



Clark County, Washington

Medical Services for Inmates

RFP No. 764

September 19, 2019 | 3:00 PM PT

Electronic Copy

Request for Proposal #764
MEDICAL SERVICES for INMATES

ATTACHMENT A: COVER SHEET

General Information:

Legal Name of Applicant/Company/Agency NaphCare, Inc
Street Address 2090 Columbiana Road, Ste. 4000 City Birmingham State AL Zip 35216
Contact Person Bradford McLane Title Chief Operations Officer
Phone 205-536-8532 Fax 205-536-8404
Program Location (if different than above) _____
Email address Brad.mclane@naphcare.com
Tax Identification Number 58-1823464

NaphCare acknowledges receipt of Questions and Answers from the County on 9.4.19 and 9.11.19, and the corresponding attachments provided.

ADDENDUM:

Proposer shall acknowledge receipt of Addenda by checking the appropriate box(es).

None ☐ 1 ☒ 2 ☒ 3 ☐ 4 ☐ 5 ☐ 6 ☐

NOTE: Failure to acknowledge receipt of Addendum may render the proposal non-responsive.

Option 1: \$5,111,183.40
Total Funds Requested Under this Proposal \$ Option 2: \$5,142,536.40

I certify that to the best of my knowledge the information contained in this proposal is accurate and complete and that I have the legal authority to commit this agency to a contractual agreement. I realize the final funding for any service is based upon funding levels, and the approval of the Clark County Council.



Signature, Administrator of Applicant Agency

9/13/2019

Date

Company ID Number: 168624

THE E-VERIFY PROGRAM FOR EMPLOYMENT VERIFICATION

MEMORANDUM OF UNDERSTANDING

ARTICLE I

PURPOSE AND AUTHORITY

This Memorandum of Understanding (MOU) sets forth the points of agreement between the Social Security Administration (SSA), the Department of Homeland Security (DHS) and **Naphcare** (Employer) regarding the Employer's participation in the Employment Eligibility Verification Program (E-Verify). E-Verify is a program in which the employment eligibility of all newly hired employees will be confirmed after the Employment Eligibility Verification Form (Form I-9) has been completed.

Authority for the E-Verify program is found in Title IV, Subtitle A, of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA), Pub. L. 104-208, 110 Stat. 3009, as amended (8 U.S.C. § 1324a note).

ARTICLE II

FUNCTIONS TO BE PERFORMED

A. RESPONSIBILITIES OF THE SSA

1. Upon completion of the Form I-9 by the employee and the Employer, and provided the Employer complies with the requirements of this MOU, SSA agrees to provide the Employer with available information that allows the Employer to confirm the accuracy of Social Security Numbers provided by all newly hired employees and the employment authorization of U.S. citizens.
2. The SSA agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. The SSA agrees to provide the Employer with names, titles, addresses, and telephone numbers of SSA representatives to be contacted during the E-Verify process.
3. The SSA agrees to safeguard the information provided by the Employer through the E-Verify program procedures, and to limit access to such information, as is appropriate by law, to individuals responsible for the verification of Social Security Numbers and for evaluation of the E-Verify program or such other persons or entities who may be authorized by the SSA as governed by the Privacy Act (5 U.S.C. § 552a), the Social Security Act (42 U.S.C. 1306(a)), and SSA regulations (20 CFR Part 401).
4. SSA agrees to establish a means of automated verification that is designed (in conjunction with DHS's automated system if necessary) to provide confirmation or tentative nonconfirmation of U.S. citizens' employment eligibility and accuracy of SSA records for both citizens and aliens within 3 Federal Government work days of the initial inquiry.

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5. SSA agrees to establish a means of secondary verification (including updating SSA records as may be necessary) for employees who contest SSA tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of U.S. citizens' employment eligibility and accuracy of SSA records for both citizens and aliens within 10 Federal Government work days of the date of referral to SSA, unless SSA determines that more than 10 days may be necessary. In such cases, SSA will provide additional verification instructions.

B. RESPONSIBILITIES OF THE DEPARTMENT OF HOMELAND SECURITY

1. Upon completion of the Form I-9 by the employee and the Employer and after SSA verifies the accuracy of SSA records for aliens through E-Verify, DHS agrees to provide the Employer access to selected data from DHS's database to enable the Employer to conduct:

- Automated verification checks on newly hired alien employees by electronic means, and
- Photo verification checks (when available) on newly hired alien employees.

2. DHS agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. DHS agrees to provide the Employer names, titles, addresses, and telephone numbers of DHS representatives to be contacted during the E-Verify process.

3. DHS agrees to provide to the Employer a manual (the E-Verify Manual) containing instructions on E-Verify policies, procedures and requirements for both SSA and DHS, including restrictions on the use of E-Verify.. DHS agrees to provide training materials on E-Verify.

4. DHS agrees to provide to the Employer a notice, which indicates the Employer's participation in the E-Verify program. DHS also agrees to provide to the Employer anti-discrimination notices issued by the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC), Civil Rights Division, and U.S. Department of Justice.

5. DHS agrees to issue the Employer a user identification number and password that permits the Employer to verify information provided by alien employees with DHS's database.

6. DHS agrees to safeguard the information provided to DHS by the Employer, and to limit access to such information to individuals responsible for the verification of alien employment eligibility and for evaluation of the E-Verify program, or to such other persons or entities as may be authorized by applicable law. Information will be used only to verify the accuracy of Social Security Numbers and employment eligibility, to enforce the Immigration and Nationality Act and federal criminal laws, and to ensure accurate wage reports to the SSA.

