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5 \*Admitted pursuant to Ariz. Sup. Ct. R. 38(f)

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7 *Robert Gamez, Maryanne Chisholm, Desiree Licci, Joseph Hefner,*  
*Joshua Polson, and Charlotte Wells, on behalf of themselves and all*  
8 *others similarly situated*

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17 UNITED STATES DISTRICT COURT  
18 DISTRICT OF ARIZONA

19 Victor Parsons; Shawn Jensen; Stephen Swartz;  
Dustin Brislan; Sonia Rodriguez; Christina  
20 Verduzco; Jackie Thomas; Jeremy Smith; Robert  
Gamez; Maryanne Chisholm; Desiree Licci; Joseph  
21 Hefner; Joshua Polson; and Charlotte Wells, on  
behalf of themselves and all others similarly  
situated; and Arizona Center for Disability Law,

22 Plaintiffs,

23 v.

24 Charles Ryan, Director, Arizona Department of  
Corrections; and Richard Pratt, Interim Division  
25 Director, Division of Health Services, Arizona  
Department of Corrections, in their official  
26 capacities,

27 Defendants.  
28

No. CV 12-00601-PHX-DJH

**STIPULATION**

1 Plaintiffs and Defendants (collectively, “the Parties”) hereby stipulate as follows:

2 **I. INTRODUCTION AND PROCEDURAL PROVISIONS**

3 1. Plaintiffs are prisoners in the custody of the Arizona Department of  
4 Corrections (“ADC”), an agency of the State of Arizona, who are incarcerated at one of  
5 the state facilities located in the State of Arizona, and the Arizona Center for Disability  
6 Law (“ACDL”).

7 2. Defendants are Charles Ryan, Director of ADC, and Richard Pratt, Interim  
8 Division Director, Division of Health Services of ADC. Both Defendants are sued in their  
9 official capacities.

10 3. The Court has certified this case as a class action. The class is defined as  
11 “All prisoners who are now, or will in the future be, subjected to the medical, mental  
12 health, and dental care policies and practices of the ADC.” The subclass is defined as  
13 “All prisoners who are now, or will in the future be, subjected by the ADC to isolation,  
14 defined as confinement in a cell for 22 hours or more each day or confinement in the  
15 following housing units: Eyman–SMU 1; Eyman–Browning Unit; Florence–Central Unit;  
16 Florence–Kasson Unit; or Perryville–Lumley Special Management Area.”

17 4. The purpose of this Stipulation to settle the above captioned case. This  
18 Stipulation governs or applies to the 10 ADC complexes: Douglas, Eyman, Florence,  
19 Lewis, Perryville, Phoenix, Safford, Tucson, Winslow and Yuma. This Stipulation does  
20 not apply to occurrences or incidents that happen to class members while they do not  
21 reside at one of the 10 ADC complexes.

22 5. Defendants deny all the allegations in the Complaint filed in this case. This  
23 Stipulation does not constitute and shall not be construed or interpreted as an admission of  
24 any wrongdoing or liability by any party.

25 6. Attached to this Stipulation as Exhibit A is a list of definitions of terms used  
26 herein and in the performance measures used to evaluate compliance with the Stipulation.

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1 **II. SUBSTANTIVE PROVISIONS**

2 **A. Health Care.**

3 7. Defendants shall request that the Arizona Legislature approve a budget to  
4 allow ADC and its contracted health services vendor to modify the health services  
5 contract to increase staffing of medical and mental health positions. This provision shall  
6 not be construed as an agreement by Plaintiffs that this budgetary request is sufficient to  
7 comply with the terms of this Stipulation.

8 8. Defendants shall comply with the health care performance measures set  
9 forth in Exhibit B. Clinicians who exhibit a pattern and practice of substantially departing  
10 from the standard of care shall be subject to corrective action.

11 9. **Measurement and reporting of performance measures:** Compliance with  
12 the performance measures set forth in Exhibit B shall be measured and reported monthly at  
13 each of ADC's ten (10) complexes as follows.

14 a. The performance measures analyzed to determine ADC substantial  
15 compliance with the health care provisions of this Stipulation shall be  
16 governed by ADC's MGAR format. Current MGAR performance  
17 compliance thresholds used to measure contract compliance by the  
18 contracted vendor shall be modified pursuant to a contract amendment to  
19 reflect the compliance measures and definitions set forth in Exhibit B.

20 b. The parties shall agree on a protocol to be used for each performance  
21 measure, attached as Exhibit C. If the parties cannot agree on a protocol,  
22 the matter shall be submitted for mediation or resolution by the District  
23 Court.

24 10. The measurement and reporting process for performance measures, as  
25 described in Paragraph 9, will determine (1) whether ADC has complied with particular  
26 performance measures at particular complexes, (2) whether the health care provisions of  
27 this Stipulation may terminate as to particular performance measures at particular  
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1 complexes, as set forth in the following sub-paragraphs.

2 a. **Determining substantial compliance with a particular performance**  
3 **measure at a particular facility:** Compliance with a particular  
4 performance measure identified in Exhibit B at a particular complex shall  
5 be defined as follows:

6 i. For the first twelve months after the effective date of this  
7 Stipulation, meeting or exceeding a seventy-five percent (75%)  
8 threshold for the particular performance measure that applies to  
9 a specific complex, determined under the procedures set forth  
10 in Paragraph 9;

11 ii. For the second twelve months after the effective date of this  
12 Stipulation, meeting or exceeding an eighty percent (80%)  
13 threshold for the particular performance measure that applies to  
14 a specific complex, determined under the procedures set forth  
15 in Paragraph 9;

16 iii. After the first twenty four months after the effective date of this  
17 Stipulation, meeting or exceeding an eighty-five percent (85%)  
18 threshold for the particular performance measure that applies to  
19 a specific complex, determined under the procedures set forth  
20 in Paragraph 9.

21 b. **Termination of the duty to measure and report on a particular**  
22 **performance measure:** ADC's duty to measure and report on a  
23 particular performance measure, as described in Paragraph 9, terminates  
24 if:

25 i. The particular performance measure that applies to a specific  
26 complex is in compliance, as defined in sub-paragraph A of  
27 this Paragraph, for eighteen months out of a twenty-four month  
28 period; and

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ii. The particular performance measure has not been out of compliance, as defined in sub-paragraph A of this Paragraph, for three or more consecutive months within the past 18- month period.

c. The duty to measure and report on any performance measure for a given complex shall continue for the life of this Stipulation unless terminated pursuant to sub-paragraph B of this Paragraph.

11. Defendants or their contracted vendor(s) will approve or deny all requests for specialty health care services using InterQual or another equivalent industry standard utilization management program. Any override of the recommendation must be documented in the prisoner’s health care chart, including the reason for the override.

12. Defendants or their contracted vendor(s) will ensure that:

- a. All prisoners will be offered an annual influenza vaccination.
- b. All prisoners with chronic diseases will be offered the required immunizations as established by the Centers for Disease Control.
- c. All prisoners ages 50 to 75 will be offered annual colorectal cancer screening.
- d. All female prisoners age 50 and older will be offered a baseline mammogram screening at age 50, then every 24 months thereafter unless more frequent screening is clinically indicated.

13. Defendants or their contracted vendor(s) will implement a training program taught by Dr. Brian Hanstad, or another dentist if Dr. Hanstad is unavailable, to train dental assistants at ADC facilities about how to triage HNRs into routine or urgent care lines as appropriate and to train dentists to evaluate the accuracy and skill of dental assistants under their supervision.

1           14. For prisoners who are not fluent in English, language interpretation for  
2 healthcare encounters shall be provided by a qualified health care practitioner who is  
3 proficient in the prisoner's language, or by a language line interpretation service.

4           15. If a prisoner who is taking psychotropic medication suffers a heat  
5 intolerance reaction, all reasonably available steps will be taken to prevent heat injury or  
6 illness. If all other steps have failed to abate the heat intolerance reaction, the prisoner will  
7 be transferred to a housing area where the cell temperature does not exceed 85 degrees  
8 Fahrenheit.

9           16. Psychological autopsies shall be provided to the monitoring bureau within  
10 thirty (30) days of the prisoner's death and shall be finalized by the monitoring bureau  
11 within fourteen (14) days of receipt. When a toxicology report is required, the  
12 psychological autopsy shall be provided to the monitoring bureau within thirty (30) days  
13 of receipt of the medical examiner's report. Psychological autopsies and mortality reviews  
14 shall identify and refer deficiencies to appropriate managers and supervisors including the  
15 CQI committee. If deficiencies are identified, corrective action will be taken.

16           **B. Maximum Custody Prisoners.**

17           17. Defendants shall request that the Arizona Legislature approve a budget to  
18 allow ADC to implement DI 326 for all eligible prisoners. This provision shall not be  
19 construed as an agreement by Plaintiffs that this budget request is sufficient to comply  
20 with the terms of this Stipulation.

21           18. Defendants shall comply with the maximum custody performance measures  
22 set forth in Exhibit D.

23           19. **Measurement and reporting of performance measures:** Compliance with  
24 the performance measures set forth in Exhibit D shall be measured and reported monthly  
25 as follows.

- 26                   a. The performance measures analyzed to determine ADC substantial  
27                   compliance with the Maximum Custody provisions of this Stipulation  
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1 shall be governed by the protocol used for each performance measure  
2 attached as Exhibit E. If the parties cannot agree on a protocol, the  
3 matter shall be submitted for mediation or resolution by the District  
4 Court.

5 20. The measurement and reporting process for performance measures, as  
6 described in Paragraph 19, will determine (1) whether ADC has complied with particular  
7 performance measures at particular units, (2) whether the Maximum Custody provisions  
8 of this Stipulation may terminate as to particular performance measures at particular units,  
9 as set forth in the following sub-paragraphs.

10 a. **Determining substantial compliance with a particular**  
11 **performance measure at a particular unit:** Compliance with a  
12 particular performance measure identified in Exhibit D at a particular  
13 unit shall be defined as follows:

14 i. For the first twelve months after the effective date of this  
15 Stipulation, meeting or exceeding a seventy-five percent  
16 (75%) threshold for the particular performance measure that  
17 applies to a specific unit, determined under the procedures set  
18 forth in Paragraph 19;

19 ii. For the second twelve months after the effective date of this  
20 Stipulation, meeting or exceeding an eighty percent (80%)  
21 threshold for the particular performance measure that applies  
22 to a specific unit, determined under the procedures set forth in  
23 Paragraph 19;

24 iii. After the first twenty four months after the effective date of  
25 this Stipulation, meeting or exceeding an eighty-five percent  
26 (85%) threshold for the particular performance measure that  
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1 applies to a specific unit, determined under the procedures set  
2 forth in Paragraph 19.

3 **b. Termination of the duty to measure and report on a particular**  
4 **performance measure:** ADC's duty to measure and report on a  
5 particular performance measure, as described in Paragraph 19,  
6 terminates if:

7 i. The particular performance measure that applies to a specific  
8 unit is in compliance, as defined in sub-paragraph A of this  
9 Paragraph, for eighteen months out of a twenty-four month  
10 period; and

11 ii. The particular performance measure has not been out of  
12 compliance, as defined in sub-paragraph A of this Paragraph,  
13 for three or more consecutive months within the past eighteen-  
14 month period.

15 c. The duty to measure and report on any performance measure for a  
16 given unit shall continue for the life of this Stipulation unless  
17 terminated pursuant to sub-paragraph B of this Paragraph.

18 21. Seriously Mentally Ill (SMI) prisoners are defined as those prisoners who  
19 have been determined to be seriously mentally ill according to the criteria set forth in the  
20 ADC SMI Determination Form (Form 1103-13, 12/19/12), which is attached hereto as  
21 Exhibit F and is incorporated by reference as if fully set forth herein. For purposes of this  
22 Stipulation, "intellectual disabilities," as defined by the current version of the Diagnostic  
23 and Statistical Manual of Mental Disorders (DSM), shall be added to the list of qualifying  
24 diagnoses on Form 1103.13. This definition shall govern this Stipulation notwithstanding  
25 any future modification of Form 1103.13 or ADC's definition of "Seriously Mentally Ill."  
26 All prisoners determined to be SMI in the community shall also be designated as SMI by  
27 ADC.

