



REVISED ACCREDITATION REPORT ON
THE HEALTH CARE SERVICES AT
MARICOPA COUNTY SHERIFF'S OFFICE-DETENTION BUREAU

Phoenix, AZ

CONFIDENTIAL

February 24, 2006
(06/27/2007 Revision)

National Commission on Correctional Health Care
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This jail was surveyed for continuing compliance with the NCOHC 2003 *Standards for Health Services in Jails* on December 12-16, 2005. The facility was first accredited in 1985.

I. Executive Summary of Continuing Accreditation Survey Findings

Compliance Decision Key

Accreditation is awarded to a facility that is in compliance with the applicable 2003 NCOHC *Standards for Health Services in Jails*. Accreditation requires compliance with 100% of the applicable Essential standards and at least 85% of the applicable Important standards. There are five types of findings regarding individual standards:

1. **Compliance:** all requirements for the standard are met; the intent of the standard is met; no corrective action is required.
2. **Partial Compliance:** any number of indicators are missing or not in compliance; the intent of the standard is met; corrective action is required.
3. **Non-compliance:** none of the indicators are met; the intent of the standard is not met; corrective action is required.
4. **Not applicable:** self-explanatory.
5. **Recommendation(s):** suggestions for continued improvement; no corrective action is required.

Note: NCOHC accreditation reports do not cite a facility for the same issue more than once, even though the non-compliant practice may fall under more than one standard. The issue is cited under the most relevant standard and cross-referenced to in other standards.

Survey Findings:

Of 35 the essential standards, 35 were applicable to this facility.
Of these, 27 were (77%) found to be in compliance.
Out of the 38 important standards, 37 were applicable to this facility.
Of these, 29 (78%) were found to be in compliance.

Decision: The Accreditation Committee at their February 24, 2006 meeting, voted to continue the Accreditation of the facility but place it on Probation. The Committee wishes to give the facility adequate time to correct the cited deficiencies, and asks that corrective action taken by the facility be documented, and progress reported to the Committee at its next meeting on June 30, 2006.

*In documentation submitted by the facility subsequent to the February 2006 Accreditation Committee meeting, the facility cleared an additional six essential standards and a total of 34 (92%) of the important standards. This corrective action was reviewed by the June 30 2006 Accreditation Committee which voted to upgrade the facility to Continuing Accreditation Upon Verification. Further corrective action will be reviewed by the Accreditation Committee at their November 17, 2006 meeting.

*In documentation submitted by the facility subsequently, the facility cleared all but one essential standard and a total of 35 (95%) of the important standards. This corrective action was reviewed by the November 17, 2006 Accreditation Committee which voted to continue the facility on Continuing Accreditation Upon Verification. Further corrective action will be reviewed by the Accreditation Committee at their March, 2007 meeting.

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* On March 16, 2007, the Accreditation Committee voted to continue the facility on Continuing Accreditation with Verification (CAV) status to allow it time to complete the required corrective action.

* On June 27, 2007, the facility submitted documentation of corrective action that brought it into compliance with all of the applicable essential standards and 95% of the applicable important standards. The facility is accredited.

Standards Not Applicable at this Facility
J-C-08 Health Care Liaison

Essential Standards Not in Compliance and Requiring Corrective Action
None

- Essential Standards in Partial Compliance and Requiring Corrective Action
J-B-02 Environmental Health and Safety (02/23/06 cleared - see standard for specifics)
J-D-01 Pharmaceutical Operations (06/06 cleared - see standard for specifics)
J-E-04 Health Assessment (06/07: compliance issues cleared)
J-E-07 Nonemergency Health Care Requests and Services (07/07 cleared - see standard for specifics)
J-E-12 Continuity of Care During Incarceration (06/08 cleared - see standard for specifics)
J-G-01 Special Needs Treatment Plans (08/08 cleared - see standard for specifics)
J-G-03 Infirmity Care (06/06 cleared - see standard for specifics)
J-G-05 Suicide Prevention Program (08/06 cleared - see standard for specifics)

Important Standards Not in Compliance and Requiring Corrective Action
None

- Important Standards in Partial Compliance and Requiring Corrective Action
J-C-07 Staffing Plan (06/06 cleared - see standard for specifics)
J-D-03 Clinic Space, Equipment and Supplies (06/06 cleared - see standard for specifics)
J-D-05 Hospital and Specialty Care (06/06 cleared - see standard for specifics)
J-E-06 Mental Health Screening and Evaluation
J-E-09 Segregated Inmates
J-E-13 Discharge Planning (06/08 cleared - see standard for specifics)
J-G-02 Management of Chronic Disease (06/06 cleared - see standard for specifics)
J-H-04 Availability and Use of Health Records (07/07 cleared - see standard for specifics)

Note: The Detention Bureau is comprised of several components. In this report, descriptions, comments, and recommendations apply to all components of the jail system unless otherwise noted. However, noncompliance with a standard at one facility may affect, for the purposes of accreditation, the Detention Bureau as a whole. Please note that this report focuses primarily on issues found that are in need of correction or enhancement. It is most effective when read in conjunction with the Standards manual.

II. Facility Profile

Type of Facility: Jail
Total Admissions for FY 2005: 119,894
Average daily population: 9,054

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Average daily intake: 300 (24-hour period)
Satellites: None. The facility has six components functioning as an integrated system.

A. Description of Facility

This county jail complex, referred to by the county as the Detention Bureau, is located 10 miles from the downtown area of a large metropolitan city in the southwestern United States. The Detention Bureau is comprised of several components on two campuses: the Intake Campus and the Main Campus. On the Intake Campus near the center of town, which is approximately 10 miles away from the Main Campus, is the 4th Avenue Jail, which contains the new "Central Intake" function and area for the entire system. In the main campus are the Estrella Jail, Estrella Support Tent City, the Lower Buckeye Jail (LBJ), the Towers Jail, and Durango Jail. The components of this integrated jail system are as follows.

INTAKE CAMPUS:

4th Avenue Jail: The 4th Avenue Jail is a mid-rise, high-security jail capable of handling 600 bookings every 12 hours. All male and female inmates entering the Detention Bureau are processed through this jail (except for self-surrenders). The Intake Center is considered a separate program within the jail, and has its own dedicated health personnel. In addition to Intake, 4th Avenue includes maximum security housing, IA Court, Bonds and Forfeitures, and probation violations processing. The 4th Avenue Jail has 1,360 cells, including more than 200 special management cells for various levels of segregation. The average population is 1,900 inmates who are predominantly maximum classification with a small number of trusty level inmates.

MAIN CAMPUS:

Lower Buckeye Jail: The LBJ, a new jail opened in 2005, has 12 housing units (each with 2 pods capable of holding 110 persons per pod) and 4 dormitories. One pod is reserved for segregated housing and special holds. There is a 504 cell juvenile remand facility, a 930 cell adult maximum classification sentenced facility, a 266 cell psychiatric facility and a 4 bed dormitory adult minimum security facility. Since April 2005, LBJ has contained a 80 bed capacity infirmary and a 260 bed inpatient psychiatric facility. On December 12, 2005 this facility had a population of 2,431 males (adult and juvenile).

The LBJ site is the location of several central functions. Meal preparation for all the facilities is done at the very large central kitchen and new food processing plant. Laundry is done at the central laundry complex. There is an inmate library, canteen, property and evidence storage facilities, and a central power plant to support all these facilities. Health services administration and the Detention Bureau's programs and education administrations are also located in the LBJ jail. At LBJ, outpatient care is provided as well as infirmary care. The scope of health service at the infirmary includes follow up care for transfers from area hospitals following surgical procedure; and illness, or injury that requires acute or intensive hospitalization. Inmates infected with communicable disease are also housed in the infirmary. Juveniles requiring suicide watch are housed in the infirmary.

Towers: Towers Jail housing units are square with a pod located in each corner. The pods are single cell configuration on a common day room. Each of the six towers has four pods. Towers has a segregation unit of 30 single cell beds. The jail has clinic space, a chapel, visitation space and an exercise yard. Towers houses maximum, medium and minimum security adult males as well as sentenced juvenile males. On the day of the survey, the population was 931 males.

Estrella Jail: Estrella Jail includes inmates of all classifications including minimum, medium, and maximum custody. On the day of the survey there were 1,040 inmates. There are 5 units (Towers A, B, C, D, M). One 14 bed pod in Tower M houses juvenile females (6 at the time of the survey). In addition there are 8 dormitories each housing 130 females. The jail has clinic space, kitchen space, a chapel, visitation space, program space and an intake area. Although most of the inmates are pre-trial, there are some sentenced inmates. There were 50 inmates who were pregnant. At the time of the survey Dorm H was not operational due to lighting and shower restoration.

Estrella Support (Tent City): Tent City is comprised of 39 tents and two dormitories adjacent to the Estrella Jail. The Tent City houses sentenced and minimum security male and female inmates. The average population is 900. Most inmates work in the food factory, laundry or "chain gang" detail. Inmates have access to large day rooms, toilet and shower facilities (one male and one female).

Durango: Durango is designed as a minimum security facility and has seven podular housing units, and two barracks style dorms. It contains a small clinic, a chapel, visitation area, program area, and exercise yard. The ADP for Durango is 1,800, of which there are 350 mental health patients.

There were approximately 540 correctional officers on duty during three work shifts throughout the Detention Bureau facilities.

B. Inmate Population Characteristics

On December 15th, the Detention Bureau, the only component situated on the intake campus, housed 88 inmates in the Central Intake area and 1,835 inmates in general housing and segregation areas.

The main campus is composed of all the other components of the Detention Bureau. There are 2,919 inmates at LBJ including the 171 male mental health population and 166 male juveniles; 947 male inmates at Towers; 1,028 female inmates at Estrella Support, including 8 female juveniles; 1,395 inmates at the Tent City; and, 1,505 inmates at Durango.

The facility may wish to review the NCCHC position statement, "Health Services to Adolescents in Adult Correctional Facilities," for guidance in caring for the juveniles. (The statement can be found in the *Standards* manual or on NCCHC's website at www.ncchc.org.)

