



## BOARD OF SUPERVISORS AGENDA ITEM REPORT AWARDS / CONTRACTS / GRANTS

☐ Award ☒ Contract ☐ Grant

Requested Board Meeting Date: July 5, 2022

\* = Mandatory, information must be provided

or Procurement Director Award: ☐

**\*Contractor/Vendor Name/Grantor (DBA):**

NaphCare, Inc.

**\*Project Title/Description:**

Correctional Health Services

**\*Purpose:**

This contract allows the County to fulfill legal responsibilities pursuant to A.R.S. 36-511 to provide health services for individuals booked into the Pima County Adult Detention Center (PCADC) and the Pima County Juvenile Detention Center (PCJDC). The current amendment will increase the Not-To-Exceed amount to support provision of Medication Assisted Treatment (MAT) services to adults detained in the PCADC.

**\*Procurement Method:**

Direct Select per Board of Supervisors Policy D29.6, III-C.

**\*Program Goals/Predicted Outcomes:**

Provision of comprehensive physical and mental health services to the populations of PCADC and PCJDC ensures compliance with the National Commission on Correctional Health Care standards. Providing MAT services at PCADC will align services with the community standard of care, while minimizing the need for costly off-site services and reducing adverse outcomes related to both physical and mental health.

**\*Public Benefit:**

Providing an array of evidence-based health services is imperative to providing high quality medical and behavioral health services. Research demonstrates that provision of MAT services, especially when delivered in correctional institutions, reduces incidents of death and disability related to overdose and reduces demand for illicit contraband substances including fentanyl.

**\*Metrics Available to Measure Performance:**

The Contract includes multiple Performance Indicators and Business Requirements that the County monitors and audits on a monthly basis.

**\*Retroactive:**

No.

TO: COB 6-22-22 (1)

Vers: 3

Pgs: 12

JUN22 22PM1246 PD

**THE APPLICABLE SECTION(S) BELOW MUST BE COMPLETED**

Click or tap the boxes to enter text. If not applicable, indicate "N/A". Make sure to complete mandatory (\*) fields

**Contract / Award Information**

Document Type: \_\_\_\_\_ Department Code: \_\_\_\_\_ Contract Number (i.e., 15-123): \_\_\_\_\_  
 Commencement Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_ Prior Contract Number (Synergen/CMS): \_\_\_\_\_  
☐ Expense Amount \$ \_\_\_\_\_ \* ☐ Revenue Amount: \$ \_\_\_\_\_

**\*Funding Source(s) required:** \_\_\_\_\_

Funding from General Fund? ☐ Yes ☐ No If Yes \$ \_\_\_\_\_ % \_\_\_\_\_

Contract is fully or partially funded with Federal Funds? ☐ Yes ☐ No

If Yes, is the Contract to a vendor or subrecipient? \_\_\_\_\_

Were insurance or indemnity clauses modified? ☐ Yes ☐ No

If Yes, attach Risk's approval.

Vendor is using a Social Security Number? ☐ Yes ☐ No

If Yes, attach the required form per Administrative Procedure 22-10.

**Amendment / Revised Award Information**

Document Type: CT Department Code: BH Contract Number (i.e., 15-123): 22-064

Amendment No.: 1 AMS Version No.: 3

Commencement Date: 7/5/2022 New Termination Date: n/a

Prior Contract No. (Synergen/CMS): \_\_\_\_\_

☒ Expense ☐ Revenue ☒ Increase ☐ Decrease

Amount This Amendment: \$ 437,272.08

Is there revenue included? ☐ Yes ☒ No If Yes \$ \_\_\_\_\_

**\*Funding Source(s) required: General Funds**

Funding from General Fund? ☒ Yes ☐ No If Yes \$ \_\_\_\_\_ % 100

**Grant/Amendment Information** (for grants acceptance and awards)

☐ Award ☐ Amendment

Document Type: \_\_\_\_\_ Department Code: \_\_\_\_\_ Grant Number (i.e., 15-123): \_\_\_\_\_