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1           22.    ADC maximum custody prisoners housed at Eyman-Browning, Eyman-  
2 SMU I, Florence Central, Florence-Kasson, and Perryville-Lumley Special Management  
3 Area (Yard 30) units, shall be offered out of cell time, incentives, programs and property  
4 consistent with DI 326 and the Step Program Matrix, but in no event shall be offered less  
5 than 6 hours per week of out-of-cell exercise. Defendants shall implement DI 326 and the  
6 Step Program Matrix for all eligible prisoners and shall maintain them in their current  
7 form for the duration of this Stipulation. In the event that Defendants intend to modify  
8 DI 326 and the Step Program Matrix they shall provide Plaintiffs' counsel with thirty (30)  
9 days' notice. In the event that the parties do not agree on the proposed modifications, the  
10 dispute shall be submitted to Magistrate Judge David Duncan who shall determine  
11 whether the modifications effectuate the intent of the relevant provisions of the  
12 Stipulation.

13           23.    Prisoners who are MH3 or higher shall not be housed in Florence Central-  
14 CB5 or CB7 unless the cell fronts are substantially modified to increase visibility.

15           24.    All prisoners eligible for participation in DI 326 shall be offered at least 7.5  
16 hours of out-of-cell time per week. All prisoners at Step II shall be offered at least 8.5  
17 hours of out-of-cell time per week, and all prisoners at Step III shall be offered at least 9.5  
18 hours of out-of-cell time per week. The out of cell time set forth in this paragraph is  
19 inclusive of the six hours of exercise time referenced in Paragraph 22. Defendants shall  
20 ensure that prisoners at Step II and Step III of DI 326 are participating in least one hour of  
21 out-of-cell group programming per week.

22           25.    In addition to the out of cell time, incentives, programs and property  
23 offered pursuant to DI 326 and the Step Program Matrix for prisoners housed at maximum  
24 custody units specified in ¶ 24 above, ADC maximum custody prisoners designated as  
25 SMI pursuant to ¶ 21 above, shall be offered an additional ten hours of unstructured of out  
26 of cell time per week; an additional one hour of out-of-cell mental health programming  
27 per week; one hour of additional out of cell psychoeducational programming per week;  
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1 and one hour of additional out of cell programming per week. Time spent out of cell for  
2 exercise, showers, medical care, classification hearings or visiting shall not count toward  
3 the additional ten hours of out of cell time per week specified in this Paragraph. All  
4 prisoners received in maximum custody will receive an evaluation for program placement  
5 within 72 hours of their transfer into maximum custody, including to properly identify all  
6 SMI prisoners.

7 26. If out of cell time offered pursuant to ¶¶ 24 or 25 above is limited or  
8 cancelled for legitimate operational or safety and security reasons such as an unexpected  
9 staffing shortage, inclement weather or facility emergency lockdown, Defendants shall  
10 make every reasonable effort to ensure that amount of out of cell time shall be made up  
11 for those prisoners who missed out of cell time. The out of cell time provided pursuant to  
12 paragraph 24 above, may be limited or canceled for an individual prisoner if the Warden,  
13 or his/her designee if the Warden is not available, certifies in writing that allowing that  
14 prisoner such out of cell time would pose a significant security risk. Such certification  
15 shall expire after thirty (30) days unless renewed in writing by the Warden or his/her  
16 designee.

17 27. Defendants shall maintain the following restrictions on the use of pepper  
18 spray and other chemical agents on any maximum custody prisoner classified as SMI, and  
19 in the following housing areas: Florence-CB-1 and CB-4; Florence-Kasson (Wings 1 and  
20 2); Eyman-SMU I (BMU); Perryville-Lumley SMA; and Phoenix (Baker, Flamenco, and  
21 MTU).

- 22 a. Chemical agents shall be used only in case of imminent threat. An  
23 imminent threat is any situation or circumstance that jeopardizes the  
24 safety of persons or compromises the security of the institution, requiring  
25 immediate action to stop the threat. Some examples include, but are not  
26 limited to: an attempt to escape, on-going physical harm or active  
27 physical resistance. A decision to use chemical agents shall be based on  
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1 more than passive resistance to placement in restraints or refusal to  
2 follow orders. If the inmate has not responded to staff for an extended  
3 period of time, and it appears that the inmate does not present an  
4 imminent physical threat, additional consideration and evaluation  
5 should occur before the use of chemical agents is authorized.

6 b. All controlled uses of force shall be preceded by a cool down period to  
7 allow the inmate an opportunity to comply with custody staff orders.  
8 The cool down period shall include clinical intervention (attempts to  
9 verbally counsel and persuade the inmate to voluntarily exit the area) by  
10 a mental health clinician, if the incident occurs on a weekday between  
11 8:00 a.m. and 4:00 p.m. At all other times, a qualified health care  
12 professional (other than a LPN) shall provide such clinical intervention.  
13 This cool down period may include similar attempts by custody staff.

14 c. If it is determined the inmate does not have the ability to understand  
15 orders, chemical agents shall not be used without authorization from the  
16 Warden, or if the Warden is unavailable, the administrative duty officer.

17 d. If it is determined an inmate has the ability to understand orders but has  
18 difficulty complying due to mental health issues, or when a mental  
19 health clinician believes the inmate's mental health issues are such that  
20 the controlled use of force could lead to a substantial risk of  
21 decompensation, a mental health clinician shall propose reasonable  
22 strategies to employ in an effort to gain compliance, if the incident  
23 occurs on a weekday between 8:00 a.m. and 4:00 p.m. At all other  
24 times, a qualified health care professional (other than a LPN) shall  
25 propose such reasonable strategies.

26 e. The cool down period may also include use of other available  
27 resources/options such as dialogue via religious leaders, correctional  
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1                   counselors, correctional officers and other custody and non-custody  
2                   staff that have established rapport with the inmate.

3           28. All maximum custody prisoners shall receive meals equivalent in caloric  
4 and nutritional content to the meals received by other ADC prisoners.

5   **III. MONITORING AND ENFORCEMENT**

6           29. Plaintiffs' counsel and their experts shall have reasonable access to the  
7 institutions, staff, contractors, prisoners and documents necessary to properly evaluate  
8 whether Defendants are complying with the performance measures and other provisions  
9 of this Stipulation. The parties shall cooperate so that plaintiffs' counsel has reasonable  
10 access to information reasonably necessary to perform their responsibilities required by  
11 this Stipulation without unduly burdening defendants. If the parties fail to agree, either  
12 party may submit the dispute for binding resolution by Magistrate Judge David Duncan.  
13 Defendants shall also provide, on a monthly basis during the pendency of the Stipulation,  
14 copies of a maximum of ten (10) individual Class Members' health care records, and a  
15 maximum of five (5) individual Subclass Members' health care and institutional records,  
16 such records to be selected by Plaintiffs' counsel. The health care records shall include:  
17 treatment for a twelve (12) month period of time from the date the records are copied.  
18 Upon request, Defendants shall provide the health care records for the twelve months  
19 before those originally produced. In addition, Defendants shall provide to Plaintiffs on a  
20 monthly basis a copy of all health care records of Class Members who died during their  
21 confinement at any state operated facility (whether death takes place at the facility or at a  
22 medical facility following transfer), and all mortality reviews and psychological autopsies  
23 for such prisoners. The records provided shall include treatment for a twelve (12) month  
24 period prior to the death of the prisoner. Upon request, Defendants shall provide the  
25 health care records for the twelve months before those originally produced. The parties  
26 will meet and confer about the limit on the records that Plaintiffs can request once the  
27 ADC electronic medical records system is fully implemented.

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1           30. In the event that counsel for Plaintiffs alleges that Defendants have failed to  
2 substantially comply in some significant respect with this Stipulation, Plaintiffs' counsel  
3 shall provide Defendants with a written statement describing the alleged non-compliance  
4 ("Notice of Substantial Non-Compliance"). Defendants shall provide a written statement  
5 responding to the Notice of Substantial Non-Compliance within thirty (30) calendar days  
6 from receipt of the Notice of Substantial Non-Compliance and, within thirty (30) calendar  
7 days of receipt of Defendants' written response, counsel for the parties shall meet and  
8 confer in a good faith effort to resolve their dispute informally.

9           31. In the event that a Notice of Substantial Non-Compliance pursuant to ¶ 30  
10 of this Stipulation cannot be resolved informally, counsel for the parties shall request that  
11 Magistrate Judge John Buttrick mediate the dispute. In the event that Magistrate Judge  
12 Buttrick is no longer available to mediate disputes in this case, the parties shall jointly  
13 request the assignment of another Magistrate Judge, or if the parties are unable to agree,  
14 the District Judge shall appoint a Magistrate Judge. If the dispute has not been resolved  
15 through mediation in conformity with this Stipulation within sixty (60) calendar days,  
16 either party may file a motion to enforce the Stipulation in the District Court.

17           32. Plaintiffs' counsel and their experts shall have the opportunity to conduct no  
18 more than twenty (20) tour days per year of ADC prison complexes. A "tour day" is any  
19 day on which one or more of plaintiffs' counsel and experts are present at a given  
20 complex. A tour day shall last no more than eight hours. No complex will be toured more  
21 than once per quarter. Tours shall be scheduled with at least two weeks' advance notice  
22 to defendants. Defendants shall make reasonable efforts to make available for brief  
23 interview ADC employees and any employees of any contractor that have direct or  
24 indirect duties related to the requirements of this Stipulation. The interviews shall not  
25 unreasonably interfere with the performance of their duties. Plaintiffs' counsel and their  
26 experts shall be able to have confidential, out-of-cell interviews with prisoners during  
27 these tours. Plaintiffs' counsel and their experts shall be able to review health and other  
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1 records of class members, and records of mental health and other programming, during  
2 the tours. Plaintiffs' counsel and their experts shall be able to review any documents that  
3 form the basis of the MGAR reports and be able to interview the ADC monitors who  
4 prepared those reports.

5 33. With the agreement of both parties, Plaintiffs may conduct confidential  
6 interviews with prisoners, and interviews of ADC employees or employees of ADC's  
7 contractors, by telephone.

8 34. Defendants shall notify the Ninth Circuit Court of Appeals of the settlement  
9 of this case and of their intention to withdraw the petition for rehearing en banc in case  
10 number 13-16396, upon final approval of the Stipulation by the District Court. Defendants  
11 agree not to file a petition for writ of certiorari with the United States Supreme Court  
12 seeking review of the Ninth Circuit's judgment in case number 13-16396.

13 **IV. RESERVATION OF JURISDICTION**

14 35. The parties consent to the reservation and exercise of jurisdiction by the  
15 District Court over all disputes between and among the parties arising out of this  
16 Stipulation. The parties agree that this Stipulation shall not be construed as a consent  
17 decree.

18 36. Based upon the entire record, the parties stipulate and jointly request that the  
19 Court find that this Stipulation satisfies the requirements of 18 U.S.C. § 3626(a)(1)(A) in that  
20 it is narrowly drawn, extends no further than necessary to correct the violation of the Federal  
21 right, and is the least intrusive means necessary to correct the violation of the Federal right of  
22 the Plaintiffs. In the event the Court finds that Defendants have not complied with the  
23 Stipulation, it shall in the first instance require Defendants to submit a plan approved by the  
24 Court to remedy the deficiencies identified by the Court. In the event the Court subsequently  
25 determines that the Defendants' plan did not remedy the deficiencies, the Court shall retain  
26 the power to enforce this Stipulation through all remedies provided by law, except that the  
27 Court shall not have the authority to order Defendants to construct a new prison or to hire a  
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1 specific number or type of staff unless Defendants propose to do so as part of a plan to  
2 remedy a failure to comply with any provision of this Stipulation. In determining the  
3 subsequent remedies the Court shall consider whether to require Defendants to submit a  
4 revised plan.

5 **V. TERMINATION OF THE AGREEMENT.**

6 37. To allow time for the remedial measures set forth in this Stipulation to be  
7 fully implemented, the parties shall not move to terminate this Stipulation for a period of  
8 four years from the date of its approval by the Court. Defendants shall not move to  
9 decertify the class for the duration of this Stipulation.

