



BOARD OF SUPERVISORS AGENDA ITEM REPORT CONTRACTS / AWARDS / GRANTS

☐ Award ☒ Contract ☐ Grant

Requested Board Meeting Date: 11/05/19 Addendum

* = Mandatory, information must be provided

or Procurement Director Award ☐

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

Centurion Detention Health Services, LLC

***Project Title/Description:**

Correctional Health Services. Contract provides medical, dental and behavioral health services to inmates at the Pima County Adult Detention Complex (PCADC) and youth at the Pima County Juvenile Detention Center (PCJDC) for the three year period from July 1, 2018 to June 30, 2021.

***Purpose:**

The Pima County Sheriff's Department has the legal responsibility to provide health services for detainees booked in to the PCADC and the Pima County Juvenile Court is legally responsible for providing health services to youth booked into the PCJDC. This contract, issued on behalf of the Sheriff's Department and the Juvenile Court by the Behavioral Health Department, allows the County to fulfill those obligations. In addition, a small portion of the Contract is to provide psychological services for the Sheriff's Department for their applicants and for department members who have been involved in critical incidents.

***Procurement Method:**

Board of Supervisors Policy D29.7, Section V, Procurement of medical and health-related professional services with an estimated annual cost of more than \$250,000.00.

***Program Goals/Predicted Outcomes:**

Provision of comprehensive physical and mental health services to the populations of PCADC and PCJDC to ensure compliance with the National Commission on Correctional Health Care standards and best outcomes for those in Pima County detention setting, providing or surpassing the community standard of care, minimizing the need for off-site health services and adverse outcomes related to both physical and mental health.

***Public Benefit:**

Pima County has a legal responsibility to provide health services for those held in detention. By providing high quality medical and behavioral health services to those in detention, and connecting those with chronic medical or mental health needs to services upon their release, the County is able to assist some of the most needy in our community and reduce recidivism due to mental health issues.

***Metrics Available to Measure Performance:**

The Contract includes multiple Performance Indicators (Attachments A1-4 and A2-4) and Business Requirements (A1-5 and A2-5) that the County monitors and audits on a monthly basis. In addition, the County will receive multiple monthly reports as indicated in Attachments A1-3 and A2-3.

***Retroactive:**

Yes. In the beginning of July 2019, PCADC experienced a near fatal overdose of a detainee who required eight days of hospitalization. At that time, the Pima County Sheriff's Office requested immediate action from the Contractor to establish detoxification units. Contractor immediately responded by staffing two detoxification units to prevent any future occurrences. In the interim, the parties have negotiated permanent staffing and pricing solutions. If the amendment is denied, there will be no detoxification units in the PCADC and this will increase risk to the detainees and the County.

To: COB -10-29-19

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Addendum

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Contract / Award Information

Document Type: _____ Department Code: _____ Contract Number (i.e., 15-123): _____

Effective 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 22-73.***Amendment / Revised Award Information**Document Type: CT Department Code: BIT Contract Number (i.e., 15-123): 20*005Amendment No.: 01 AMS Version No.: 06Effective Date: 07/01/2019 New Termination Date: 06/30/2021Prior Contract No. (Synergen/CMS): CT-OMS-18*342☒ Expense or ☐ Revenue ☐ Increase ☐ Decrease Amount This Amendment: \$ N/AIs there revenue included? ☐ Yes ☒ No If Yes \$ N/A***Funding Source(s) required:** General FundFunding from General Fund? ☒ Yes ☐ No If Yes \$ 0.00 % N/A**Grant/Amendment Information** (for grants acceptance and awards) ☐ Award ☐ Amendment

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

Effective 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: April GuzmanDepartment: Behavioral Health Telephone: 520-724-7515Department Director Signature/Date: Paul Guzman 10/25/19Deputy County Administrator Signature/Date: Janur 28 Oct 2019County Administrator Signature/Date: 10/28/2019
(Required for Board Agenda/Addendum Items)



MEMORANDUM

Date: September 13, 2018

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

From: C.H. Huckelberry
County Administrator 

Re: **Suicide Risk at Pima County Adult Detention Complex**

Following a number of well-publicized suicides at the Pima County Adult Detention Complex earlier this year, I asked Assistant County Administrator Garcia and the Behavioral Health Department to provide an assessment of suicide risk at the facility. Attached please find a report providing a historical perspective on suicide and suicide attempts at the Detention Complex; and how these relate to larger national trends.

There are unique challenges to addressing the behavioral health needs of this complex population, and the report identifies risk factors for inmates that may be at elevated risk for suicide. Detainees appear to be at increased risk if they have a pre-existing behavioral health and/or substance use diagnosis, are under monitoring for alcohol or opioid withdrawal, have a history of prior bookings, and/or are within the first week of their current detention. These concrete observations suggest potential interventions and avenues for further program refinement.

The report also documents an unprecedented level of collaboration to address the mental health needs of detainees in an effort to decrease the potential for self-harm at the facility. The Sheriff's staff, the new correctional health services contractor (Centurion), and the Department of Behavioral Health are working collaboratively and effectively to ensure the health and well-being of individuals in custody. This unique level of coordination and intense focus will need to continue as Pima County and the rest of the country confronts increasing opioid and substance abuse complicating suicide risks in all detention settings.

CHH/mp

Attachment

c: The Honorable Mark Napier, Pima County Sheriff
Chief Bryon Gwaltney, Corrections Bureau Commander, Sheriff's Department
Jan Leshner, Chief Deputy County Administrator
Dr. Francisco Garcia, Assistant County Administrator for Community and Health Services
Ellen Wheeler, Interim Director Behavioral Health
Wendy Petersen, Assistant County Administrator for Justice and Law Enforcement
Sarah Davis, Health Data and Systems Manager

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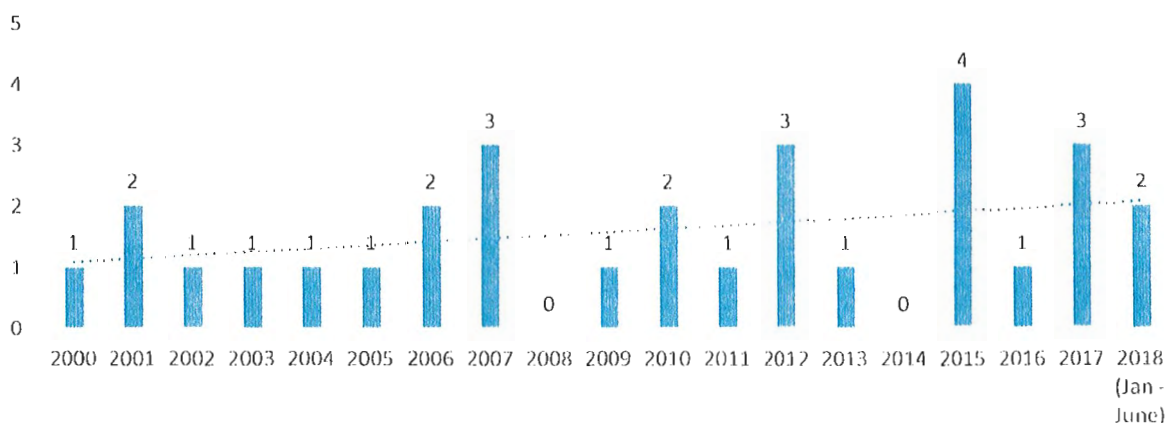
Assessing risk for suicide involves evaluating a number of medical and behavioral factors that play out uniquely in a correctional setting. Clinical risk assessment typically involve a face-to-face evaluation of the patient. It also includes a review of the patient medical history, incident reports, referral information and mental health treatment information when available. Medical and legal records are examined for history of suicidal or self-injurious behavior; current/recent impulsive behavior or social alienation; segregation status, correctional officer interactions, recent bad news; and evidence of coping skills and supports including relationships with family and peers. Implementation of a multi-modal suicide risk assessment ensures safe and appropriate clinical oversight those at risk for suicide.

Historical Analysis of Suicide within Pima County Adult Detention Complex and National Comparison

Detention centers report deaths occurring in a facility to the Department of Justice, Bureau of Justice Affairs. This is the primary federal data source for in-custody deaths and provides a comparator for the purpose of quality improvement and safety.