Commencement Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_ Amendment Number: \_\_\_\_\_

☐ Match Amount: \$ \_\_\_\_\_ ☐ Revenue Amount: \$ \_\_\_\_\_

**\*All Funding Source(s) required:** \_\_\_\_\_

\*Match funding from General Fund? ☐ Yes ☐ No If Yes \$ \_\_\_\_\_ % \_\_\_\_\_

\*Match funding from other sources? ☐ Yes ☐ No If Yes \$ \_\_\_\_\_ % \_\_\_\_\_

\*Funding Source: \_\_\_\_\_

\*If Federal funds are received, is funding coming directly from the Federal government or passed through other organization(s)?

Contact: Molly Hilber

Department: Behavioral Health

Telephone: x47515

Department Director Signature: [Signature] Date: 6-20-2022

Deputy County Administrator Signature: [Signature] Date: 21 June 2022

County Administrator Signature: [Signature] Date: 6/24/2022



## MEMORANDUM

**DATE:** 6/8/2022

**TO:** Jan Leshner, County Administrator

**FROM:** Molly Hilber, Contracts Manager via Paula Perrera, Director Pima County Behavioral Health *MH*

**Cc:** Dr. Francisco Garcia, Deputy County Administrator  
Terri Spencer, Procurement Director

**SUBJECT:** Amendment Request - Direct Selection of Professional Services from NaphCare, Inc. for Correctional Health Services, Contract Number CT-BH-22-064

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Pursuant to Board of Supervisors Policy D29.6 III.C – Direct Selection and Procurement Procedure No. PO-50, approval was received to direct select NaphCare, Inc. to provide Correctional Health Services, and Contract Number CT-BH-22-064 was awarded in the amount of \$17,808,68.76

**Background:** Behavioral Health department requests approval to amend the current agreement for continuation of services with NaphCare, originally approved by the Board of Supervisors September 7, 2021.

On September 23, 2021, approval was granted by the State of Arizona for Pima County to move forward with the process of opioid treatment provider licensing, and on February 2, 2022 the Drug Enforcement Administration granted Pima County licensure to operate an opioid treatment program. The proposed amendment will require all aspects of MAT services to be provided directly by the current correctional health services vendor, NaphCare Inc., and includes modified staffing models and performance indicators to improve provision of behavioral health services based on feedback from subject matter experts with the PCBH Correctional Health Quality Management team.

**Requested Action:** The Behavioral Health Department requests approval to amend CT-BH-22-064 to increase funds in the amount of \$437,272.08 to provide Medication Assisted Treatment, for a not-to-exceed amount to \$18,245,952.84. to allow for expanded services with NaphCare, Inc. pursuant to the Direct Select provisions of the Board of Supervisors Policy D29.6, III-C.

MH

Approved as to Form:

*Terri Spencer*  
Terri Spencer  
Procurement Director

Date: 6/8/2022

Concur:

*Francisco Garcia*  
Francisco Garcia, DCA

Date:

9 June 2022

Direct Select Approved:

*Jan Leshner*  
Jan Leshner  
County Administrator

Date:

6/9/2022

**Pima County Department of Behavioral Health**

**Project: Correctional Health Services**

**Contractor: NaphCare, Inc.**

**Contract No.: CT-BH-22-064**

**Contract Amendment No.: 01**

<b>Orig. Contract Term:</b> 9/15/2021 – 9/30/2022	<b>Orig. Amount:</b>	\$17,808,680.76
<b>Termination Date Prior Amendment:</b> N/A	<b>Prior Amendments Amount:</b>	\$ 0.00
<b>Termination Date This Amendment:</b> N/A	<b>This Amendment Amount:</b>	\$437,272.08
	<b>Revised Total Amount:</b>	<b>\$18,245,952.84</b>

**CONTRACT AMENDMENT**

The parties agree to amend the above-referenced contract as follows:

**1. Background and Purpose.**

1.1. Background. On September 7, 2021, County and Contractor entered into the above referenced agreement to provide correctional health services.