10 **VI. MISCELLANEOUS PROVISIONS**

11 38. Information produced pursuant to this Stipulation shall be governed by the  
12 Amended Protective Order (Doc. 454).

13 39. This Stipulation constitutes the entire agreement among the parties as to all  
14 claims raised by Plaintiffs in this action, and supersedes all prior agreements,  
15 representations, statements, promises, and understandings, whether oral or written,  
16 express or implied, with respect to this Stipulation. Each Party represents, warranties and  
17 covenants that it has the full legal authority necessary to enter into this Stipulation and to  
18 perform the duties and obligations arising under this Stipulation.

19 40. This is an integrated agreement and may not be altered or modified, except  
20 by a writing signed by all representatives of all parties at the time of modification.

21 41. This Stipulation shall be binding on all successors, assignees, employees,  
22 agents, and all others working for or on behalf of Defendants and Plaintiffs.

23 42. Defendants agree to pay attorneys' fees and costs incurred in the underlying  
24 litigation of the subject lawsuit in the total amount of \$ 4.9 million. Defendants agree to  
25 deliver payment of \$ 1 million within 14 days of the effective date of the Stipulation, and  
26 \$ 3.9 million by July 15, 2015. The parties agree that payment of these fees and costs

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represents full satisfaction of all claims for fees and costs incurred through the effective date of the Stipulation.

43. In the event that Plaintiffs move to enforce any aspect of this Stipulation and the Plaintiffs are the prevailing party with respect to the dispute, the Defendants agree that they will pay reasonable attorneys' fees and costs, including expert costs, to be determined by the Court. The parties agree that the hourly rate of attorneys' fees is governed by 42 U.S.C. § 1997e(d).

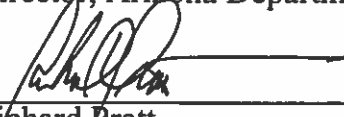
44. Plaintiffs' counsel shall be compensated for work reasonably performed or costs incurred to monitor or enforce the relief set forth in this Stipulation up to \$ 250,000 per calendar year. In exchange for Plaintiffs' agreement to a cap on the amount of fees, Defendants shall not dispute the amount sought unless there is an obvious reason to believe that the work was unreasonable or the bill is incorrect. The amount of \$ 250,000 will be prorated for the portion of the calendar year between the effective date of the Stipulation and the start of the next calendar year. Plaintiffs' counsel shall submit an invoice for payment quarterly along with itemized time records and expenses. Defendants shall pay the invoice within thirty (30) days of receipt. This limitation on fees and costs shall not apply to any work performed in mediating disputes before the Magistrate pursuant to paragraphs 22, 29, and 31 above, or to any work performed before the District Court to enforce or defend this Stipulation.

Dated this 9<sup>th</sup> day of OCTOBER, 2014.

**APPROVED:**

  
\_\_\_\_\_  
Charles Ryan,  
Director, Arizona Department of Corrections

Date: 10.9.14

  
\_\_\_\_\_  
Richard Pratt  
Interim Division Director, Division of Health Services,  
Arizona Department of Corrections

Date: 10/9/14



1 **PRISON LAW OFFICE**

**STRUCK, WIENEKE, & LOVE, P.L.C.**

2 By: s/ Donald Specter

By: s/ Daniel P. Struck

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**CERTIFICATE OF SERVICE**

I hereby certify that on October 14, 2014, I electronically transmitted the above document to the Clerk's Office using the CM/ECF System for filing and transmittal of a Notice of Electronic Filing to the following CM/ECF registrants:

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Index of Exhibits to Stipulation

- Exhibit A: Definitions of Terms
- Exhibit B: Health Care Performance Measures
- Exhibit C: Health Care Performance Measures Protocol
- Exhibit D: Maximum Custody Performance Measures
- Exhibit E: Maximum Custody Performance Measures Protocol
- Exhibit F: ADC SMI Determination Form

# EXHIBIT A

For purposes of the performance measures, the following definitions will be used:

<b>TERM</b>	<b>DEFINITION</b>
Active labor & delivery	Contractions lasting 45-60 seconds and being 3 to 4 minutes apart
ASPC	Arizona State Prison Complex. ASPC- Safford includes Ft Grant. ASPC-Florence includes Globe. ASPC-Winslow includes Apache.
ATP	Alternate Treatment Plan
Chronic Disease	<p>Chronic diseases include the following:</p> <ul style="list-style-type: none"> <li>• diabetes</li> <li>• HIV/AIDs</li> <li>• cancer</li> <li>• hypertension</li> <li>• Respiratory disease (for example, COPD / asthma / cystic fibrosis)</li> <li>• Seizure Disorder</li> <li>• heart disease</li> <li>• sickle cell disease</li> <li>• Hepatitis C</li> <li>• Tuberculosis</li> <li>• Neurological disorders (Parkinson's, multiple sclerosis, myasthenia gravis, etc.)</li> <li>• Cocci (Valley Fever)</li> <li>• End-Stage Liver Disease</li> <li>• Hyperlipidemia</li> <li>• Renal Diseases</li> <li>• Blood Diseases (including those on anticoagulants (or long term &gt;six months))</li> <li>• Rheumatological Diseases (including lupus, rheumatoid arthritis)</li> <li>• Hyperthyroidism</li> <li>• Crohn's Disease</li> </ul>
Contracted Vendor	For purposes of this agreement, contracted vendor refers directly to Corizon Health and its subcontractors, or any successor contractor/subcontractor.
CQI	Continuous Quality Improvement
Diagnostic Service	Lab draws and specimen collections, X-rays, vision testing, and hearing testing
DOT	Direct-observation therapy (watch-swallow) (medications)



<b>TERM</b>	<b>DEFINITION</b>
Effective date of the Stipulation	The date on which the Court grants final approval to the Stipulation.
Encounter	Interaction between a patient and a qualified healthcare provider that involves a treatment and/or exchange of confidential information.
Healthcare staff	Includes QHCPs as well as administrative and support staff (e.g. health record administrators, lab techs, nursing and medical assistants and clerical workers).
HNR	Health Needs Request
HSCMB	ADC's Health Services Compliance Monitoring Bureau
IPC	Inpatient Component / Infirmary beds
IR	Incident Report
KOP	Keep-on-person (medications)
Licensed	Healthcare staff who hold an active and unrestricted license in the State of Arizona in the relevant professional discipline.
MAR	Medication Administration Record
Medical Provider	Physician, Dentist, Nurse Practitioner, Physician's Assistant-C. Any health care practitioner who has been duly empowered by the State of Arizona to write prescriptions.
Mental Health Clinician	Psychologist, Psychology Associate
Mental Health Provider	Psychiatrist, Psychiatry Nurse Practitioner
Mental Health Staff	Includes QHCP's who have received instruction and supervision in identifying and interacting with individuals in need of mental health services.
MH-1 (Mental Health 1)	Inmates who have no history of mental health issue or treatment
MH-2 (Mental Health 2)	Inmates who do not currently have mental health needs and are not currently in treatment but have had treatment in the past
MH-3 (Mental Health 3)	Inmates with Mental Health needs, who require current outpatient treatment. Inmates meeting this criterion will be divided into four (4) categories. These categories may change during each interaction with the inmate as their condition warrants.
MH-3A (Mental Health 3A)	Inmates in acute distress who may require substantial intervention in order to remain stable. Inmates classified as SMI in ADC and/or the community will remain a Category MH-3A (or MH-4 or MH-5 if in specialized mental health program).
MH-3B (Mental Health 3B)	Inmates who may need regular intervention but are generally stable and participate with psychiatric and psychological interventions.

<b>TERM</b>	<b>DEFINITION</b>
MH-3C (Mental Health 3C)	Inmates who need infrequent intervention and have adequate coping skills to manage their mental illness effectively and independently. These inmates participate in psychiatric interventions only.
MH-3D (Mental Health 3D)	Inmates who have been recently taken off of psychotropic medications and require follow up to ensure stability over time.
MH-4 (Mental Health 4)	Inmates who are admitted to a specialized mental health program as identified in the Mental Health Technical Manual outside of inpatient treatment areas.
MH-5 (Mental Health 5)	Inmates with mental health needs who are admitted to an inpatient psychiatric treatment program (Baker Ward and Flamenco).
Prenatal screening tests	GA/Preg, RPR, HIV, HEP, B & C, CBC, CMP (standardized lab panel), Urine, Rubella, ABO RH & Antibody
Psychology Associate	A mental health clinician who has a master's or doctoral-level degree in a mental health discipline, but is not a licensed psychologist.
Qualified Health Care Professional (QHCP)	Physicians, Physician Assistants, Dentists, nurses, nurse practitioners, dentists, mental health professionals, and others, who by virtue of their education, credentials/license, and experience are permitted by law to evaluate and care for patients.
Regular Business Hours	Monday through Friday, 0800 am -1600 pm or similar 8-hour time frame; excluding weekends and holidays.
“Seeing a provider”/ seen/ “seen by”	Interaction between a patient and a Medical Provider, Mental Health Provider or Mental Health Clinician that involves a treatment and/or exchange of information in a confidential setting. With respect to Mental Health staff, means an encounter that takes place in a confidential setting outside the prisoner's cell, unless the prisoner refuses to exit his or her cell for the encounter
SMI	According to a licensed mental health clinician or provider, possessing a qualifying mental health diagnosis as indicated on the SMI Determination Form (#1103.13) as well as a severe functional impairment directly relating to the mental illness. All inmates determined to be SMI in the community shall also be designated as SMI in ADC. All inmates designated SMI (as defined in MHTM Chapter 2, Section 2.0) will be designated a MH-3A, MH-4, or MH-5 based on their current program placement.
SNO	Special Needs Order

<b>TERM</b>	<b>DEFINITION</b>
Specialized Medical Housing	Infirmery beds (IPC)

# EXHIBIT B

**HEALTH CARE OUTCOME MEASURES**

<b>Category</b>	<b>Measure #</b>	<b>Final Measure</b>
Staffing	1	Each ASPC will maintain, at a minimum, one RN onsite 24/7, 7 days/week.
Staffing	2	Each ASPC will maintain, at a minimum, one Medical Provider (not to include a dentist) onsite during regular business hour and on-call at all other times.
Staffing	3	Dental staffing will be maintained at current contract levels – 30 dentists.
Staffing	4	Infirmery staffing will be maintained with a minimum staffing level of 2 RNs on duty in the infirmery at all times at Tucson & Florence infirmaries and a minimum of one RN on duty in the infirmery at all times at Perryville and Lewis infirmaries
Medical Records	5	Medical Records will be accurate, chronologically maintained, and scanned or filed in the patient's chart within two business days, with all documents filed in their designated location.
Medical Records	6	Provider orders will be noted daily with time, date, and name of person taking the orders off.
Medical Records	7	Medical record entries will be legible, and complete with time, name stamp and signature present.
Medical Records	8	Nursing protocols/NETS will be utilized by nurses for sick call.
Medical Records	9	SOAPE format will be utilized in the medical record for encounters.
Medical Records	10	Each patient's medical record will include an up-to-date Master Problem list.
Pharmacy	11	Newly prescribed provider-ordered formulary medications will be provided to the inmate within 2 business days after prescribed, or on the same day, if prescribed STAT.
Pharmacy	12	Medical record will contain documentation of refusals or "no shows."
Pharmacy	13	Chronic care and psychotropic medication renewals will be completed in a manner such that there is no interruption or lapse in medication.
Pharmacy	14	Any refill for a chronic care or psychotropic medication that is requested by a prisoner between three and seven business days prior to the prescription running out will be completed in a manner such that there is no interruption or lapse in medication.