The PCADC has a relatively high rate of suicide mortality compared to other jail facilities. Between 2000 and 2014, there were 20 completed suicides in PCADC for a mortality rate of 76.8 per 100,000 population. This is higher than the suicide mortality for 20 comparably sized jails (30.6 per 100,000) or other jails in the United States (41.5 per 100,000).² More recently—although still rare events—completed suicides within PCADC appear to be trending upward. In 2015, four completed suicides were reported, one in 2016, three in 2017 and two in the first six months of 2018. (Figure 1)

Figure 1. Pima County Adult Detention Center Completed Suicides by Year

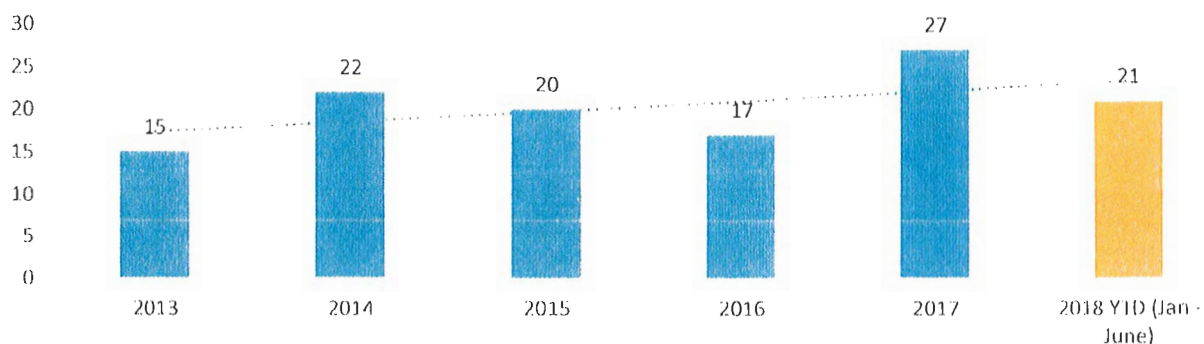


Between 2013 and 2018 (January to June), suicide attempts totaled 122 with 11 completed suicides. Of the 85 suicide attempts since 2015 (when we first began tracking transports), 30

² U.S. Department of Justice, Bureau of Justice Statistics. Deaths in Custody and Annual Survey of Jails

attempts (involving 29 individuals) required transportation offsite for medical treatment. The remaining 55 were effectively intervened by PCADC custody and contractor medical staff in the facility.

Figure 2. Pima County Suicide Attempts by Year



Suicide Risk Factors and Trends within Pima County Adult Detention Complex

We conducted a detailed study of suicides and attempts requiring transport offsite for medical management in order to identify critical indicators associated with suicides in detention. Specifically, staff assessed booking information, history of recidivism, jail risk assessment, history of medical care (emergency department and inpatient care) and associated diagnoses, community behavioral health treatment history and Office of the Medical Examiner reports, where applicable.

Completed Suicides, 2015 to July 2018

The average age of the 10 individuals that completed suicide between 2015 and 2018 was 37 with a range between age 19 and 47. Of these, 9 of the 10 inmates had been previously incarcerated at PCADC (median of 13 bookings, range of 0 to 21). Review of booking details for individuals completing suicides revealed that 3 were incarcerated for murder; 2 for robbery, burglary or theft; 3 for domestic violence or aggravated assault; 1 for felony drug-related charges; and 1 for a parole violation.

Upon booking (and periodically during detention), PCADC custody staff conducts a risk assessment to determine appropriate inmate housing. Detainees are classified as Low, Medium, or High Risk based on factors such as level of criminality, type and sophistication of crime, incarceration history, as well as self-reported medical and psychiatric history, among other indicators. Most (8 of 10) individuals that completed a suicide had been designated as low or medium risk by custody staff.

Medical and behavioral health information was also examined for the group with completed suicides. At incarceration, the PCADC medical record indicated that 9 of 10 of these inmates reported a history of poly-substance use most frequently involving heroin. Other identified substances included alcohol, methamphetamine and marijuana. At the time of the suicide, 5 of

the 10 were being actively managed for (alcohol and/or opioid) withdrawal and detoxification. All except one of these individuals had multiple hospital encounters prior to and/or during the current detention. Among the group with completed suicide, the median number of emergency department or inpatient hospital encounters was 9 (mean 8.2, range of 0 to 17). Hospital discharge diagnoses identified that 6 of the 10 individuals had clinical presentations consistent with opiate use, addiction and/or withdrawal.

Suicide Attempts Resulting in Offsite Medical Care, 2016 to July 2018

In an effort to understand the completed suicides, we also examined suicide attempts that resulted in sufficient harm to require offsite medical evaluation and treatment. Since the start of Calendar Year 2016, there were 29 individuals were involved with 30 suicide attempts resulting in offsite hospital care.

All but one had prior bookings at PCADC, with a median of 8 bookings per person (mean 10.8, range 1-41). Charges at booking included the following: 14 (48%) inmates with drug charges; 7 (24%) had charges associated with domestic violence or aggravated assault; 5 (17%) had charges of theft, robbery, or armed robbery; 2 (7%) were charged with sexual misconduct or exploitation; and 1 booked on charges for disorderly conduct. A total 20 of the 29 individuals were booked on felony charges at the time of the suicide attempt.

For the purpose of housing and custodial management, 10 of these individuals were assessed as High Risk, 13 were labeled Medium Risk and 6 designated Low Risk. At the time of analyses 22 of 29 individuals had been released and not re-booked since the suicide attempt, whereas 4 have been booked again at least once, and 3 were still in our custody. Notably, 3 of the 22 released detainees not subsequently rebooked had expired: 2 because of suicide, and 1 due to overdose of methamphetamines and opiates.

For detainees attempting (but not completing) suicide and requiring off-site evaluation and treatment, substance abuse is the largest commonality, specifically poly-substance use with opiates, alcohol, and methamphetamines. Of the 29 attempted suicides, 21 (73%) of these individuals were being managed under alcohol and/or opioid withdrawal protocols by the contracted medical provider (5 for alcohol, 6 for opioids, 10 for both). Only 8 (27%) were not undergoing clinical withdrawal surveillance, although 7 of those 8 had a prior diagnosis of substance misuse noted at the time of hospital encounter.

The medical provider at PCADC regularly queries community behavioral health treatment information for incarcerated individuals. Of those that attempted suicide at PCADC, 19 had a history of prior or current enrollment with a behavioral health provider, whereas 10 had not. Of those in the RBHA system, 3 were categorized as having Serious Mental Illness, 8 were in the Substance Abuse category, 2 were dually diagnosed with General Mental Health / Substance Abuse, and no information was available on 6.

Review of the hospital discharge database reveals that the 29 inmates attempting suicide had an average of 6.86 prior ED and/or inpatient hospitalizations (median 3.5, range 0 to 50). Of those with prior hospitalizations, 49% (12) had medical diagnostic codes associated with

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substance abuse, with and without co-occurring mental health disorders. Eight had no prior ED or hospital encounters.

Analysis of Time between Events and/or Booking

In community and institutional settings suicide events sometimes cluster, we therefore examined the temporal relationship between events (completed or attempted suicide resulting in transfer) with length of stay in facility. (Table 2) Among the population attempting suicide, the event occurred a median of 4 days after booking, with a (mean 26.5 of days, and a range of 0 to 307 days). Similarly, completed suicide occurred a median of 3 days after booking (mean of 164.2 days, and range of 1 to 1,235 days). We note an increase in completed suicides and attempts beginning in summer of 2016, with a median of 20.5 days (range of 0 to 196) between unique suicide attempts and completed suicides. It should be noted that there are many periods with no completed or attempted suicides; however, there is an increased frequency between 2017 and 2018.