1.2. Purpose. County requires additional services to establish an Opioid Treatment Program (OTP) and expand Medication-Assisted Treatment to detainees in the Pima County Adult Detention Center (PCADC).

1.2.1. Internal audits and investigations revealed that the prior arrangement between a community MAT provider and the medical services vendor to coordinate and provide care did not provide sufficiently stringent controls to properly manage the program. Pima County wishes to improve patient safety and outcomes.

1.2.2. On September 23, 2021, approval was granted by the State of Arizona for Pima County to move forward with the process of opioid treatment provider licensing, and on February 2, 2022, the Drug Enforcement Administration granted Pima County licensure to operate an OTP.

1.2.3. It is in the County's best interest to amend the current scope to allow Contractor to provide Medication-Assisted Treatment services directly.

**2. Maximum Payment Amount.** The maximum amount the County will spend under this Contract Exhibit C is increased by \$437,272.08. County's total payments to Contractor under this contract, including any sales taxes, will not exceed \$18,245,952.84.

**3. Scope of Services.**

3.1. The parties have revised Exhibit B: Scope of Services – Part I, Pima County Adult Detention Complex as follows:

3.1.1. Add the following language as Section 3.8:

"The Sheriff's Department Medical Personnel Supervisor shall produce a monthly mandatory drug screening report, listing names randomly selected by an automated computer program. To ensure the screening remains random, all members and employees of the Contractor shall have an equal opportunity to be selected each month.

For any positive result the Medical Personnel Supervisor will inquire with the Contractor about the employee and if they have any documented prescriptions. The positive results shall be immediately reported to the Staff Services Commander and Administrative Division Commander to determine if the positive results will be sent to the Medical Review Officer (MRO).

If the positive result is not resolved by the MRO then it shall be referred to the Administrative Division Commander. Results will be shared with the Contractor.

Failure to comply and/or satisfactorily complete any part of the compulsory drug screening process, random and new hire, will result in the employee being denied access to the Pima County Adult Detention Complex and is prohibited from providing any services in the Pima County Adult Detention Complex."

3.1.2. Replace section 4.1.5 Medication Assisted Treatment (MAT) with the following:

4.1.5. "Contractor will provide in-house Medication Assisted Treatment to opioid-dependent patients. In providing said service Contractor will utilize a three pronged approach 1) Multidisciplinary, involving medical and mental health staff; 2) Multimodal, treating with a combination of medication and counseling, and 3) Multiphasic, within the jail and involving community providers post-release.

4.1.5.1. Clinical staff will recommend providing one or a combination of FDA-approved MAT medications, including naltrexone (Vivitrol), buprenorphine and methadone, as appropriate.

4.1.5.2. Contractor must create an individualized MAT treatment plan for each patient undergoing MAT. Treatment plans should include assessment of appropriateness of current medication regimen; include rationale for either continuing on current medication or transitioning to alternative medications based on advantages and disadvantages of each medication regimen as they apply to the patient. Ease of administration and cost to Contractor shall not be considered in the analysis of advantages and disadvantages. The plan must be documented in the Electronic Health Record and include dosage, titration, patient education, physical exam and testing related to specific medications, and behavioral health treatment and interventions.

4.1.5.2. Opiate-addicted pregnant females, confirmed through pregnancy testing, will be treated with opioid maintenance medications such as buprenorphine or methadone to ensure the well-being of the fetus.

4.1.5.3. If a patient indicates they are participating in an outpatient MAT program upon intake, Clinical staff will make all efforts to continue that treatment through verifying treatment modality and dosages with the patient's community provider.

4.1.5.4. Diversion of medications used for Medication Assisted Treatment is considered a Serious Adverse Event; diversion occurs when a prescription drug used for MAT is redirected to any other person or location from the intended recipient. If the diversion event is determined, as a result of a Serious Adverse Event Review (SAER),

to be the sole fault of the Contractor, Contractor will develop a corrective action plan, and any resulting liquidated damages will be the responsibility of the Contractor per Attachment B1-5.1.