C. Facility Health Services

Detention Bureau health services are provided by the county board of supervisors under the aegis of the Maricopa County Manager. Health services are organized under a department of Maricopa County, Correctional Health Services (CHS). Medical, dental, and mental health

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services are provided under this one health authority utilizing a combination of county employees and independent contractors. In FY2005, according to statistics provided by facility staff, there were 31,822 individual health care requests. The health services unit made 360,199 medical, nursing, psychiatry, counseling, dental, specialty, and Intake appointments. There were 22,628 inmate physical examinations performed.

D. Health Services Staffing

Health staff are on-site at some facilities 24-hours a day, 7 days a week, while other sites are staffed for limited hours. For the complete report on staffing types, locations, and coverage, see Section C Personnel and Training.

III. Survey Profile

The on-site survey consisted of touring the clinic areas, inmate housing areas, segregation, and recreation areas at all six sites. Areas for specialized health facilities were toured including intake processing at the 4th Avenue, as well as the infirmary and mental health unit at LBJ. The food processing plant at LBJ and the kitchen at Durango were also reviewed.

Documentation reviewed included medical records; policies and procedures; provider licenses; administrative staff, health staff, and quality improvement meeting minutes; statistical and environmental inspection reports; and training records for health service personnel and correctional officers. Approximately 62 medical records, including 31 mental health records, and 6 death records were reviewed. Interviews were conducted on a structured and confidential basis.

Central office staff interviewed included the interim director, director of risk management, medical director, chief of operations, director of quality management, director of nursing, infection control manager, director of mental health services, clinical nurse educator, medical facilities and supplies manager, the regional training center manager, chief dentist, and the utilization review nurse. Other interviews at various facilities included: three health care administrators, 12 RNs, the two Nurse Supervisors, the acting manager of the infirmary, two infirmary patients, the inpatient mental health professional supervisor, two psychiatrists, the outpatient mental health supervisor, two counselors, three social workers, two PAs, three health unit clerks, three records clerks, and eight LPNs. Additionally, 25 correction officers and 72 inmates were interviewed on a structured and confidential basis. Inmates interviewed included those who are Spanish speaking only.

The facility was surveyed under the NCCHC 2003 *Standards for Health Services in Jails* by

- R. Scott Chavez, PhD, MPA, FA-C, CCHP-A, NCCHC's Vice President (Lead);
- Donald Kern, MD, MPH, CCHP, Special Consultant on Correctional Health to the Department of Health and Mental Hygiene, City of New York, and NCCHC Board representative, the American College of Preventive Medicine;
- William Reinbold, MD, Assistant Professor of Psychiatry, Director of Forensic Section of Louisiana State University, New Orleans, and certified in General, Forensic Child and Adolescent Psychiatry;
- Steven S. Spencer, MD, FAOP, CCHP-A, former Medical Director of the New Mexico Corrections Department, and independent correctional health consultant;

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- Catherine M. Knox, RN, MN, CCHP, Statewide Director of Nursing, Washington Department of Corrections;
- Helen Martin, RN, BSN, CCHP, former Director of Nurses, Harris County, Houston, Texas;
- Dorina Rocha, RN, PHN, MN, MHA, CCHP, Los Angeles County, Special Consultant to Auditor Controller; and
- Major Ruth I. Wyatt, RN, CCHP, Health Services Administrator, Hinds County Sheriff Department, Jackson, Mississippi.

IV. SURVEY FINDINGS AND COMMENTS

A. GOVERNANCE AND ADMINISTRATION

This section deals with the organization of the health services at the facility and the interface of correctional and health services authorities. Although many models of organization are valid, the outcome needs to be a coordinated system of health care for the whole individual in which it is clear who does what, when, and under whose authority. Policies and procedures need to include site specific operating guidelines. The foundation for operating the health services system are laid in this section; without compliance in these areas, health services staff lack basic parameters within which to practice clinical skills and meet patient needs.

1. General Comments

Administratively, the Detention Bureau health services are under the County Manager's control. Previously, the county public health department held responsibility for inmate health services. Current structure is based on a business model with a CHS Director reporting to the Deputy County Manager. Correctional Health Services (CHS), the county's dedicated jail health staff, is supported by a correctional health consulting company that, it is reported, recommends decisions and actions to ensure that inmates have access to care to meet their serious medical, dental, and mental health needs. CHS is the Responsible Health Authority as defined by NCHC, and the CHS Director performs the function of the Health Authority's on-site designee. The CHS Medical Director is the responsible physician.

The Detention Bureau has a co-pay program. Inmates are given a copy of the "Inmate Rules and Regulations," which includes a description of the co-pay system. The information is provided at intake during the pre-booking health screening process. A \$10.00 co-pay is assessed for inmate initiated medical services.

The CHS policy manual was signed by the Medical Director and CHS Director between November 1 and December 6, 2005.

Various meetings addressing aspects of managing the system occur frequently. Administration holds a top level executive meeting every Tuesday at 9:30 am with the Detention Bureau's Corrections Chief. Minutes of these meetings were reviewed and found to be comprehensive. In addition, there is a monthly meeting of the component nurse manager, health care administrator, and jail commander 2005. At each individual facility unit, health staff (nurses) meet monthly. In addition, there is a system-wide provider meeting and a nurse leadership meeting. All have documented minutes. Statistical reports are comprehensive.

Quality improvement activities reflect a comprehensive initiative. There is a system-wide multidisciplinary quality improvement committee that meets monthly. Dental services, previously represented on an ad hoc basis, is now a regular part of CQI activities. Pharmacy does not participate. Process studies on wound care, inmate movement, and failure mode analysis (Estrella) were conducted. Outcome studies on diabetes care was conducted. Minutes are thorough and reflect results and implementation of corrective action. The CQI committee reviews deaths, environmental inspection reports, and infection control issues. The medical director conducts chart reviews, participates in the CQI committee, and completes an annual review of the effectiveness of the CQI program.

Disaster drills were held. These included, but were not limited to, the following. In the summer of 2005 there was a water shortage problem in the city and a Detention Bureau mass disaster response involved all the units. When inmates at the 4th Avenue and LBJ components were transferred from the old jails to newer ones in 2005, the events were analyzed as a response to a mass disaster event and critiqued accordingly. The 4th Avenue outpatient clinic had a mass casualty situation involving 7 inmates. The event was a hazardous gas exposure that occurred December 1, 2005. At Durango, there were multiple man down drills on various shifts (July 1, July 8, Nov 28, and Nov 30, 2005).

Taken as a whole, the Detention Bureau experienced 8 deaths reported in 2004. Six of the 8 deaths were on-site, and 2 occurred in the hospital. The deaths were attributed to suicides (2), natural causes (5), and accidents (1). In 2005, 16 deaths were reported by the facility; Four were on-site and the remainder were in local hospitals. The deaths were attributed to suicides (5), natural causes (10), and accidentals (1). The Detention Bureau's Morbidity and Mortality Committee reviewed each death. A quality review is performed on the medical record and a report is written by the medical director and CQI chair. A psychological autopsy is performed by the Director of Mental Health on deaths by suicide. The Director of Nursing provides feedback to nursing staff. The medical director provides feedback to clinical providers.

The Clinical Liaison/Risk Manager and the Director of Quality Management review all external grievances and aggregate data of internal and institutional grievances. It was reported that approximately 5% of the population submits grievances relevant to health care. In FY2005, 4,701 medical grievances were processed. The nurse supervisor, MHP supervisor or dentist responds to institutional grievances. There are three response tiers, starting with the local unit nurse manager and going up the chain of command to central office review.

In all the Detention Bureau sites, the preponderance of evidence from interviews with health staff and officers indicated that privacy of care is maintained. Approximately 65% of the inmates interviewed stated that they were satisfied with the privacy provided during clinical visits. No problems with privacy were identified during the tours of the various units.

Custody staff described the facility as compliant with the 2003 Prison Rape Elimination Act.

2. Standard Specific Findings

J-A-01 Access to Care (E).

[X] compliance [] partial compliance [] non-compliance.

Comments: This standard requires that inmates have access to care to meet their serious medical, dental, and mental health needs and that unreasonable barriers to inmates' access to health services are to be avoided. Compliance with this standard is determined by meeting standards that impact on quality and timeliness of care as determined by the Accreditation Committee.

Most inmates have access to care. However, in Estrella Jail, all inmates do not have access to health care on a daily basis. The system does not satisfy the intent for all inmates to have daily access to health care. This compliance issue is addressed under standard J-E-07 Nonemergency Health Care Requests and Services. Corrective actions for J-E-07 regarding availability of sick call at Estrella Jail will satisfy concerns regarding this standard as well; separate, additional corrective action regarding J-A-01 is not required.

J-A-02 Responsible Health Authority (E).
 compliance partial compliance non-compliance.

J-A-03 Medical Autonomy (E).
 compliance partial compliance non-compliance.

J-A-04 Administrative Meetings and Reports (E).
 compliance partial compliance non-compliance.

J-A-05 Policies and Procedures (E).
 compliance partial compliance non-compliance.

J-A-06 Continuous Quality Improvement Program (E).
 compliance partial compliance non-compliance.

J-A-07 Emergency Response Plan (E).
 compliance partial compliance non-compliance.

Comment: During the survey, interviews confirmed that man-down drills have not occurred at the 4th Avenue Jail. Also, documentation was not available that at least one man-down drill (or critiqued event) per shift per year has occurred at LBJ, Towers, Estrella Support, Estrella Tents and Durango. It is probable, given the size of the population, that at least one emergency involving one inmate has or will occur at each of the sites on each of the shifts on which health staff are regularly assigned. The intent of the standard is that all health staff are capable of responding appropriately to emergency health situations through practice of their triage skills.

Subsequent to the survey, the facility submitted a log documenting completed "man down" drills or emergency events on each shift in the various components that occurred before the survey. (February 2006)

Recommendation: Approximately 90% of the officers interviewed (officer length of service ranged between 2 months and 22 years) indicated that they had not participated in a mass disaster drill nor participated in a critique. Although the standard specifically requires participation of health staff, involvement of correctional staff and community emergency agencies is recommended.

Subsequent to the survey, the facility submitted a log documenting completed "man down" drills or emergency events on each shift in the various components that occurred before the survey. It is reported that correctional staff were involved. (February 2006)

J-A-08 Communication on Special Needs Patients (E).
 compliance partial compliance non-compliance.