Table 2. Recent Suicides and Suicide Attempts Resulting in Offsite Medical Care – Time Study

Year	INCIDENT DATE (red = complete; black = attempt)	Unique Hospitalizations (Pima)	Unique Bookings (Pima**)	Detoxification Protocols	Days from Booking	Days Between Incidents
2018 (January calendar year-to- date)	6/XX/2018	9	4	Opioid	1235	23
	5/XX/2018	50	41		10	5
	5/XX/2018	0	1		22	3
	5/XX/2018	0	1		8	1
	5/XX/2018	1	15		1	1
	5/XX/2018	17	12	Alcohol and Opioid	5	1
	5/XX/2018	0	1		307	25
	4/XX/2018	0	1		3	58
	2/XX/2018	33	3	Alcohol	3	6
	2/XX/2018	7	9		33	0
	2/XX/2018	4	6	Opioid	9	7
	2/XX/2018	0	11	Opioid	2	0
	2/XX/2018	0	11	Opioid	4	13
	1/XX/2018	1	14	Alcohol and Opioid	2	6
	1/XX/2018	6	7	Alcohol and Opioid	5	58
2017	11/XX/2017	5	35	Opioid	12	3
	11/XX/2017	6	22		3	13
	11/XX/2017	0	3		1	2
	11/XX/2017	6	8	Alcohol and Opioid	3	42
	9/XX/2017	16	3	Alcohol and Opioid	1	23
	8/XX/2017	0	2		9	7
	8/XX/2017	17	11	Alcohol	5	22
	8/XX/2017	3	9		19	10
	7/XX/2017	8	8	Alcohol	36	23
	6/XX/2017	0	1	Alcohol and Opioid	3	3
	6/XX/2017	0	1		2	2
	6/XX/2017	1	12	Alcohol and Opioid	9	9

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	6/XX/2017	11	7	Alcohol and Opioid	1	76
	3/XX/2017	10	18	Opioid	0	48
	2/XX/2017	0	2	Opioid	267	22
	1/XX/2017	2	4	Alcohol and Opioid	1	27
	12/XX/2016	3	17	Opioid	11	37
2016	11/XX/2016	1	1	Alcohol	24	21
	10/XX/2016	2	2	Alcohol	3	20
	10/XX/2016	12	21	Alcohol and Opioid	4	83
	7/XX/2016	7	14	Alcohol and Opioid	4	108
	3/XX/2016	17	20		528	196
2015*	9/XX/2015	0	5		1	83
	4/XX/2015	15	19		2	56
	2/XX/2015	4	21		3	

*There are no clinical data on suicide attempts requiring transportation prior to 2016

**No data on incarcerations occurring outside of Pima County

Suicide Watch at PCADC and Detoxification Protocols

The contracted medical provider at the jail employs industry standard clinical assessments and processes to identify inmates at risk of suicidality or withdrawal. Suicide watch, and clinical withdrawal assessments and scales are an integral clinical standard for the care of detainees at PCADC.

Suicide watch is a process lead by the contracted medical provider. However, anyone (custodial staff, medical staff, or another detainee) can identify someone at risk of suicide. When a detainee is believed to be at risk, the mental health team is notified via internal crisis line to interface with the patient. Mental health staff at the jail determine clinically if the patient receives intensified monitoring (suicide watch), and a mental health professional assesses the inmate daily until the issue has been resolved. Likewise, custody staff observes the inmate every 5 minutes, until the risk has subsided. Because of the potentially lethal outcomes associated with these findings, it is perhaps not surprising that nearly 200 inmates are on suicide watch every month at PCADC.

Detoxification from alcohol, opiates and benzodiazepines requires specialized clinical supervision. This is especially true in a correctional environment. The first 72-hours are the most difficult with severe physical symptoms including nausea and vomiting, diarrhea, stomach cramps, drug cravings, depression, delirium, hallucinations, seizures, agitation, and anxiety. In the case of alcohol, medical oversight for detoxification is particularly important since alcohol withdrawal may be life threatening and involve a risk of seizure, increased blood pressure, and central nervous system depression. These stressors contribute to the risk of suicidality.

Clinical Institute Withdrawal Assessment–Alcohol (CIWA) and Clinical Opiate Withdrawal Scale (COWS) are standardized screening instruments utilized to identify acute intoxication and withdrawal in order to assist with the ongoing management of the patient. Detention facilities use CIWA and COWS, to monitor individuals at risk for or undergoing detoxification. Table 3 displays the volume and type of inmates on a clinical withdrawal protocol in FY 2016 and FY

2017 for inmate withdrawal volumes. The upward trend in inmates requiring simultaneous opioid and alcohol withdrawal management is notable and speaks to the increasing medical complexity of the detainee population, and may be a contributor to increase in suicidality at the facility.

Table 3. Inmates Receiving CIWA / COWS Detoxification Protocols and Oversight at PCADC

Clinical Withdrawal Protocol	FY 2016	FY 2016 AVERAGE/ MONTH	FY 2017	FY 2017 AVERAGE/ MONTH	% Change
Opioid Withdrawal Protocols ONLY	2532	211	1741	145	-31%
Alcohol Withdrawal Protocols ONLY	3340	278	2404	200	-28%
BOTH Opioid and Alcohol Protocols	794	66	1840	153	132%

Medical Oversight since July 1, 2018

On July 1, the Pima County Board of Supervisors approved a contract with a new correctional health vendor for medical and behavioral health treatment services within PCADC and the Juvenile detention facilities. Centurion, a subsidiary of Centene Corporation and MHM Services, is a correctional health provider in both jail and prison settings and demonstrated experience in behavioral health.

Although very early into the term of the new contract, Centurion appears to recognize the importance of addressing the needs of co-occurring mental and physical health needs among the detainee population. Their proposal included a comprehensive plan for addressing behavioral health and their corporate leadership has notable expertise in suicide prevention in particular. Among the evidence-based practices they employ is an augmented suicide/self-injury risk assessment. The augmented risk assessment enables clinical staff to gauge suicide risk based not only self-reported information, but also on observations of behavior, and identification of both protective and risk factors. Additionally, Centurion has established practices for enhanced monitoring of inmates at risk of withdrawal employing have clinical guidelines for the management of alcohol, drug and opiate withdrawal.

Custodial Practice Improvements

The Sheriff's Department leadership at the Pima County Adult Detention Center has made important modifications to improve the safety of detainees and staff and prevent self-harm. Most notably inmates with a history of suicide attempts are not housed by themselves. Additionally, in the mental health and detoxification housing units, blankets have replaced bed sheets, smaller towels have replaced standard bath towels and bunks were modified to lower the risk of hanging. Redesigned staff space now permits the medical team to be co-located in the mental health and detoxification units, providing improved access and visibility to individuals at risk for suicide. Plans are in place for increased custodial monitoring for all inmates with special attention to the mental health and detoxification units. When suicide attempts do occur, Sheriff's Department staff ensure the safe on-site and off-site transport of the detainee for medical and mental health assessment and treatment. Continued partnership between medical

staff and custody facilitates the observation of inmates and enhances access to mental health services for those most at-risk for suicide.

Conclusions

We have identified clinical and behavioral health indicators of risk of suicidality for an inmate. These include current and/or prior mental health or substance misuse history or diagnoses, severity of the crime committed, and history of recidivism. For the population that attempted suicide requiring offsite medical evaluation, all but one was managed on detoxification protocol (for alcohol, opiates or both). Detoxification of substance-involved detainees is an essential component of health services for jailed populations. As opioid and substance misuse grows in Pima County, the populations in the jail with such a history will also continue to increase. Notably, the majority of inmates attempting suicide did so within three to four days of incarceration, identifying a critical window of time that may merit more intensive medical and custodial monitoring.

Pima County, its correctional health contractor and the RBHA exchange real-time community behavioral health treatment information on each detainee that enters the jail, through the Justice – Health Information Data Exchange. This data exchange feeds information such as detainee Medicaid enrollment status, behavioral health system engagement and community treatment provider. We anticipate that the new AHCCCS contract will present the County and its contractor with challenges to accessing critical clinical and administrative information in real-time to support comprehensive treatment for individuals with mental health and substance use disorders.

Recommendations

As in any other detention setting, the population in PCADC has a significant risk for suicide. Pima County staff, the Sheriff's Department Custody Staff and the contracted medical provider continue to work collaboratively and transparently to prevent suicides in this facility. To that end Pima County staff respectfully submit the following recommendations:

Staff proposes to collaborate with the correctional health contractor and the Sheriff's custody staff to develop processes that 1) identify detainees with risk factors (substance misuse, behavioral disease, prior incarceration); and 2) closely monitor detoxification, with special attention to the first 72 to 120 hours in custody, for the purpose of preventing suicides.