<b>Category</b>	<b>Measure #</b>	<b>Final Measure</b>
Pharmacy	15	Inmates who refuse prescribed medication (or no show) will be counseled by a QHCP after three consecutive refusals.
Pharmacy	16	Perpetual inventory medication logs will be maintained on each yard.
Pharmacy	17	The Medication Administration Record (MAR) will reflect dose, frequency, start date and nurse's signature.
Pharmacy	18	Daily delivery manifests will be kept in binders located in medication rooms on each yard/complex and will be reviewed and initialed daily by an LPN or RN.
Pharmacy	19	Perpetual inventory medications will be signed off on the Inmate's individual MAR.
Pharmacy	20	Medical AIMs entries are accurately completed within 3 business days from the entry in the medical record.
Pharmacy	21	Inmates who are paroled or released from ASPCs will receive a 30-day supply of all medications currently prescribed by the ADC contracted vendor.
Pharmacy	22	Non-formulary requests are reviewed and approved, disapproved, or designated for an alternate treatment plan (ATP) within two business days of the prescriber's order.
Equipment	23	Automated External Defibrillators (AEDs) will be maintained and readily accessible to Health Care Staff.
Equipment	24	Emergency medical response bags are checked daily, inventoried monthly, and contain all required essential items.
Emergency Response	25	A first responder trained in Basic Life Support responds and adequately provides care within three minutes of an emergency.
Quality Improvement	26	Responses to health care grievances will be completed within 15 working days of receipt (by health care staff) of the grievance.
Quality Improvement	27	Each ASPC facility will conduct monthly CQI meetings, in accordance with NCCHC Standard P-A-06
Quality Improvement	28	Every medical provider will undergo peer reviews annually with reviews and recommended actions documented.
Quality Improvement	29	Each ASPC facility Director of Nursing or designee will conduct and document annual clinical performance reviews of nursing staff as recommended by NCCHC standard P-C-02.
Quality Improvement	30	The initial mortality review of an inmate's death will be completed within 10 working days of death.

<b>Category</b>	<b>Measure #</b>	<b>Final Measure</b>
Quality Improvement	31	Mortality reviews will identify and refer deficiencies to appropriate managers and supervisors, including CQI committee, and corrective action will be taken.
Quality Improvement	32	A final independent clinical mortality review will be completed by the Health Services Contract Monitoring Bureau for all mortalities within 10 business days of receipt of the medical examiner's findings.
Intake facility	33	All inmates will receive a health screening by an LPN or RN within one day of arrival at the intake facility.
Intake facility	34	A physical examination including a history will be completed by a Medical Provider (not a dentist) by the end of the second full day of an intake inmate's arrival at the intake facility.
Intersystem Transfers	35	All inmate medications (KOP and DOT) will be transferred with and provided to the inmate or otherwise provided at the receiving prison without interruption.
Access to care	36	A LPN or RN will screen HNRs within 24 hours of receipt.
Access to care	37	Sick call inmates will be seen by an RN within 24 hours after an HNR is received (or immediately if identified with an emergent need, or on the same day if identified as having an urgent need).
Access to care	38	Vital signs, to include weight, will be checked and documented in the medical record each time an inmate is seen during sick call.
Access to care	39	Routine provider referrals will be addressed by a Medical Provider and referrals requiring a scheduled provider appointments will be seen within fourteen calendar days of the referral.
Access to care	40	Urgent provider referrals are seen by a Medical Provider within 24 hours of the referral.
Access to care	41	Emergent provider referrals are seen immediately by a Medical Provider.
Access to care	42	A follow-up sick call encounter will occur within the time frame specified by the Medical or Mental Health Provider.
Access to care	43	Inmates returning from an inpatient hospital stay or ER transport will be returned to the medical unit and be assessed by a RN or LPN on duty there.

<b>Category</b>	<b>Measure #</b>	<b>Final Measure</b>
Access to care	44	Inmates returning from an inpatient hospital stay or ER transport with discharge recommendations from the hospital shall have the hospital's treatment recommendations reviewed and acted upon by a medical provider within 24 hours.
Diagnostic Services	45	On-site diagnostic services will be provided the same day if ordered STAT or urgent, or within 14 calendar days if routine
Diagnostic Services	46	A Medical Provider will review the diagnostic report, including pathology reports, and act upon reports with abnormal values within five calendar days of receiving the report at the prison.
Diagnostic Services	47	A Medical Provider will communicate the results of the diagnostic study to the inmate upon request and within seven calendar days of the date of the request.
Specialty care	48	Documentation, including the reason(s) for the denial, of Utilization Management denials of requests for specialty services will be sent to the requesting Provider in writing within fourteen calendar days, and placed in the patient's medical record.
Specialty care	49	Patients for whom a provider's request for specialty services is denied are told of the denial by a Medical Provider at the patient's next scheduled appointment, no more than 30 days after the denial, and the Provider documents in the patient's medical record the Provider's follow-up to the denial.
Specialty care	50	Urgent specialty consultations and urgent specialty diagnostic services will be scheduled and completed within 30 calendar days of the consultation being requested by the provider.
Specialty care	51	Routine specialty consultations will be scheduled and completed within 60 calendar days of the consultation being requested by the provider.
Specialty care	52	Specialty consultation reports will be reviewed and acted on by a Provider within seven calendar days of receiving the report.
Chronic care	53	Treatment plans will be developed and documented in the medical record by a provider within 30 calendar days of identification that the inmate has a chronic disease.
Chronic care	54	Chronic disease inmates will be seen by the provider as specified in the inmate's treatment plan, no less than every 180 days unless the provider documents a reason why a longer time frame can be in place.



<b>Category</b>	<b>Measure #</b>	<b>Final Measure</b>
Chronic care	55	Disease management guidelines will be implemented for chronic diseases.
Chronic care	56	Inmates with a chronic disease will be provided education about their condition/disease which will be documented in the medical record.
Prenatal Services	57	A Medical Provider will order prenatal vitamins and diet for a pregnant inmate at the inmate's initial intake physical examination.
Prenatal Services	58	Results of an inmate's prenatal screening tests will be documented in the medical record.
Preventative Services	59	Inmates will be screened for TB on an annual basis.
Preventative Services	60	All female inmates ages 21 to 65 will be offered a Pap smear at the inmate's initial intake physical examination.
Preventative Services	61	All female inmates ages 21 to 65 will be offered a Pap smear , every 36 months after initial intake, unless more frequent screening is clinically recommended.
Preventative Services	62	All prisoners are screened for tuberculosis upon intake.
Infirmary Care	63	In an IPC, an initial health assessment will be completed by a Registered Nurse on the date of admission.
Infirmary Care	64	In an IPC, a Medical Provider evaluation and plan will occur within the next business day after admission.
Infirmary Care	65	In an IPC, a written history and physical examination will be completed by a medical provider within 72 hours of admission.
Infirmary Care	66	In an IPC, a Medical Provider encounters will occur at a minimum every 72 hours.
Infirmary Care	67	In an IPC, Registered nurses will conduct and document an assessment at least once every shift. Graveyard shift assessments can be welfare checks.
Infirmary Care	68	In an IPC, Inmate health records will include admission orders and documentation of care and treatment given.
Infirmary Care	69	In an IPC, nursing care plans will be reviewed weekly documented with a date and signature.
Infirmary Care	70	All IPC patients have properly working call buttons, and if not, health care staff perform and document 30-minute patient welfare checks.

<b>Category</b>	<b>Measure #</b>	<b>Final Measure</b>
Medical Diets	71	Inmates with diagnosed and documented diseases or conditions that necessitate a special diet will be provided the diet, if clinically indicated. When prescribing the special diet, the provider will include the type of diet, duration for which it is to be provided, and any special instructions.
Medical Diets	72	Inmates who refuse prescribed diets for more than 3 consecutive days will receive follow-up nutritional counseling by a QHCP.
Mental Health	73	All MH-3 minor prisoners shall be seen by a licensed mental health clinician a minimum of every 30 days.
Mental Health	74	All female prisoners shall be seen by a licensed mental health clinician within five working days of return from a hospital post-partum.
Mental Health	75	A mental health assessment of a prisoner during initial intake shall be completed by mental health staff by the end of the second full day after the prisoner's arrival into ADC.
Mental Health	76	If the initial mental health assessment of a prisoner during initial intake is not performed by licensed mental health staff, the prisoner shall be seen by a mental health clinician within fourteen days of his or her arrival into ADC.
Mental Health	77	Mental health treatment plans shall be updated a minimum of every 90 days for MH-3A, MH-4, and MH-5 prisoners, and a minimum of every 12 months for all other MH-3 prisoners.
Mental Health	78	All mental health treatment plan updates shall be done after a face-to-face clinical encounter between the prisoner and the mental health provider or mental health clinician.
Mental Health	79	If a prisoner's mental health treatment plan includes psychotropic medication, the mental health provider shall indicate in each progress note that he or she has reviewed the treatment plan.
Mental Health	80	MH-3A prisoners shall be seen a minimum of every 30 days by a mental health clinician.
Mental Health	81	MH-3A prisoners who are prescribed psychotropic medications shall be seen a minimum of every 90 days by a mental health provider.
Mental Health	82	MH-3B prisoners shall be seen a minimum of every 90 days by a mental health clinician.

<b>Category</b>	<b>Measure #</b>	<b>Final Measure</b>
Mental Health	83	MH-3B prisoners who are prescribed psychotropic medications shall be seen a minimum of every 180 days by a mental health provider. MH-3B prisoners who are prescribed psychotropic medications for psychotic disorders, bipolar disorder, or major depression shall be seen by a mental health provider a minimum of every 90 days.
Mental Health	84	MH-3C prisoners shall be seen a minimum of every 180 days by a mental health provider.
Mental Health	85	MH-3D prisoners shall be seen by a mental health provider within 30 days of discontinuing medications.
Mental Health	86	MH-3D prisoners shall be seen a minimum of every 90 days by a mental health clinician for a minimum of six months after discontinuing medication.
Mental Health	87	MH-4 prisoners shall be seen by a mental health clinician for a 1:1 session a minimum of every 30 days.
Mental Health	88	MH-4 prisoners who are prescribed psychotropic medications shall be seen by a mental health provider a minimum of every 90 days.
Mental Health	89	MH-5 prisoners shall be seen by a mental health clinician for a 1:1 session a minimum of every seven days.
Mental Health	90	MH-5 prisoners who are prescribed psychotropic medications, shall be seen by a mental health provider a minimum of every 30 days.
Mental Health	91	MH-5 prisoners who are actively psychotic or actively suicidal shall be seen by a mental health clinician or mental health provider daily.
Mental Health	92	MH-3 and above prisoners who are housed in maximum custody shall be seen by a mental health clinician for a 1:1 or group session a minimum of every 30 days.
Mental Health	93	Mental health staff (not to include LPNs) shall make weekly rounds on all MH-3 and above prisoners who are housed in maximum custody.
Mental Health	94	All prisoners on a suicide or mental health watch shall be seen daily by a licensed mental health clinician or, on weekends or holidays, by a registered nurse.

<b>Category</b>	<b>Measure #</b>	<b>Final Measure</b>
Mental Health	95	Only licensed mental health staff may remove a prisoner from a suicide or mental health watch. Any prisoner discontinued from a suicide or mental health watch shall be seen by a mental health provider, mental health clinician, or psychiatric registered nurse between 24 and 72 hours after discontinuation, between seven and ten days after discontinuation, and between 21 and 24 days after discontinuation of the watch.
Mental Health	96	A reentry/discharge plan shall be established no later than 30 days prior to release from ADC for all prisoners who are MH-3 or above.
Mental Health	97	A mental health provider treating a prisoner via telepsychiatry shall be provided, in advance of the telepsychiatry session, the prisoner's intake assessment, most recent mental health treatment plan, laboratory reports (if applicable), physician orders, problem list, and progress notes from the prisoner's two most recent contacts with a mental health provider.
Mental Health	98	Mental health HNRs shall be responded to within the timeframes set forth in the Mental Health Technical Manual (MHTM) (rev. 4/18/14), Chapter 2, Section 5.0.
Mental Health	99	Peer reviews shall be conducted as set forth in the MHTM (rev. 4/18/14), Chapter 1, Section 3.0.
Dental	100	Prisoners on the routine dental care list will not be removed from the list if they are seen for urgent care or pain appointments that do not resolve their routine care issues or needs.
Dental	101	Dental assistants will take inmate histories and vital signs and dental radiographs (as ordered) by the Dentist.
Dental	102	Routine dental care wait times will be no more than 90 days from the date the HNR was received.
Dental	103	Urgent dental care wait times, as determined by the contracted vendor, shall be no more than 72 hours from the date the HNR was received.