J-A-09 Privacy of Care (I).
 compliance partial compliance non-compliance.

J-A-10 Procedure in the Event of an Inmate Death (I).
 compliance partial compliance non-compliance.

Recommendation: If the facility is not already doing so, the specific components and sites in which deaths occur should be tracked and monitored for the emergence of patterns that would indicate need for further study. For example, if suicides are occurring primarily in one facility or setting, and problems were identified that contribute to those deaths, action could be initiated. (See also J-C-05 Suicide Prevention Plan.)

J-A-11 Grievance Mechanism for Health Complaints (I).
 compliance partial compliance non-compliance.

Recommendation: If the facility is not already doing so, issues in need of corrective action may be identified by logging and monitoring grievances by types, sites, staff, times of day, etc. Monitoring inmate grievances can be an effective piece of the CQI program.

*Subsequent to the February 2006 Accreditation Committee meeting, the facility provided additional information. External grievances are reviewed and trended by the "Clinical Liaison/Risk Manager and the Director Of Quality Management.

J-A-12 Federal Sexual Assault Reporting Regulations (I).
 compliance partial compliance non-compliance.

B. MANAGING A SAFE AND HEALTHY ENVIRONMENT

These standards address those aspects of the physical plant and facility operations that are related to maintaining a healthy environment for staff and inmates alike. Although direct responsibility for several issues considered here belongs to the correctional authorities, health staff assist in monitoring and advising when issues arise affecting health and safety.

1. General Comments

Infection control subcommittee meetings are held quarterly to address system-wide concerns. Minutes indicate a comprehensive and excellent program. The county health department inspects facilities monthly for cleanliness. Overall, health staff appear to work under safe and sanitary conditions. Only infected inmates are treated for ectoparasites.

Inmates with communicable diseases are placed in the LBJ infirmary. There are 19 negative air flow (NAF) isolation rooms available on site. There are also 2 NAF isolation rooms at 4th Avenue.

Meals are prepared in a massive modern kitchen complex at LBJ. The kitchen has state-of-the-art equipment and the facility reports it is efficient and effective. Facility staff and inmate-workers are employed in the food services operations. Once prepared, food is placed on individual, sealed food trays that are loaded into special insulated carts. The carts are loaded onto refrigerated trailers for transport to the components of the Detention Bureau. At each facility, carts are loaded into docking stations which reffrigerate the trays until an automatic cycle begins before meal time. During this cycle, trays are both heated and chilled, keeping hot foods hot on one side, and cold things cold on the other. The survey team noted a very efficient food service in place.

doesn't mention sack lunches

Meals are served twice a day; the interval between the evening meal and morning meal does not exceed 14 hours. The morning distribution is served between 7 am and 8 am. Inmates who are working also receive a "sack lunch" at this time. The evening meal is served between 5 pm and 8 pm. Diabetics, those who are pregnant and those whose health requires more frequent or additional meals or food are provided for. Surveyors noticed that there were no complaints regarding the food services from the inmates.

The only other kitchen is at Durango. This kitchen is old, yet staff and inmates are attentive to daily cleaning and maintenance. There are plans to stop using the Durango kitchen.

2. Standard Specific Findings

J-B-01 Infection Control Program (E).
 compliance partial compliance non-compliance.

Comment: The standard requires surveillance to detect inmates with serious infectious and communicable disease. MRSA can become a significant problem within correctional settings. Subsequent to the survey, staff reported that CHS treats the more complex MRSA patients through the county's medical center. As part of that treatment, many of the cultures that are obtained for patients with complicated wounds are obtained at the hospital. CHS shares that clinical data and uses the information to manage these complex cases. CHS reports its clinical guidelines with respect to infections have been developed with the assistance of fellowship-trained infectious disease county physicians.

CHS reports that county public health guidelines currently do not recommend culturing of skin abscesses at initial presentation. If the wounds do not respond to initial irrigation, debridement and appropriate wound care, then culturing is deemed appropriate and is performed within the county's medical facility. The county's infectious disease nurse monitors the culture results of patients with wounds and maintains an ongoing surveillance of this disease entity, including jail-related cases. It is reported that MRSA has been the focus of significant local attention.

It is reported that the county frequently uses the disease surveillance data and clinical observations to monitor any significant deviations in the prevalence of these infections within the jail population. CHS stated that because the surveillance system occurs in conjunction with the local hospital, the extent of the facility's monitoring of MRSA may not be reflected in jail

documentation. It is recommended that in the future the jail's documentation include this information as well. Minutes of the facility's Infection Control Committee were forwarded that reflected a very active program.

*Subsequent to the February 2006 Accreditation Committee meeting, the facility provided additional information. It reports that the county searches for positive MRSA cultures in all laboratory results from Sonora Quest, the Maricopa County Public Health Laboratory, and all hospital reports collected by CHS Utilization Management. For the calendar year 2005, Maricopa County identified a total of 40 inmates with MRSA. Approximately 16 of those inmates acquired the infection in the community rather than in the jail. (June 2006)

Comment: See J-E-04 Health Assessment for concerns regarding the lack of universal TB testing.

J-B-02 Environmental Health and Safety (E).

compliance partial compliance non-compliance.

Overall, the environment at the older facilities were acceptable. Although the 4th Avenue and LBJ facilities are new, there were some issues identified.

At 4th Avenue and Durango, there was accumulated dust on day room and hallway floors. Showers in most of the LBJ housing units were unclean with noticeable mildew in shower corners and ceilings. Housing units had trash on the floors and were very dusty. Showers in all the Towers housing units were unclean with noticeable mildew on the walls and floors. Many inmates commented that the showers were not working. Towers housing units were dusty with trash on the floors. At Estrella, showers in the housing units were unclean and, in one, paint was peeling off the walls. Housing units were dusty with trash on the floors.

Corrective action is not required. is required for Compliance Indicator(s): #5.
Documentation of corrective actions is required for the noted conditions in the specified components of the facility.

*In subsequent documentation, the facility reported doubling the cleaning schedules in the Estrella shower areas and ordering renovations. The facility reports seeking additional funding to address shower areas within Towers. Dusty floors noted have been addressed and subsequent inspections by facility health staff indicate these issues were corrected. The facility is in compliance with the standard. (February 2006)

J-B-03 Kitchen Sanitation and Food Handlers (I).

compliance partial compliance non-compliance.

J-B-04 Ectoparasite Control (I).

compliance partial compliance non-compliance.

C. PERSONNEL AND TRAINING

The focus of this section is on staff - health staff and correctional staff - and the professionalism with which they meet their responsibilities. The goal is to have appropriately credentialed and skilled health staff of sufficient numbers and types able to meet the health needs of the inmate population. Correctional staff are provided the necessary training to be able to support health services and intervene in an emergency in the absence of health staff. Health staff are oriented to the issues of concern related to providing health care within a correctional environment.

1. General Comments

The following staffing numbers were provided by the facility; staff numbers represent full time equivalents (FTEs). According to CHS, some of the staff listed under one component may also provide services at another in a schedule described by the facility as "complex."

INTAKE CAMPUS

4th Avenue Central Intake:

1.0 PA	8.5 CHT (Correctional Health Technician)
1.0 RN Manager	6.3 HUC (Health Unit Clerk)
15.4 RN	2.6 Mental Health Professionals (MHP)
12.2 LPN	1.0 Medical Records Technician (MRT)

4th Avenue Outpatient Clinic:

1.0 Physician	3.4 Mental Health Professionals
1.0 PA	0.5 Psychiatrist (T-W-F)
1.0 RN Manager	1.0 Dentist
8.1 RN	2.0 Dental Assistants
6.1 LPN	1.0 Medical Records Technician
10.2 CHT	1.0 Radiology Technician
3.9 HUC	

MAIN CAMPUS

Durango Outpatient Clinic:

1.0 HCC	7.4 RNs
1.0 Physician	3.0 LPNs
2.1 PA	7.4 CHTs
0.2 Psychiatrist (1/wk)	4.0 HUCs
1.5 MHP	1.0 Medical Records Technician

Estrella Outpatient Clinic:

1.0 HCC	6.6 LPNs
1.0 Physician	7.4 CHTs
2.0 NP or PA	4.0 HUCs
1.0 Nurse Manager	1.2 Psychiatrist (Monday through Thursday)
7.4 RNs	2.1 MHP or MHA

Tent City Outpatient Clinic:

0.9 NP (T-F)	1.0 Medical Records Technician
0.5 MHA	

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Consulting Physician (The Estrella Outpatient Clinic MD [s available for consult)

LBJ Infirmery:

1.0 Physician (M-F) 4.2 LPNs
1.0 RN Nurse Manger 4.2 CHTs
7.0 RNs 2.0 HUCs

Mental Health consults as requested by outpatient staff

LBJ Inpatient Psychiatric Unit:

2.1 Psychiatrist 0.2 MHA or MHP for Saturdays only
1.6 Psychologist 1.0 Nurse Manager
4.1 MHP 19.7 RNs
1.6 MHA 4.4 LPNs
6.0 CHTs 1.5 HUC

LBJ Outpatient Clinic:

1.0 HCC 4.7 HUC
2.0 Physicians 0.9 Psychiatrist (M-T-W-F)
2.6 PAs 3.4 MHP and MHA (1 MHP is assigned to juveniles)
1.0 Nurse Manager 0.9 Dentist (M-Th)
8.4 RNs 1.8 Dental Assistants (M-Th)
10.2 LPNs 1.0 Radiology Technician
9.6 CHTs 2.0 Medical Records Technician

LBJ P-4 Unit:

(12 hours a day, 7 days a week staffing to complete initial health assessments)

2.1 RN-CNE 2.1 CHT
2.1 LPN

Towers Outpatient Clinic:

1.0 HCC 4.4 RNs
1.0 Physician 4.4 LPNs
0.2 Psychiatrist (1 wk) 5.9 CHTs
1.0 MHP 1.5 HUC
0.4 MHA (Mon. & Wed.) 1.0 Medical Records Technician
1.0 Nurse Manager

The Detention Bureau reports that it has a 2- to 3-year staffing matrix plan. There were 33 RN and 13 LPN vacancies (a 54% vacancy rate) at the time of the on-site survey. The facility reports that these positions are being filled with overtime, agency, and traveler (locum tenens) nurses. The nursing director and chief of operations described to surveyors an aggressive nurse recruitment plan to fill the vacancies. This includes a longevity bonus program, salary adjustments, sign-on bonuses, mentoring program, and a recruitment and referral bonus program. Certified health technicians (CHT), a position specific to this facility, assist nurses. The facility reports that CHTs are qualified as either medical assistants, certified nurse assistants, EMTs, or paramedics; they are assigned duties within their defined scope of practice.