Staff should continue to develop appropriate and timely data sharing processes with behavioral health partners to facilitate clinical care for individuals in detention, and to facilitate their transition to community behavioral health providers.

c: The Honorable Mark Napier, Pima County Sheriff



MEMORANDUM

Date: September 7, 2018

To: C. H. Huckelberry
County Administrator

From: Francisco García, MD, MPH 
Assistant County Administrator

Via: Jan Leshner 
Chief Deputy County Administrator

Re: Suicide and Self-Injury Risk at Pima County Adult Detention Complex

Introduction

According to the Centers for Disease Control and Prevention¹, suicide rates have increased significantly between 1999 and 2016. In fact, suicide is now the 10th leading cause of death and one of three leading causes that is continuing to rise at alarming rates. Contributing factors include but are not limited to mental health, substance use, outside stressors, prior suicide attempts and/or criminal activity. Correctional facilities, specifically jails, are facilities with short-term detainees, pre-trial offenders, sentenced prisoners and large populations with co-occurring physical and behavioral health disease. Persons in custody represent one of the populations of special concern for suicide, and a history of recent substance abuse may further increase risk.

The Pima County Adult Detention Complex (PCADC) has seen an increase of completed and attempted suicides at the facility. Completed and attempted suicides in the current year exceeded those 2017. This report provides a historical context for these recent events and makes recommendations as to how we may continue to support the health and well-being of the population in our custody. The timing of this report is significant since the prior correctional health services contractor, Correct Care Solutions (CCS), transitioned out of PCADC on June 30, and a new provider (Centurion) began providing services on July 1, 2018. This transition permits Pima County to refocus resources and develop new approaches to preventing suicide in this population.

Risk for Suicide

There is an established correlation between (diagnosed or undiagnosed) substance misuse and/or psychiatric disorder and the risk of suicide. This risk is increased for individuals in active withdrawal and its management is further complicated in a detention setting. Currently 45 percent of the total PCADC population are enrolled with the Regional Behavioral Health Authority indicating an underlying behavioral health diagnosis. Of that group, 60 percent have a co-occurring substance-use disorder.

¹ Centers for Disease Control Vital Signs: Rising Suicides Across the United States. 2018.

Pima County Department of Behavioral Health

Project: Correctional Health Services

Contractor: Centurion Detention Health Services, LLC

Contract No.: CT-OMS-18*342 CONVERTED TO CT-BH-20*005

Contract Amendment No.: 01

Orig. Contract Term: 07/01/2018 – 06/30/2021	Orig. Amount:	\$50,619,396.00
Termination Date Prior Amendment: N/A	Prior Amendments Amount:	N/A
Termination Date This Amendment: 06/30/2021	This Amendment Amount:	\$0.00
	Revised Total Amount:	\$50,619,396.00

CONTRACT AMENDMENT

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

1. **Background and Purpose.**

1.1. Background. On July 1, 2018, County and Contractor entered into the above referenced agreement to provide medical, dental and behavioral health services at the Pima County Adult Detention Complex and the Pima County Juvenile Detention Center as well as some psychological services for the Pima County Sheriff's Department.

1.2. Purpose. As a direct result of the national opioid crisis, the Pima County Sheriff's Office expressed a desire to establish dedicated detoxification units at the Pima County Adult Detention Complex. Contractor began staffing and operating dedicated detoxification units in July 2019. County and Contractor have agreed to several other changes in the Scope of Services and in the Contracted Onsite Staffing Commitment worksheets.

2. **Term.** The Contract terminates on 06/30/2021.

3. **Maximum Payment Amount.** There are no changes to the maximum amount the County will spend under this Contract, as set forth in Section 4.2 Maximum Payment Amount. The cost for implementing the detoxification units is \$398,037.00 for year two and \$412,193.00 for year three. However, due to cost savings in year one, there are no additional expenses. Therefore, this is a cost neutral amendment and the County's total payments to Contractor under this contract, including any sales taxes, will not exceed \$50,619,396.00.

4. **Scope of Services.** The parties have revised the Scope of Services as described in the attached **Exhibit A, Part I, PCADC:**

4.1.1 Replace the second paragraph of Section 4.1.4, Detoxification and Withdrawal with the following:

Contractor will provide 4.2 FTE LPN's to staff a male and female detoxification unit on a 24/7 basis. Contractor shall use best practices in the development and implementation of detoxification protocols for appropriate screening, assessment, and treatment of detainees in need of detoxification and ongoing observation. The protocol must address a plan for managing this population during intake/receiving screening, creating a treatment plan once housed, and ongoing observation until stabilization is reached. This includes use of Clinical Institute Withdrawal Assessment for Alcohol (CIWA-AR) and Clinical Opiate Withdrawal Scale (COWS) diagnostic tools. Contractor shall utilize urine and/or blood toxicology screens when clinically indicated.

The remainder of Section 4.1.4 remains as written.

4.1.2 Replace Section 4.1.7, Expedited Treatment Initiative (ETI) / Alternatives to Incarceration (ATI) with the following:

Contractor will comply with such diversion procedures as County or the Pima County Superior Court ("Court") may establish to (a) identify detainees with mental illness at intake; (b) determine whether such detainees meet criteria that County or the Court may adopt; and (c) coordinate with County and the Court to discharge detainees meeting criteria to mental health treatment in lieu of detention at PCADC. Pima County is participating in a number of grant initiatives related to ETI / ATI. Contractor and County will collaborate on current and future initiatives.

4.1.3 Replace the third paragraph of Section 10.6, Restoration to Competency (RTC) Program with the following:

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

- Prescription of medication, as needed (including non-formulary), by an Arizona licensed psychiatrist;
- Comprehensive assessment by an Arizona board certified Master's level clinician within 14 days of admission to the RTC program;
- Comprehensive assessment by an Arizona licensed psychiatrist within 7 days of admission to the RTC program;
- A minimum of 60 minutes face to face clinical session time with a Master's level clinician every 30 days for each inmate assigned to the RTC program. This time can be spent in one session or a series of sessions that total one hour.
- A minimum of one face to face assessment of at least 30 minutes (session time included on each progress note) every 30 day period with each RTC detainee by an Arizona licensed psychiatrist, or more often as indicated by RTC staff;
- Contractor's assigned psychiatrist must participate in hearings or other legal proceedings for RTC detainees as needed for issues of forced medication or

treatment recommendations. This can include writing reports to the Court on the necessity of forced medications, or testifying, either in person or telephonically, about necessity of treatment etc.. While requests for participation in legal proceedings occur rarely, the Contractor must be quickly responsive to these requests and be readily available for any scheduled hearings even if they occur in another County; and

- Contractor's assigned psychiatrist and Master's level liaison, as requested by RTC staff, will attend weekly staffings (approximately 1 hour per week) to discuss clinical issues, review medications, and to discuss overall treatment progress.

The remainder of Section 10.6 remains as written.

5. For Exhibit A, Part II, PCJDC:

- 5.1.1. Replace the fourth paragraph of Section 4.1, Screening and medical diversions with the following:

The initial mental health screening provided by the Contractor will include assessment of suicidal or homicidal ideation and determination of intent/plan. It will also include an assessment of overall psychiatric stability to determine if the youth can be safely maintained in the detention environment. Further assessment is required within 24 hours of the initial screening. The initial screening will also include a full evaluation of substance use, intoxication and/or the need for withdrawal protocol. See section 10.1 for additional information.

The remainder of Section 4.1 remains as written.

- 5.1.2. Replace the first paragraph of Section 5, Medical and Mental Health Assessments with the following:

The objective of the medical and mental health assessments is to ascertain the current physical and mental status (suicidal ideation/homicidal ideation with intent/plan) of each youth so that a baseline for chronic conditions can be established and continuity of care can be provided. All youth will be offered testing for Sexually Transmissible Infections (STIs) upon arrival or within 48 hours from arrival. All youth must receive a mental health assessment within 24 hours from the time of admission, or, in the case of weekends, holidays or emergencies, within 72 hours of being admitted to the facility. The mental health assessment must determine if a community behavioral health provider is currently treating the youth for a mental disorder and identify any drug abuse and drug treatment history. Contractor has a responsibility to collaborate with the Court Detention Administration and officers to maintain stability for the youth. See also Section 10.3 of Exhibit A, Part II.