7. DHS agrees to establish a means of automated verification that is designed (in conjunction with SSA verification procedures) to provide confirmation or tentative nonconfirmation of employees' employment eligibility within 3 Federal Government work days of the initial inquiry.

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8. DHS agrees to establish a means of secondary verification (including updating DHS records as may be necessary) for employees who contest DHS tentative nonconfirmations and photo non-match tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of the employees' employment eligibility within 10 Federal Government work days of the date of referral to DHS, unless DHS determines that more than 10 days may be necessary. In such cases, DHS will provide additional verification instructions.

C. RESPONSIBILITIES OF THE EMPLOYER

1. The Employer agrees to display the notices supplied by DHS in a prominent place that is clearly visible to prospective employees.

2. The Employer agrees to provide to the SSA and DHS the names, titles, addresses, and telephone numbers of the Employer representatives to be contacted regarding E-Verify.

3. The Employer agrees to become familiar with and comply with the E-Verify Manual.

4. The Employer agrees that any Employer Representative who will perform employment verification queries will complete the E-Verify Tutorial before that individual initiates any queries.

- A. The employer agrees that all employer representatives will take the refresher tutorials initiated by the E-Verify program as a condition of continued use of E-Verify.
- B. Failure to complete a refresher tutorial will prevent the employer from continued use of the program.

5. The Employer agrees to comply with established Form I-9 procedures, with two exceptions:

- If an employee presents a "List B" identity document, the Employer agrees to only accept "List B" documents that contain a photo. (List B documents identified in 8 C.F.R. § 274a.2 (b) (1) (B)) can be presented during the Form I-9 process to establish identity).
- If an employee presents a DHS Form I-551 (Permanent Resident Card) or Form I-766 (Employment Authorization Document) to complete the Form I-9, the Employer agrees to make a photocopy of the document and to retain the photocopy with the employee's Form I-9. The employer will use the photocopy to verify the photo and to assist the Department with its review of photo non-matches that are contested by employees. Note that employees retain the right to present any List A, or List B and List C, documentation to complete the Form I-9. DHS may in the future designate other documents that activate the photo screening tool.

6. The Employer understands that participation in E-Verify does not exempt the Employer from the responsibility to complete, retain, and make available for inspection Forms I-9 that relate to its employees, or from other requirements of applicable regulations or laws, except for the following modified requirements applicable by reason of the Employer's participation in E-Verify: (1) identity documents must have photos, as described in paragraph 5 above; (2) a

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rebuttable presumption is established that the Employer has not violated section 274A(a)(1)(A) of the Immigration and Nationality Act (INA) with respect to the hiring of any individual if it obtains confirmation of the identity and employment eligibility of the individual in compliance with the terms and conditions of E-Verify ; (3) the Employer must notify DHS if it continues to employ any employee after receiving a final nonconfirmation, and is subject to a civil money penalty between \$500 and \$1,000 for each failure to notify DHS of continued employment following a final nonconfirmation; (4) the Employer is subject to a rebuttable presumption that it has knowingly employed an unauthorized alien in violation of section 274A(a)(1)(A) if the Employer continues to employ any employee after receiving a final nonconfirmation; and (5) no person or entity participating in E-Verify is civilly or criminally liable under any law for any action taken in good faith on information provided through the confirmation system. DHS reserves the right to conduct Form I-9 compliance inspections during the course of E-Verify, as well as to conduct any other enforcement activity authorized by law.

7. The Employer agrees to initiate E-Verify verification procedures within 3 Employer business days after each employee has been hired (but after both sections 1 and 2 of the Form I-9 have been completed), and to complete as many (but only as many) steps of the E-Verify process as are necessary according to the E-Verify Manual. The Employer is prohibited from initiating verification procedures before the employee has been hired and the Form I-9 completed. If the automated system to be queried is temporarily unavailable, the 3-day time period is extended until it is again operational in order to accommodate the Employer's attempting, in good faith, to make inquiries during the period of unavailability. In all cases, the Employer must use the SSA verification procedures first, and use DHS verification procedures and photo screening tool only after the the SSA verification response has been given.

8. The Employer agrees not to use E-Verify procedures for pre-employment screening of job applicants, support for any unlawful employment practice, or any other use not authorized by this MOU. The Employer must use E-Verify for all new employees and will not verify only certain employees selectively. The Employer agrees not to use E-Verify procedures for re-verification, or for employees hired before the date this MOU is in effect. The Employer understands that if the Employer uses E-Verify procedures for any purpose other than as authorized by this MOU, the Employer may be subject to appropriate legal action and the immediate termination of its access to SSA and DHS information pursuant to this MOU.

9. The Employer agrees to follow appropriate procedures (see Article III.B. below) regarding tentative nonconfirmations, including notifying employees of the finding, providing written referral instructions to employees, allowing employees to contest the finding, and not taking adverse action against employees if they choose to contest the finding. Further, when employees contest a tentative nonconfirmation based upon a photo non-match, the Employer is required to take affirmative steps (see Article III.B. below) to contact DHS with information necessary to resolve the challenge.