The facility reports that several clinicians were hired just prior to the on-site survey: 3 psychiatrists (11/07/2005, 11/14/2005, 12/12/2005), 1 physician (11/28/2005) and 1 PA (10/2005). The facility also reports that several nurses were recently hired. There was confirmation that new health staff had received the necessary orientation.

Health professionals had current licenses and other appropriate credentials on file. The survey team was able to confirm that health staff had the required number of continuing education credits; all were current in CPR training. There is reimbursement for courses that the employees completes.

There is an active clinical performance enhancement program in place. Reviews were conducted October 13, 2005 and shared with providers on December 8, 2005. At the time of the survey, reviews had been completed on six physicians, eight mid-level providers, and two dentists.

Correctional officers receive regular in-service training that includes: OSHA annual training; personal protection kit use; Heart Saver First Aid with CPR and AED use (18 hours); disposal of contaminated body fluids; dealing with unresponsive inmates; actions to take in emergencies, including maintenance of an airway and checking for normal breathing; identification of signs and symptoms of a heart attack; first aid actions for low blood sugar, stroke, and seizures; orientation to mental health; intervention when an inmate is dangerous to self or others; and stress and anger management.

Medical Inventory and Stock Technicians provide the keep-on-person (KOP) medications to inmates assigned to the self-medication program. [Medical Inventory and Stock Technicians provide medications to inmates assigned to the keep-on-person self-medication program.] Nurses administer single dose medications.

Inmate workers perform only housekeeping chores within health care areas and are supervised accordingly.

2. Standard Specific Findings

J-C-01 Credentialing (E).

compliance partial compliance non-compliance.

J-C-02 Clinical Performance Enhancement (I).

compliance partial compliance non-compliance.

J-C-03 Continuing Education for Qualified Health Care Professionals (E).

compliance partial compliance non-compliance.

J-C-04 Training for Correctional Officers (E).

compliance partial compliance non-compliance.

Comment: Compliance Indicator #5 requires that at least 75% of officers present on each shift are current in their health training. Documentation provided during the survey by the facility's training department indicated that 71% of the correctional officers are current in first aid and CPR training. Subsequent to the survey, the facility forwarded additional statistics, by shift, that

showed significantly more than 75% of officers on each shift are current in CPR training. The manner in which the data was presented facilitated determination of compliance.

J-C-05 Medication Administration Training (E).

compliance partial compliance non-compliance.

J-C-06 Inmate Workers (E).

compliance partial compliance non-compliance.

J-C-07 Staffing Plan (I).

compliance partial compliance non-compliance.

The facility reports that due to the high vacancy rate, some components that are to be staffed 24 hours per day, have had clinic closures during the night shifts. Survey findings indicate that the effects of the staffing shortage include problems in making sick call appointments, triaging requests, providing care to the chronically ill, and assuring that consultant care is accomplished. The lack of sufficient staffing has hampered the system's ability to assure continuity of care.

Corrective action is required. Documentation of corrective action must be submitted that shows how the jail's staffing meets the needs of the patient population.

* Subsequent to the survey, CHS reported that the county has initiated a concerted hiring effort, supported by an improved salary structure. According to the facility, increased staffing to date (February 2008) since the December survey include 6 RNs, 4 LPNs, 4 medical records clerks, 10 correctional health care technicians, 2 psychiatrists, and 2 mental health professionals. In addition, CHS reported that 6 additional medical providers have been requested. A summary of CHS' staffing and recruitment plan was forwarded.

This standard will be met when the other standards, cited in this report as deficient due to staff shortages affecting the delivery of care, are met. The facility remains partially compliant. (February 2008)

*The other standards cleared by corrective action subsequent to the survey indicates that the facility is now in compliance with the intent of this standard. (June 2008)

J-C-08 Health Care Liaison (I).

compliance partial compliance non-compliance not applicable.

J-C-09 Orientation for Health Staff (I).

compliance partial compliance non-compliance.

D. HEALTH CARE SERVICES AND SUPPORT

These standards address requirements of space, materials and resources for the delivery of health care, whether they are provided within the facility or off-site in the community. These are the "tools" with which the health staff provide assessment and treatment services.

1. General Comments

Pharmaceutical services for the Detention Bureau are provided through a national pharmacy vendor. Prescriptions are faxed to the vendor who then fills the order and expresses the shipment to a central warehouse on the facility's main campus. Medical Inventory and Stock Technicians courier the medications to the respective components, who then in turn parse out the medications to appropriate medication rooms. The Medical Inventory and Stock Technicians also deliver pre-packaged medication to individual clinics and medication carts. Clinicians write prescriptions that are initially filled from stock medications by LPNs. The system includes a keep-on-person (KOP) program and the Medical Inventory and Stock Technicians deliver the KOP medications directly to the inmates who keep them in their possession.

Quarterly medication room inspections by vendor pharmacists are documented.

Clinic space varies among the components. At the 4th Avenue, CHS has clinics on the 2nd, 3rd, and 4th floors, with the 4th floor clinic being slightly smaller than the other two. Each clinic area consists of three examination rooms and 2 offices. Narcotic drugs are not kept in these clinics. The central clinic is located in the basement very near the central intake area. The central clinic has a medication room with narcotics, 3 examination rooms, 4 offices, an x-ray area, laboratory, and medical records room. All clinics have "man-down emergency bags." There is a dental office in the main clinic in the basement. The dental clinic has a 2 chair operator, with a dentist on-site on Monday and Wednesday. The initial health assessments are completed at the outpatient clinic. The clinic provides medications administration, sick call, chronic care clinics, outpatient psychiatric care, dental care, and radiology services to the 1,900 inmates who are permanently assigned there. The central intake unit has 3 health assessment stations and is responsible for receiving screening on all male arrestees.

At Towers, there is a small health service area with very limited work spaces for staff. The facility reports there are plans for future expansion. There is an office, medication room, and laboratory area. There are 2 medical examination rooms and a mental health interview room. There is no waiting room. Offices and common areas are clean and orderly. There is no dental operator (inmates are sent to LBJ).

LBJ has a 60 bed infirmary. There is also an outpatient clinic which is new and spacious. There are 7 offices, 4 examination rooms, a medical records room, 2 medication rooms, laboratory room, and a 2 chair operator.

Estrella Support health services area has an office, dental operator, medication room, laboratory area, medical records room and 4 examination rooms.

At the Estrella Tent City, all medical care is provided in the outpatient clinic, including emergency treatment (unless moving the inmate presents a greater risk). There is a manager's office and mental health interview room. There are 3 examination rooms, a medication room, medical records room, and small laboratory area. Medications are provided at medication dispensing windows in the clinic. MHPs see inmates for follow-up counseling in the clinic. The clinic is open 12 hours a day, with emergency services provided by the Estrella Support Clinic staff after hours.

Durango has a small clinic.

There is documentation that describe the arrangements and agreements with local hospitals for inpatient and outpatient specialty care. The contracts are dated April 27 and July 20, 2004.

2. Standard Specific Findings

J-D-01 Pharmaceutical Operations (E).

compliance partial compliance non-compliance.

There are problems with the timeliness of delivery of medications and, at times, orders are missed altogether. The facility reports ongoing corrective action in this regard. The pharmacy vendor reports working to improve the fax transmission process, and nurses are said to be verifying if the fax transmission actually went through.

Inmate interviews and review of the medical administration records (MARs) confirm that the medication renewal process is not working. In one facility the Sunday night nurse checks all MARs for expiration dates for the coming week, pulls the charts, makes a note and places the information in the provider's box to renew the medication. In another facility, a nurse writes on a printed 3x5 inch card what medications are to be renewed and places the note in the provider's cubicle. In either case, timely renewal of the medications by the provider does not occur and nursing staff discontinue the medications.

Physician surveyors noted that the medical records sometimes indicate that prescribed medications are issued without the provider seeing the patient or, possibly, that the providers are not documenting the encounters.

Corrective action is required for Compliance Indicator(s): #7. Documentation of corrective actions is needed to confirm that prescribing providers are notified of the impending expiration of drug orders so the practitioner can determine if the drug is to be continued or altered.

*Subsequent to the survey, the facility reported on corrective action taken since the auditors were on-site. CHS reports it has redesigned the medication process. They report discontinuing the use of dual medication administration records (MARs). All records have been unified into one MAR, which is now maintained exclusively by nurses. This includes a uniform method used to alert the provider of the upcoming expiration, and follow up to see that the orders are completed in a timely fashion. This revision began on February 1, 2006, and the facility reports improvements in the process already evident. CHS will perform a quality assurance study on the medication renewal process after the new procedures have run for several weeks. Confirmation that the corrective action has solved the problems is required for full compliance. The facility remains in partial compliance with the standard. (February 2006)

*Subsequent to the February 2006 Accreditation Committee meeting, the facility submitted the results of CQI studies that confirmed their corrective action has improved the medication renewal process. The facility reports that timely renewals for April 2006 were at 92% compliance; and for May 2006, at 97%. The facility is in compliance with the standard. (June 2006)

J-D-02 Medication Services (E).

compliance partial compliance non-compliance

J-D-03 Clinic Space, Equipment, and Supplies (I).
 compliance partial compliance non-compliance.

At 4th Avenue, there is no syringe count being conducted. Proper accountability is not possible without this process being conducted at least weekly.

Corrective action is required for Compliance Indicator(s) #8. Documentation of corrective action is needed, including verification of at least a month's worth of syringe counts at the 4th Avenue.

*In documentation of correction action taken after the survey, the survey reported that sharps counts were implemented at the 4th Avenue Jail. Subsequent audits indicate that in February, March and April 2006, compliance with weekly sharps count was 100% at 4th Avenue Intake, and 100% at 4th Avenue Outpatient Clinic in May. The facility is in compliance with the standard. (June 2006).