4.1.5.5. Contractor will provide trainings to Corrections Staff at least annually, and upon Corrections Staff's request on how to identify and prevent diversion events.

4.1.5.6. Contractor will provide detailed, individualized discharge plans for MAT recipients and partner with community providers to connect patients to comprehensive MAT and behavioral health services upon release.

4.1.5.7. Contractor will offer Naloxone education and instructions to every individual at every opportunity, and provide naloxone to every at-risk individual upon discharge.

3.1.3. Replace section 6.2.3.5 with the following:

"Contractor must use vendors contracted with the County for all dental equipment repair, replacement, and preventative maintenance."

3.1.4. Replace section 7.1.2 with the following:

"County possesses DEA certification for MAT services only; Contractor must contract with a pharmacy that can provide medications in a timely manner at or below market costs. Contractor must comply with 42 CFR § 8.12 to maintain County's DEA licensing. Failure to maintain DEA licensure is grounds for termination of contract. Contractor must provide pharmacy utilization reports to County that include at least as much information as set forth in Attachment B1-2."

3.1.5. Strike the following language in 10.2.2:

"When a patient is acutely suicidal and/or requires hospitalization in a Level 1 facility, Contractor will contact custody staff to activate the emergency system for transport if other means of transportation are not practical or safe. ~~In such circumstances, Contractor will notify the Sheriff's Department and the County Administrator On Call immediately.~~"

3.1.6. Add the following language to 15.3.5 – Critical Staffing Requirements:

15.3.5.7 Contractor will provide, at a minimum, the following personnel to staff a Medication-Assisted Treatment (MAT) program:

15.3.5.7.1 MAT Nurse Practitioner or Physician Assistant at .5FTE

15.3.5.7.2 MAT Licensed Practical Nurse (LPN) at 1.4 FTE

15.3.5.7.3 MAT Registered Nurse (RN) at 1.0 FTE

15.3.5.7.4 MAT Licensed Substance Abuse Counselor (LiSAC) at 1.0 FTE to manage discharge planning with community providers."

3.1.7. Add the following language to 16.3.3: Death and Serious Adverse Event Review (SAER):

16.3.3.8 Within 24 hours of either Corrections or Clinical staff identifying a MAT drug diversion event the Correctional Health Quality Management team will be notified immediately and a SAER will be scheduled as soon as possible.

3.1.8. Replace Attachment B1-5: Business Requirements PCADC with Attachment B1-5.1: Business Requirements PCADC.

3.2. The parties have revised Exhibit B: Scope of Services – Part II, Pima County Juvenile Detention Center as follows:



3.2.1. Strike the following language in Section 10.2.2:

"When a youth is actively suicidal and/or requires hospitalization in a Level 1 facility, Contractor will coordinate with Detention staff to determine mode of transportation and activate the emergency protocols. ~~Contractor will notify Detention and the Behavioral Health Administrator immediately.~~

3.3. The parties have revised Exhibit C: Pricing and Compensation as follows:

3.3.1. Strike the following language from Section 13 - Pharmacy costs:

"County has identified certain medications as 'outlier medications'. Contractor acknowledges that the community standard of care regarding outlier medications is that these medications are prescribed only upon the recommendation of a specialist of infectious disease, in accordance with an adopted Hepatitis C protocol, or a specialist in diseases of the blood, in the case of blood disorder medications. ~~In addition to such a recommendation, Contractor shall consult with the Behavioral Health Medical Director prior to prescribing such medications. The County's Behavioral Health Medical Director shall make the final determination whether or not to allow the ordering of outlier medications.~~"

3.3.2. Add the following language as Section 21- Incentives:

"An incentive to prevent diversion of MAT medications of \$5,000.00 will be paid to Contractor if there are no diversions attributable to Contractor at the end of the contract term."

3.4. Replace Attachment C-1: Pricing – Pima County Adult Detention Center with Attachment C-1.1: Pricing – Pima County Adult Detention Center.

3.5. Replace Attachment C-4: Contracted Onsite Staffing Commitment - PCADC with Attachment C-4.1: Contracted Onsite Staffing Commitment - PCADC.

