was instrumental in assisting the County in applying for and obtaining its own OTP license which became effective in February of 2022. Notice of final and full NCCHC OTP accreditation is anticipated to be received in September 2023.

In January of 2020, in response to the pandemic, the detoxification and withdrawal pods were repurposed as isolation pods for COVID. This allowed the PCADC to avoid any internal transmission for the first year and the half of the pandemic. Post pandemic the pods continue to be utilized for detoxification but also to identify any potential infectious diseases that may be circulating in the community. A total of three detainee deaths were related to COVID infection, this is remarkable in comparison to other carceral facilities in the State and the region.

On July 1, 2021, Behavioral Health went live with its own Electronic Health Record ("EHR") which enables us to have real-time visibility into detainee charts and allows us to run ad hoc reporting on demand. Prior to acquiring our own EHR, Behavioral Health was dependent on the vendor to run and provide reporting. Further, the County no longer needs to change its EHR when it changes medical services vendors thereby minimizing disruption of the detainee health record, facilitating audit functions, and improving continuity of care.

Dental - In 2022 Behavioral Health began purchasing dental equipment and tools for the PCJDC in furtherance of its goals. By October of 2022 a full dental suite consisting of a portable dental unit with amalgam separator; patient chair with light; staff chair; dental x-ray unit; lead aprons; cavitron (cleaning machine); autoclave; ultrasonic cleaner; dental tools; oral education material; dental wall art; and items for a "goody" bag upon release. Today, dental care for juveniles has gone from a 60-day oral exam by a dentist without treatment to the full array of services from cleanings, fillings, cavity arrest and extraction when necessary. For the Remanded Juveniles (juveniles being charged as adults and held in the PCADC), Behavioral Health utilizing American Rescue Plan Act ("ARPA") dollars, purchased: a portable dental unit with amalgam separator; portable dental chair; portable dental x-ray machine; and lead apron which allows dental staff to go to the housing unit where the Remanded Juvenile resides rather than bringing the juvenile to the dental suite. The ability to go to the Remanded Juvenile's housing unit is significant because juveniles are required to be kept sight and sound separate from the adult population which means that in order for the juveniles to receive care the whole medical unit needs to be shut down for the adult population.

Immunizations - Also with the use of ARPA funds, Immunization programming was expanded in February 2023 beginning with the purchase of professional medical grade pharmacy refrigerators and freezers for both PCADC and PCJDC. Once the equipment was installed and operational, Behavioral Health, again with the use of ARPA dollars, purchased the Center for Disease Control's Advisory Committee on Immunization Practices ("ACIP") recommended vaccines for adult and youth. Behavioral Health, in collaboration with the medical vendor, intends to support the sustainability of the immunization program by becoming a Vaccine for Children ("VFC") and Vaccine for Adult ("VFA") participant which will allow the purchase of vaccines at a discounted rate.

Mental Health - In furtherance of improving mental health care and achieving mental health accreditation from NCCHC, Behavioral Health hired the NCCHC Technical Assistance team to evaluate the mental health care services in the PCADC and provide recommendations for improvement. The initial survey was performed in July of 2022 and a final report was received in September of 2022. Behavioral Health in collaboration with Naphcare and corrections developed an action plan to address each of the recommendations. However, without a Mental Health Director, progress in addressing the recommendations has stalled. It is anticipated that with the hiring of a Mental Health Director rapid progress will be made. Behavioral Health made achieving NCCHC Mental Health accreditation a requirement of Naphcare's current contract and also required Naphcare on-site employees in leadership positions to be NCCHC certified.

Infectious Disease - Beginning in October of this year Behavioral Health will launch a program which will allow us to expand screening and treatment of detainees for sexually transmitted infections. Under this initiative PCADC will become the first facility in the state to be independently qualified as a 340B Covered Entity thus eliminating the need to rely on another community provider to screen, order, and administer treatment including the need to either transport the detainee off-site for care or have the community provider physically present in the jail. The 340B program is a federally funded program that allows healthcare providers

who serve uninsured or underinsured vulnerable populations to purchase certain medications at a discounted price.

Physical Therapy - Many detainees experience chronic pain that cannot be treated with traditional standard medications in the jail. In an effort to address the detainees' pain issues, a physical therapist will be available to work with the detainees.

Special Populations - In the current contract, Behavioral Health required Naphcare to create a Special Populations Clinical Navigator staffed by an R.N. The purpose of this position is to have a dedicated nurse to oversee the HIV+, transgender, civil commitment eligible or court ordered, and remanded juvenile populations. Part of the Navigator's role is to identify detainees who enter the facility under an existing Petition for Evaluation or Order for Treatment, are identified by law enforcement as requiring a mental health referral, or the Mental Health Professionals identify as mentally deteriorating while in the facility. Once identified, the Navigator processes the necessary paperwork for a civil commitment process, when necessary, verifies existing court orders and medications and ensures those medications are ordered, and maintains a queue to ensure all deadlines are met and the patient is seen promptly by psychiatric prescribing providers. All of this is to prevent people with mental illness who are either unable or unwilling to participate in mental health treatment from languishing while detained. For the HIV+ population, the Navigator either initiates treatment or verifies that their community medications are ordered and facilitates discharge planning. For the transgender population, the Navigator obtains community provider documentation and ensures that those medications are ordered while in detention and facilitates discharge planning. Because Remanded Juveniles require sight and sound separation which can sometimes cause a delay to this population receiving care as a promptly as possible, the Navigator ensures that this population is up to date on immunizations and have access to and attend school.