# EXHIBIT C

<b>Category</b>	<b>Measure #</b>	<b>Final Measure</b>	<b>Protocol</b>	<b>Source of Records / Review</b>
Staffing	1	Each ASPC will maintain, at a minimum, one RN onsite 24/7, 7 days/week.	Monthly staffing report and Weekly staffing schedule. Any changes to the weekly staffing schedule will be documented and provided to monitors.	Contracted Vendor.
Staffing	2	Each ASPC will maintain, at a minimum, one Medical Provider (not to include a dentist) onsite during regular business hour and on-call at all other times.	Monthly staffing report and Weekly staffing schedule. Any changes to the weekly staffing schedule will be documented and provided to monitors.	Contracted Vendor.
Staffing	3	Dental staffing will be maintained at current contract levels – 30 dentists.	Monthly staffing report and Weekly staffing schedule.	Contracted Vendor.
Staffing	4	Infirmary staffing will be maintained with a minimum staffing level of 2 RNs on duty in the infirmary at all times at Tucson & Florence infirmaries and a minimum of one RN on duty in the infirmary at all times at Perryville and Lewis infirmaries	Monthly staffing report and Weekly staffing schedule. Any changes to the weekly staffing schedule will be documented and provided to monitors.	Contracted Vendor.
Medical Records	5	Medical Records will be accurate, chronologically maintained, and scanned or filed in the patient's chart within two business days, with all documents filed in their designated location.	At each yard, a minimum 10 records per month are randomly selected, if qualified under this Performance Measure.	Scheduled Nursing and Provider lines from the preceding 30 days.
Medical Records	6	Provider orders will be noted daily with time, date, and name of person taking the orders off.	At each yard, a minimum 10 records per month are randomly selected, if qualified under this Performance Measure.	Scheduled Provider lines from the preceding 30 days.
Medical Records	7	Medical record entries will be legible, and complete with time, name stamp and signature present.	At each yard, a minimum 10 records per month are randomly selected, if qualified under this Performance Measure.	Scheduled Nursing and Provider lines from the preceding 30 days.

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Medical Records	8	Nursing protocols/NETS will be utilized by nurses for sick call.	At each yard, a minimum 10 records per month are randomly selected, if qualified under this Performance Measure.	Scheduled Nurse lines from the preceding 30 days.
Medical Records	9	SOAPE format will be utilized in the medical record for encounters.	At each yard, a minimum 10 records per month are randomly selected, if qualified under this Performance Measure.	Scheduled Nursing and Provider lines from the preceding 30 days.
Medical Records	10	Each patient's medical record will include an up-to-date Master Problem list.	At each yard, a minimum 10 records per month are randomly selected, if qualified under this Performance Measure.	Scheduled Provider lines from the preceding 30 days.
Pharmacy	11	Newly prescribed provider-ordered formulary medications will be provided to the inmate within 2 business days after prescribed, or on the same day, if prescribed STAT.	At each yard, a minimum 10 records per month are randomly selected, if qualified under this Performance Measure. Contracted vendor to provide list of NF medications ordered from the preceding 30 days. Follow up and confirmation of receipt of medications will be made through review of MAR's and eOmis.	Contracted vendor to provide list of NF medications ordered from the preceding 30 days, and MAR's and eOmis.
Pharmacy	12	Medical record will contain documentation of refusals or "no shows."	At each yard, a minimum 10 records per month are randomly selected, if qualified under this Performance Measure.	MAR's and eOmis from preceding 30 days.
Pharmacy	13	Chronic care and psychotropic medication renewals will be completed in a manner such that there is no interruption or lapse in medication.	At each yard, a minimum 10 records per month are randomly selected, if qualified under this Performance Measure. Contracted vendor Medication Expiration Reports and medication manifests from preceding 30 days will be reviewed, and corresponding MAR's will be reviewed to determine any lapses in medication.	Contracted vendor Medication Expiration Reports and medication manifests from preceding 30 days, and MAR's.

Category	Measure #	Final Measure	Protocol	Source of Records / Review
Pharmacy	14	Any refill for a chronic care or psychotropic medication that is requested by a prisoner between three and seven business days prior to the prescription running out will be completed in a manner such that there is no interruption or lapse in medication.	At each yard, a minimum 10 records per month are randomly selected, if qualified under this Performance Measure. Contracted vendor HNR logs from preceding 30 days will be reviewed to identify medication refills, and corresponding MAR's will be reviewed to determine any lapses in medication.	Contracted vendor HNR logs from preceding 30 days and MAR's.
Pharmacy	15	Inmates who refuse prescribed medication (or no show) will be counseled by a QHCP after three consecutive refusals.	At each yard, a minimum 10 records per month are randomly selected, if qualified under this Performance Measure.	MAR's from preceding 30 days will be reviewed for refusals and no shows, and medical records will be reviewed for follow up counseling.
Pharmacy	16	Perpetual inventory medication logs will be maintained on each yard.	Review of Perpetual Inventory Logs are to be confirmed in use on each yard.	Perpetual Inventory Logs from the preceding 30 days.
Pharmacy	17	The Medication Administration Record (MAR) will reflect dose, frequency, start date and nurse's signature.	At each yard, a minimum 10 records per month are randomly selected, if qualified under this Performance Measure.	MAR's from the preceding 30 days.
Pharmacy	18	Daily delivery manifests will be kept in binders located in medication rooms on each yard/complex and will be reviewed and initialed daily by an LPN or RN.	Review of daily delivery manifests will be reviewed for appropriate signatures on each yard/complex.	Daily manifests from the preceding 30 days.



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Pharmacy	19	Perpetual inventory medications will be signed off on the Inmate's individual MAR.	At each yard, a minimum 10 records per month are randomly selected, if qualified under this Performance Measure. Medications documented in the perpetual inventory lists for individual patient use during the preceding 30 days will be followed up for appropriate documentation in the individual inmate's MAR.	Perpetual Inventory Logs and MAR's from the preceding 30 days.
Pharmacy	20	Medical AIMS entries are accurately completed within 3 business days from the entry in the medical record.	At each yard, a minimum 10 records per month are randomly selected, if qualified under this Performance Measure. Any SNO's identified in the Provider's notes will be confirmed as a timely AIMS entry.	Scheduled Provider lines from the preceding 30 days.
Pharmacy	21	Inmates who are paroled or released from ASPCs will receive a 30-day supply of all medications currently prescribed by the ADC contracted vendor.	At each facility, a minimum 10 records per month are randomly selected, if qualified under this Performance Measure. The Released Inmate Medication report from the contracted vendor from the preceding 30 days will be compared to an ADC report with inmate signature documenting receipt of appropriate medications.	The Released Inmate Medication report from the contracted vendor from the preceding 30 days and an ADC report with inmate signature documenting receipt of appropriate medications.
Pharmacy	22	Non-formulary requests are reviewed and approved, disapproved, or designated for an alternate treatment plan (ATP) within two business days of the prescriber's order.	At each facility, a minimum 10 records per month are randomly selected, if qualified under this Performance Measure. Non-formulary request / tracking log from the preceding 30 days will be provided by the contracted vendor.	Non-formulary request / tracking log from the preceding 30 days.
Equipment	23	Automated External Defibrillators (AEDs) will be maintained and readily accessible to Health Care Staff.	At each facility, a monthly physical inspection of all AED's will occur.	All AED's and Checklist Binder.

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Equipment	24	Emergency medical response bags are checked daily, inventoried monthly, and contain all required essential items.	At each facility, a monthly physical inspection of all medical response bags will occur. Contents of bag will match inventory list.	All Emergency response bags.
Emergency Response	25	A first responder trained in Basic Life Support responds and adequately provides care within three minutes of an emergency.	At each facility, a minimum 10 records per month are randomly selected, if qualified under this Performance Measure. SIR's will be reviewed and compared with medical chart documenting the emergency response	Appropriate and pertinent SIR's.
Quality Improvement	26	Responses to health care grievances will be completed within 15 working days of receipt (by health care staff) of the grievance.	At each facility, a minimum of 10 grievances per month are randomly selected from the grievance logs. Grievances received during the preceding 30 days will be reviewed for timeliness of responses.	Grievance logs maintained by security staff (COIII-IV) at each yard.
Quality Improvement	27	Each ASPC facility will conduct monthly CQI meetings, in accordance with NCCHC Standard P-A-06	Monthly CQI meeting minutes. Monthly CQI minutes will be provided by the contracted vendor.	Monthly CQI minutes.
Quality Improvement	28	Every medical provider will undergo peer reviews annually with reviews and recommended actions documented.	Annual peer reviews will be documented for every medical provider who has been employed for at least one year. Documentation of required annual peer reviews will be provided by the contracted vendor.	Annual peer review.
Quality Improvement	29	Each ASPC facility Director of Nursing or designee will conduct and document annual clinical performance reviews of nursing staff as recommended by NCCHC standard P-C-02.	Annual clinical performance reviews will be documented for every nurse who has been employed for at least one year. Documentation of required annual clinical performance reviews will be provided by the contracted vendor.	Annual clinical performance review.

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Quality Improvement	30	The initial mortality review of an inmate's death will be completed within 10 working days of death.	At each facility, all deaths that occurred in the preceding month are reviewed. Dates of completion of stages in the mortality review will determine compliance.	Mortality reviews for inmate deaths in the preceding month.
Quality Improvement	31	Mortality reviews will identify and refer deficiencies to appropriate managers and supervisors, including CQI committee, and corrective action will be taken.	At each facility, all mortalities from the preceding month will be identified, and deficiencies identified in any mortalities where the final review has been completed will be documented in the minutes. Monthly CQI minutes will be provided by the contracted vendor.	Monthly CQI minutes.
Quality Improvement	32	A final independent clinical mortality review will be completed by the Health Services Contract Monitoring Bureau for all mortalities within 10 business days of receipt of the medical examiner's findings.	All final mortality reviews completed in the previous month are reviewed. Dates of completion of stages in the mortality review will determine compliance.	Health Services Contract Monitoring Bureau signed and dated mortality review.
Intake facility	33	All inmates will receive a health screening by an LPN or RN within one day of arrival at the intake facility.	Minimum 10 records per month randomly selected per reception center. Records from reception center at ASPC Phoenix (male), ASPC Perryville (female), and if applicable, ASPC Tucson (minor males).	Medical records from inmates received during the preceding 30 days.
Intake facility	34	A physical examination including a history will be completed by a Medical Provider (not a dentist) by the end of the second full day of an intake inmate's arrival at the intake facility.	Minimum 10 records per month randomly selected per reception center. Records from reception center at ASPC Phoenix (male), ASPC Perryville (female), and if applicable, ASPC Tucson (minor males).	Medical records from inmates received during the preceding 30 days.

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Intersystem Transfers	35	All inmate medications (KOP and DOT) will be transferred with and provided to the inmate or otherwise provided at the receiving prison without interruption.	At each yard, a minimum 10 records per month are randomly selected, if qualified under this Performance Measure. Transfer logs (arrival departure) at each facility, and transfer screening form in the medical record will be reviewed for compliance.	Transfer logs (arrival departure) at each facility, and transfer screening form in the medical record from the preceding 30 days.
Access to care	36	A LPN or RN will screen HNRs within 24 hours of receipt.	At each yard, a minimum 10 records per month are randomly selected, if qualified under this Performance Measure. HNR date and time stamps will be reviewed for compliance.	HNR log from the preceding 30 days.
Access to care	37	Sick call inmates will be seen by an RN within 24 hours after an HNR is received (or immediately if identified with an emergent need, or on the same day if identified as having an urgent need).	At each yard, a minimum 10 records per month are randomly selected, if qualified under this Performance Measure. Appropriate handling and timeliness will be determined upon review.	Nurse line and eOmis from the preceding 30 days.
Access to care	38	Vital signs, to include weight, will be checked and documented in the medical record each time an inmate is seen during sick call.	At each yard, a minimum 10 records per month are randomly selected, if qualified under this Performance Measure.	Nurse line and eOmis from the preceding 30 days.
Access to care	39	Routine provider referrals will be addressed by a Medical Provider and referrals requiring a scheduled provider appointment will be seen within fourteen calendar days of the referral.	At each yard, a minimum 10 records per month are randomly selected, if qualified under this Performance Measure. Appropriate handling and timeliness will be determined upon review.	Nurse line, Provider line, and eOmis from the preceding 30 days.
Access to care	40	Urgent provider referrals are seen by a Medical Provider within 24 hours of the referral.	At each yard, a minimum 10 records per month are randomly selected, if qualified under this Performance Measure. Appropriate handling and timeliness will be determined upon review.	Nurse line, Provider line, and eOmis from the preceding 30 days.