10. The Employer agrees not to take any adverse action against an employee based upon the employee's employment eligibility status while SSA or DHS is processing the verification request unless the Employer obtains knowledge (as defined in 8 C.F.R. § 274a.1 (I)) that the employee is not work authorized. The Employer understands that an initial inability of the SSA or DHS automated verification to verify work authorization, a tentative nonconfirmation, or the finding of

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a photo non-match, does not mean, and should not be interpreted as, an indication that the employee is not work authorized. In any of the cases listed above, the employee must be provided the opportunity to contest the finding, and if he or she does so, may not be terminated or suffer any adverse employment consequences until and unless secondary verification by SSA or DHS has been completed and a final nonconfirmation has been issued. If the employee does not choose to contest a tentative nonconfirmation or a photo non-match, then the Employer can find the employee is not work authorized and take the appropriate action.

11. The Employer agrees to comply with section 274B of the INA by not discriminating unlawfully against any individual in hiring, firing, or recruitment or referral practices because of his or her national origin or, in the case of a protected individual as defined in section 274B(a)(3) of the INA, because of his or her citizenship status. The Employer understands that such illegal practices can include selective verification or use of E-Verify, discharging or refusing to hire eligible employees because they appear or sound “foreign”, and premature termination of employees based upon tentative nonconfirmations, and that any violation of the unfair immigration-related employment practices provisions of the INA could subject the Employer to civil penalties pursuant to section 274B of the INA and the termination of its participation in E-Verify. If the Employer has any questions relating to the anti-discrimination provision, it should contact OSC at 1-800-255-7688 or 1-800-237-2515 (TDD).

12. The Employer agrees to record the case verification number on the employee's Form I-9 or to print the screen containing the case verification number and attach it to the employee's Form I-9.

13. The Employer agrees that it will use the information it receives from the SSA or DHS pursuant to E-Verify and this MOU only to confirm the employment eligibility of newly-hired employees after completion of the Form I-9. The Employer agrees that it will safeguard this information, and means of access to it (such as PINS and passwords) to ensure that it is not used for any other purpose and as necessary to protect its confidentiality, including ensuring that it is not disseminated to any person other than employees of the Employer who are authorized to perform the Employer's responsibilities under this MOU.

14. The Employer acknowledges that the information which it receives from SSA is governed by the Privacy Act (5 U.S.C. § 552a (i) (1) and (3)) and the Social Security Act (42 U.S.C. 1306(a)), and that any person who obtains this information under false pretenses or uses it for any purpose other than as provided for in this MOU may be subject to criminal penalties.

15. The Employer agrees to allow DHS and SSA, or their authorized agents or designees, to make periodic visits to the Employer for the purpose of reviewing E-Verify -related records, i.e., Forms I-9, SSA Transaction Records, and DHS verification records, which were created during the Employer's participation in the E-Verify Program. In addition, for the purpose of evaluating E-Verify, the Employer agrees to allow DHS and SSA or their authorized agents or designees, to interview it regarding its experience with E-Verify, to interview employees hired during E-Verify use concerning their experience with the pilot, and to make employment and E-Verify related records available to DHS and the SSA, or their designated agents or designees. Failure to comply with the terms of this paragraph may lead DHS to terminate the Employer's access to E-Verify.

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ARTICLE III

REFERRAL OF INDIVIDUALS TO THE SSA AND THE DEPARTMENT OF HOMELAND SECURITY

A. REFERRAL TO THE SSA

1. If the Employer receives a tentative nonconfirmation issued by SSA, the Employer must print the tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation.
2. The Employer will refer employees to SSA field offices only as directed by the automated system based on a tentative nonconfirmation, and only after the Employer records the case verification number, reviews the input to detect any transaction errors, and determines that the employee contests the tentative nonconfirmation. The Employer will transmit the Social Security Number to SSA for verification again if this review indicates a need to do so. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.
3. If the employee contests an SSA tentative nonconfirmation, the Employer will provide the employee with a referral letter and instruct the employee to visit an SSA office to resolve the discrepancy within 8 Federal Government work days. The Employer will make a second inquiry to the SSA database using E-Verify procedures on the date that is 10 Federal Government work days after the date of the referral in order to obtain confirmation, or final nonconfirmation, unless otherwise instructed by SSA or unless SSA determines that more than 10 days is necessary to resolve the tentative nonconfirmation..
4. The Employer agrees not to ask the employee to obtain a printout from the Social Security Number database (the Numident) or other written verification of the Social Security Number from the SSA.

B. REFERRAL TO THE DEPARTMENT OF HOMELAND SECURITY

1. If the Employer receives a tentative nonconfirmation issued by DHS, the Employer must print the tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation.
2. If the Employer finds a photo non-match for an alien who provides a document for which the automated system has transmitted a photo, the employer must print the photo non-match tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the finding.
3. The Employer agrees to refer individuals to DHS only when the employee chooses to contest a tentative nonconfirmation received from DHS automated verification process or when

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the Employer issues a tentative nonconfirmation based upon a photo non-match. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.

4. If the employee contests a tentative nonconfirmation issued by DHS, the Employer will provide the employee with a referral letter and instruct the employee to contact the Department through its toll-free hotline within 8 Federal Government work days.

5. If the employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will provide the employee with a referral letter to DHS. DHS will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary.

6. The Employer agrees that if an employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will send a copy of the employee's Form I-551 or Form I-766 to DHS for review by:

- Scanning and uploading the document, or
- Sending a photocopy of the document by an express mail account (furnished and paid for by DHS).

7. The Employer understands that if it cannot determine whether there is a photo match/non-match, the Employer is required to forward the employee's documentation to DHS by scanning and uploading, or by sending the document as described in the preceding paragraph, and resolving the case as specified by the Immigration Services Verifier at DHS who will determine the photo match or non-match.