Discharge/Release Planning - The nature of jail detention is that it is transitory with no concrete release date. Neither the Naphcare, correctional staff nor Behavioral Health control when and under what circumstances a detainee will be released from custody. It is in this context that what would be considered discharge planning in a traditional clinical facility is coordinated in the detention setting. In addition to the Special Population management duties, the Special Populations Clinical Navigator also oversees a team of three discharge planners that Behavioral Health required Naphcare to add to the current contract. The addition of these discharge planners was in direct response to the community's request for action to address homelessness, addiction and untreated mental illness. The team of discharge planners are co-located within PCADC and work together to coordinate care and address social determinates of health needs of the detainees from the moment of housing assignment to their release from detention. Behavioral Health has orchestrated a monthly meeting where community behavioral health homes and MAT providers, Medicaid plans, Probation and the Public Defender all convene to discuss challenges, barriers and successes of connecting detainees with community resources and services. These connections are more than a mere referral but are actual "hot hand-offs" of the detainees to the community service provider including transportation to the provider. Behavioral Health is working with Information

Technology to establish an electronic feed from the PCADC to community providers notifying them of their client's detention and triggering them to contact the Naphcare discharge planners.

Conclusion

Health care delivery is challenging, expensive and complex regardless of setting. Health care delivery in the detention setting is even more difficult regardless of who is delivering the care. This complexity and difficulty should not deter the County from setting high performance standards for our contractors and ourselves. The populations served in detention settings are medically and socially vulnerable and deserve the best care we can provide. Our Behavioral Health Department will continue to monitor the care and work with our partners to provide solutions in this ever-changing and challenging care environment.

Attachments

c: The Honorable Laura Conover, Pima County Attorney
The Honorable Chris Nanos, Pima County Sheriff
Carmine DeBonis, Jr., Deputy County Administrator
Francisco García, Deputy County Administrator & Chief Medical Officer
Steve Holmes, Deputy County Administrator
Paula Perrera, Director, Behavioral Health
Terry Cullen, MD, MS, Public Health Director, Health Department
Greg Hess, MD, Chief Medical Examiner
Sam Brown, Chief Civil Deputy, Pima County Attorney's Office

ATTACHMENT 1

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www.ncchc.org

August 3, 2023

Sheriff Chris Nanos
Pima County Sheriff's Office
Pima County Adult Detention Complex
1270 W. Silverdale Road
Tucson, Arizona 85713

Dear Sheriff Nanos:

It is my great pleasure to inform you that the National Commission on Correctional Health Care, upon the recommendation of its Accreditation and Standards Committee, has selected **Pima County Adult Detention Complex** to receive this year's *NCCHC **R. Scott Chavez Facility of the Year Award***. This prestigious award is presented each year to only one facility selected from among the 500 jails, prisons, and juvenile confinement facilities that participate in NCCHC's nationwide accreditation program.

The award will be presented at a ceremony on Monday, October 2, 2023, at the Paris Hotel in Las Vegas as part of the opening events of our National Conference on Correctional Health Care. More than 1,800 professionals from across the country will be in attendance and we hope you or your designee will be present to receive the award. The conference runs from September 30, 2023 through October 4, 2023 and one complimentary registration will be provided.

Barbara Granner (BarbaraGranner@ncchc.org) from our marketing team will be in touch with you on logistics for the event.

Congratulations to you and your fine staff who have worked so hard to achieve and maintain NCCHC accreditation.

Sincerely,

Deborah Ross, CCHP
Chief Executive Officer

Amy Panagopoulos, RN, BSN, MBA
Vice President, Accreditation

cc:
Melissa Crippen HSA
Chief Scott Lowing
Captain Else Navarro
Captain Paul Hill
Captain Mark Dinniman
Lieutenant Brian Hunt

ATTACHMENT 2

ATTACHMENT A1-1
PERFORMANCE INDICATORS - PCADC
Effective October 1, 2022

Performance Indicator(s)	Frequency	Threshold	Financial Consequences of Not Meeting Performance Indicators ($ per Indicator)
1. When transporting officer believes the patient may be a suicide risk or the patient has positive responses on the suicide risk assessment found on the mental health receiving screening, patient is placed on suicide watch.	**Bi-Monthly**	100%	$1,000
2. If placed on suicide watch the patient receives daily evaluation by qualified mental health staff including post-suicide watch follow-up within 24 hours.	**Bi-Monthly**	100%	$1,000
3. Verified medications were referred to a provider within 24 hours of intake for review and determination of necessary bridge orders until the detainee can be seen by a provider.	**Bi-Monthly**	90%	$1,000
4. Medications reported but NOT verified were referred to a provider within 48 hours to determine new orders, if clinically appropriate.	**Bi-Monthly**	90%	$1,000
5. Nurse Receiving Screening is completed no later than 4 hours after acceptance into facility.	**Bi-Monthly**	90%	$1,000
6. Initial health assessments are completed no later than 14 calendar days after admission to the facility with treatment plan in place for patients identified as having chronic health condition.	**Bi-Monthly**	90%	$1,000
7. The chart contains a completed mental health receiving screening (MHRS) by a MHP, MHRN or a RN trained to perform the MH screening, done prior to detainee being housed.	**Bi-Monthly**	90%	$1,000
8. Mental Health Evaluation (MHE) is performed no later than 14 days after admission by a qualified MHP if patient screens positive on MHRS.	**Bi-Monthly**	90%	$1,000
9. Oral Screening is performed no later than 14 calendar days from admission.	**Bi-Monthly**	90%	$1,000
10. Instruction in oral hygiene and preventative oral education are given within 14 days of admission.	**Bi-Monthly**	90%	$1,000