J-D-04. Diagnostic Services (I).
 compliance partial compliance non-compliance.

J-D-05 Hospital and Specialty Care (I).
 compliance partial compliance non-compliance.

Pregnant inmates admitted with a history of opiate use are maintained on methadone (tablets). The standard requires that these services be appropriately licensed and certified. The jail is not federally certified to operate such a program, as required by law, by the Substance Abuse and Mental Health Services Administration (SAMHSA). CHS maintains that certification is not necessary, and in documentation submitted subsequent to the survey, explained that it does not administer methadone to treat pregnant inmate substance abuse disorders, but to provide medical treatment to prevent harm to the developing fetus including spontaneous abortion. CHS' position is that the administration of methadone to prevent spontaneous abortion is regulated by their physician's DEA number, not SAMHSA.

Corrective action is required for Compliance Indicator(s) # 4. For full compliance, the facility needs certification from SAMHSA, or must obtain an exemption or waiver.

*NCHC has been copied on correspondence between the SAMHSA representative and the facility regarding the need for OTP clinic accreditation leading to federal certification. There remains differences in interpretation by the facility and the SAMHSA representative of the federal legislation which exempts "hospitals or clinics or institutional settings" in which methadone is used only for the protection of the health of a developing fetus and whether a jail setting qualifies as such an exempted setting. However, the dialogue continues and the facility remains in compliance with this standard in every other aspect. The intent of the standard is met. (June 2006)

E. INMATE CARE AND TREATMENT

These standards form the core of a health program and include requirements for those health services to be provided to all inmates at the institution. Here are outlined the assessment and treatment processes, and procedures for obtaining health services. Access to relevant pre-incarceration health histories, care that is provided during incarceration, and arrangement for continuing care upon discharge or transfer are all addressed.

1. General Comments

At the 4th Avenue, health personnel check for a history of substance abuse or intoxication, diabetic care, seizure medications, suicide watch, psychiatric evaluation, and wound care. This is conducted prior to acceptance into the jail. Once processed, the arrestee is turned over to the custody staff who then officially accept the inmate into the jail. At any given time there may be as many as 180 inmates in the holding areas. The central intake generally processes 300 bookings in a 24 hour period.

The 4th Avenue Jail serves as the intake facility for all males coming into the Detention Bureau. Upon admission inmates receive handbooks that are available in English and Spanish. The inmate handbook contains information on the availability of health care services, fee for service, and the facility's health grievance procedures. Receiving screening is completed by 4th Avenue nursing staff. The intake process for females mirrors this process but is completed at the Estrella facility.

Health assessments are generally completed by dedicated, trained nurses and nurse practitioners at the intake centers. The mental health evaluation is completed by mental health professionals. Dental screenings are done by nursing staff during the health assessment. When an inmate is transferred from one component to another, nurses check the health record to assess the inmate's medical, mental, and dental health needs. Any assessments that were not completed during intake at the intake centers are to be done at the receiving component.

Throughout the components of the Detention Bureau, inmates complete a sick call request form and submit it in a request form box. They may also approach health staff (generally circulating medication nurses) and request to be seen. Sick call slips are picked up by nurses. Policy requires triaging to take place at least once every 24 hours, 7 days a week.

Currently, there are no nursing assessment protocols in use; however, the Director of Nursing and CHS Director have indicated they are developing nursing assessment protocols for the medical director's review.

There are 2 dentists who provide care at 3 components (LBJ, 4th Avenue and Estrella). From January to November 2005, there were 6,888 requests to be seen, 8,246 appointments, and 833 no shows (a 15% rate). There were 4,208 procedures performed, including restorations.

Emergency services and response to emergencies are handled well throughout the Detention Bureau. Some staff are ACLS certified. There are AEDs in each health unit.

NCCHC standard J-E-09 categorizes segregation by the conditions under which inmates are confined, and each category has different health round requirements. Conditions of segregation at this facility include the "extreme isolation" category (referred to by the facility as the "Super Max" section) at 4th Avenue's 288 close custody supervision cells, and both "limited segregation" and "segregation" categories at the other 4th Avenue segregated areas. Other Detention Bureau components having segregation are considered to be "limited segregation."

2. Standard Specific Findings

J-E-01 Information on Health Services (E).
 compliance partial compliance non-compliance.

J-E-02 Receiving Screening (E).
 compliance partial compliance non-compliance.

J-E-03 Transfer Screening (E).
 compliance partial compliance non-compliance.

J-E-04 Health Assessment (E).
 compliance partial compliance non-compliance.
Medical records review found that health assessments are not completed within 14 days as required by the standard. Health assessments are given to those with reported chronic or acute problems, or for requests for work clearance. This standard requires initiation of immunizations when appropriate. There is no evidence in the medical records that diabetics and asthmatics are getting pneumovax and annual flu vaccines.

Corrective action is required for Compliance Indicator(s) # 2 and 3g. Documentation of corrective action is required showing that initial health assessments are completed within 14 days, and that necessary immunizations are provided.

*In documentation subsequent to the survey, the facility submitted a plan for addressing the timeliness of health assessments and provision of immunizations. Confirmation that the plan has been implemented is needed for full compliance. Documentation needs to include at least two months of timely health assessments. The facility remains in partial compliance. (February 2006)

Comment: The standard also requires that an initial health assessment includes laboratory or diagnostic tests for communicable diseases, including sexually transmitted diseases, and a test for tuberculosis. In documentation forwarded subsequent to the survey, CHS described the collaboration it has had with the county and state health departments regarding STD and TB testing. CHS reports these agencies are fully aware of the jail's screening activities and symptomatic testing. These public health departments assisted in identifying the highest risk populations and protocols used by CHS. Joint monitoring by the county and CHS infectious disease staff is ongoing. (February 2006)

*In subsequent documentation, the facility submitted results of their corrective action since the February 2006 Accreditation Committee meeting. A concerted effort is reported at Durango to bring completion of the health history, vital signs, and lab/diagnostic tests within the 14 day time frame. Compliance in February was reported as 65% and in May at 82%. Overall completion of the entire health assessment within the required 14 day time frame is reported as 76% in January, and 77% in March.

While this represents significant progress, for full compliance, a compliance rate of at least 90% is required, provided the 10% non-compliance is due to random events and not a specific pattern. The facility remains in partial compliance. (June 2006)

*Subsequent documentation indicates that while significant progress continues to be made, the overall compliance with the 14 day time frame for health assessments (as of September 2006)

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was approximately 50%. For full compliance, a compliance rate of at least 90% for at least two months is required, provided the 10% non-compliance is due to random events and not a specific pattern. The facility remains in partial compliance. (November 2006)

* Subsequent documentation included CQI monitoring results. The facility reports an overall compliance rate of more than 90% for the last six months. Supporting documentation was forwarded. The facility is now in compliance with the standard (June 2007).

J-E-05 Mental Health Screening and Evaluation (I).

compliance partial compliance non-compliance

Mental health evaluations, like health assessments, are not being performed within 14 days of arrival as required by the standard.

Corrective action is required for Compliance Indicator(s) # 2. Documentation of corrective action is required showing that initial health assessments are completed within 14 days; at least two months of data showing compliance is needed.

* In documentation forwarded subsequent to the survey, the facility indicated that corrective actions taken for J-E-04 Health Assessment include plans to bring this standard into compliance. The facility remains in partial compliance. (February 2006)

* In subsequent documentation, the facility submitted results of their corrective action since the February 2006 Accreditation Committee meeting. It reports results of the CQI study of mental health evaluations completed at all locations in May 2006 to be at 100%. While this represents significant progress, confirmation of at least one more month of compliance is needed. The facility remains in partial compliance. (June 2006)

* See subsequent documentation (November 2006) for standard J-E-04; facility remains in partial compliance.

J-E-06 Oral Care (E).

compliance partial compliance non-compliance.

J-E-07 Nonemergency Health Care Requests and Services (E).

compliance partial compliance non-compliance.

At Estrella Jail, sick call requests ("Tank" orders) are not triaged within 24 hours as required by the standard. Sick call responsiveness is not timely. There appears to be insufficient nurses and clinical providers to meet the demand of sick call.

As referenced in J-A-01 Access to Care, inmates at Estrella Jail do not have access to health care on a daily basis as required by the standard. Sick call is held daily but not in all units every day. For example, on Mondays sick call is held for units B, C100, and M200; while on Tuesdays sick call is for units C400, J, L, and I. This system does not meet the requirements of the standard.

Corrective action is required for Compliance Indicator(s) # 2-5. Documentation of corrective action or evidence that there is a procedure in place at Estrella Jail that when triage indicates a need for sick call for an inmate within 24 hours, that inmate is given access to sick call regardless of the unit in which he or she resides.

*In documentation forwarded subsequent to the survey, the facility reports it is revising the process for rotating clinics. The plan is to centralize the LBJ outpatient clinic so that all who need to be seen will be seen regardless of housing location. The facility anticipates the change to occur within two to four weeks of mid-February 2006. Documentation is needed of implementation of the changes with subsequent monitoring that confirms resolution of the issues noted. The facility remains in partial compliance. (February 2006)

*In subsequent documentation, the facility reports it has changed LBJ rounds so that when the sick call slip is picked up from the inmate by the nurse on the daily rounds, a "face-to-face triage" of the request is immediately done. Arrangements are made for clinic evaluation or midlevel/physician follow-up as clinically indicated. At Estrella, if an inmate's sick call request is triaged with the determination the inmate needs sick call evaluation that day or the next, the inmate is taken to be seen regardless of whether the inmate's unit is ordinarily scheduled that day. Clinical needs overrides the schedule for an individual as needed. CQI audits at Estrella confirm that 90%+ of the sick call requests in April and May were triaged within 24 hours; 100% scheduled for sick call within 24 hours; and 90%+ seen within 24 hours as needed. The facility is in compliance with the standard. (July 2006)

J-E-08 Emergency Services (E)
 compliance partial compliance non-compliance.

J-E-09 Segregated Inmates (I)
 compliance partial compliance non-compliance.