ARTICLE IV

SERVICE PROVISIONS

The SSA and DHS will not charge the Employer for verification services performed under this MOU. The Employer is responsible for providing equipment needed to make inquiries. To access the E-Verify System, an Employer will need a personal computer with Internet access.

ARTICLE V

PARTIES

This MOU is effective upon the signature of all parties, and shall continue in effect for as long as the SSA and DHS conduct the E-Verify program unless modified in writing by the mutual consent of all parties, or terminated by any party upon 30 days prior written notice to the others. Any and all system enhancements to the E-Verify program by DHS or SSA, including but not limited to the E-Verify checking against additional data sources and instituting new verification procedures, will be covered under this MOU and will not cause the need for a supplemental MOU that outlines these changes. DHS agrees to train employers on all changes made to E-Verify through the use of mandatory refresher tutorials and updates to the E-Verify manual. Even

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without changes to E-Verify, the Department reserves the right to require employers to take mandatory refresher tutorials.

Termination by any party shall terminate the MOU as to all parties. The SSA or DHS may terminate this MOU without prior notice if deemed necessary because of the requirements of law or policy, or upon a determination by SSA or DHS that there has been a breach of system integrity or security by the Employer, or a failure on the part of the Employer to comply with established procedures or legal requirements. Some or all SSA and DHS responsibilities under this MOU may be performed by contractor(s), and SSA and DHS may adjust verification responsibilities between each other as they may determine.

Nothing in this MOU is intended, or should be construed, to create any right or benefit, substantive or procedural, enforceable at law by any third party against the United States, its agencies, officers, or employees, or against the Employer, its agents, officers, or employees.

Each party shall be solely responsible for defending any claim or action against it arising out of or related to E-Verify or this MOU, whether civil or criminal, and for any liability wherefrom, including (but not limited to) any dispute between the Employer and any other person or entity regarding the applicability of Section 403(d) of IIRIRA to any action taken or allegedly taken by the Employer.

The employer understands that the fact of its participation in E-Verify is not confidential information and may be disclosed as authorized or required by law and DHS or SSA policy, including but not limited to, Congressional oversight, E-Verify publicity and media inquiries, and responses to inquiries under the Freedom of Information Act (FOIA).

The foregoing constitutes the full agreement on this subject between the SSA, DHS, and the Employer.

The individuals whose signatures appear below represent that they are authorized to enter into this MOU on behalf of the Employer and DHS respectively.

To be accepted as a participant in E-Verify, you should only sign the Employer's Section of the signature page. If you have any questions, contact E-Verify Operations at 888-464-4218.

Employer Naphcare

Kemberly English

Name (Please type or print)

Title

Electronically Signed

12/04/2008

Signature

Date

Department of Homeland Security – Verification Division

Company ID Number: 168624

USCIS Verification Division

Name (Please type or print)

Title

Electronically Signed

12/04/2008

Signature

Date

Company ID Number: 168624

**INFORMATION REQUIRED
FOR THE E-VERIFY PROGRAM**

Information relating to your Company:

Company Name: Naphcare

Company Facility Address: 950 22nd Street North
Birmingham, AL 35213

Company Alternate Address: _____

County or Parish: JEFFERSON

Employer Identification Number: 631099646

North American Industry
Classification Systems Code: 623

Parent Company: _____

Number of Employees: 500 to 999 Number of Sites Verified for: 21

Are you verifying for more than 1 site? If yes, please provide the number of sites verified for in each State.

- | | | |
|------------------|---|---------|
| • NORTH CAROLINA | 2 | site(s) |
| • WASHINGTON | 1 | site(s) |
| • COLORADO | 1 | site(s) |
| • MASSACHUSETTS | 4 | site(s) |
| • NEVADA | 2 | site(s) |
| • OHIO | 2 | site(s) |
| • CALIFORNIA | 1 | site(s) |
| • TEXAS | 1 | site(s) |
| • OREGON | 1 | site(s) |
| • ALABAMA | 1 | site(s) |
| • IOWA | 1 | site(s) |
| • GEORGIA | 1 | site(s) |
| • PENNSYLVANIA | 1 | site(s) |
| • NEW YORK | 2 | site(s) |

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Information relating to the Program Administrator(s) for your Company on policy questions or operational problems:

Name:	Bradley Rhoades	Fax Number:
Telephone Number:	(800) 834 - 2420 ext. 8435	
E-mail Address:	brhoades@naphcare.com	
Name:	Kemberly English	Fax Number:
Telephone Number:	(800) 834 - 2420 ext. 8721	
E-mail Address:	kemberly.english@naphcare.com	
Name:	Jorice Johnson	Fax Number:
Telephone Number:	(800) 834 - 2420 ext. 8563	
E-mail Address:	jorice.johnson@naphcare.com	
Name:	Genia Hastings	Fax Number:
Telephone Number:	(800) 834 - 2420 ext. 8571	
E-mail Address:	ghastings@naphcare.com	
Name:	Kendra Lacey	Fax Number:
Telephone Number:	(800) 834 - 2420 ext. 6127	
E-mail Address:	kendra.lacey@naphcare.com	



September 17, 2019

Clark County Office of Purchasing
P.O. Box 5000
1300 Franklin Street, 6th Floor, Suite 650
Vancouver, WA 98660

Dear Ms. Beltran,

NaphCare is pleased to submit our response to Clark County RFP #764, Medical Services for Inmates. NaphCare has 30 years of industry-leading correctional healthcare experience. Our experience includes providing comprehensive correctional healthcare services at seven Washington county jails, including six of the 12 largest county jails in the state. With our strong presence in your state, NaphCare will provide a skilled, local team to support start-up and ongoing operations at the Clark County Sheriff's Office (CCSO) facilities.