11. A face-to-face encounter is conducted by a qualified health care professional within 24 hours of receipt of the SCR by health staff.	**Bi-Monthly**	95%	$1,000
12. Detainees displaying symptoms of mental illness that are documented to be either unwilling or unable to voluntarily participate in their mental health treatment will be referred for involuntary treatment if they meet criteria for same.	**Bi-Monthly**	95%	$1,000
13. All individuals on the MH caseload will have individualized Treatment Plans completed at the time the condition is identified or within 24 hours of a status change and updated as warranted but no longer than 6 months.	**Bi-Monthly**	95%	$1,000
14. Therapeutic interventions will relate back to the goals and strategies listed in the treatment plan.	**Bi-Monthly**	95%	$1,000
15. Patients entering PCADC on MAT have their medication continued, or a plan for medically supervised withdrawal is initiated.	**Bi-Monthly**	95%	$1,000
16. Patients entering PCADC who are intoxicated or undergoing withdrawal are placed on detox protocol (COWS/CIWA) and will be rounded on a minimum of three times per day. Those with elevated scores or increasing scores will be checked more often than every 8 hours as indicated by TechCare.	**Bi-Monthly**	95%	$1,000
17. Pregnant detainees with active opioid use disorder receive evaluation upon intake, including offering and providing medication-assisted treatment (MAT) with methadone or buprenorphine.	**Bi-Monthly**	100%	$1,000
18. For all completed assessments of detainees in custody-ordered restraints, record must contain documentation of patient assessment, as well as clear evidence any contraindications are communicated with Custody and a prescribing provider.	**Bi-Monthly**	95%	$1,000
19. Upon notification that a detainee has been placed in segregation, a qualified health care professional reviews the health record for existing medical, dental, or mental health needs requiring accommodation and notify custody staff. The review and notification (if applicable) are documented in the health record.	**Bi-Monthly**	90%	$1,000
20. All licensed staff receive peer review annually.	**Annually**	100%	$1,000

Amendments may be made to this attachment with written approval from the County Behavioral Health Director.

ATTACHMENT A2-1
PERFORMANCE INDICATORS - PCJDC
Effective October 1, 2022

Performance Indicator(s)	Frequency	Threshold	Financial Consequences of Not Meeting Performance Indicators ($ per Indicator)
1. The youth's immunization record will be obtained and reviewed. Referrals will be made regarding updating any schedules.	**Monthly**	100%	$1,000
2. Once medications are verified and permission from legal guardian is obtained, medications will start being administered within 24 hours.	**Bi-Monthly**	90%	$1,000
3. Oral screening is performed as part of nurse receiving screening to include visual observation of teeth and gums with documentation of any abnormality requiring referral to dentist or referral for prophylactic treatment.	**Bi-Monthly**	90%	$1,000
4. An oral examination is performed by a dentist within 60 days of admission.	**Bi-Monthly**	90%	$1,000
5. Initial health assessments are completed no later than 7 calendar days after youth's admission.	**Bi-Monthly**	90%	$1,000
6. A mental health evaluation (MHE) is completed on all youth within 24 hours or, in the case of weekends or holidays, within 72 hours of admission.	**Bi-Monthly**	90%	$1,000
7. If youth is detained within 60 days of last detention, MHP must update prior MHE with new relevant information about the latest incident that led to youth's detention and/or other pertinent information.	**Bi-Monthly**	90%	$1,000
8. A face-to-face encounter is conducted within 24 hours for any sick call request describing a clinical symptom.	**Bi-Monthly**	90%	$1,000
9. MHP will create a behavioral health treatment plan for each youth to assist MH staff in working with youth in meeting identified goals. Treatment plan will be completed within 24 hours or, in the case of weekends or holidays, within 72 hours of admission.	**Bi-Monthly**	100%	$1,000

10. Youth showing signs of intoxication or withdrawal are monitored using a recognized standard assessments at appropriate intervals until symptoms resolve.	**Bi-Monthly**	100%	$1,000
11. Prenatal care is provided and includes medical examinations by a clinician qualified to provide prenatal care, appropriate laboratory and diagnostic tests and advise on appropriate levels of activity, diet, and alcohol and drug avoidance.	**Bi-Monthly**	100%	$1,000
12. Any health evaluation, immunization or treatment refusal is documented and must include the following: description of the nature of the service being refused, evidence that the youth has been made aware of any adverse consequences to health that may occur as a result of the refusal, the patient's signature, the signature of a health staff witness.	**Bi-Monthly**	100%	$1,000

Amendments to this attachment may be made with written approval from Pima County Director of Behavioral Health.