The remainder of Section 5 remains as written.

6. For Exhibit B, Part 2: Compensation

- 6.1.1 Replace the first paragraph of Section 2.2.1, Staffing Payment Adjustments with the following:

The Basic Services Fee includes payment for the staffing hours committed to in **Attachments B-4 and B-5 ("Staffing Commitment Worksheets")**. County will not compensate Contractor for staffing hours that are not provided. Contractor must provide a monthly **Staffing Payment Adjustment Report** for PCADC and PCJDC in an electronic format agreed to by County, comparing the Personnel actually provided by Contractor in the preceding month with that required by the **Contracted Onsite Staffing Commitment Worksheets (Attachments B-4 and B-5)**. Other than the Interchange Staffing Worksheets set forth in Attachments B-4.1 and B-5.1, Contractor must identify any disparities between the Personnel actually provided and those in the Contract, calculate any credit owed to County for hours not worked and provide County with the necessary information to substantiate Contractor's calculations. The County does not pay for hours worked in excess of those committed to in the Staffing Commitment Worksheets. However, excess hours provided in a higher licensure position(s) may be used to fill lower licensure positions which are deficient in hours provided and other staffing interchanges are permitted as reflected in the Interchange Staffing Worksheets set forth in Attachment B-4.1 and B-5.1.

The remainder of Section 2.2.1 remains as written.

7. ADD THE FOLLOWING EXHIBIT:

ATTACHMENT B-1.1, PRICING: PIMA COUNTY ADULT DETENTION COMPLEX (PCADC)

8. REPLACE THE FOLLOWING EXHIBITS:

ATTACHMENT B-4, CONTRACTED ONSITE STAFFING COMMITMENT – PCADC
ATTACHMENT B-5, CONTRACTED ONSITE STAFFING COMMITMENT – PCJDC
ATTACHMENT B-6, SUMMARY SCHEDULE OF STAFFING COSTS - PCADC

WITH THE FOLLOWING EXHIBITS ATTACHED HERETO:

ATTACHMENT B-4.1, CONTRACTED ONSITE STAFFING COMMITMENT – PCADC, Effective July 1, 2019.
ATTACHMENT B-5.1, CONTRACTED ONSITE STAFFING COMMITMENT – PCJDC, Effective July 1, 2019.
ATTACHMENT B-6.1, SUMMARY SCHEDULE OF STAFFING COSTS – PCADC, Effective July 1, 2019.

The effective date of this Amendment is July 1, 2019.

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

PIMA COUNTY

Chairman, Board of Supervisors

Date

ATTEST

Clerk of the Board

Date

APPROVED AS TO FORM



Deputy County Attorney
Jonathan Pinkney

Print DCA Name

10/28/19

Date

CONTRACTOR



Authorized Officer Signature

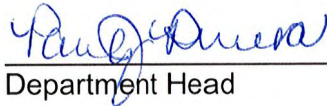
Stewart H. Wheeler, CEO

Printed Name and Title

10-15-19

Date

APPROVED AS TO CONTENT



Department Head

9.20.19

Date
(if required by County Department or delete)

ATTACHMENT B-1.1

PRICING: PIMA COUNTY ADULT DETENTION COMPLEX (PCADC)

Name of Contractor: Centurion of Arizona, LLC

Line #	Expense Category	Year 1 7/1/18 - 6/30/19	Year 2 7/01/19 - 6/30/20	Year 3 7/01/20 - 6/30/21	Totals 7/1/18 - 6/30/21
1	Original Contracted Amount	\$ 15,773,546	\$ 15,155,953	\$ 15,629,043	\$ 46,558,542
2	Detoxification and Withdrawal Program Expenses	\$ -	\$ 398,037	\$ 412,193	\$ 810,230
3	*Year 1 reserves	\$ -	\$ (398,037)	\$ (412,193)	\$ (810,230)
4	Subtotal Health Services Expenses	\$ 15,773,546	\$ 15,155,953	\$ 15,629,043	\$ 46,558,542
5	Total Basic Service Fee for PCADC	\$ 15,773,546	\$ 15,155,953	\$ 15,629,043	\$ 46,558,542

*Year 1 reserves: \$1,584,652.00

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

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

ATTACHMENT B-4.1

CONTRACTED ONSITE STAFFING COMMITMENT YEAR 2 & YEAR 3 - PCADC

Name of Contractor: Centurion of Arizona, LLC

PCADC Health Care Staffing Plan	Shift Hours	Total Hours Per Day							Total Hrs/Wk	Annual Hours Committed	# FTEs (weekly / 40)
		Sun	Mon	Tue	Wed	Thu	Fri	Sat			
Main Jail Booking/Intake (24x7)											
Specify Position Title:											
RN Intake	(Shift 1)	8	8	8	8	8	8	8	56	2,912	1.40
RN Intake	(Shift 2)	8	8	8	8	8	8	8	56	2,912	1.40
RN Intake	(Shift 3)	8	8	8	8	8	8	8	56	2,912	1.40
LPN/EMT Intake	(Shift 1)	8	8	8	8	8	8	8	56	2,912	1.40
LPN/EMT Intake	(Shift 2)	16	8	8	8	8	16	16	80	4,160	2.00
LPN/EMT Intake	(Shift 3)	16	8	8	8	8	16	16	80	4,160	2.00
Master Level MH Prof - Licensed	(Shift 1)	8	8	8	8	8	8	8	56	2,912	1.40
Master Level MH Prof - Licensed	(Shift 2)	8	8	8	8	8	8	8	56	2,912	1.40
Master Level MH Prof - Licensed	(Shift 3)	8	8	8	8	8	8	8	56	2,912	1.40
Master Level MH Prof - Licensed (Court Clinical Liaison)	(Shift 1)		8	8	8	8	8		40	2,080	1.00
Sub Total, this Functional Area		88	80	80	80	80	96	88	592	30,784	14.80
Main Jail Medication Administration											
Specify Position Title:											
LPN Med Pass	(Shift 1)	28	28	28	28	28	28	28	196	10,192	4.90
LPN Med Pass	(Shift 2)	28	28	28	28	28	28	28	196	10,192	4.90
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 2)	12	12	12	12	12	12	12	84	4,368	2.10
LPN Pharmacy Coordinator	(Shift 1)	8	8	8	8	8	8	8	56	2,912	1.40
Sub Total, this Functional Area		88	88	88	88	88	88	88	616	32,032	15.40
Main Jail Sick Call Requests Triage											
Specify Position Title:											
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
Sub Total, this Functional Area		8	28	28	28	28	28	8	156	8,112	3.90

ATTACHMENT B-4.1

CONTRACTED ONSITE STAFFING COMMITMENT YEAR 2 & YEAR 3 - PCADC

Name of Contractor: Centurion of Arizona, LLC

PCADC Health Care Staffing Plan	Shift Hours	Total Hours Per Day							Total Hrs/Wk	Annual Hours Committed	# FTEs (weekly / 40)
		Sun	Mon	Tue	Wed	Thu	Fri	Sat			
Main Jail Chronic Care Management											
Specify Position Title:											
RN Infection Control / CQI	(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
Sub Total, this Functional Area		-	16	16	16	16	16	-	80	4,160	2.00
Main Jail Other Triage and Treatment											
Specify Position Title:											
RN Supervisor (Main and Mission)	(Shift 1)	8	8	8	8	8	8	8	56	2,912	1.40
RN Supervisor (Main and Mission)	(Shift 2)	8	8	8	8	8	8	8	56	2,912	1.40
RN Supervisor (Main and Mission)	(Shift 3)	8	8	8	8	8	8	8	56	2,912	1.40
RN Histories and Physicals	(Shift 1)		8	8	8	8	8		40	2,080	1.00
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
Sub Total, this Functional Area		40	48	48	48	48	48	40	320	16,640	8.00
Main Jail Medical Observation Unit Care											
Specify Position Title:											
RN Medical Observation Unit	(Shift 1)	8	8	8	8	8	8	8	56	2,912	1.40
RN Medical Observation Unit	(Shift 2)	8	8	8	8	8	8	8	56	2,912	1.40
RN Medical Observation Unit	(Shift 3)	8	8	8	8	8	8	8	56	2,912	1.40
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
Sub Total, this Functional Area		48	48	48	48	48	48	48	336	17,472	8.40