NaphCare specializes in providing comprehensive healthcare programs *specifically for city and county jails*. We are committed to advancing correctional healthcare through innovative technology, our Proactive Care Model and revolutionary programs that address the mental health and substance abuse epidemics impacting America's jails. We understand the challenges that all correctional systems face at this time, and we look forward to working with Clark County to develop a healthcare program that meets your specific needs now and into the future.

NaphCare's proposal for Clark County offers the following solutions and benefits:

- ✓ **Proactive Care Model:** NaphCare emphasizes the early identification of medical and mental health issues in order to intervene early and prevent healthcare emergencies and costly off-site trips. According to the Bureau of Justice Statistics from 2000 to 2014, "More than a third (425 of 1,053 deaths, or 40%) of inmate deaths occurred within the first 7 days of admission." Our Proactive Care Model is designed to ensure that comprehensive medical and mental health screenings are conducted at intake and that treatment is initiated in the critical first hours and days following booking.
- ✓ **STATCare 24/7 Telehealth:** A unique service provided exclusively by NaphCare, STATCare is unmatched across the industry. STATCare was designed to provide onsite clinicians with access to a centralized team of nurse practitioners to support the fast-paced intake process. Powered by *TechCare®*, our centralized team of Washington-licensed nurse practitioners are available 24 hours a day, 7 days a week to take crucial steps within hours of booking to stabilize patients and initiate treatments. **For Clark County, STATCare will be available to initiate medications, treatment orders, referrals and detoxification, typically within one hour after completion of the Receiving Screening.** STATCare will also review Receiving Screenings for the first 90 days of the contract, with periodic audits thereafter to ensure continued clinical quality. STATCare has become integral to our Proactive Care approach, creating benefits including a more efficient intake process, quicker stabilization of patients, reduction in off-site trips and added quality controls.
- ✓ **Electronic Operating System and Health Records (EHR), *TechCare®*:** NaphCare will immediately implement our top-ranked, corrections-specific electronic operating system, *TechCare®*, at the CCSO facilities. The system will be operational DAY ONE of the contract. *TechCare®* not only provides electronic health records, but also acts as a medical management system, allowing corporate staff to support onsite staff in

real-time to ensure positive outcomes. *TechCare®* improves care delivery, staff efficiency, communication with correctional staff, compliance, documentation and reporting. Real-time updates enable on-site providers to spend more time with patients and less time concerned with non-clinical administrative duties.

TechCare® is not a tool to replace onsite staff; it helps onsite staff to work at their best – confidently and efficiently. Our onsite staff (and off-site corporate support staff) are the backbone of NaphCare's services, and *TechCare®* supports them as they perform their duties and helps ensure the health of your inmates through built-in quality checks and accurate documentation of health information and medical encounters.

- ✓ **Advanced Protocols for Managing Withdrawal and Substance Use Disorders.** The opioid crisis and the high rates of substance use disorder among the incarcerated population impose increased risks and liability on local governments and correctional healthcare providers. NaphCare reduces liability and risk by staying on the cutting edge of substance use disorder treatment. NaphCare offers a superior approach to managing drug and alcohol withdrawal, including an advanced protocol for caring for patients at risk of opioid withdrawal. NaphCare closely monitors patients at risk of opioid withdrawal and uses a taper of buprenorphine administered early in the withdrawal process to reduce risks and symptoms associated with withdrawal.

NaphCare also has a growing body of experience with Medication Assisted Treatment (MAT) programs designed to help our patients with an opioid use disorder prepare to abstain from abusing opioids upon discharge from jail. We believe in the promise of MAT treatment to assist patients with an opioid use disorder, and we will work with Clark County to operate a MAT program tailored to your needs.

- ✓ **Quality Assurance and Compliance.** NaphCare understands the importance of providing quality healthcare services in compliance with the highest correctional healthcare standards, and so we have built our program around NCCHC and ACA standards. We also offer a robust system of quality assurance, continuing quality improvement and reporting to monitor healthcare operations and ensure provision of care meets or exceeds quality standards while remaining efficient and cost-effective.

TechCare® supports our mission to provide the highest level of quality assurance and risk management for the CCSO. The system not only maintains reliable, compliant documentation, but also tracks and organizes all healthcare encounters allowing NaphCare to routinely monitor and review for opportunities to improve care. *TechCare®* has a solid platform for quality charting that ensures detailed logging and documentation without loopholes; all entries and documentation are time-stamped to ensure accuracy and accountability of records and reporting.

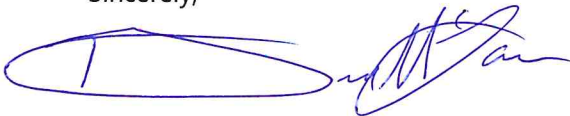
- ✓ **Reducing Off-Site Costs:** NaphCare is experienced in successfully reducing inmate transports by using a proactive approach to care and organized, comprehensive Utilization Management. We prioritize onsite care whenever possible and educate our onsite staff in the management of wounds, fractures, seizures, head injuries, epistaxis and eye injuries to empower them to handle more issues onsite and improve outcomes. When off-site care is required, our Utilization Management Department accomplishes every step of the process with the priority on full communication and cooperation for the most organized, cost-efficient and safe results.
- ✓ **Transparency and Accountability.** We pledge to keep you informed about our services in your facilities through transparent communication and robust reporting. *TechCare®* captures health services data and offers reporting functions that are clinically meaningful to users. We will use this data to track patient care, identify trends and ensure quality and contract compliance.