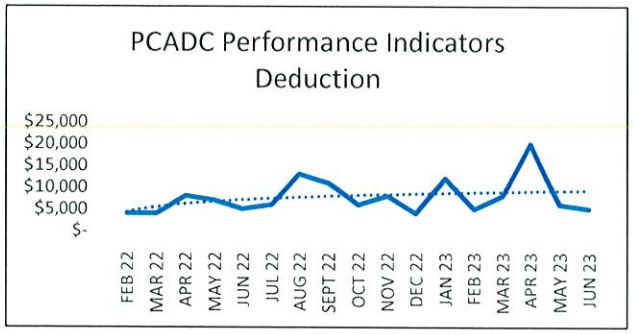
ATTACHMENT 3

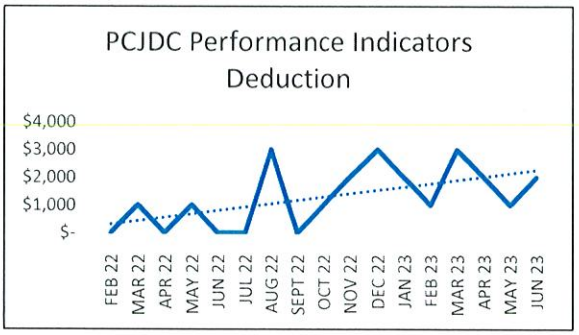
ATTACHMENT A1-5
PERFORMANCE INDICATORS – Restoration to Competency
Effective October 1, 2022

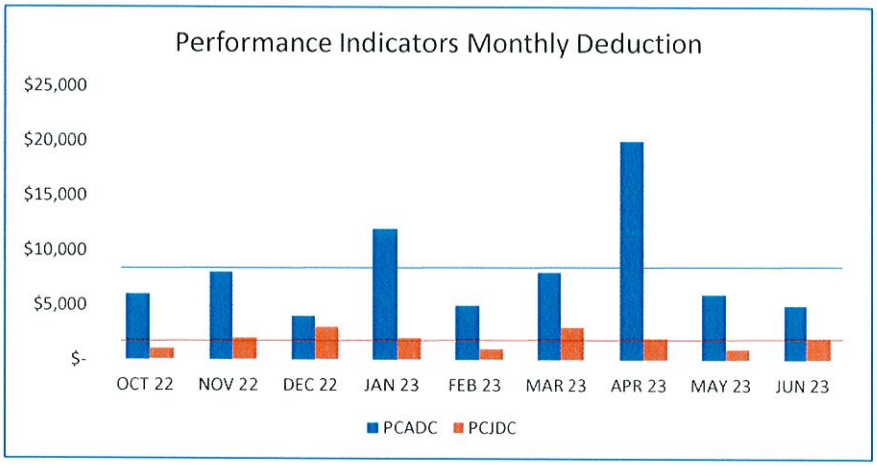
Performance Indicator(s)	Frequency	Threshold	Financial Consequences of Not Meeting Performance Indicators ($ per Indicator)
1. All psychiatrist and MHP notes will be documented by the end of the shift the same day the encounter occurred on unless extraordinary circumstances delayed the entry. These circumstances must also be documented.	**Quarterly**	100%	$3,000
2. A comprehensive assessment by an Arizona Licensed psychiatrist is completed within 7 days of patient admission to the RTC program.	**Quarterly**	100%	$3,000
3. A face-to-face clinical assessment of at least 30 minutes is conducted by the psychiatrist assigned to the RTC program at least every 30 days, or more frequently as indicated by RTC staff utilizing individual treatment plans.	**Quarterly**	100%	$3,000
4. Documentation shows the psychiatrist assigned to the RTC program and the RTC psychologist meet to staff each RTC participant at least monthly.	**Quarterly**	100%	$3,000
5. At the request of the RTC psychologist, medical examinations, testing, or specialist referrals based on forensic need (which may not be the same as medical need) will be completed, or, if offsite, scheduled within 5 business days.	**Quarterly**	100%	$3,000
6. RTC patients will receive hearing and vision screening within 7 days of admission into RTC. Those that screen positive will have a follow-up appointment scheduled with the appropriate specialist within 7 days of screening.	**Quarterly**	100%	$3,000

Amendments may be made to this attachment with written approval from the County Behavioral Health Director.

ATTACHMENT 4







	Performance Indicators Deduction		Total
SEPT 21	$ -	$ -	$ -
OCT 21	$ -	$ -	$ -
NOV 21	$ -	$ -	$ -
DEC 21	$ -	$ -	$ -
JAN 22	$ -	$ -	$ -
FEB 22	$ 4,000.00	$ -	**$ 4,000.00**
MAR 22	$ 4,000.00	$ 1,000.00	**$ 5,000.00**
APR 22	$ 8,000.00	$ -	**$ 8,000.00**
MAY 22	$ 7,000.00	$ 1,000.00	**$ 8,000.00**
JUN 22	$ 5,000.00	$ -	**$ 5,000.00**
JUL 22	$ 6,000.00	$ -	**$ 6,000.00**
AUG 22	$ 13,000.00	$ 3,000.00	**$ 16,000.00**
SEPT 22	$ 11,000.00	$ -	**$ 11,000.00**
OCT 22	$ 6,000.00	$ 1,000.00	**$ 7,000.00**
NOV 22	$ 8,000.00	$ 2,000.00	**$ 10,000.00**
DEC 22	$ 4,000.00	$ 3,000.00	**$ 7,000.00**
JAN 23	$ 12,000.00	$ 2,000.00	**$ 14,000.00**
FEB 23	$ 5,000.00	$ 1,000.00	**$ 6,000.00**
MAR 23	$ 8,000.00	$ 3,000.00	**$ 11,000.00**
APR 23	$ 20,000.00	$ 2,000.00	**$ 22,000.00**
MAY 23	$ 6,000.00	$ 1,000.00	**$ 7,000.00**
JUN 23	$ 5,000.00	$ 2,000.00	**$ 7,000.00**
	$ 74,000.00	$ 17,000.00	**$ 91,000.00**
AVERAGE	$ 8,222.22	$ 1,888.89	**$ 10,111.11**