3.6. Replace Attachment C-8: Invoice for Health Services – PCADC with Attachment C-8.1: Invoice for Health Services – PCADC.

**REMAINDER OF PAGE LEFT BLANK**

All other provisions of the Contract not specifically changed by this Amendment remain in effect and are binding upon the parties.

**PIMA COUNTY**

\_\_\_\_\_  
Chair, Board of Supervisors

\_\_\_\_\_  
Date

**ATTEST**

\_\_\_\_\_  
Clerk of the Board

\_\_\_\_\_  
Date

APPROVED AS TO FORM

\_\_\_\_\_  
Deputy County Attorney

**Jonathan Pinkney**

\_\_\_\_\_  
Print DCA Name

\_\_\_\_\_  
Date

**CONTRACTOR**

\_\_\_\_\_  
Authorized Officer Signature

Bradford T. McLane, CEO

\_\_\_\_\_  
Printed Name and Title

06/01/22

\_\_\_\_\_  
Date

APPROVED AS TO CONTENT

\_\_\_\_\_  
Paula Perera, Director  
Pima County Behavioral Health



**ATTACHMENT B1-5.1**  
**BUSINESS REQUIREMENTS PCADC**  
**Effective upon amendment execution**

<b>Requirement #</b>	<b>Business Requirement</b>	<b>Threshold</b>	<b>Financial Consequences of not Meeting Business Requirement</b>
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.	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 Commitment petitions due to untimely psychiatric evaluations or failure to appear to testify in Court hearings.	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 <b>15.14.14 in Exhibit A, Part I</b> , 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 discovery 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 C-1.1**  
**PRICING – PIMA COUNTY ADULT DETENTION CENTER**  
Effective upon amendment execution

Line #	Expense Category	Year 1 9/15/2021 - 9/30/2022
1	On Site Personnel. Based on Budgeted Staffing Commitment (Worksheet B-4) and Summary Schedule of Staffing Costs (Worksheet B-6)	\$ 9,626,373
2	Relief Compensation (from Worksheet 6)	\$ 846,633
3	Medications and Pharmaceutical Services	\$ 1,649,145
4	Offsite services (inpatient and outpatient).	\$ 600,000
5	Laboratory Costs	\$ 146,019
6	Other Medical Expenses (including imaging, supplies, etc.)	\$ 184,647
7	Start Up Costs	\$ 420,350
8	IT Costs	\$ 159,300
9	Insurance Expense	\$ 440,800
10	MAT Services	\$ 437,272
11	<b>Subtotal Health Services Expenses</b>	<b>\$ 14,510,539</b>
12	<b>Administrative Expenses</b>	<b>\$ 2,282,698</b>
13	<b>Total Basic Service Fee for PCADC</b>	<b>\$ 16,793,237</b>