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Access to care	41	Emergent provider referrals are seen immediately by a Medical Provider.	At each yard, a minimum 10 records per month are randomly selected, if qualified under this Performance Measure. Appropriate handling and timeliness will be determined upon review.	Nurse line, Provider line, and eOmis from the preceding 30 days.
Access to care	42	A follow-up sick call encounter will occur within the time frame specified by the Medical or Mental Health Provider.	At each yard, a minimum 10 records per month are randomly selected, if qualified under this Performance Measure. Appropriate handling and timeliness will be determined upon review.	Nurse line, Provider line, and eOmis from the preceding 30 days.
Access to care	43	Inmates returning from an inpatient hospital stay or ER transport will be returned to the medical unit and be assessed by a RN or LPN on duty there.	At each yard, a minimum 10 records per month are randomly selected, if qualified under this Performance Measure. Inmates identified in either the field briefing report or the hospital report will be reviewed for documentation upon return from the transport.	Field Briefing Report (ADC), hospital report, and eOmis.
Access to care	44	Inmates returning from an inpatient hospital stay or ER transport with discharge recommendations from the hospital shall have the hospital's treatment recommendations reviewed and acted upon by a medical provider within 24 hours.	At each yard, a minimum 10 records per month are randomly selected, if qualified under this Performance Measure. Inmates identified in either the field briefing report or the hospital report will be reviewed for documentation upon return from the transport. Physician acknowledgement/action will be reviewed for timeliness.	Field Briefing Report (ADC), hospital report, and eOmis.
Diagnostic Services	45	On-site diagnostic services will be provided the same day if ordered STAT or urgent, or within 14 calendar days if routine	At each yard, a minimum 10 records per month are randomly selected, if qualified under this Performance Measure. Appropriate handling and timeliness will be determined upon review.	Radiology, vision, lab lines appointments within the preceding 30 days.

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Diagnostic Services	46	A Medical Provider will review the diagnostic report, including pathology reports, and act upon reports with abnormal values within five calendar days of receiving the report at the prison.	At each yard, a minimum 10 records per month are randomly selected, if qualified under this Performance Measure. Appropriate handling and timeliness will be determined upon review.	Radiology, vision, lab lines appointments within the preceding 30 days and eOmis records.
Diagnostic Services	47	A Medical Provider will communicate the results of the diagnostic study to the inmate upon request and within seven calendar days of the date of the request.	At each yard, a minimum 10 records per month are randomly selected, if qualified under this Performance Measure. Appropriate handling and timeliness will be determined upon review. Appropriate HNR's will be tracked for completion.	HNR log from the preceding 30 days, Provider line, eOmis.
Specialty care	48	Documentation, including the reason(s) for the denial, of Utilization Management denials of requests for specialty services will be sent to the requesting Provider in writing within fourteen calendar days, and placed in the patient's medical record.	At each yard, a minimum 10 records per month are randomly selected, if qualified under this Performance Measure. Appropriate handling and timeliness will be determined upon review. ORC requests are documented in ORC, and will be followed for appropriate handling and documentation.	ORC and eOmis.
Specialty care	49	Patients for whom a provider's request for specialty services is denied are told of the denial by a Medical Provider at the patient's next scheduled appointment, no more than 30 days after the denial, and the Provider documents in the patient's medical record the Provider's follow-up to the denial.	At each yard, a minimum 10 records per month are randomly selected, if qualified under this Performance Measure. Appropriate handling and timeliness will be determined upon review. ORC requests will be followed for appropriate handling and documentation.	ORC, eOmis, and provider lines.

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Specialty care	50	Urgent specialty consultations and urgent specialty diagnostic services will be scheduled and completed within 30 calendar days of the consultation being requested by the provider.	At each yard, a minimum 10 records per month are randomly selected, if qualified under this Performance Measure. Appropriate handling and timeliness will be determined upon review. ORC requests are documented in ORC, and will be followed for appropriate handling and documentation.	ORC, eOmis, and provider lines.
Specialty care	51	Routine specialty consultations will be scheduled and completed within 60 calendar days of the consultation being requested by the provider.	At each yard, a minimum 10 records per month are randomly selected, if qualified under this Performance Measure. Appropriate handling and timeliness will be determined upon review. ORC requests are documented in ORC, and will be followed for appropriate handling and documentation.	ORC, eOmis, and provider lines.
Specialty care	52	Specialty consultation reports will be reviewed and acted on by a Provider within seven calendar days of receiving the report.	At each yard, a minimum 10 records per month are randomly selected, if qualified under this Performance Measure. Appropriate handling and timeliness will be determined upon review. ORC requests are documented in ORC, and will be followed for appropriate handling and documentation.	ORC, eOmis, and provider lines.
Chronic care	53	Treatment plans will be developed and documented in the medical record by a provider within 30 calendar days of identification that the inmate has a chronic disease.	At each yard, a minimum 10 records per month are randomly selected, if qualified under this Performance Measure. Appropriate handling and timeliness will be determined upon review. Chronic care logs and forms will be used in the review process.	Chronic care logs and eOmis.

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Chronic care	54	Chronic disease inmates will be seen by the provider as specified in the inmate's treatment plan, no less than every 180 days unless the provider documents a reason why a longer time frame can be in place.	At each yard, a minimum 10 records per month are randomly selected, if qualified under this Performance Measure. Appropriate handling and timeliness will be determined upon review. Chronic care logs and forms will be used in the review process.	Chronic care logs and eOmis.
Chronic care	55	Disease management guidelines will be implemented for chronic diseases.	At each yard, a minimum 10 records per month are randomly selected, if qualified under this Performance Measure. Appropriate handling and timeliness will be determined upon review. Chronic care logs and forms will be used in the review process.	Chronic care logs and eOmis.
Chronic care	56	Inmates with a chronic disease will be provided education about their condition/disease which will be documented in the medical record.	At each yard, a minimum 10 records per month are randomly selected, if qualified under this Performance Measure. Appropriate handling and timeliness will be determined upon review. Chronic care logs and forms will be used in the review process.	Chronic care logs and eOmis.
Prenatal Services	57	A Medical Provider will order prenatal vitamins and diet for a pregnant inmate at the inmate's initial intake physical examination.	This is specific to Perryville intake inmates. At the facility, all pregnant prisoners' files from all intakes in the previous month are reviewed to confirm that vitamins are ordered.	Pregnant inmate list from Perryville within the preceding 30 days, Intake arrival logs and eOmis.
Prenatal Services	58	Results of an inmate's prenatal screening tests will be documented in the medical record.	This is specific to Perryville intake inmates. At the facility, all pregnant prisoners' files from all intakes in the previous month are reviewed to confirm that the tests were conducted.	Intake arrival logs and eOmis within the preceding 30 days.



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Preventative Services	59	Inmates will be screened for TB on an annual basis.	At each yard, a minimum 10 records per month are randomly selected, if qualified under this Performance Measure. Review for PPD history or appropriate signs and symptom follow up will be reviewed to determine timeliness.	eOmis.
Preventative Services	60	All female inmates ages 21 to 65 will be offered a Pap smear at the inmate's initial intake physical examination, and every 36 months thereafter unless more frequent screening is clinically recommended.	This is specific to Perryville. At the facility, 10 records per month are randomly selected from all intakes in the previous month.	eOmis.
Preventative Services	61	All female inmates ages 21 to 65 will be offered a Pap smear every 36 months after initial intake, unless more frequent screening is clinically recommended.	At each yard, 10 records per month are randomly selected to review the frequency with which subsequent Pap smears have been conducted. Chart review will determine compliance.	Medical records.
Preventative Services	62	All prisoners are screened for tuberculosis upon intake.	Minimum 10 records per month randomly selected from each reception center. Records from reception center at ASPC Phoenix (male), ASPC Tucson (minor males) and ASPC Perryville (female). Chart review will determine compliance.	Medical records from inmates received at intake during the preceding 30 days.
Infirmary Care	63	In an IPC, an initial health assessment will be completed by a Registered Nurse on the date of admission.	This is specific to Perryville, Florence, Tucson, and Lewis IPC inmates. At each IPC, 10 records per month are randomly selected for documentation and timeliness.	IPC Census and eOmis.
Infirmary Care	64	In an IPC, a Medical Provider evaluation and plan will occur within the next business day after admission.	This is specific to Perryville, Florence, Tucson, and Lewis IPC inmates. At each IPC, 10 records per month are randomly selected for documentation and timeliness.	IPC Census and eOmis.

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Infirmary Care	65	In an IPC, a written history and physical examination will be completed by a medical provider within 72 hours of admission.	This is specific to Perryville, Florence, Tucson, and Lewis IPC inmates. At each IPC, 10 records per month are randomly selected for documentation and timeliness.	IPC Census and eOmis.
Infirmary Care	66	In an IPC, a Medical Provider encounters will occur at a minimum every 72 hours.	This is specific to Perryville, Florence, Tucson, and Lewis IPC inmates. At each IPC, 10 records per month are randomly selected for documentation and timeliness.	IPC Census and eOmis.
Infirmary Care	67	In an IPC, Registered nurses will conduct and document an assessment at least once every shift. Graveyard shift assessments can be welfare checks.	This is specific to Perryville, Florence, Tucson, and Lewis IPC inmates. At each IPC, 10 records per month are randomly selected for documentation and timeliness.	IPC Census and eOmis.
Infirmary Care	68	In an IPC, Inmate health records will include admission orders and documentation of care and treatment given.	This is specific to Perryville, Florence, Tucson, and Lewis IPC inmates. At each IPC, 10 records per month are randomly selected for documentation and timeliness.	IPC Census and eOmis.
Infirmary Care	69	In an IPC, nursing care plans will be reviewed weekly documented with a date and signature.	This is specific to Perryville, Florence, Tucson, and Lewis IPC inmates. At each IPC, 10 records per month are randomly selected for documentation and timeliness.	IPC Census and eOmis.
Infirmary Care	70	All IPC patients have properly working call buttons, and if not, health care staff perform and document 30-minute patient welfare checks.	This is specific to Perryville, Florence, Tucson, and Lewis IPC inmates. At each IPC, 10 records per month are randomly selected for documentation and timeliness. Monitor will walk through IPC once a month to confirm that all call buttons are working, and if the monitor discovers any nonfunctioning call buttons, will also review the medical records of the patient housed in that room. Patient welfare checks will be shown when required through a separate log.	IPC Census and eOmis.