ATTACHMENT 5

ATTACHMENT B1-2
BUSINESS REQUIREMENTS PCADC
Effective October 1, 2022

Requirement #	Business Requirement	Threshold	Financial Consequences of not Meeting Business Requirement
1	Maintain NCCHC accreditation, if the cause for losing accreditation was within CONTRACTOR's control.	100%	$50,000 upon losing accreditation and $100,000 for each additional year in which PCADC is not accredited.
2	Notify the County's Behavioral Health Director and Correctional Health Quality Management Team of a death or Serious Adverse Event within 24 hours.	100%	$5,000 per occurrence.
3	Notify the County of an inpatient admission within 24 hours of admission.	100%	$2500 per occurrence and Contractor will be fully responsible for all costs that would otherwise have been paid by Medicaid when applicable.
4	Notify the County of an inpatient admission of an out-of-County RTC detainee within 8 hours of admission.	100%	Actual cost for hourly custody supervision and the actual claim amount.
5	No dismissals of Civil Commitmentpetitions due to untimely psychiatric evaluations or failure to appear to testify in Courthearings.	100%	$1,000 per occurrence.
6	Acknowledge County notification of Quality Management deficiency within 3 business days and present an Action Plan to address deficiency within two weeks from receipt of notification from County.	100%	$5,000 per deficiency - acknowledgement or Action Plan but not both.
7	Comply with the requirement **in Exhibit A, Part I**, to have at least one staff member in a leadership position for both medical and behavioral health present from 8 am to 5 pm Monday - Friday.	100%	$5,000 per occurrence.
8	Notify Pima County Behavioral Health Department within 24 hours of discovery of any lapse or expiration of or adverse action taken against any licensure or certification for any health staff member.	100%	$1,000 per occurrence
9	Send to County notice of departure of Leadership Positions at least two weeks before the position becomes vacant or as soon as Contractor is aware of the vacancy if Contractor did not receive prior notice.	100%	$1,000 per occurrence
10	Obtain written approval from PCADC Administration and County's Behavioral Health Administrator prior to hiring any Leadership Position.	100%	$5,000 per occurrence
11	Notify the County within 24 hours of a suspected MAT drug diversion event, regardless of whether the event is identified by Contractor or Custody staff.	100%	$2,500 per occurrence, exclusive of any penalties or fines imposed upon the MAT program by oversight bodies which will also be Contractor's sole expense.

ATTACHMENT B2-2
BUSINESS REQUIREMENTS PCJDC
Effective October 1, 2022

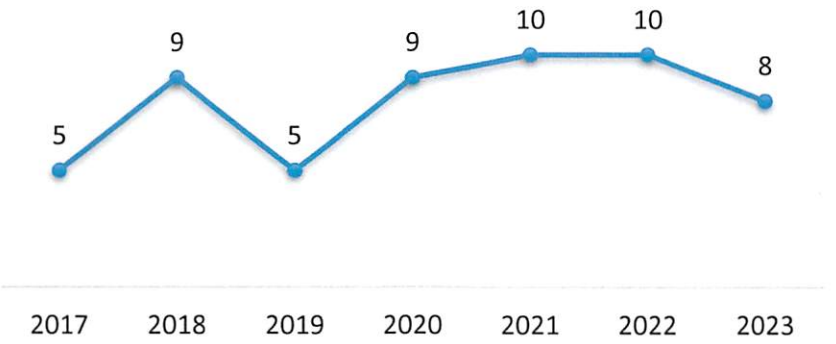
Requirement #	Business Requirement	Threshold	Financial Consequences of not Meeting Business Requirement
1	Maintain NCCHC accreditation, if the cause for losing accreditation was within Contractor's control.	100%	$50,000 upon losing accreditation and $100,000 for each additional year in which PCADC is not accredited.
2	Notify the County's Behavioral Health Director and Correctional Health Quality Management Team of a death or Serious Adverse Event immediately upon discovery of the event.	100%	$5,000 per occurrence.
3	Notify the County of an inpatient admission within 24 hours of admission.	100%	$5,000 per occurrence.
5	Provide policies/procedures for off-site services within 60 days of the start date of the new contract term. New or updated policies must be submitted to the County for review at least 30 days before implementation.	100%	$1,000 per occurrence.
6	Comply with Critical Staffing Requirements as set forth in **Exhibit A, Part II, 15.3.5.**	100%	$1,000 per occurrence.
7	Acknowledge County notification of Quality Management deficiency within 3 business days and present an Action Plan to address deficiency within two weeks from receipt of notification from County.	100%	$5,000 per deficiency - acknowledgement or Action Plan but not both.
8	Have at least one staff member in a leadership position for both medical and behavioral health present from 8 am to 5 pm Monday - Friday.	100%	$5,000 per occurrence.
9	Notify Pima County Behavioral Health Department within 24 hours of discovery of any lapse or expiration of or adverse action taken against any licensure or certification for any health staff member.	100%	$1,000 per occurrence
10	Send to County notice of departure of Leadership Positions at least two weeks before the position becomes vacant, or as soon as Contractor is aware of the vacancy if Contractor did not receive prior notice.	100%	$1,000 per occurrence
11	Obtain written approval from PCJDC Administration and County's Behavioral Health Director prior to hiring any Leadership Position.	100%	$5,000 per occurrence

ATTACHMENT 6

PCADC In-Custody Deaths
2017-2023

Arizona Revise Statute 11-593 B defines the circumstances under which a death is reported to and investigated by the Medical Examiner. These include deaths occurring while under the supervision of a custodial agency. For this reason, every PCADC death undergoes examination by the Pima County Office of the Medical Examiner (PCOME) to ascertain the cause and manner of death. In total since 2017, there were 56 in-custody deaths. Please note that two deaths occurred in hospital after compassionate release from custody; they are not included in this report. One compassionate-release death was certified as a natural death due to complications of COVID-19. The other was certified with an undetermined cause and manner of death.