**ATTACHMENT C-4.1**  
**CONTRACTED ONSITE STAFFING COMMITMENT – PCADC**  
Effective upon amendment execution

PCADC Health Care Staffing Plan		Total Hours Per Day									
	Shift Hours	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Total Hrs/Wk	Annual Hours Committed	# FTEs
Main Jail Booking/Intake (24x7)											
RN Intake	(Shift 1)	12	12	12	12	12	12	12	84	4,368	2.100
RN Intake	(Shift 3)	12	12	12	12	12	12	12	84	4,368	2.100
LPN/EMT Intake	(Shift 1)	12	12	12	12	12	12	12	84	4,368	2.100
LPN/EMT Intake	(Shift 3)	12	12	12	12	12	12	12	84	4,368	2.100
Master Level MH Prof - Licensed	(Shift 1)	8	8	8	8	8	8	8	56	2,912	1.400
Master Level MH Prof - Licensed	(Shift 2)	8	8	8	8	8	8	8	56	2,912	1.400
Master Level MH Prof - Licensed	(Shift 3)	8	8	8	8	8	8	8	56	2,912	1.400
Master Level MH Prof - Licensed (Court Clinical Liaison)	(Shift 1)	8	8	8	8	8			40	2,080	1.000
Sub Total, this Functional Area		80	80	80	80	80	72	72	544	28,288	13.600
Detox Unit (Male and Female) 24x7											
LPN Detox Units - Male and Female	(Shift 1)	12	12	12	12	12	12	12	84	4,368	2.10
LPN Detox Units - Male and Female	(Shift 3)	12	12	12	12	12	12	12	84	4,368	2.10
Sub Total, this Functional Area		24	24	24	24	24	24	24	168	8,736	4.20
MAT Unit (Male and Female)											
Physicians Assistant / Nurse Practitioner	(Shift 1)		4	4	4	4	4		20	1040	0.5
RN	(Shift 1)		8	8	8	8	8		40	2080	1
LPN	(Shift 1)	8	8	8	8	8	8	8	56	2912	1.4
Discharge Planner (Licensed Substance Abuse Counselor)	(Shift 1)		8	8	8	8	8		40	2080	1
Sub Total, this Functional Area		8	28	28	28	28	28	8	156	8,112	3.9
Main Jail Medication Administration											
LPN Med Pass	(Shift 1)	28	28	28	28	28	28	28	196	10,192	4.9
LPN Med Pass	(Shift 2)	28	28	28	28	28	28	28	196	10,192	4.9
LPN Pharmacy Coordinator	(Shift 1)	8	8	8	8	8	8	8	56	2,912	1.40
Sub Total, this Functional Area		61	61	61	61	61	61	61	427	23,296	11.20

<b>Main Jail Sick Call Requests Triage</b>											
Physicians' Assistant / Nurse Practitioner	(Shift 1)	8	4	8	4	8	4	8	44	2,288	1.10
Physicians' Assistant / Nurse Practitioner	(Shift 2)		8	4	8	4	8		32	1,664	0.80
RN Sick Call	(Shift 1)		8	8	8	8	8		40	2,080	1.00
Medical Assistant Clinic/Phlebotomy	(Shift 1)		8	8	8	8	8		40	2,080	1.00
<b>Sub Total, this Functional Area</b>		8	28	28	28	28	28	8	156	8,112	3.9
<b>Main Jail Chronic Care Management</b>											
RN Infection Control	(Shift 1)		8	8	8	8	8		40	2,080	1.00
LPN Chronic Care Coord./Scheduler	(Shift 1)		8	8	8	8	8		40	2,080	1.00
<b>Sub Total, this Functional Area</b>		-	16	16	16	16	16	-	80	4,160	2.00
<b>Main Jail Other Triage and Treatment</b>											
OBGYN Clinic				4					4	208	0.10
RN Supervisor (Main and Mission)	(Shift 1)	12	12	12	12	12	12	12	84	4,368	2.10
RN Supervisor (Main and Mission)	(Shift 3)	12	12	12	12	12	12	12	84	4,368	2.10
RN Main Clinic	(Shift 1)	8	8	8	8	8	8	8	56	2,912	1.40
RN Main Clinic	(Shift 2)	8	8	8	8	8	8	8	56	2,912	1.40
<b>Sub Total, this Functional Area</b>		40	40	40	40	40	40	40	284	14,768	7.10
<b>Main Jail Medical Observation Unit Care</b>											
RN Medical Observation Unit	(Shift 1)	12	12	12	12	12	12	12	84	4,368	2.10
RN Medical Observation Unit	(Shift 3)	12	12	12	12	12	12	12	84	4,368	2.10
LPN Medical Observation Unit	(Shift 1)	8	8	8	8	8	8	8	56	2,912	1.40
C.N.A. Medical Observation Unit	(Shift 1)	8	8	8	8	8	8	8	56	2,912	1.40
C.N.A. Medical Observation Unit	(Shift 2)	8	8	8	8	8	8	8	56	2,912	1.40
<b>Sub Total, this Functional Area</b>		48	48	48	48	48	48	48	336	17,472	8.40
<b>Main Jail Mental Health Services – General Population</b>											
Psychiatric Nurse Practitioner	(Shift 1)	5	5	5	5	5	5	5	35	1,820	0.875
Master Level MH-Prof – Licensed (outpatient)	(Shift 1)	8	20	20	20	20	24	8	120	6,240	3.00
Master Level MH-Prof – Licensed (outpatient)	(Shift 2)	4	10	10	10	10	12	4	60	3,120	1.50
Master Level MH-Prof – Licensed (segregation)	(Shift 1)		8	8	8	8	8		40	2,080	1.00
Substance Abuse Counselor	(Shift 1)		4	4	4	4	4		20	1,040	0.50
Substance Abuse Counselor	(Shift 2)		4	4	4	4	4		20	1,040	0.50
<b>Sub Total, this Functional Area</b>		17	51	51	51	51	57	17	295	15,340	7.38