ATTACHMENT B-4.1

CONTRACTED ONSITE STAFFING COMMITMENT YEAR 2 & YEAR 3 - PCADC

Name of Contractor: Centurion of Arizona, LLC

PCADC Health Care Staffing Plan	Shift Hours	Total Hours Per Day							Total Hrs/Wk	Annual Hours Committed	# FTEs (weekly / 40)
		Sun	Mon	Tue	Wed	Thu	Fri	Sat			
Main Jail Mental Health Services--General Population											
Specify Position Title:											
Psychiatric Nurse Practitioner	(Shift 1)	5	5	5	5	5	5	5	35	1,820	0.88
Master Level MH Prof - Licensed (Outpatient)	(Shift 1)	8	20	20	20	20	20	8	116	6,032	2.90
Master Level MH Prof - Licensed (Outpatient)	(Shift 2)	8	8	8	8	8	8	8	56	2,912	1.40
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
Sub Total, this Functional Area		21	49	49	49	49	49	21	287	14,924	7.18
Main Jail Mental Health Services--Acute (Inpatient) Mental Health Unit											
Specify Position Title:											
Psychiatrist	(Shift 1)		3	3	3	3	3		15	780	0.38
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	8		48	2,496	1.20
Master Level MH Prof - Licensed	(Shift 2)		4	4	4	4	4		20	1,040	0.50
Bachelor Level MH Professional	(Shift 1)	-	16	16	16	16	8	-	72	3,744	1.80
Bachelor Level MH Professional	(Shift 2)	-	8	8	8	8	8	-	40	2,080	1.00
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
Sub Total, this Functional Area		28	67	66	66	66	58	20	371	19,292	9.28

ATTACHMENT B-4.1

CONTRACTED ONSITE STAFFING COMMITMENT YEAR 2 & YEAR 3 - PCADC

Name of Contractor: Centurion of Arizona, LLC

PCADC Health Care Staffing Plan	Shift Hours	Total Hours Per Day							Total Hrs/Wk	Annual Hours Committed	# FTEs (weekly / 40)
		Sun	Mon	Tue	Wed	Thu	Fri	Sat			
Main Jail Mental Health Services--Sub-Acute (Step down) Mental Health Unit											
Specify Position Title:											
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	-	40	2,080	1.00
Bachelor Level MH Professional	(Shift 2)	-	16	16	16	16	8	-	72	3,744	1.80
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
Sub Total, this Functional Area		20	68	68	68	68	60	20	372	19,344	9.30
Main Jail Mental Health Services--RTC Coordination and Tracking, Title 36 Psych Evaluations and Court Ordered Treatment, Rule 11											
Specify Position Title:											
Psychiatrist	(Shift 1)		3	3	3	4	3		16	832	0.40
Master Level MH Prof - Licensed	(Shift 1)		4	4	4	4	4		20	1,040	0.50
Sub Total, this Functional Area		-	7	7	7	8	7	-	36	1,872	0.90
Mission Facility Medication Administration/ Triage Sick Call Requests/ Sick Call/ Treatments											
Specify Position Title:											
RN	(Shift 1)	8	8	8	8	8	8	8	56	2,912	1.40
Physicians Assistant/Nurse Practitioner	(Shift 1)		4		4		4		12	624	0.30
Physicians Assistant/Nurse Practitioner	(Shift 2)			4		4			8	416	0.20
LPN	(Shift 1)	8	8	8	8	8	8	8	56	2,912	1.40
LPN	(Shift 2)	8	8	8	8	8	8	8	56	2,912	1.40
LPN	(Shift 3)	8	8	8	8	8	8	8	56	2,912	1.40
Sub Total, this Functional Area		32	36	36	36	36	36	32	244	12,688	6.10

ATTACHMENT B-4.1

CONTRACTED ONSITE STAFFING COMMITMENT YEAR 2 & YEAR 3 - PCADC

Name of Contractor: Centurion of Arizona, LLC

PCADC Health Care Staffing Plan	Shift Hours	Total Hours Per Day							Total Hrs/Wk	Annual Hours Committed	# FTEs (weekly / 40)
		Sun	Mon	Tue	Wed	Thu	Fri	Sat			
Mission Facility Mental Health Services-- Includes Review of Medications and Mental Health Status											
Specify Position Title:											
Psychiatrist	(Shift 1)							1	1	52	0.03
Psych ARNP	(Shift 1)		1	1	1	1	1		5	260	0.13
Master Level MH Prof - Licensed (Outpatient)	(Shift 1)		8	8	8	8	8		40	2,080	1.00
Master Level MH Prof - Licensed (Outpatient)	(Shift 2)		4	4	4	4	4		20	1,040	0.50
Sub Total, this Functional Area		-	13	13	13	13	13	1	66	3,432	1.65
Dental Services											
Specify Position Title:											
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
Sub Total, this Functional Area		-	16	16	16	16	16	-	80	4,160	2.00
Imaging Services											
Specify Position Title:											
Radiology Tech	(Shift 1)		4	4	4	4	4		20	1,040	0.50
Sub Total, this Functional Area		-	4	4	4	4	4	-	20	1,040	0.50
Total Direct Patient Care Staff		373	568	567	567	568	567	366	3,576	185,952	89.40
Leadership Personnel											
Specify Position Title:											
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
Sub Total, this Functional Area		-	40	40	40	40	40	-	200	10,400	5.00

ATTACHMENT B-4.1

CONTRACTED ONSITE STAFFING COMMITMENT YEAR 2 & YEAR 3 - PCADC

Name of Contractor: Centurion of Arizona, LLC

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 (weekly / 40)
Medical Records Management and Support Staff											
Specify Position Title:											
Administrative Assistant	8 am - 5 pm		16	16	16	16	16		80	4,160	2.00
E.H.R./IT Coordinator	8 am - 5 pm		8	8	8	8	8		40	2,080	1.00
Data Analyst	8 am - 5 pm		8	8	8	8	8		40	2,080	1.00
Med Records Clerk	(Shift 1)	8	8	8	8	8	8	8	56	2,912	1.40
Med Records Clerk	(Shift 2)	8	8	8	8	8	8	8	56	2,912	1.40
Med Records Clerk	(Shift 3)	8	8	8	8	8	8	8	56	2,912	1.40
MH Clerk	(Shift 1)		24	24	24	24	24		120	6,240	3.00
Sub Total, this Functional Area		24	80	80	80	80	80	24	448	23,296	11.20
Total Leadership and Support		24	120	120	120	120	120	24	648	33,696	16.20
GRAND TOTAL		397	688	687	687	688	687	390	4,224	219,648	105.60

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.
7. Medical Record Clerks (MRC), Administrative Assistants (AA) and Mental Health Clerks (MHC), are interchangeable for one another.
8. Where allowed by licensure, two (2) LPN hours may cover one (1) RN hour and one (1) RN hour may cover two (2) LPN hours.
9. Two (2) medical mid-level provider hours may cover one (1) MD hour and one (1) MD hour may cover two (2) medical mid-level provider hours.
10. Two (2) mental health (MH) mid-level hours may cover one (1) psychiatry hour and one (1) psychiatry hour may cover two (2) MH mid-level hours.
11. CONTRACTOR may report all LPN, RN medical mid-level, MD, MH Mid-level, Mental Health Professional (MHP), and Psychiatry hours by month and may move hours from one shift to another based on clinical need.
12. All positions at the adult facility may be used at the Mission based on clinical need.
13. Contractor will provide 4.2 FTE LPN's to staff a male and female detoxification unit on a 24/7 basis