PCADC In-Custody Deaths by Year



Decedent Demographics:

- The majority of decedents are male (93%)
- Decedent age ranged from 18 - 76 years old; average age is 40

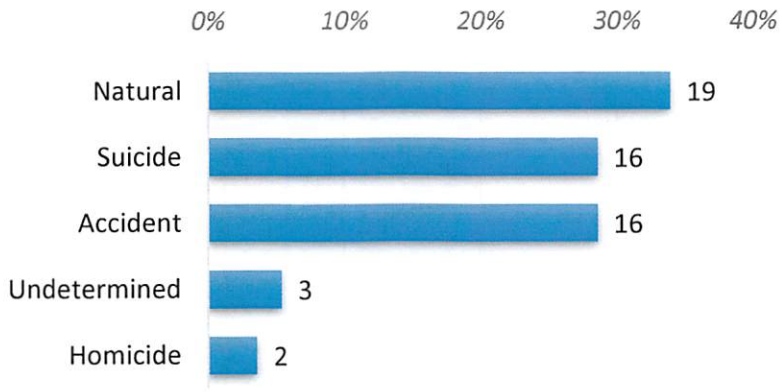
Sex	Male	52	*93%*
	Female	4	*7%*
Age	18-19	2	*4%*
	20-29	13	*23%*
	30-39	15	*27%*
	40-49	12	*21%*
	50-59	8	*14%*
	60-69	3	*5%*
	70-79	3	*5%*

PCADC In-Custody Deaths
2017-2023

Manner of Death:

- Natural deaths make up the largest proportion of PCADC in-custody deaths (34%), followed by suicides (29%), and accidental deaths (29%).

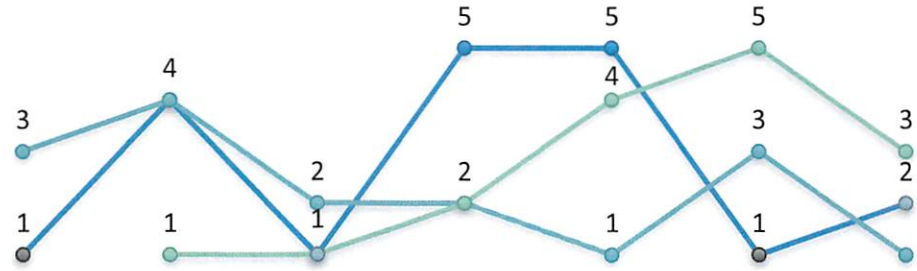
PCADC In-Custody Deaths by Manner of Death



Trends in Manner of Death from 2017 - 2023:

- Natural deaths were highest in 2020 and 2021 (five each year)
- Average of two suicides per year (high-point was in 2018 with four suicides)
- Accidental deaths increased annually, reaching a high of 5 in 2022; 14 of 16 accidental deaths were due to drug overdose
- Undetermined deaths and homicides are less common, totaling three and two, respectively, since