- ✓ **Partnership You Can Count On:** As a private company, we answer only to our patients and clients – not to outside shareholders or private equity firms – giving us the freedom to provide personal, focused attention on you and your needs. While other companies engage in frequent mergers and acquisitions, we remain under consistent leadership with an unwavering mission. NaphCare has stable executive leadership and a project management team that is committed to NaphCare and our client facilities. This stability, along with planned and structured growth, ensures that our clients receive personal attention from our administrative and medical leadership at both our corporate headquarters in Birmingham, Alabama, and our Western States Office in Las Vegas, Nevada.

A dedicated Project Management Team will provide ongoing, personalized attention and communication throughout the contract. **Key corporate leaders for the Clark County contract and an experienced transition team will be onsite and actively involved during the transition period, with regular contact and visits thereafter.** NaphCare will proactively meet with you to reduce any anxiety involved with initiating a new provider and implementing the *TechCare®* system.

In summary, you can count on us as a partner to provide innovative solutions for your correctional healthcare operation. With operations in more than 70 local, state and federal facilities across 27 states, including Washington, we offer both the strength and reliability of a large company and the nimble responsiveness of a small business. Our local transition team of clinical and administrative experts will proactively meet with you and your staff to guarantee a swift and easy transition to The NaphCare Way. We are excited about the opportunity to partner with you. Should you need any further information regarding our proposed services, please contact me at 205.536.8532 or brad.mclane@naphcare.com.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Brad McLane', is written over a large, horizontal oval shape.

Bradford McLane
Chief Operating Officer for Administration

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Project Team

Provide the name, a brief history and description of your firm. Include your firm's most recent annual report. Specify experience in providing healthcare.

NaphCare Company Overview

NaphCare, Inc., partners with city, county, state and federal clients nationwide to provide proactive, patient-focused healthcare to more than 125,000 patients in more than 70 facilities across 27 states. Our comprehensive healthcare clients include seven in Washington State: Skagit County (240 ADP); Pierce County (1,140 ADP); Kitsap County (375 ADP); Lewis County (230 ADP); Spokane County (915 ADP); Benton County (600 ADP); and the South Correctional Entity (SCORE) in Des Moines (520 ADP). Our innovative approach to correctional health care includes designing and implementing evidence-based clinical programs to address the specific challenges of the corrections environment.

For more than 30 years, NaphCare has been devoted to partnering with correctional institutions to provide quality healthcare to a unique and diverse population. NaphCare provides comprehensive medical and mental health care, pharmaceuticals, on-site correctional dialysis services, off-site management services and a corrections-specific electronic operating system and health record, *TechCare®*.

- **Comprehensive Healthcare Services** – Our services include medical, mental health, dental, pharmaceutical, and juvenile services, in addition to administrative support for city and county jails.
- ***TechCare®* Electronic Operating System and Health Record (EHR)** – Tailored specifically to the needs of correctional facilities, *TechCare®* was designed by correctional healthcare experts to track the healthcare activities of each inmate from intake through discharge, creating standardized treatment processes, reliable documentation, quality assurance and risk management.
- **On-site Correctional Dialysis Services** – includes hemodialysis, peritoneal dialysis, and nephrology consults to inmates with end-stage renal disease (ESRD).
- **Off-site Management Services** – includes developing and/or maintaining preferred provider networks, utilization management, scheduling, and tracking inmate off-site visits. We also provide management and payment of claims for the Federal Bureau of Prisons (BOP).

Company History

On January 4, 1989, James McLane founded Correctional Pharmacy Systems, Inc., the company now known as NaphCare, as a provider of pharmaceutical services to correctional facilities. Mr. McLane also operated a company known as Dewberry Drug Company, Inc. Lowndes County Correctional Center in Valdosta, Georgia, was the company's first correctional healthcare contract to provide pharmacy services to the inmate population. This was one of the first capitated pharmacy contracts in the country.

In 1996, Mr. McLane sold Dewberry Drug Company, Inc. to a national pharmacy chain to allow NaphCare to devote all its resources to its core business of providing correctional healthcare services, and changed the company name to National Prison Healthcare (NaphCare).

Since this time, NaphCare has remained an independent healthcare partner. In addition, the company has not undergone any corporate reorganization or restructuring and has no plans to do so in the future. **While other companies engage in mergers and acquisitions, we remain under consistent leadership with an unchanging mission. Our clients do not have to worry about drastic changes in our company and how changes will affect their services.** If you have been let down by provider leadership in the past, then you will experience a refreshing change with us.

NaphCare's most recent annual report is provided in the Appendix.

Correctional Healthcare Experience

NaphCare designs and implements client-specific programs to meet inmate healthcare needs. For 30 years, our core focus has been providing correctional institutions with cost-effective, quality healthcare services. NaphCare successfully operates comprehensive healthcare programs across the country.

Our Current Clients List is provided under the Respondent's Capabilities section of our proposal and includes the following:

- 33 City/County Jail Facilities
- 29 Federal Bureau of Prison Facilities
- 14 Correctional Dialysis Units
- 7 *TechCare®* Operated Facilities

Jail Healthcare Services

NaphCare provides comprehensive healthcare programs at 33 city and county jail facilities. Our services include medical, mental health, dental, pharmaceutical, and juvenile services, in addition to administrative support for city and county jails. We also implement our electronic operating system, inclusive of electronic health records, at each of our jail client facilities.