Health rounds to check on segregated inmates in some of the units appear to occur as intended; however some problems were noted at 4th Avenue. In this unit there are a large number of inmates kept under various levels of segregation, and monitoring is not performed according to the standard. This facility reports they recently began (within the past couple of months) periodically monitoring inmates in segregation. However, some nurses do not go cell to cell to evaluate each inmate as required by the standard. According to facility policy, checks are conducted 3 times a week; however, interviews and documentation indicate that checks do not occur if staffing is insufficient. Additionally, the standard requires that those held in conditions of extreme isolation are to be seen daily, but they are not.

Based on the standard's definitions as well as information and observations during the survey, the inmates housed in the 4th Avenue's 288 close custody (Super Max) supervision cells are confined under conditions of extreme isolation. The inmates are housed in individual cells with see-through doors and a slot for feeding and verbal interaction. There are barriers along the corridor that prevent inmates on one side from seeing inmates on the other side. Officers control movement remotely and there is no significant regular contact between officers and inmates. Sick call triage takes place by conversation through the slot in the cell door. Inmates recreate and eat alone. They are out of their cells for one hour a day. Food trays are delivered through the slots in the doors.

Corrective action is required for Compliance Indicator(s) # 3 and 4. Documentation is required that segregation health rounds occur and are documented as required.

* In documentation forwarded subsequent to the survey, the facility described changes in procedures and provided confirmation that health rounds in segregation areas occur three times per week. This satisfies the requirements of the standard for all areas except Super Max, which

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requires that inmates are to be monitored daily by medical staff and as least once a week by mental health staff. The facility remains in partial compliance. (February 2006)

*In subsequent documentation, the facility reports developing a plan to provide the daily health checks in the maximum security segregation ("Super Max") cells. Confirmation that the plan has been implemented is required for full compliance. (June 2006)

*Confirmation that the health rounds by designated health service staff in the maximum security segregation ("Super Max") cells is taking place daily required for full compliance. (November 2006)

J-E-10 Patient Escort (I).

compliance partial compliance non-compliance.

Comment and Recommendation: Patient escorts throughout the system generally operate in compliance with the standard. However, delays were observed and reported in some units that hamper patient care.

For example, at 4th Avenue, a nurse was delayed access to diabetic patients because an escort was not available. The delay continued through the morning meal distribution. The nurse did not have the means, policy or direction to go up the chain of command to ensure that blood glucose and insulin was completed in a timely and clinically appropriate manner. A CQI study should be performed to determine if this is a systemwide problem so that corrective action can be taken.

J-E-11 Nursing Assessment Protocols (I).

compliance partial compliance non-compliance.

J-E-12 Continuity of Care During Incarceration (E).

compliance partial compliance non-compliance.

The intent of this standard is to ensure that patients receive care as ordered by clinicians. There is evidence in the records that lack of documentation by providers and nursing staff hampers the system's ability to assure continuity of care. Care that has been ordered by clinicians may not be given, and orders written may not be "taken off" and implemented by the nurses. Record review confirmed significant concerns regarding follow through.

Corrective action is required for Compliance Indicator(s): #2 and 3. Documentation of corrective action is needed to ensure that patients receive care as ordered by clinicians.

*The facility reports corrective action after the Accreditation Committee meeting. The process for transcription, implementation and documentation of provider orders was reviewed and re-education given to involved health staff during February 2006. In April, a CQI audit confirmed significant progress and confirmation that actions taken had addressed the issues. The review included all clinical sites. The facility reports that 97% of the orders were transcribed in a timely manner and 90% were initiated in a timely manner. The audit was repeated in May with 97% and 96% results respectively. The intent of the standard is now met. (June 2006)

J-E-13 Discharge Planning (I).

compliance partial compliance non-compliance.

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Discharge planning occurs at the facilities for most patients.

In documentation forwarded subsequent to the survey, CHS listed examples of the various types of discharge planning in effect throughout the system.

The infectious disease staff follows all patients with communicable diseases and coordinates hand-off care with the county public health department.

CHS internally tracks patients who are identified as seriously mentally ill through the community mental health vendor (Value Options). Care is coordinated through the on-site visits from the case workers prior to inmate release. Health services reports this degree of discharge planning for the mentally ill exceeds common jail practice.

CHS coordinates discharge planning for HIV patients with the county public health department. HIV case workers come to the jail, visit with the patients, and make plans for discharge medications, food, housing and health care benefits.

The county has two full-time case workers who provide discharge planning for any hospitalized patient. Patients are transitioned to assisted living environments, skilled nursing environments, rehabilitation units or the jail infirmary.

The county supplements resources for the seriously mentally ill via the Restoration to Competency Program. This program coordinates and tracks care of mentally incompetent patients. Planning is critical as patients move from the state hospital back to the jail environment.

Corrective action is required for Compliance Indicator # 2a. For full compliance for this standard, confirmation is needed that inmates who have serious health needs are given a supply of necessary medications sufficient to last until the inmate is seen by community providers.

*The facility reports corrective action after the Accreditation Committee meeting. Providers received an in-service regarding the processes and the facility provided additional details on their practices. The Keep-on-Person program at the facility is extensive. Those inmates being released who are on this program, take with them all remaining medications issued to them. Inmates who receive direct observation medications receive prescriptions. CHS works with the Value Options Case Managers of released inmates with serious mental health conditions so that Value Options is able to continue the necessary medications. The facility is meeting the intent of this standard. (June 2006).

Comment: It may be necessary to review the discharge protocols to address two possible problems. If an inmate on the Keep-on-Person medication program is discharged at the point the medications were about to be refilled, the "remaining medications" may not be enough to last until the community provider can be seen. It is also possible that inmates receiving the prescriptions do not have the finances to be able to get the medication immediately upon discharge. The facility may wish to explore these issues.

F. HEALTH PROMOTION AND DISEASE PREVENTION

This section focuses on a twofold approach to health education: opportunities for all inmates to learn about and engage in a healthy life style, and specific health teaching for patients regarding their particular health conditions.

1. General Comments

All components of the Detention Bureau provide individual health education to patients during health encounters. Surveyors note the availability of health related informational pamphlets in the facility.

At the Estrella Unit there are several programs provided to inmates. These include:

- a faith-based support program, ACTS, which occurs Monday and Thursday at 7PM; (this 12-week program is available to general population inmates);
- a Hepatitis Awareness Program available to general population inmates and held on a monthly basis; (this 3-day program is available in English and Spanish);
- Rickers Health Advocacy Program (RHAP) offered on Wednesday and Friday at 5 PM and available to general population inmates between the ages of 18 and 24 (this 2-week program is available in English and Spanish); and,
- GED classes available to general population inmates on Tuesday and Friday at 11:30 AM.

Medical diets are currently being prepared for patients with specific health-related dietary needs. The Assistant Food Service Manager has a registered dietitian on staff who is responsible for overseeing the nutritional content of meals served.

2. Standard Specific Findings

J-F-01 Health Education and Promotion (I).

compliance partial compliance non-compliance.

Recommendation(s): Both 4th Avenue and LBJ are new facilities and at the time of the survey were still settling on some educational routines. It is recommended that more opportunities be given for the general population to receive health education and participate in activities to encourage healthy life-styles...

J-F-02 Nutrition and Medical Diets (I).

compliance partial compliance non-compliance.

J-F-03 Exercise (I).

compliance partial compliance non-compliance.

J-F-04 Personal Hygiene (I).

compliance partial compliance non-compliance.

Comment: Facility policy is to provide outer clothing once a week, including two pairs of underwear. Inmate interviews indicate they may miss a weekly distribution due to court or

programming. The facility should have a process to meet the requirement for daily underwear changes, especially when the health needs of patients and women require it.

J-F-05 Use of Tobacco (I).

compliance partial compliance non-compliance.

G. SPECIAL NEEDS AND SERVICES

The standards included in this section address specific health needs of those with chronic illness or health conditions requiring multi-disciplinary interventions. Age, gender, and illness-related considerations are highlighted, and guidance provided to the health staff in organizing necessary treatment. A special concern with care provided to these patients is that it be in keeping with current community standards.

1. General Comments

The Detention Bureau clinicians report using modified NQCHC clinical guidelines to guide the provision of chronic care services. While there are some gaps in maintaining national guidelines, there is evidence that good clinical care is being provided. For example, diabetic patients are getting accuchecks and HgBA1c monitoring on a frequent and reliable basis. Almost all diabetics are getting an ACE inhibitor. Peak flow measurements are getting done on asthmatics. There is a form for special needs treatment plans that, if used, would provide comprehensive and consistent documentation.

Specialty clinics for orthopedics, infectious disease, and surgical needs are conducted at the LBJ unit.

Mental health care and services are extensive. In FY2005, in the entire Detention Bureau, there were 11,973 psychiatric and 49,940 psychological counseling appointments. The mental health service had a caseload of 1,413 persons with bi-polar, 1,899 schizophrenia, 862 major depressions, and 38 dementia diagnoses. A random selection of 31 charts of those who were on the mental health case load found timely identification of need and provision of appropriate care. Initial mental health assessments were complete as required by the standard. In FY2005 there were 22,034 inmates on psychotropic medications.

Sheltered mental health housing is provided for inmates who need a higher level of psychiatric care than can be provided in general population housing or segregation units. This special housing is used for inmates having significant mental health disorders once they have been evaluated by the psychiatric staff.

Inmates in mental health housing are under continuous care by a psychiatric team. Adjustments in medication, therapy, and appropriate housing are made by the psychiatrist, as the inmate's condition warrants. Day room, services, and program access for inmates is determined on an individual basis by psychiatric personnel. Detention staff may implement additional security measures, or place the inmate in more secure housing or additional restraints if the inmate poses a safety or security risk.

In the past two years, psychiatric services have conducted patient satisfaction surveys on inpatient psychiatric units. Psychiatric services are involved in data collection and analysis for inmate grievances. Psychiatric services conducted a chart audit process and established a

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psychiatric peer review process. Psychiatric services also trained RN nursing staff in AIMS assessment and competency. Provider assessment forms were revised to provide consistency in documentation. Finally, psychiatric services conducted an outcome study to streamline the Madison Street Jail's (Jail since closed) 6 am to 3 pm medical sick call process by reducing the sick call length of time by 50% (2 hours), which in turn increased the available time for psychiatric interventions.