<b>Main Jail Mental Health Services--Acute (Inpatient) Mental Health Unit</b>											
Psychiatrist	(Shift 1)		3	3	3	3	3		15	780	0.375
Psychiatric Nurse Practitioner	(Shift 1)		4	3	3	3	3		16	832	0.40
Psychologist	(Shift 1)		4	4	4	4	4		20	1,040	0.50
Master Level MH Prof - Licensed	(Shift 1)		8	8	8	8	8		40	2,080	1.00
Master Level MH Prof - Licensed	(Shift 2)		4	4	4	4	4		20	1,040	0.50
Bachelor Level MH Professional	(Shift 1)	8	8	8	8	8	8	8	56	2,912	1.40
Bachelor Level MH Professional	(Shift 2)	8	8	8	8	8	8	8	56	2,912	1.40
MH RN	(Shift 1)	8	8	8	8	8	8	8	56	2,912	1.40
MH RN	(Shift 2)	8	8	8	8	8	8	8	56	2,912	1.40
MH RN	(Shift 3)	4	4	4	4	4	4	4	28	1,456	0.70
<b>Sub Total, this Functional Area</b>		<b>36</b>	<b>59</b>	<b>58</b>	<b>58</b>	<b>58</b>	<b>58</b>	<b>36</b>	<b>363</b>	<b>18,876</b>	<b>9.08</b>
<b>Main Jail Mental Health Services--Sub-Acute (Step down) Mental Health Unit</b>											
Psychiatrist	(Shift 1)		4	4	4	4	4		20	1,040	0.50
Psychiatric Nurse Practitioner	(Shift 1)		4	4	4	4	4		20	1,040	0.50
Psychologist	(Shift 1)		4	4	4	4	4		20	1,040	0.50
Master Level MH Prof - Licensed	(Shift 1)		8	8	8	8	8		40	2,080	1.00
Master Level MH Prof - Licensed	(Shift 2)		4	4	4	4	4		20	1,040	0.50
Bachelor Level MH Professional	(Shift 1)	8	8	8	8	8	8	8	56	2,912	1.40
Bachelor Level MH Professional	(Shift 2)	8	8	8	8	8	8	8	56	2,912	1.40
MH RN	(Shift 1)	8	8	8	8	8	8	8	56	2,912	1.40
MH RN	(Shift 2)	8	8	8	8	8	8	8	56	2,912	1.40
MH RN (splits time with Inpatient unit)	(Shift 3)	4	4	4	4	4	4	4	28	1,456	0.70
<b>Sub Total, this Functional Area</b>		<b>28</b>	<b>52</b>	<b>52</b>	<b>52</b>	<b>52</b>	<b>52</b>	<b>28</b>	<b>316</b>	<b>19,344</b>	<b>9.30</b>
<b>Main Jail Mental Health Services--RTC Coordination and Tracking, Title 36 Psych Evaluations and Court Ordered Treatment, Rule 11</b>											
Psychiatrist	(Shift 1)		3	3	3	4	3		16	832	0.40
<b>Sub Total, this Functional Area</b>		<b>-</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>4</b>	<b>3</b>	<b>-</b>	<b>16</b>	<b>832</b>	<b>0.40</b>
<b>Dental Services</b>											
Dentist	(Shift 1)		8	8	8	8	8		40	2,080	1.00
Dental Assistant	(Shift 1)		8	8	8	8	8		40	2,080	1.00
<b>Sub Total, this Functional Area</b>		<b>-</b>	<b>16</b>	<b>16</b>	<b>16</b>	<b>16</b>	<b>16</b>	<b>-</b>	<b>80</b>	<b>4,160</b>	<b>2.00</b>
<b>Imaging Services</b>											
Radiology Tech	(Shift 1)		4	4	4	4	4		20	1,040	0.50
			4	4	4	4	4		20	1,040	0.50