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Medical Diets	71	Inmates with diagnosed and documented diseases or conditions that necessitate a special diet will be provided the diet, if clinically indicated. When prescribing the special diet, the provider will include the type of diet, duration for which it is to be provided, and any special instructions.	At each yard, a minimum 10 records per month are randomly selected, if qualified under this Performance Measure. Appropriate documentation will be determined upon review.	Diet Roster and eOmis.
Medical Diets	72	Inmates who refuse prescribed diets for more than 3 consecutive days will receive follow-up nutritional counseling by a QHCP.	At each yard, a minimum 10 records per month are randomly selected, if qualified under this Performance Measure. Dietary liaison will advise regarding non-compliance, which will be followed up with nutritional counseling. Appropriate documentation will be determined upon review.	ADC dietary liaison and eOmis.
Mental Health	73	All MH-3 minor prisoners shall be seen by a licensed mental health clinician a minimum of every 30 days.	An AIMS report will be run monthly by the HSCMB MH staff of all MH-3 minor prisoners. 10 records will be randomly selected from the report for review.	AIMS Report
Mental Health	74	All female prisoners shall be seen by a licensed mental health clinician within five working days of return from a hospital post-partum.	The HSCMB MH staff will review the hospital reports and review the records of all post-partum women from the previous 30 days.	Hospital Report
Mental Health	75	A mental health assessment of a prisoner during initial intake shall be completed by mental health staff by the end of the second full day after the prisoner's arrival into ADC.	An AIMS report will be run for the Phoenix and Perryville reception centers, and if applicable, the Tucson minor males reception center. 10 records (if available) will be reviewed from each reception center for compliance with this performance measure.	AIMS Report

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Mental Health	76	If the initial mental health assessment of a prisoner during initial intake is not performed by licensed mental health staff, the prisoner shall be seen by a mental health clinician within fourteen days of his or her arrival into ADC.	Of the records reviewed in #74, if any of the initial MH evaluation was not completed by a licensed MH staff, then the record will be re-reviewed in 20 days for compliance with this performance measure.	AIMS Report
Mental Health	77	Mental health treatment plans shall be updated a minimum of every 90 days for MH-3A, MH-4, and MH-5 prisoners, and a minimum of every 12 months for all other MH-3 prisoners.	An AIMS report will be run for all MH-3 and above prisoners at each Complex. 10 records will be reviewed per yard for compliance with the treatment plan time frames.	AIMS Report
Mental Health	78	All mental health treatment plan updates shall be done after a face-to-face clinical encounter between the prisoner and the mental health provider or mental health clinician.	Each record that is reviewed for treatment plan compliance will also be reviewed for a face-to-face SOAPE note dated the same date.	AIMS Report
Mental Health	79	If a prisoner's mental health treatment plan includes psychotropic medication, the mental health provider shall indicate in each progress note that he or she has reviewed the treatment plan.	For all records reviewed for inmates on medications, it will be determined if this performance measure was complied with.	AIMS Report
Mental Health	80	MH-3A prisoners shall be seen a minimum of every 30 days by a mental health clinician.	An AIMS report will be run for all MH-3A prisoners at each Complex. 10 records (if available) will be reviewed per yard for compliance.	AIMS Report

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Mental Health	81	MH3-A prisoners who are prescribed psychotropic medications shall be seen a minimum of every 90 days by a mental health provider.	The records reviewed for performance measure #80 will also be reviewed for compliance if they are on medications.	AIMS Report
Mental Health	82	MH-3B prisoners shall be seen a minimum of every 90 days by a mental health clinician.	An AIMS report will be run for all MH-3B prisoners at each Complex. 10 records (if available) will be reviewed per yard for compliance.	AIMS Report
Mental Health	83	MH-3B prisoners who are prescribed psychotropic medications shall be seen a minimum of every 180 days by a mental health provider. MH-3B prisoners who are prescribed psychotropic medications for psychotic disorders, bipolar disorder, or major depression shall be seen by a mental health provider a minimum of every 90 days.	The records reviewed for performance measure #82 will also be reviewed for compliance if they are on medications.	AIMS Report
Mental Health	84	MH-3C prisoners shall be seen a minimum of every 180 days by a mental health provider.	An AIMS report will be run for all MH-3C prisoners at each Complex. 10 records (if available) will be reviewed per yard for compliance.	AIMS Report
Mental Health	85	MH-3D prisoners shall be seen by a mental health provider within 30 days of discontinuing medications.	An AIMS report will be run for all MH-3D prisoners at each Complex. 10 records (if available) will be reviewed per yard for compliance.	AIMS Report
Mental Health	86	MH-3D prisoners shall be seen a minimum of every 90 days by a mental health clinician for a minimum of six months after discontinuing medication	The Records reviewed for Performance Measure #85 will also be reviewed for compliance with this performance measure.	AIMS Report

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Mental Health	87	MH-4 prisoners shall be seen by a mental health clinician for a 1:1 session a minimum of every 30 days.	An AIMS report will be run for all complexes that have MH-4 prisoners. 10 records (if available) will be reviewed per yard for compliance.	AIMS Report
Mental Health	88	MH-4 prisoners who are prescribed psychotropic medications shall be seen by a mental health provider a minimum of every 90 days.	The Records reviewed for Performance Measure #87 will also be reviewed for compliance with this performance measure.	AIMS Report
Mental Health	89	MH-5 prisoners shall be seen by a mental health clinician for a 1:1 session a minimum of every seven days.	An AIMS report will be run for the Phoenix Complex (MH-5 inmates). 10 records (if available) will be reviewed per yard for compliance.	AIMS Report
Mental Health	90	MH-5 prisoners who are prescribed psychotropic medications shall be seen by a mental health provider a minimum of every 30 days.	The Records reviewed for Performance Measure #89 will also be reviewed for compliance with this performance measure.	AIMS Report
Mental Health	91	MH-5 prisoners who are actively psychotic or actively suicidal shall be seen by a mental health clinician or mental health provider daily.	The Records reviewed for Performance Measure #89 will also be reviewed for compliance with this performance measure.	AIMS Report
Mental Health	92	MH-3 and above prisoners who are housed in maximum custody shall be seen by a mental health clinician for a 1:1 or group session a minimum of every 30 days.	An MH-3 report will be run for all maximum custody yards. 10 records (if available) will be reviewed per yard for compliance.	AIMS Report
Mental Health	93	Mental health staff (not to include LPNs) shall make weekly rounds on all MH-3 and above prisoners who are housed in maximum custody.	The Records reviewed for Performance Measure #92 will also be reviewed for compliance with this performance measure.	AIMS Report

Category	Measure #	Final Measure	Protocol	Source of Records / Review
Mental Health	94	All prisoners on a suicide or mental health watch shall be seen daily by a licensed mental health clinician or, on weekends or holidays, by a registered nurse.	The Contractor will develop and provide to HSCMB MH Staff a log weekly of all inmates currently on watch. A minimum of 10 records (if available) per Complex will be reviewed, except ASPC Eyman, where 20 records will be reviewed.	Suicide Watch Log
Mental Health	95	Only licensed mental health staff may remove a prisoner from a suicide or mental health watch. Any prisoner discontinued from a suicide or mental health watch shall be seen by a mental health provider, mental health clinician, or psychiatric registered nurse between 24 and 72 hours after discontinuation, between seven and ten days after discontinuation, and between 21 and 24 days after discontinuation of the watch.	The Contractor will develop and provide to HSCMB MH Staff a log weekly of all inmates discontinued off watch. A minimum of 10 records (if available) per Complex will be reviewed, except ASPC Eyman, where 20 records will be reviewed.	Suicide Watch Log
Mental Health	96	A reentry/discharge plan shall be established no later than 30 days prior to release from ADC for all prisoners who are MH-3 or above.	An AIMS report will be run for those inmates releasing in the next 30 days. 10 records (if available) per yard will be reviewed.	AIMS Report

Category	Measure #	Final Measure	Protocol	Source of Records / Review
Mental Health	97	A mental health provider treating a prisoner via telepsychiatry shall be provided, in advance of the telepsychiatry session, the prisoner's intake assessment, most recent mental health treatment plan, laboratory reports (if applicable), physician orders, problem list, and progress notes from the prisoner's two most recent contacts with a mental health provider.	The Contracted Vendor will supply the Appointment Logs for the previous 30 days to the HSCMB MH staff. 10 records (if available) from each yard utilizing telepsychiatry will be reviewed for compliance with this performance measure.	Provider Line Appointment Logs
Mental Health	98	Mental health HNRs shall be responded to within the timeframes set forth in the Mental Health Technical Manual (MHTM) (rev. 4/18/14), Chapter 2, Section 5.0.	The Contracted Vendor will provide each week an HNR log for each Complex. 10 records (if available) from each yard will be reviewed for compliance with this performance measure.	HNR Log
Mental Health	99	Peer reviews shall be conducted as set forth in the MHTM (rev. 4/18/14), Chapter 1, Section 3.0.	The Contracted Vendor will provide a report on all required peer reviews for the Psychiatrists, Psychiatric Nurse Practitioners, and Psychologists to the HSCMB.	Contracted vendor report.
Dental	100	Prisoners on the routine dental care list will not be removed from the list if they are seen for urgent care or pain appointments that do not resolve their routine care issues or needs.	At each yard, a minimum 10 records per month are randomly selected, if qualified under this Performance Measure. Appropriate handling and timeliness will be determined upon review. Dental HNR's will be reviewed and compared with medical record to identify any conflict or non-compliance.	Dental medical records and Dental HNR's.



<b>Category</b>	<b>Measure #</b>	<b>Final Measure</b>	<b>Protocol</b>	<b>Source of Records / Review</b>
Dental	101	Dental assistants will take inmate histories and vital signs and dental radiographs (as ordered) by the Dentist.	At each yard, a minimum 10 records per month are randomly selected, if qualified under this Performance Measure. Appropriate handling and timeliness will be determined upon review.	eOmis.
Dental	102	Routine dental care wait times will be no more than 90 days from the date the HNR was received.	At each yard, a minimum 10 records per month are randomly selected, if qualified under this Performance Measure. Appropriate handling and timeliness will be determined upon review. Dental HNR's will be reviewed and compared with medical record to identify any conflict or non-compliance.	Dental medical records and Dental HNR's.
Dental	103	Urgent care wait times, as determined by the contracted vendor, shall be no more than 72 hours from the date the HNR was received.	At each yard, a minimum 10 records per month are randomly selected, if qualified under this Performance Measure. Appropriate handling and timeliness will be determined upon review. Dental HNR's will be reviewed and compared with medical record to identify any conflict or non-compliance.	Dental medical records and Dental HNR's.

For any performance measure requiring a review of a minimum of 10 records per month per yard, in the event of an insufficient sample size of less than 10 records, the sample will be drawn from the entire complex.

Monitoring for medical, mental health and dental Outcome Measures specified herein will be conducted by ADC's Monitoring Bureau.

# EXHIBIT D

**MAXIMUM CUSTODY OUTCOME MEASURES**

<b>Measure #</b>	<b>Outcome Measure</b>
1	All maximum custody prisoners at Eyman-Browning, Eyman-SMU I, Florence Central, Florence-Kasson, and Perryville-Lumley Special Management Area (Yard 30) who are eligible for participation in DI 326 are offered a minimum of 7.5 hours out-of-cell time per week. Those at Step II are offered a minimum of 8.5 hours out-of-cell time per week, and those at Step III are offered a minimum of 9.5 hours out-of-cell time per week.
2	All maximum custody prisoners at Eyman-Browning, Eyman-SMU I, Florence Central, Florence-Kasson, and Perryville-Lumley Special Management Area (Yard 30) who are eligible for participation in DI 326 are offered at least one hour of out-of-cell group programming a week at Step II and Step III.
3	All out-of-cell time that is limited or cancelled is properly documented and justified in accordance with the terms of the Stipulation.
4	All maximum custody prisoners receive meals with the same caloric and nutritional content as meals served to other ADC prisoners.
5	All maximum custody prisoners at Eyman-Browning, Eyman-SMU I, Florence Central, Florence-Kasson, and Perryville-Lumley Special Management Area (Yard 30) are offered a minimum of 6 hours of out-of-cell exercise time a week.
6	All maximum custody prisoners at Eyman-Browning, Eyman-SMU I, Florence Central, Florence-Kasson, and Perryville-Lumley Special Management Area (Yard 30), who are eligible for participation in DI 326 are offered out-of-cell time, incentives, programs and property consistent with their Step Level and housing assignment under the DI 326 policy.
7	No prisoners with a mental health classification of MH3 or higher are housed in Florence Central-CB 5 or CB-7 unless the cell fronts are substantially modified to increase visibility.