PCADC In-Custody Deaths by Manner of Death and Year



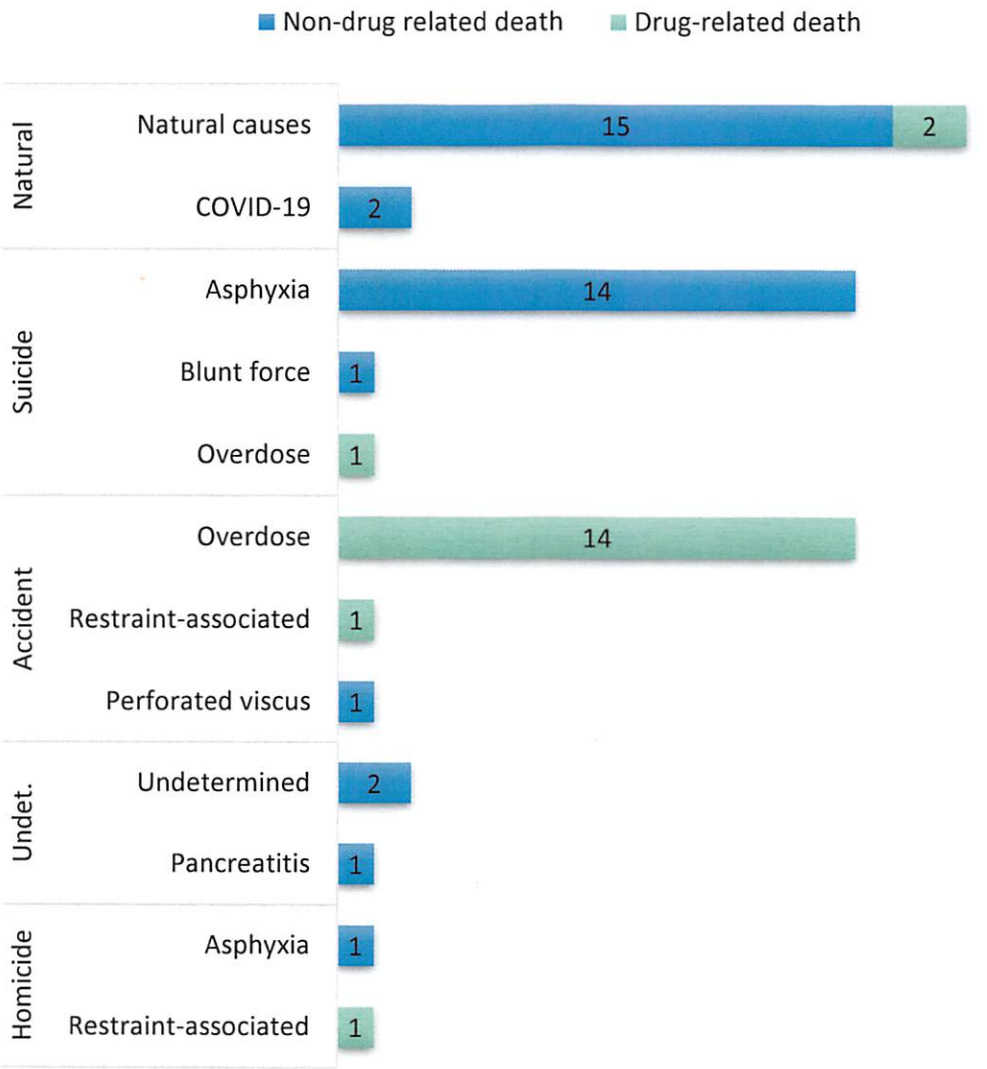
	2017	2018	2019	2020	2021	2022	2023
Natural	1	4	1	5	5	1	2
Suicide	3	4	2	2	1	3	1
Accident		1	1	2	4	5	3
Homicide	1					1	
Undetermined			1				2

PCADC In-Custody Deaths
2017-2023

Overview of Causes of Death:

- Excluding deaths due to COVID-19, there were 17 deaths from natural causes
- Drug overdose is the second leading cause of in-custody deaths (15 deaths)
  - Fourteen overdose deaths were accidents and one was a suicide
  - Drugs contributing to accidental overdose deaths include fentanyl (10 deaths), methamphetamine (7 deaths), heroin (1 death), olanzapine (1 death), and opiate unspecified (1 death)
  - Drugs contributing to intentional overdose include abrin (1 death)
- Intentional aspyhxia (from hanging) is the third leading cause of in-custody deaths (14 deaths)
- Drugs were involved in two natural cause deaths and both restraint-associated deaths
  - Drugs involved include methamphetamine (3 deaths) and fentanyl (2 deaths)
- COVID-19 was the cause of death in two decedents; it was contributory in one overdose death
- Of three undetermined manner deaths, two decedents had an undetermined cause of death and one death was due to pancreatitis.