The facility has a suicide prevention program that addresses each of the twelve aspects of planning as described by the standard. There are 2 dry cells used for suicide observation of juveniles in the infirmary. These cells have window views from two sides, no mattresses, and no hitching posts. In-patient charts were complete with special needs treatment plans.

The 60-bed infirmary is located at the LBJ unit. Medical providers assess patients admitted to the infirmary and give an acuity score to each. An acuity of 1 (the highest score) means that nursing assessment and vital signs are due every shift, every day. An acuity score of 4 (the lowest score) means housing only, no assessments. Level 4 is used for disabled individuals who are unable to take care of their activities of daily living (ADLs) (e.g., a quadriplegic) and need sheltered housing. Level 4 sheltered housing patients request medical care by filling out a sick call slip ("tank order") and are charged a co-pay for these requests.

The infirmary is staffed with a physician from 8:00 am to 4:30 pm and a nurse manager 8:00 am to 5:00 pm, Monday thru Friday. There are RNs and LPNs on duty 24 hours, 7 days a week. Even if the facility experiences a shortage of health staff on a given day or shift, the facility reports the infirmary is never understaffed. Mental health services are provided to inmates in the infirmary as needed. All medication administration in the infirmary is by direct observation therapy.

The infirmary's scope of health service includes aftercare for transfers back from area hospitals following surgical procedures, as well as acute or intensive inpatient care for illness or injury. Inmates infected with communicable disease are housed in the infirmary. Juveniles requiring suicide watch also are housed here.

Substance abuse services are provided at varying degrees within the components of the Detention Bureau. At the Estrella Unit there are several substance abuse programs provided to inmates. These include:

- Alcoholics Anonymous (English) at 4 PM on Monday; a 12 Step based AA program for general population inmates;
- Narcotics Anonymous (English) at 8PM on Wednesday, a 12 Step based NA program for general population inmates;
- Cocaine Anonymous (English) at 10AM on Saturday, a 12 Step based CA program for general population inmates;
- Crystal Meth Anonymous (English) at 3PM on Saturday, a 12 Step based CMA program for general population inmates; and,
- Alcoholics Anonymous (Spanish) at 8:30PM on Saturday, a 12 Step based AA program for Spanish speaking general population inmates.

The medical director reported that there is no detoxification being performed at the jail. Pregnant inmates admitted with a history of opiate use are maintained on methadone (tablets). (See also standard J-D-05 Hospital and Specialty Services.)

Policy and procedures indicate what actions are to be taken in the care of terminally ill inmates. The jail has housed individuals with terminal illnesses such as acute myelogenous leukemia, metastatic malignant melanoma, and liver cirrhosis.

Services are available to care for the needs of pregnant inmates at Estrella. There were 917 pregnant inmates treated in FY2005. There were 7 c-section and 38 vaginal births performed at the local hospital.

2. Standard Specific Findings

J-G-01 Special Needs Treatment Plans (E).

compliance partial compliance non-compliance.

The facility has excellent forms to document the treatment plans for medical problems. They are rarely used, however, and when present are only partially filled out. Eleven outpatient charts that needed the plans lacked them. Mental health plans were also problematic. While it was possible in all but 4 charts to identify what caused entry into mental health care (i.e., sick call request, value options enrollment, positive receiving screen, or detention officer notification), individual plans to outline and guide the treatment were generally missing.

Corrective action is required for Compliance Indicator(s) # 2 and 3. Documentation is needed that individual treatment plans are developed to address all elements as required by the standard.

*In documentation forwarded after the survey, the facility reports planning to identify chronic care patients and schedule them in dedicated chronic care clinics during which the treatment plans will be developed and followed. Time is needed to finalize planning, implement and evaluate corrective actions. The facility remains in partial compliance. (February 2006)

*In subsequent documentation, the facility reports that treatment plan forms were re-implemented and the providers reeducated regarding their use. The mental health SNTP format was revised, providers re-educated, and its use implemented in April 2006. An April CQI audit of the inpatient psychiatric unit found 89% compliance that the SNTP included necessary elements, and a 100% result when the results of the treatment plan were reviewed; i.e., whether the needs of the inmate were met consistent with their SNTP. The intent of the standard is met. (June 2006)

J-G-02 Management of Chronic Disease (I).

compliance partial compliance non-compliance.

There is no effective system of tracking chronic disease. There are no regularly scheduled clinics for patients with chronic diseases such as diabetes, hypertension, or asthma. Rather, chronically ill inmates are given appointments as requested by the inmates for complaints. More physician involvement in chronic care is needed. The chronic condition flow sheet is not optimally used, and blood pressures are not being monitored frequently enough. Diabetics are not getting routine foot or eye examinations. Records do not reflect care that is in keeping with current national guidelines.

Corrective action is required for Compliance Indicator(s) # 4. Documentation is needed of actions taken to bring the clinicians' practice into compliance with national guidelines.

*See J-G-01 Special Needs Treatment Plans for information on plans for corrective action as reported by the facility subsequent to the survey. As of February 23, 2006, the facility remains in partial compliance.

*In subsequent documentation, the facility reports that the influenza vaccine for the upcoming flu season was ordered in May 2006. The facility reports that an effective system of tracking chronic disease patients has been developed by using a consultant firm. The data base allows monitoring frequency of appointments so that they are scheduled as required. The chronic care forms has been re-implemented and providers re-trained in their consistent use. See also further information under J-G-01. The intent of the standard is met. (June 2006)

J-G-03 Infirmiry Care (E).

compliance partial compliance non-compliance.

The infirmiry in-patient chart is not well organized. Among the charts reviewed during the survey, admitting notes missed diagnosis, medication, diet, activity restrictions, diagnostic tests required, and frequency of vital sign monitoring. The in-patient record does not always indicate a discharge plan or discharge notes.

Corrective action is required for Compliance Indicator(s) # 6 through 9. Documentation is needed of the actions taken to address the citations.

*Subsequent to the survey, the facility submitted plans to address the issues cited. Confirmation that the actions taken have solved the concerns is needed for full compliance. (February 2006)

Comments: CHS policy requires that a physician check daily all patients in the infirmiry. However, surveyors noted in actual practice that the physician on-call will check in-patients Monday through Friday and not on weekends. Neither a physician or midlevel practitioner is in the infirmiry on weekends, although a physician is on-call.

During the survey, there was no manual of nursing care available. The Director of Nursing and CHS Director indicated that the manual is currently being written. In documentation submitted after the survey, the facility clarified that it uses the *Ferry and Patter Nursing* textbook as its manual of nursing care. The facility remains in partial compliance.

*In subsequent documentation, the facility submitted results of CQI audits that confirmed actions taken have resolved the issues related to infirmiry care. The April and May 2006 audits looked at the content of admission orders (diagnosis, frequency of vital signs, activity allowed, diet prescribed, labs or other diagnostic testing); whether medications were ordered and documented on the MARs; presence of documented discharge plans; and whether the physician and nursing rounds occurred as required. Compliance ranged from 94% to 100%. The facility is in compliance with the standard. (June 2006)

J-G-04 Mental Health Services (E).

compliance partial compliance non-compliance.

J-G-05 Suicide Prevention Program (E).

compliance partial compliance non-compliance.

There were a total of 5 successful suicides in calendar year 2005. Notably, the facility reports that mortality reviews found no major lapse of conscientious mental health care. Mental health staff closely monitor inmates on suicide watch. However, The 4th Avenue Jail intake unit continues to pose a risk for suicide attempts. For example, an inmate successfully hung himself on a telephone cord in his intake isolation cell. Such telephones continue to pose a risk for suicidal inmates in the unit.

Corrective action is required. Further details on the findings of the suicide mortality reviews for 2005 is required so that compliance with the intent of the standard can be assessed.

This standard is intended to ensure that suicides are prevented if at all possible. When suicides do occur, appropriate corrective action is identified and implemented to prevent recurrences. In addition, aggregate review of suicide related data is to be monitored so as to be able to address any discernable patterns. The Accreditation Committee requests that CHS forward a summary of the facility's findings regarding their 2005 mortality reviews completed on the 5 deaths by suicide, along with confirmation that any corrective actions recommended as a result of the findings were implemented.

Of the eight deaths at the Detention Bureau in 2004, two were attributed to suicide. In 2005, 16 deaths were reported, and five were attributed to suicides. The Detention Bureau's Morbidity and Mortality Committee reviewed each death, a quality review is performed on the medical record, a report is written by the medical director and CQI chair, and a psychological autopsy is performed by the Director of Mental Health. The Director of Nursing provides feedback to nursing staff. The medical director provides feedback to clinical providers. In subsequent documentation, the facility reported that documentation is available on site to confirm that all corrective actions were completed and implemented. The intent of the standard is met (June 2006).

J-G-06 Intoxication and Withdrawal (E).
 compliance [] partial compliance [] non-compliance.

J-G-07 Care of the Pregnant Inmate (E).
 compliance [] partial compliance [] non-compliance.

J-G-08 Inmates With Alcohol or Other Drug Problems (I).
 compliance [] partial compliance [] non-compliance.

Comment: While Estrella has strong programming, the other sites, especially the newer 4th Avenue and LBJ, are in need of enhanced programming regarding substance abuse.

J-G-09 Procedure In The Event Of Sexual Assault (I).
 compliance [] partial compliance [] non-compliance.

Comment: The facility reports there were no allegations of sexual assaults reported by inmates throughout the units of the Detention Bureau.

J-G-10 Pregnancy Counseling (I).
 compliance [] partial compliance [] non-compliance.

J-G-11 Orthoses, Prostheses, and Other Aids to Impairment (I).
 compliance partial compliance non-compliance.

J-G-12 Care For The Terminally Ill (I).
 compliance partial compliance non-compliance.

H. HEALTH RECORDS

The complexities of good documentation of health services in the medical record are addressed in this section. The legal requirements for health record contents is included in this section, as well as the special considerations necessary due to the status of the patients within a correctional setting. There must be adequate means for sharing critical health information on an ongoing basis among the various providers where medical and mental health records are kept separately.

1. General Comments

Inmate health records are in hard copy. The facility reports that a proposal for an electronic medical records system is in the planning stages. Currently a computerized information system is shared with custody to determine inmate location.

