

## Index of Exhibits to Stipulation

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# 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<br>(Mental Health 1)         | Inmates who have no history of mental health issue or treatment   |
| MH-2<br>(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<br>(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<br>(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<br>(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<br>(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<br>(Mental Health 3D)               | Inmates who have been recently taken off of psychotropic medications and require follow up to ensure stability over time.  |
| MH-4<br>(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<br>(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”/<br>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

| Category        | Measure # | Final Measure   |
|-----------------|-----------|---|
| 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. |

| <b>Category</b> | <b>Measure #</b> | <b>Final Measure</b>  | <b>Protocol</b>  | <b>Source of Records / Review</b>  |
|-----------------|------------------|---|--|--|
| 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.  |

| <b>Category</b> | <b>Measure #</b> | <b>Final Measure</b>  | <b>Protocol</b>   | <b>Source of Records / Review</b>   |
|-----------------|------------------|---|---|---|
| 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.   |

| <b>Category</b> | <b>Measure #</b> | <b>Final Measure</b>   | <b>Protocol</b>  | <b>Source of Records / Review</b>   |
|-----------------|------------------|--|--|---|
| 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                       |

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| 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                       |

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| 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> |

| <b>Final Measure #</b> | <b>Outcome Measure</b>   | <b>Protocol</b>  | <b>Source of Records/Review</b>  |
|------------------------|--|--|--|
|                        |  | 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<br><br>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               | <p>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> | <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               | <p>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</p>  | <p>At each designated location, the Housing Assignment Log for maximum custody prisoners with mental health classification of MH3 or higher is reviewed for one</p>   | <p>Housing Assignment Log for maximum custody prisoners with mental health</p>   |

| 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 1 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 |            |