Correctional Dialysis

NaphCare has **24 years of experience** in the delivery of renal care, **exclusively at correctional facilities for the inmate population**. NaphCare implements quality, cost-effective nephrology programs based on the needs of your patient population and facility setup. We offer effective management, skilled clinicians, and state-of-the-art nephrology arrangements, while also providing professional staffing and strong management support from our corporate office. We currently operate 14 on-site correctional dialysis units for clients across the country, including the Washington State Department of Corrections at the Monroe Correctional Complex.

Off-site Management Services

NaphCare provides the following services for our Jail and Federal Prison clients:

- Coordinate off-site care and specialty medical services
- Provide centralized scheduling for off-site appointments
- Obtain official medical records for hospital services
- Develop Preferred Provider Networks and negotiate discounted rates with providers
- Liaison with preferred providers regarding service, security concerns, or other issues
- Pay claims accurately and promptly based on contracted, negotiated rates
- Provide effective inpatient case management
- Provide customized reports
- Help maintain JCAHO, NCCHC, and ACA standards through compliant accomplishment of services

Electronic Operating System, *TechCare®*

TechCare® was created specifically for use in correctional facilities and is the only system certified for corrections. *TechCare®* is more than an electronic health record - our electronic operating system provides a myriad of features and workflows designed to improve inmate care, staff efficiency, compliance, communication, and documentation. *TechCare®* provides the highest level of quality assurance and risk management for a correctional healthcare program.

In addition to providing *TechCare®* to all of our comprehensive healthcare clients, NaphCare has also implemented *TechCare®* as a stand-alone service for several large-scale correctional facilities, who rely on the system to manage their high volume of inmate medical records consistently and accurately. These facilities provide services for adult and juvenile inmates with a combined inmate population of over 18,000.

- **County of Orange Health Care Agency, California** – 7,000+ ADP
- **Maricopa County Correctional Health Services, Arizona** – 7,000 ADP
- **San Bernardino County Jail, California** – 6,300 ADP
- **San Diego County Jail, California** – 5,500 ADP
- **Riverside County Correctional Healthcare Services Division, California** – 4,000+ ADP
- **New Hampshire Department of Corrections** – 3,000 ADP
- **Allegheny County Jail, Pennsylvania** – 2,400 ADP

As their EHR provider, NaphCare manages over 3.4 million existing medical records using *TechCare®*. NaphCare won these contracts in competitive bid processes against some of the most well-known EHR programs available. *TechCare's* capabilities and ease of use exceed the expectations of even the largest correctional institutions. **The following chart shows the results from the Orange County EHR bid process and how *TechCare®* compared in competition against other well-known systems.**

EHR Vendors	Average Score
NaphCare, Inc. – <i>TechCare®</i>	91.82
Nextgen Healthcare	86.4
Cerner Corporation	78.68
Ambassador Medical Technologies, Inc. (Assistmed)	68.6
Business Computer Applications, Inc. (BCA)	65.94
Netsmart Technologies, Inc.	65.75
Medical Information Technology, Inc. (Meditech Circle)	60.63
Z-Geoinfo, Inc. (Hermes)	56.18
Sequest Technologies, Inc.	53.96
CorEMR	48.28
American Correctional Solutions, Inc. (ACS)	40.78
RioTap Health Informatics, LLC	36.25
Cal2Cal Corporation	35.86
Medical Informatics Engineering, Inc. (MIE)	30.37

NaphCare Leadership

NaphCare is owned and operated by our founder and CEO, James S. McLane. When Mr. McLane founded NaphCare, his vision was to create a company that would provide compassionate and proactive care to a vulnerable and high-needs population.

To accomplish this, Mr. McLane deliberately established NaphCare as a private company with sole ownership and no outside shareholders so that **we only answer to our patients and our partners**. We do not answer to outside equity or shareholders demanding a particular return on investment. We believe that makes us unique in the field and allows us to be innovative and responsive in the care we provide.

As a privately-owned company, NaphCare has many advantages to offer:

- We answer to our partners, not shareholders or investment bankers.
- We are available and open to creating new ways of doing business based on your needs.
- Our clinical team is allowed to be flexible and innovative in solving your problems.
- You receive personal attention from our clinical team and company leadership.
- We provide you with daily communication, as well as weekly and monthly reports.

Our sole ownership is the key to our stability in a fluctuating market driven by mergers, acquisitions and shareholder profits.

Our steady yet selective growth, solid financial stability and manageable size allow us the time and resources to fully connect with our clients and provide the personalized attention you deserve. We choose our projects carefully to find those that are the best fit, not only for us, but also for our partners. **We are not the biggest because we strive to be the best.**

Executive Leadership



James McLane, Chief Executive Officer

Phone: 205-536-8460 | Email: jim@naphcare.com

Mr. McLane founded the company now known as NaphCare, Inc. in 1989. He has more than 40 years of management and healthcare experience, including 30 years in correctional healthcare. He is the chief planner and operational director of the company and is committed to providing quality healthcare solutions to correctional facilities in the most innovative and efficient manner possible. With keen insight, he is firmly committed to the continued success of partnering with correctional institutions to provide quality healthcare solutions.

Mr. McLane's mission for the company is to provide a Proactive Care Model by utilizing technology to the fullest with implementation strategies and techniques. Other administrative accomplishments under his leadership include establishing a unique Electronic Health Records system, *TechCare®* for use at all our partnering sites to ensure a more efficient quality control system.