2. Standard Specific Findings

J-H-01 Health Record Format and Contents (E).
 compliance partial compliance non-compliance.

Comments and Recommendation:

A system of this size and complexity would likely benefit from an electronic medical information system.

Dental records are separate from the medical records and dental staff communicate with health staff verbally for instructions. Given the numbers of patients and diversity of components, and lack of an electronic medical record, a written method of communicating instructions for health staff should be developed.

J-H-02 Confidentiality of Health Records and Information (E).
 compliance partial compliance non-compliance.

J-H-03 Access To Custody Information (I).
 compliance partial compliance non-compliance.

J-H-04 Availability and Use of Health Records (I).
 compliance partial compliance non-compliance
Health staff report that the health record is not always available at the time of the medical or mental health encounter. Staffing deficiencies have been cited by the facility as the main reason why charts are not ready or available at the time of the encounter.

Corrective action is required for Compliance Indicator #2: Documentation of corrective action is needed.

*In documentation subsequent to the survey, the facility reports that while CHS continues to pursue an EMR, in the meantime, they have hired 4 additional MR Technicians since 01/06, leaving the facility with one vacancy. CHS implemented a process that transfers medical records to on-site specialty clinics on the day of clinic so that medical records are available to the provider prior to the appointment. In May 2006, all sites participated in a CQI study which confirmed that the medical record was available to the provider at the time of the encounter. The facility continues to monitor this. The facility is in compliance with the intent of the standard. (July 2006).

J-H-05 Transfer of Health Records (I).
 compliance partial compliance non-compliance.

J-H-06 Retention of Health Records (I).
 compliance partial compliance non-compliance.

I. MEDICAL-LEGAL ISSUES

These are among the most complex issues facing correctional health care providers. While the rights of the inmate as a patient are generally the same as rights of a patient in the free world, the correctional setting often adds additional considerations to be included in the decision-making process about patient care. Rights of the patient and the duty to protect the patient and others may present conflicting priorities; however, ethical guidelines, professional practice standards, and NCCHC standards are the determining factors regarding these interventions and issues.

1. General Comments

System-wide data for 2005 indicate that there were 280 medically ordered restraints in the psychiatric in-patient unit at the LBJ facility. Leather restraints were used in 84.4% of the incidents, and the restraint chair was used in 11.2% of the time. Seclusion was used 4.5% of the time. Approximately 70% of restraints were for less than 6 hours. When restraints are applied by custody staff in other components of the system, inmates are usually transferred to LBJ and monitored by health staff there.

Interviews with custody and health staff at 4th Avenue and Durango indicate that medical staff is notified when restraints are used (in a use of force restraint). Medical staff checks health records for contraindications, checks injuries, and monitors breathing and circulation of inmates so restrained.

Interviews with mental health professionals and nurses, as well as record reviews, confirm that psychotropic medication is ordered by a psychiatrist and administered consistent with these standards.

The facility reports that health staff are not involved in the collection of blood specimens for DNA or alcohol testing for forensic purposes. Interviewed health staff indicated that they have never been involved in a body cavity search.

2. Standard Specific Findings

J-I-01 Use of Restraint and Seclusion in Correctional Facilities (E).
 compliance partial compliance non-compliance.

J-I-02 Emergency Psychotropic Medication (E).
 compliance partial compliance non-compliance.

J-I-03 Forensic Information (I).
 compliance partial compliance non-compliance.

J-I-04 End-Of-Life Decision Making (I).
 compliance partial compliance non-compliance.

J-I-05 Informed Consent (I).
 compliance partial compliance non-compliance.

J-I-06 Right to Refuse Treatment (I).
 compliance partial compliance non-compliance.

J-I-07 Medical and Other Research (I).
 compliance partial compliance non-compliance.

MC Confidential (April 08)
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NATIONAL COMMISSION ON CORRECTIONAL HEALTH CARE

Hereby
Grants This

Certificate of Accreditation

To

Maricopa County Sheriff's Office-Detention Bureau
Phoenix, Arizona

for its achievement in providing quality health care that meets
the Standards for Health Services established by the National
Commission on Correctional Health Care and as determined by
the NCCHC Accreditation Committee on this date.

June 23, 2000



Kleanthe Caruso
Kleanthe Caruso
NCCHC Chair

Edward A. Harrison
Edward A. Harrison, CCHP
NCCHC President

Carl C. Bell, M.D.
Carl C. Bell, M.D.
Accr. Cmte. Chair

MC (April 08)

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National Commission on Correctional Health Care

Certificate of Accreditation

Maricopa County Sheriff's Office-Detention Bureau
Phoenix, Arizona

The above named facility is hereby recognized by the National Commission on Correctional Health Care upon recommendation of its Accreditation Committee to have met all the requirements of accreditation under NCCCHC's *Standards for Health Services*. February 2004.

Carl C. Bell, M.D.
Chair, NCCCHC Accreditation Committee

Thomas J. Fagan
Chair, NCCCHC Board of Directors

Edward J. Hanrahan
President, NCCCHC



MC (April 03)
0002

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National Commission on Correctional Health Care

Certificate of Accreditation

Maricopa County Sheriff's Office - Detention Bureau
Phoenix, Arizona

The above named facility is hereby recognized by the National Commission on Correctional Health Care upon recommendation of its Accreditation Committee to have met all the requirements of accreditation under NCCHC's *Standards for Health Services*.

February 2006.

Carl C. Bell, M.D.
Chair, NCCHC Accreditation Committee



Nancy B. White
Chair, NCCHC Board of Directors

Edward J. Haman
President, NCCHC

MC (April 08)
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MARICOPA COUNTY SHERIFF'S OFFICE

JOSEPH M. ARPAIO
SHERIFF

07 MAR -- 7 3:22



March 1, 2001

Joe Tansill, Interim Director
Correctional Health Services
111 West Monroe, Suite 900
Phoenix, AZ 85003

Dear Mr. Tansill:

Congratulations to all of you at CHS! I received Judith Stanley's letter announcing your continuation of accreditation by the National Commission on Correctional Health Care. I always assure both anxious family members and carping critics that the medical care provided inmates is attentive and caring—and I believe it. So do MCSO employees who work most closely with CHS employees in our jails. Obviously, so does the accrediting agency. Well done!

Sincerely,

Joseph M. Arpaio
Maricopa County Sheriff

JMA:mbr

Wells Fargo Plaza • 100 West Washington • Suite 1900 • Phoenix, Arizona 85003
(602) 258-1000 • Statewide Toll Free 1-800-362-4553 • WWW.MCSO.ORG

MC (April 08)

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National Commission on
Correctional Health Care

1145 W. Diversey Pkwy Chicago, Illinois 60614-1310 773-880-1460 phone 773-880-2424 fax www.ncchc.org

June 28, 2007

Lindy Funkhouser
Maricopa County Sheriff's Office - Detention Bureau
234 N. Central Avenue Suite 500
Phoenix, AZ 85003

Dear Mr. Funkhouser:

Congratulations! The Accreditation Committee of the National Commission on Correctional Health Care (NCCHC), upon receipt of further documentation, voted to continue to accredit the Maricopa County Sheriff's Office - Detention Bureau for its compliance with NCCHC Standards for Health Services in Jails. Enclosed is the Accreditation Report of your facility which documents its compliance with the Standards.

The Commission congratulates you on your achievement and wishes you continued success in the future. Your framed Certificate of Accreditation will be sent under separate cover. It is anticipated that the next scheduled on-site survey of the facility will occur sometime prior to February 2009. If we can be of any assistance to you, please feel free to call us at any time.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Judith A. Stanley', is written over a horizontal line.

Judith A. Stanley, MS, CCHP-A
Director of Accreditation

Enclosure

cc: Edward A. Harrison, NCCHC President
Sheriff Joseph Arpaio

MC (April 08)
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Rec - for files

NATIONAL COMMISSION ON CORRECTIONAL HEALTH CARE

1300 W. BELMONT AVENUE . CHICAGO, ILLINOIS 60657-3210 (773) 880-1460 FAX: (773) 880-2424
email: nchc@nchc.org website: www.nchc.org

June 29, 2001

Susan Svitak
or Current Health Administrator
Maricopa County Sheriff's Office-Detention Bureau-Madison
111 W. Monroe, Suite 900
Phoenix, AZ 85008

Dear Ms. Svitak:

Congratulations! The National Commission on Correctional Health Care is pleased to confirm your continuing accreditation in good standing. In accordance with our accreditation policy, an annual maintenance report has been submitted to our office to maintain your accreditation. Having submitted the Annual Maintenance Report for review, it has been determined that the Maricopa County Sheriff's Office-Detention Bureau-Madison is in compliance with NCHC's *Standards for Health Services in Jails*.

Sincerely,

Judith A. Stanley, MS, CCHP
Director of Accreditation

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National Commission on
Correctional Health Care

1145 W. Diversey Pkwy. 773-880-1460 phone
Chicago, Illinois 773-880-2424 fax
60614-1318 www.ncchc.org

June 28, 2007

Lindy Funkhouser
Maricopa County Sheriff's Office - Detention Bureau
234 N. Central Avenue Suite 500
Phoenix, AZ 85003

Dear Mr. Funkhouser:

Congratulations! The Accreditation Committee of the National Commission on Correctional Health Care (NCCHC), upon receipt of further documentation, voted to continue to accredit the Maricopa County Sheriff's Office - Detention Bureau for its compliance with NCCHC *Standards for Health Services in Jails*. Enclosed is the Accreditation Report of your facility which documents its compliance with the Standards.

The Commission congratulates you on your achievement and wishes you continued success in the future. Your framed Certificate of Accreditation will be sent under separate cover. It is anticipated that the next scheduled on-site survey of the facility will occur sometime prior to February 2009. If we can be of any assistance to you, please feel free to call us at any time.

Sincerely,

A handwritten signature in black ink, appearing to read 'Judith A. Stanley', is written over a faint, larger version of the same signature.

Judith A. Stanley, MS, CCHP-A
Director of Accreditation

Enclosure

cc: Edward A. Harrison, NCCHC President
Sheriff Joseph Arpaio

MC (April 08)
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