PCADC Related Deaths by Manner, Cause, and Drug Involvement



Pima County Adult Detention Center Deaths 2017 to Present

Contractor	Month/Year of Death	Age	Cause of Death	Manner of Death	Detention Days
CCS	Apr-17	24	Strangulation	Homicide	12
CCS	Aug-17	19	Hanging	Suicide	19
CCS	Aug-17	59	Hanging	Suicide	4
CCS	Sep-17	27	Hanging	Suicide	1
CCS	Dec-17	56	Disseminated Coccidioidomycosis; OSC: Hepatitis C Infection, Hepatic Cirrhosis	Natural	40
CCS	Mar-18	58	Ischemic cardiomyopathy; OSC: Chronic obstructive pulmonary disease	Natural	23
CCS	Mar-18	35	Myocarditis with vasculitis	Natural	4
CCS	Apr-18	35	Abrin toxicity	Suicide	3
CCS	May-18	43	Hanging	Suicide	8
CCS	Jun-18	47	Hanging	Suicide	1235
CCS	Jul-18	62	Cardiomyopathy	Natural	2
CCS	Sep-18	27	Methamphetamine toxicity	Accident	2
CCS	Sep-18	35	Infective endocarditis of aortic valve	Natural	30
CCS	Dec-18	37	Hanging	Suicide	41
Centurion	Feb-19	53	Undetermined	Undetermined	42
Centurion	Jun-19	42	Dilated cardiomyopathy; OSC: Remote cerebral infarction	Natural	22
Centurion	Sep-19	27	Craniocerebral injuries; Blunt force trauma of the head	Suicide	4
Centurion	Oct-19	67	Ligature strangulation	Suicide	1
Centurion	Nov-19	39	Sudden cardiac arrest in setting of acute methamphetamine intoxication and physical exertion; OSC: Hypertensive cardiovascular disease and obesity	Accident	1
Centurion	Feb-20	50	Arteriosclerotic and hypertensive CV disease	Natural	6
Centurion	Apr-20	58	Hanging	Suicide	3
Centurion	Jun-20	31	Hanging	Suicide	275
Centurion	Jun-20	32	Acute intoxication, combined effects of heroin, fentanyl and olanzapine	Accident	74
Centurion	Aug-20	38	Hypertensive and atherosclerotic CV disease	Natural	24
Centurion	Sep-20	27	Methamphetamine toxicity, dilated cardiomyopathy significant contributing factor	Accident	4
Centurion	Oct-20	76	Arteriosclerotic cardiovascular disease	Natural	64
Centurion	Oct-20	45	Intracranial neoplasm	Natural	26
Centurion	Dec-20	40	Ischemic bowel due to small intestine volvulus	Natural	31
Centurion	Jan-21	70	COVID pneumonia	Natural	768
Centurion	Jan-21	47	Complications of COVID-19 with Hypertension, Diabetes mellitus, other significant conditions	Natural	362
Centurion	May-21	29	Acute methamphetamine intoxication	Accident	1
Centurion	Jun-21	29	Hanging	Suicide	5
Centurion	Jul-21	55	Hemorrhagic cyst of right lung with pulmonary thrombi, hepatocellular necrosis as other significant conditions	Natural	10
Centurion	Aug-21	22	Necrotizing pneumonia, bilateral multifocal-acute, incidental recent fentanyl and methamphetamine intoxication	Natural	4
Naphcare	Sep-21	42	**COVID-19 Pneumonia**, Opiate toxicity contributory	Accident	62
Naphcare	Oct-21	71	Atherosclerotic and hypertensive CV disease	Natural	3
Naphcare	Oct-21	22	Fentanyl Intoxication	Accident	314
Naphcare	Dec-21	37	Fentanyl Intoxication	Accident	116
Naphcare	Jan-22	24	Fentanyl Intoxication	Accident	4
Naphcare	Feb-22	18	Fentanyl Intoxication	Accident	5
Naphcare	May-22	42	Fentanyl and methamphetamine intoxication	Accident	3
Naphcare	Jul-22	33	Hanging	Suicide	9
Naphcare	Aug-22	37	Combined effects of physical altercation with restraint, methamphetamine intoxication, hypertensive cardiovascular disease, and obesity	Homicide	1
Naphcare	Oct-22	30	Fentanyl abuse and withdrawal	Natural	6
Naphcare	Oct-22	41	Complications of methamphetamine and fentanyl toxicity in the setting of coronary artery atherosclerosis	Accident	1
Naphcare	Nov-22	50	Asphyxia via hanging	Suicide	4
Naphcare	Nov-22	40	Hanging	Suicide	247
Naphcare	Dec-22	38	Chemical peritonitis due to perforation of proximal duodenum by eating utensil	Accident	94
Naphcare	Jan-23	26	Hyponatermia	Natural	184
Naphcare	Jan-23	61	Hypertensive cardiovascular disease; OSC: Unclear if gunshot wounds of the torso	Undetermined	7
Naphcare	May-23	22	Acute fentanyl and methamphetamine intoxication	Accident	1
Naphcare	May-23	38	Hanging	Suicide	8
Naphcare	Jun-23	24	Methamphetamine and fentanyl toxicity	Accident	2
Naphcare	Jul-23	41	Acute pancreatitis, methamphetamine may be contirbutory	Undetermined	4
Naphcare	Sep-23	40	Dilated cardiomyopathy with cardiomegaly	Natural	56
Naphcare	Sep-23	36	Fentanyl intoxication; OSC: acute bronchitis with pleural effusion	Accident	2

Deaths Occuring After Release 2022 to Present

Date of Death	Age	Cause of Death	COD Circumstance	Manner of Death	Detention Days	Days from Release to Death	KEY
Feb-22	41	Acute fentanyl and methamphetamine intoxication	Overdose	Accident	64	1	COVID-19 cause of death
Feb-22	67	Complications of COVID-19 (SARS-CoV-2 infection)*	COVID-19	Natural	30	1	Accidental death
Apr-22	21	Fentanyl intoxication	Overdose	Accident	97	3	Overdose death
Apr-22	55	Undetermined*	Undetermined	Undetermined	15	7	Natural (underlying disease process) death
May-22	33	Fentanyl intoxication	Overdose	Accident	191	0	Homicide
Aug-22	28	Fentanyl intoxication	Overdose	Accident	360	12	Suicide
Aug-22	56	Complications of recent blunt impact to trunk	Fall-related	Accident	147	16	Pending
Aug-22	27	Complications of unspecified substance withdrawal	Other	Natural	0	3	*compassionate release in-hospital death
Oct-22	41	Fentanyl intoxication	Overdose	Accident	39	7	
Oct-22	63	Bilateral pulmonary emboli	Thromboemboli	Natural	33	1	
Oct-22	41	Intoxication by the combined effects of heroin and methamphetamine	Overdose	Accident	2	2	
Nov-22	39	Toxic effects of fentanyl and alcohol	Overdose	Accident	148	1	
Dec-22	24	Intoxication by the combined effects of acetyl fentanyl and fentanyl	Overdose	Accident	112	8	
Feb-23	40	Toxic effects of fentanyl and methamphetamine	Overdose	Accident	7	7	
Mar-23	29	Complications of bacteremia with sepsis	Sepsis	Natural	47	4	
Mar-23	38	Intoxication by the combined effects of fentanyl and methamphetamine	Overdose	Accident	38	4	
Mar-23	27	Toxic effects of fentanyl	Overdose	Accident	141	5	
Apr-23	33	Toxic effects of fentanyl	Overdose	Accident	255	16	
May-23	40	Intoxication by the combined effects of acetyl fentanyl and fentanyl	Overdose	Accident	131	7	
Jun-23	42	Gunshot wound of the head	Firearm	Suicide	8 hours	2	
Jun-23	39	Methamphetamine and fentanyl toxicity	Overdose	Accident	91	2	
Jul-23	25	Gunshot wound of the head	Firearm	Suicide	1	1	