<b>Leadership Personnel</b>											
Health Services Administrator	8 am - 5 pm		8	8	8	8	8		40	2,080	1.00
Director of Nursing	8 am - 5 pm		8	8	8	8	8		40	2,080	1.00
Medical Director	8 am - 5 pm		8	8	8	8	8		40	2,080	1.00
Director of Behavioral Health (MA)	8 am - 5 pm		8	8	8	8	8		40	2,080	1.00
Chief Psychiatrist	8 am - 5 pm		8	8	8	8	8		40	2,080	1.00
<b>Sub Total, this Functional Area</b>		-	40	40	40	40	40	200	200	10,400	5.00
<b>Medical Records Management and Support Staff</b>											
Administrative Assistant	8 am - 5 pm		8	8	8	8	8		40	2,080	1.00
Med Records Clerk	(Shift 1)		8	8	8	8	8		40	2,080	1.00
MH Clerk	(Shift 1)		24	24	24	24	24		120	6,240	3.00
<b>Sub Total, this Functional Area</b>		-	40	40	40	40	40	-	200	10,400	5.00
<b>Total Leadership and Support</b>		-	80	80	80	80	80	-	400	20,800	10.00
<b>GRAND TOTAL</b>		353	573	572	572	573	570	345	3,562	185,224	92.96
Float positions are highlighted in orange.											
1. Float hours and weekly schedules will be accomplished within the work week beginning 12:01 AM Sunday through 11:59 PM the following Saturday. 2. For float positions only, the hours listed by day are intended as a guide and are flexible. The total hours/week listed shall be fulfilled during the week. 3. The population / location designations for staff are intended to be guides. With the exception of positions filling Critical Staffing Requirements, staff based in one area may be floated to other areas to meet demand. However, the assigned area takes priority. CONTRACTOR will record and report such staff hours in the functional area to which the staff person was assigned. 4. Psychiatrist hours for the RTC program do not include Sell hearings, if any. 5. Psychiatry residents may fill hours required from mid-level psychiatric providers on an hour per hour basis. 6. The dentist from PCADC will be available as required to satisfy the requirements of NCCHC accreditation. Hours provided at PCJDC will be included in the PCADC staffing report.											

**END OF ATTACHMENT C-4.1**



**ATTACHMENT C-8.1**  
**INVOICE FOR HEALTH SERVICES – PCADC**

Name of Contractor: **NaphCare**

Date of Invoice: **<Insert Date>**

Reporting Period Beginning: **<Insert Date>** and Ending **<Insert Date>**

#	Item	Basic Service Fee	Adjustments
1	Basic Service Payment (monthly contracted amount)		
2	Adjustment for Failure to Achieve Staffing Commitment (report showing actual staffing hours compared to budgeted staffing hours in format approved by the County must accompany this invoice)		
3	Adjustment for liquidated damages from audit of performance indicators (County will enter this line)		
4	Adjustment for liquidated damages from audit of business requirements (County will enter this line)		
5	Adjustment for outlier medications where the cost per episode of care exceeds \$25,000.00		
6	Claims payments made by County on behalf of Contractor for offsite services		
7	MAT Services		
8	Other:		
9	<b>Equals: Total Monthly Adjustments</b>		<b>\$</b>

		Original Contract/ Amended Amount	Previous Amounts Billed	Current Amount Billed	Remaining Contract Balance
10	Cumulative Monthly Usage Report				

**END OF ATTACHMENT C-8.1**