ATTACHMENT B-5.1

CONTRACTED ONSITE STAFFING COMMITMENT - PCJDC

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

Name of Contractor: Centurion of Arizona, LLC

PCADC Health Care Staffing Plan	Shift Hours	Total Hours Per Day							Total Hrs/Wk	Annual Hours Committed	# FTEs (weekly / 40)
		Sun	Mon	Tue	Wed	Thu	Fri	Sat			
Medical Staff											
Specify Position Title:											
Physician's Assistant / Nurse Practitioner				4					4	208	0.10
RN Manager	(Shift 1)		8	8	8	8	8		40	2,080	1.00
RN	(Shift 1)	8						8	16	832	0.40
RN	(Shift 2)	8	8	8	8	8	8	8	56	2,912	1.40
RN	(Shift 3)	8	8	8	8	8	8	8	56	2,912	1.40
LPN	(Shift 2)	8	8	8	8	8	8	8	56	2,912	1.40
Sub Total, this Functional Area		32	32	36	32	32	32	32	228	11,856	5.70
Behavioral Health Staff											
Specify Position Title:											
Psychiatrist	(Shift 1)		2	2	2	2	2		10	520	0.25
Psychiatric Nurse Practitioner	(Shift 1)		3	2	2	3	2		12	624	0.30
Master Level MH Prof - Director of Behavioral Health	(Shift 2)		8	8	8	8	8		40	2,080	1.00
Master Level MH Prof - Licensed	(Shift 1)	8	8	8	8	8			40	2,080	1.00
Master Level MH Prof - Licensed	(Shift 2)			8	8	8	8	8	40	2,080	1.00
Sub Total, this Functional Area		8	21	28	28	29	20	8	142	7,384	3.55
Leadership / Support Staff											
Specify Position Title:											
MH Clerk			8	8	8	8	8		40	2,080	1.00
Sub Total, this Functional Area		0	8	8	8	8	8	0	40	2,080	1.00
Contracted Positions											
Specify Position Title:											
(None)									0	-	0.00
Sub Total, this Functional Area		0	0	0	0	0	0	0	0	-	0.00
GRAND TOTAL		40	61	72	68	69	60	40	410	21,320	10.25

Float positions are highlighted in orange.

- Float hours and weekly schedules will be accomplished within the work week beginning 12:01 AM Sunday through 11:59 PM the following Saturday.
- The County and Court are flexible on which day(s) of the week hours for float positions are provided, but request that the schedule remain stable and any changes to the schedule be communicated to the Detention Director as soon as known.
- If agreed to by the County and Court, psychiatry residents may fill hours required from mid-level psychiatric providers on an hour per hour basis.
- 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.
- Medical Record Clerks (MRC), Administrative Assistants (AA) and Mental Health Clerks (MHC), are interchangeable for one another.
- Where allowed by licensure, two (2) LPN hours may cover one (1) RN hour and one (1) RN hour may cover two (2) LPN hours.
- Two (2) medical mid-level provider hours may cover one (1) MD hour and one (1) MD hour may cover two (2) medical mid-level provider hours.
- Two (2) mental health (MH) mid-level hours may cover one (1) psychiatry hour and one (1) psychiatry hour may cover two (2) MH mid-level hours.
- CONTRACTOR may report all LPN, RN medical mid-level, MD, MH Mid-level, Mental Health Professional (MHP), and Psychiatry hours by month and may move hours from one shift to another based on clinical need.