Measure #	Outcome Measure
8	<p>In addition to the general privileges and incentives afforded to prisoners under DI 326, all SMI prisoners in maximum custody receive:</p> <ul style="list-style-type: none"> <li>• 10 hours of unstructured out-of-cell time per week</li> <li>• 1 hour of additional out-of-cell mental health programming per week</li> <li>• 1 hour of additional out-of-cell psycho-educational programming per week</li> <li>• 1 hour of additional out-of-cell programming per week</li> </ul>
9	<p>All use of force incidents involving prisoners who are designated SMI or housed in Florence-CB-1 or CB-4; Florence-Kasson (Wings 1 and 2); Eyman-SMU I (BMU); Perryville-Lumley SMA; or Phoenix (Baker, Flamenco, or MTU) conform to the policies for use of force set forth in ¶ 27 (a)-(e) of the Stipulation.</p>

# EXHIBIT E

**MAXIMUM CUSTODY OUTCOME MEASURE PROTOCOL**

<b>Final Measure #</b>	<b>Outcome Measure</b>	<b>Protocol</b>	<b>Source of Records/Review</b>
1	All maximum custody prisoners at Eyman-Browning, Eyman-SMU I, Florence Central, Florence-Kasson, and Perryville-Lumley Special Management Area (Yard 30) who are eligible for participation in DI 326 are offered a minimum of 7.5 hours out-of-cell time per week. Those at Step II are offered a minimum of 8.5 hours out-of-cell time per week, and those at Step III are offered a minimum of 9.5 hours out-of-cell time per week.	<p>At each designated location, Max Custody Monthly Activity Schedule Calendars are selected for each monitored month.</p> <p>At each designated location, Max Custody Daily Out of Cell Time Tracking Forms are reviewed for one randomly selected week for each monitored month, for 10 randomly selected prisoners.</p>	<p>Max Custody Monthly Activity Schedule</p> <p>Max Custody Daily Out of Cell Time Tracking Form</p>
2	All maximum custody prisoners at Eyman-Browning, Eyman-SMU I, Florence Central, Florence-Kasson, and Perryville-Lumley Special Management Area (Yard 30) who are eligible for participation in DI 326 are offered at least one hour of out-of-cell group programming a week at Step II and Step III.	<p>At each designated location, Max Custody Monthly Activity Schedule Calendars are selected for each monitored month.</p> <p>At each designated location, Max Custody Daily Out of Cell Time Tracking Forms are reviewed for one randomly selected week for each monitored month, for 10 randomly selected prisoners.</p> <p>At each designated location, DI 326 Programming Attendance/Sign In Sheets</p>	<p>Max Custody Monthly Activity Schedule</p> <p>Max Custody Daily Out of Cell Time Tracking Form</p> <p>Program Attendance/Sign In Sheets</p>

Final Measure #	Outcome Measure	Protocol	Source of Records/Review
		for Step II and III are reviewed for one randomly selected week for each monitored month, for 10 randomly selected prisoners.	(containing prisoner signature)
3	All out-of-cell time specified in Outcome Measures 1, 2, 8 that is limited or cancelled is properly documented and justified in accordance with the terms of the Stipulation as set forth in ¶26 of the Stipulation.	At each designated location, Max Custody Daily Out of Cell Time Tracking Forms are reviewed for one randomly selected week for each monitored month, for 10 randomly selected prisoners.	Max Custody Daily Out of Cell Time Tracking Form  Warden Certification of individual security risk necessitating limitation or cancellation where applicable to randomly selected prisoner
4	All maximum custody prisoners receive meals with the same caloric and nutritional content as meals served to other ADC prisoners.	At each designated location, Monthly Max Custody Prisoner Food Services Menus are selected for each monitored month.	Max Custody Monthly Prisoner Meal Food Services Menu
5	All maximum custody prisoners at Eyman-Browning, Eyman-SMU I, Florence Central, Florence-Kasson, and Perryville-Lumley Special Management Area (Yard 30) are offered a minimum of 6 hours of out-of-cell exercise time a week.	At each designated location, Max Custody Daily Out of Cell Time Tracking Forms are reviewed for one randomly selected week for each monitored month, for 10 randomly selected prisoners.	Max Custody Daily Out of Cell Time Tracking Form

Final Measure #	Outcome Measure	Protocol	Source of Records/Review
6	All maximum custody prisoners at Eyman-Browning, Eyman-SMU I, Florence Central, Florence-Kasson, and Perryville-Lumley Special Management Area (Yard 30), who are eligible for participation in DI 326 are offered out-of-cell time, incentives, programs and property consistent with their Step Level and housing assignment under the DI 326 policy.	<p>At each designated location, Max Custody Monthly Activity Schedule Calendars are selected for each monitored month.</p> <p>At each designated location, Max Custody Daily Out of Cell Time Tracking Forms are reviewed for one randomly selected week for each monitored month, for 10 randomly selected prisoners.</p> <p>At each designated location, DI 326 Programming Attendance/Sign In Sheets are reviewed for one randomly selected week for each monitored month, for 10 randomly selected prisoners.</p> <p>At each designated location, a minimum of 10 Prisoner Property Files are randomly selected and reviewed to identify access to allowable property consistent with Step Level under DI 326 for each monitored month.</p>	<p>Max Custody Monthly Activity Schedule</p> <p>Max Custody Daily Out of Cell Time Tracking Form</p> <p>Program Attendance/Sign In Sheets (containing prisoner signature)</p> <p>Prisoner Property Files</p>
7	No prisoners with a mental health classification of MH3 or higher are housed in Florence Central-CB 5 or CB-7 unless the cell fronts are substantially	At each designated location, the Housing Assignment Log for maximum custody prisoners with mental health classification of MH3 or higher is reviewed for one	Housing Assignment Log for maximum custody prisoners with mental health



Final Measure #	Outcome Measure	Protocol	Source of Records/Review
	modified to increase visibility.	randomly selected day of each monitored month and reviewed for: 1) any housing assignments in CB-5 and CB-7; and 2) if so housed, whether prisoner is housed in a cell with modified cell front.	classification of MH3 or higher
8	<p>In addition to the general privileges and incentives afforded to prisoners under DI 326, all SMI prisoners in maximum custody receive:</p> <ul style="list-style-type: none"> <li>• 10 hours of unstructured out-of-cell time per week</li> <li>• 1 hour of additional out-of-cell mental health programming per week</li> <li>• 1 hour of additional out-of-cell psycho-educational programming per week</li> <li>• 1 hour of additional out-of-cell programming per week</li> </ul>	<p>At each maximum custody unit where SMI prisoners are housed, Max Custody Monthly Activity Schedule Calendars are selected for each monitored month.</p> <p>At each maximum custody unit where SMI prisoners are housed, Max Custody Daily Out of Cell Time Tracking Forms are reviewed for one randomly selected week of each monitored month, for 10 randomly selected prisoners.</p> <p>At each maximum custody unit where SMI prisoners are housed, DI 326 Programming Attendance/Sign In Sheets are reviewed for one randomly selected week of each monitored month, for 10 randomly selected prisoners.</p> <p>At each maximum custody unit where SMI prisoners are housed, Mental Health Programming Attendance/Sign In Sheets are reviewed for one randomly selected</p>	<p>Max Custody Monthly Activity Schedule</p> <p>Max Custody Daily Out of Cell Time Tracking Form</p> <p>DI 326 Program Attendance/Sign In Sheets (containing prisoner signature)</p> <p>Mental Health Program Attendance/Sign In Sheets (containing prisoner signature)</p>

Final Measure #	Outcome Measure	Protocol	Source of Records/Review
		week of each monitored month, for 10 randomly selected prisoners.	
9	All use of force incidents involving maximum custody prisoners classified as SMI, and in the following housing areas: Florence-CB-1 and CB-4; Florence-Kasson (Wings 1 and 2); Eyman-SMU I (BMU); Perryville-Lumley SMA; and Phoenix (Baker, Flamenco, and MTU), conform to the policies for use of force set forth in ¶ 27 (a)-(e) of the Stipulation.	At each designated location, Use of Force SIRs/Use of Force Review Packets (if applicable) are selected for each monitored month for maximum custody SMI prisoners where force utilized involved chemical agents and incident is reviewed for compliance with the procedures for use of force set forth in ¶ 27 (a)-(e) of the Stipulation	SIR Packet; Use of Force Review Packet (if applicable); incident video (if applicable)

Monitoring for maximum custody Outcome Measures will be conducted by designated ADC staff at each location specified herein.

# EXHIBIT F

**ARIZONA DEPARTMENT OF CORRECTIONS**

**Mental Health Seriously Mentally Illness (SMI) Determination**

Inmates with a Mental Health Score of 3 or greater will be assessed as clinically indicated to determine if the criteria for SMI is met. To be considered SMI in ADC the inmate must have a qualifying diagnosis [as indicated below] and present with at least one identified level of the severe functional impairment as the result of the mental illness [Reference MHTM 4-5.0].

- Anxiety Disorders**  
300.00 Anxiety Disorder NOS; 300.01 Panic Disorder without Agoraphobia; 300.02 Generalized Anxiety Disorder; 300.14 Dissociative Identity Disorder; 300.21 Panic Disorder with Agoraphobia, and 300.22 Agoraphobia without History of Panic Disorder, 300.03 Obsessive Compulsive Disorder; and 309.81 Post-Traumatic Stress Disorder.
- Bipolar Disorder**  
296.0x Bipolar I Single Manic Episode, 296.4x Bipolar I Most Recent Episode Manic, 296.5x Bipolar I Most Recent Episode Depressed, 296.6x Bipolar I Most Recent Episode Mixed, 296.7 Bipolar I Most Recent Episode Unspecified, 296.80 Bipolar Disorder NOS, and 296.89 Bipolar II Disorder.
- Depressive Disorders**  
296.2x Major Depressive Disorder, Single Episode; 296.3x Major Depressive Disorder, Recurrent; 296.90 Mood Disorder NOS; 300.4 Dys
- Psychotic Disorders**  
295.10, Schizophrenia Disorganized Type, 295.20 Schizophrenia Catatonic Type, 295.30 Schizophrenia Paranoid Type, 295.60 Schizophrenia Residual Type, 295.90 Schizophrenia Undifferentiated, 295.70 Schizoaffective Disorder, 297.1 Delusional Disorder, and 298.9 Psychotic Disorder NOS.
- Personality Disorders**  
301.0 Paranoid Personality Disorder, 302.20 Schizoid Personality Disorder, 301.22 Schizotypal Personality Disorder, 301.4 Obsessive-Compulsive Disorder, 301.50 Histrionic Personality Disorder, 301.6 Dependent Personality Disorder, 301.81 Narcissistic Personality Disorder; 301.82 Avoidant Personality Disorder; 301.83 Borderline Personality Disorder; and 301.9 Personality Disorder NOS.

The inmate does not meet any criteria listed above. The inmate is not eligible for SMI status.

The inmate possesses a severe functional impairment as evidenced by [check as appropriate]:

- A serious and persistent inability to perform developmentally appropriate occupational or school functioning.
- Inability to live in General Population without supervision (self-care-basic needs): Impairment in the inmate's ability to function independently including the capacity to provide or arrange for needs such as food, personal hygiene, clothing, medical, dental and mental health care.
- Risk of harm to self or others.
- Risk of Deterioration: The individual does not currently meet any of the above functional criteria, 1 through 3, but may be expected to deteriorate to such a level without treatment. If the reviewer concurs with this statement, please document the reason below.
  - Diagnostic Category I diagnosis with probable chronic, relapsing and remitting course
  - Co-morbidities (like mental retardation, substance dependence, personality disorder)
  - Persistent or chronic factors such as social isolation, poverty, extreme chronic stressors (life-threatening or debilitating medical illnesses, victimization).
  - Other (past psychiatric history; gains in functioning have not solidified or are a result of current compliance only; court-committed; care is complicated; care is complicated and requires multiple providers.)

Inmate does not meet any of the criteria for functional impairment. The inmate is not eligible for SMI status.

Inmate meets the SMI diagnostic and functional impairment criteria above. The inmate is SMI in ADC.

\_\_\_\_\_  
Mental Health Staff Name/Stamp

\_\_\_\_\_  
Mental Health Staff Signature

\_\_\_\_\_  
Date

Inmate Name (Last, First M.I.)		ADC Number
Date of Birth	Facility/Unit	