ATTACHMENT B-6.1
SUMMARY SCHEDULE OF STAFFING COSTS - PCADC

Name of Contractor: Centurion of Arizona, LLC

Position Title	Year 1 Salary/Benefits 07/01/18 - 06/30/19			Year 1 Relief Compensation 07/01/18 - 06/30/19			Year 2 Salary/Benefits 07/01/19 - 06/30/20			Year 2 Relief Compensation 07/01/19 - 06/30/20			Year 3 Salary/Benefits 07/01/20 - 06/30/21			Year 3 Relief Compensation 07/01/20 - 06/30/21		
	Hourly Budgeted Rate by Position, including wages, benefits or contracted amount	Paid FTEs	Budgeted Compensation (hourly rate x 2080)	For Exempt Staff, please write "Exempt" instead of providing hours and rates for relief			Hourly Budgeted Rate by Position, including wages, benefits or contracted amount	Paid FTEs	Budgeted Compensation (hourly rate x 2080)	For Exempt Staff, please write "Exempt" instead of providing hours and rates for relief			Hourly Budgeted Rate by Position, including wages, benefits or contracted amount	Paid FTEs	Budgeted Compensation (hourly rate x 2080)	For Exempt Staff, please write "Exempt" instead of providing hours and rates for relief		
				Hourly Rate	Annual Hours	Annual Budgeted Compensation				Hourly Rate	Annual Hours	Annual Budgeted Compensation				Hourly Rate	Annual Hours	Annual Budgeted Compensation
Health Services Administrator	\$ 55.48	1.00	\$ 115,392	N/A	Exempt	N/A	\$ 57.39	1.00	\$ 119,365	N/A	Exempt	N/A	\$ 59.37	1.00	\$ 123,500	N/A	Exempt	N/A
Medical Director	\$ 153.35	1.00	\$ 318,976	\$ 116.35	160	\$ 18,615	\$ 158.23	1.00	\$ 329,127	\$ 119.84	160	\$ 19,174	\$ 163.29	1.00	\$ 339,636	\$ 123.43	160	\$ 19,749
Physician's Assistant / Nurse Practitioner	\$ 68.93	2.40	\$ 344,088	\$ 66.00	384	\$ 25,344	\$ 71.20	2.40	\$ 355,447	\$ 67.98	384	\$ 26,104	\$ 73.57	2.40	\$ 367,247	\$ 70.02	384	\$ 26,887
Director of Nursing	\$ 52.74	1.00	\$ 109,697	-	Exempt	N/A	\$ 54.57	1.00	\$ 113,498	N/A	Exempt	N/A	\$ 56.47	1.00	\$ 117,455	N/A	Exempt	N/A
Administrative Assistant	\$ 23.95	2.00	\$ 99,650	-	Exempt	N/A	\$ 24.91	2.00	\$ 103,629	N/A	Exempt	N/A	\$ 25.92	2.00	\$ 107,820	N/A	Exempt	N/A
RN Supervisor	\$ 47.70	4.20	\$ 416,696	\$ 44.17	672	\$ 29,682	\$ 49.31	4.20	\$ 430,761	\$ 45.50	672	\$ 30,573	\$ 50.99	4.20	\$ 445,449	\$ 46.86	672	\$ 31,490
RN Infection Control / CQI	\$ 50.00	1.00	\$ 104,001	-	Exempt	N/A	\$ 51.75	1.00	\$ 107,830	N/A	Exempt	N/A	\$ 53.56	1.00	\$ 111,410	N/A	Exempt	N/A
RN Histories & Physicals	\$ 43.36	1.00	\$ 90,192	\$ 55.44	160	\$ 8,870	\$ 44.91	1.00	\$ 93,406	\$ 57.10	160	\$ 9,137	\$ 46.52	1.00	\$ 96,766	\$ 58.82	160	\$ 9,411
RN Medical Observation Unit	\$ 46.48	4.20	\$ 406,067	\$ 57.99	672	\$ 38,968	\$ 48.06	4.20	\$ 419,812	\$ 59.73	672	\$ 40,137	\$ 49.70	4.20	\$ 434,172	\$ 61.52	672	\$ 41,341
RN Intake	\$ 46.48	4.20	\$ 406,067	\$ 57.99	672	\$ 38,968	\$ 48.06	4.20	\$ 419,812	\$ 59.73	672	\$ 40,137	\$ 49.70	4.20	\$ 434,172	\$ 61.52	672	\$ 41,341
RN Sick Call	\$ 43.36	1.00	\$ 90,192	\$ 55.44	160	\$ 8,870	\$ 44.91	1.00	\$ 93,406	\$ 57.10	160	\$ 9,137	\$ 46.52	1.00	\$ 96,766	\$ 58.82	160	\$ 9,411
RN Main Clinic	\$ 46.32	2.80	\$ 269,776	\$ 57.26	448	\$ 25,650	\$ 47.93	2.80	\$ 279,167	\$ 58.97	448	\$ 26,420	\$ 49.62	2.80	\$ 288,990	\$ 60.74	448	\$ 27,212
RN Mission	\$ 42.33	1.40	\$ 123,253	\$ 39.80	224	\$ 8,870	\$ 43.77	1.40	\$ 127,461	\$ 40.79	224	\$ 9,137	\$ 45.28	1.40	\$ 131,847	\$ 42.01	224	\$ 9,411
LPN/EMT Intake Unit	\$ 36.48	5.40	\$ 409,688	\$ 44.23	864	\$ 38,217	\$ 37.74	5.40	\$ 423,864	\$ 45.56	864	\$ 39,363	\$ 39.06	5.40	\$ 438,716	\$ 46.93	864	\$ 40,544
LPN Med Pass	\$ 35.83	16.80	\$ 1,252,134	\$ 43.43	2,688	\$ 116,732	\$ 37.98	9.80	\$ 774,242	\$ 44.73	1,568	\$ 70,136	\$ 39.35	9.80	\$ 802,172	\$ 46.07	1,568	\$ 72,241
LPN Detox Units - Male and Female	\$ -	0.00	\$ -	\$ -	0	\$ -	\$ 37.98	4.20	\$ 331,793	\$ 44.73	672	\$ 30,059	\$ 39.35	4.20	\$ 343,762	\$ 46.07	672	\$ 30,959
LPN Medical Observation Unit	\$ 34.14	1.40	\$ 99,425	\$ 42.46	224	\$ 9,511	\$ 35.32	1.40	\$ 102,859	\$ 43.73	224	\$ 9,796	\$ 36.55	1.40	\$ 106,445	\$ 45.05	224	\$ 10,090
LPN Pharmacy Coordinator	\$ 34.14	1.40	\$ 99,425	\$ 42.46	224	\$ 9,511	\$ 35.32	1.40	\$ 102,859	\$ 43.73	224	\$ 9,796	\$ 36.55	1.40	\$ 106,445	\$ 45.05	224	\$ 10,090
LPN Mission	\$ 35.90	4.20	\$ 313,618	\$ 43.76	672	\$ 29,408	\$ 37.16	4.20	\$ 324,632	\$ 45.07	672	\$ 30,290	\$ 38.48	4.20	\$ 336,176	\$ 46.43	672	\$ 31,199
LPN Chronic Care Coord./Scheduler	\$ 34.21	1.00	\$ 71,149	-	Exempt	N/A	\$ 35.47	1.00	\$ 73,784	N/A	Exempt	N/A	\$ 36.80	1.00	\$ 76,542	N/A	Exempt	N/A
C.N.A. Medical Observation Unit	\$ 22.81	2.80	\$ 132,825	\$ 19.01	448	\$ 8,518	\$ 22.86	2.80	\$ 133,118	\$ 19.58	448	\$ 8,774	\$ 23.82	2.80	\$ 138,742	\$ 20.17	448	\$ 9,037
Medical Assistant Clinic/Phlebotomy	\$ 21.69	1.00	\$ 45,118	\$ 18.15	160	\$ 2,904	\$ 22.58	1.00	\$ 46,966	\$ 18.69	160	\$ 2,991	\$ 23.52	1.00	\$ 48,920	\$ 19.26	160	\$ 3,081
Radiology Tech	\$ 32.07	0.50	\$ 33,348	\$ 31.73	80	\$ 2,538	\$ 33.03	0.50	\$ 34,352	\$ 32.68	80	\$ 2,615	\$ 34.03	0.50	\$ 35,387	\$ 33.66	80	\$ 2,693
E.H.R./IT Coordinator	\$ 30.83	1.00	\$ 64,132	N/A	Exempt	N/A	\$ 32.00	1.00	\$ 66,555	N/A	Exempt	N/A	\$ 33.22	1.00	\$ 69,095	N/A	Exempt	N/A
Data Analyst	\$ 36.31	1.00	\$ 75,523	N/A	Exempt	N/A	\$ 37.64	1.00	\$ 78,290	N/A	Exempt	N/A	\$ 39.03	1.00	\$ 81,185	N/A	Exempt	N/A
Med Records Clerk	\$ 19.25	4.20	\$ 168,206	N/A	Exempt	N/A	\$ 20.06	4.20	\$ 175,219	N/A	Exempt	N/A	\$ 20.91	4.20	\$ 182,628	N/A	Exempt	N/A
Director of Behavioral Health (MA)	\$ 52.74	1.00	\$ 109,697	N/A	Exempt	N/A	\$ 54.57	1.00	\$ 113,498	N/A	Exempt	N/A	\$ 56.47	1.00	\$ 117,455	N/A	Exempt	N/A
Chief Psychiatrist	\$ 144.56	1.00	\$ 300,681	\$ 145.43	160	\$ 23,269	\$ 149.17	1.00	\$ 310,279	\$ 149.80	160	\$ 23,967	\$ 153.95	1.00	\$ 320,219	\$ 154.29	160	\$ 24,666
Psychiatrist	\$ 144.31	1.30	\$ 390,227	\$ 121.63	208	\$ 25,300	\$ 148.84	1.30	\$ 402,456	\$ 125.28	208	\$ 26,059	\$ 153.51	1.30	\$ 415,100	\$ 129.04	208	\$ 26,841
Psychiatric Nurse Practitioner	\$ 90.07	1.90	\$ 355,975	\$ 88.00	304	\$ 26,752	\$ 93.02	1.90	\$ 367,599	\$ 90.64	304	\$ 27,555	\$ 96.07	1.90	\$ 379,662	\$ 93.36	304	\$ 28,381
Licensed Doctoral Psychologist	\$ 61.92	1.00	\$ 128,784	\$ 58.17	160	\$ 9,308	\$ 64.02	1.00	\$ 133,166	\$ 59.92	160	\$ 9,587	\$ 66.22	1.00	\$ 137,730	\$ 61.72	160	\$ 9,875
Master Level MH Prof - Licensed	\$ 36.81	15.70	\$ 1,202,078	\$ 33.32	2,512	\$ 83,693	\$ 38.15	15.70	\$ 1,245,759	\$ 34.32	2,512	\$ 86,204	\$ 39.55	15.70	\$ 1,291,507	\$ 35.35	2,512	\$ 88,790
Substance Abuse Counselor	\$ 31.62	1.00	\$ 65,769	\$ 28.03	160	\$ 4,485	\$ 32.81	1.00	\$ 68,243	\$ 28.87	160	\$ 4,619	\$ 34.06	1.00	\$ 70,841	\$ 29.74	160	\$ 4,758
Bachelor Level MH Professional	\$ 27.01	5.60	\$ 314,656	\$ 23.80	896	\$ 21,323	\$ 28.04	5.60	\$ 326,589	\$ 24.51	896	\$ 21,963	\$ 29.11	5.60	\$ 339,129	\$ 25.25	896	\$ 22,622
MH Clerk	\$ 19.40	3.00	\$ 121,043	N/A	Exempt	N/A	\$ 20.22	3.00	\$ 126,151	N/A	Exempt	N/A	\$ 21.08	3.00	\$ 131,554	N/A	Exempt	N/A
MH RN	\$ 47.55	7.00	\$ 692,329	\$ 59.24	1,120	\$ 66,343	\$ 49.17	7.00	\$ 175,971	\$ 61.01	1,120	\$ 68,333	\$ 50.87	7.00	\$ 740,674	\$ 62.84	1,120	\$ 70,384
Dentist	\$ 94.64	1.00	\$ 196,854	\$ 92.55	160	\$ 14,808	\$ 97.74	1.00	\$ 203,306	\$ 95.32	160	\$ 15,252	\$ 100.96	1.00	\$ 210,004	\$ 98.18	160	\$ 15,709
Dental Assistant	\$ 23.35	1.00	\$ 48,567	\$ 19.80	160	\$ 3,168	\$ 24.29	1.00	\$ 50,520	\$ 20.39	160	\$ 3,263	\$ 25.28	1.00	\$ 52,581	\$ 21.01	160	\$ 3,361
TOTALS		108.40	\$ 9,585,298	\$ 1,505.43	14,752	\$ 699,628		105.60	\$ 9,724,588	\$ 1,595.32	14,304	\$ 700,578		105.60	\$ 10,067,898	\$ 1,643.18	14,304	\$ 721,593

FTEs for this worksheet are defined as 2,080 hours per year. This is a listing of all positions and budgeted levels of paid hours and costs. Paid hours include vacation, sick, holiday and training hours.
Administrative Fees for Year 2 in the Amount of \$36,185 and Year 3 in the amount of \$37,472, will be included in the Total Basic Service Fee for PCADC.