Bradford T. McLane, JD, Chief Operating Officer—Administration

Phone: 205-536-8532 | Email: bradford.mclane@naphcare.com

Brad McLane joined NaphCare in 2016 as Chief Operating Officer for Administration. Mr. McLane brings more than 22 years of management, leadership and legal experience to his role with NaphCare, where he provides leadership for all aspects of operations and business development. Prior to joining his family's business, Mr. McLane served nine years with the U.S. Department of Justice in Washington, D.C. handling complex litigation at the trial and appellate court levels. Mr. McLane's early career included founding and leading multiple nonprofit organizations devoted to conservation and the protection of public health and welfare. Mr. McLane received his B.S. degree from the University of the South in Sewanee, Tennessee, and his law degree from the Georgetown University Law Center in Washington, D.C.

**Connie Young, CPA, Chief Financial Officer**

Phone: 205-536-8414 | Email: cyoung@naphcare.com

Ms. Young is a CPA with over 23 years of experience in managing all financial functions of a correctional health care operation. Ms. Young is responsible for overseeing all financial and accounting functions in all of NaphCare's business areas. She also leads NaphCare's growing responsibilities under its contracts to provide offsite health care services for the Bureau of Prisons at 28 facilities and counting. In addition, Ms. Young is responsible for overseeing an IT team that is developing innovative IT and software systems to streamline NaphCare's internal operations.

**Lee Harrison, President**

Phone: 205-536-8496 | Email: Lee@naphcare.com

Mr. Harrison brings to NaphCare more than 42 years of experience in the healthcare industry, including over 24 years in a correctional setting. His primary responsibility is managing the company's growth by directing the efforts of NaphCare's Business Development and Marketing departments. In addition, he oversees the continued expansion of the Pharmacy Operations and End Stage Renal Disease lines of business. Mr. Harrison's vast experience in sales, contract negotiations, budgeting, and staffing plays a critical role in positioning the company for the future. He has contributed daily to

NaphCare's mission since joining the leadership team in 1994.

**Susanne Moore, RN, JD, Executive Vice President and Chief Operating Officer—Jails**

Phone: 205-552-1732 | Email: susanne.moore@naphcare.com

In 2013, Susanne Moore joined NaphCare as Executive Vice President. She is now Chief Operating Officer providing strategic executive leadership of the Jails Division. Ms. Moore is responsible for all aspects of budget and operations required to deliver NaphCare's *Proactive Care Model* of comprehensive health care to city, county and state correctional facilities. Ms. Moore oversees more than 2,000 corporate and clinical employees across the country, ensuring that consistent, quality patient care is delivered. As a Registered Nurse and licensed attorney, Ms. Moore brings a broad understanding of the unique

environment in which NaphCare operates. With more than 20 years of clinical, business and legal expertise, she is recognized as an innovative leader in health care. Prior to joining NaphCare, Ms. Moore's career included clinical practice as a RN, as well as experience as a litigation attorney and in-house corporate counsel.

**Katherine Tarica, Executive Vice President and Chief Operating Officer - Federal Prisons**

Phone: 205-536-8540 | Email: katherine.tarica@naphcare.com

Ms. Tarica has over 24 years of healthcare experience and 12 years working in correctional healthcare at NaphCare. She is responsible for operation of all off-site services at 29 Federal Bureau of Prisons facilities across the Country as well as new federal business development. Ms. Tarica's responsibilities further include NaphCare's role in providing health care services to 13,000 federal inmates residing at 180 Residential Reentry Centers throughout the continental US, Alaska, Hawaii, and Puerto Rico.



Bradley J. Cain, JD, Executive Vice President and Chief Legal Officer

Phone Number: 205-536-8534 | Email: brad.cain@naphcare.com

Mr. Cain joined the NaphCare team in 2007. He is an Alabama and District of Columbia Bar attorney responsible for overseeing all legal aspects of NaphCare's business operations, including contracting functions, corporate governance, litigation and risk management, and company-wide employee benefits. Mr. Cain's legal mind and strategic approach has assisted NaphCare with its nationwide defense of litigation and has helped NaphCare maintain its record of having never lost a lawsuit. He is the ideal choice to manage NaphCare's high-functioning legal and insurance teams supporting our complex nationwide business operations.

Name and title of person(s) authorized to bind the contractor, together with the main office address, and telephone numbers. Once awarded, successful vendor must continue to keep this information up to date.

Brad McLane, JD, Chief Operating Officer – Administration

Phone: (205) 536-8532

Email: brad.mclane@naphcare.com

Birmingham Corporate Office

2090 Columbiana Road
Suite 4000
Birmingham, AL 35216
Main Line: (205) 536-8400

Western States Corporate Office

3930 Howard Hughes Pkwy.
Suite 270
Las Vegas, NV 89169
Phone: (702) 322-1030

Name and title of person(s) who will be managing the local site, including telephone numbers. Once awarded, successful proposer will keep this information up to date.

John Donahue, Senior Vice President of Western States

Phone: 702-322-1034

Email: john.donahue@naphcare.com

Management Approach

Medical Service Delivery Plan

NaphCare is committed to advancing correctional healthcare through innovative technology, our Proactive Care Model, and revolutionary programs that address the mental health and substance abuse epidemics impacting America's jails. We understand the challenges that all correctional systems face at this time, and we look forward to working with Clark County to develop a healthcare program that meets your specific areas of need. NaphCare's medical service delivery plan will include our core programs tailored to the CCSO facilities.

- **Proactive Care Model.** NaphCare emphasizes the early identification of medical and mental health issues in order to intervene early and prevent healthcare emergencies and costly off-site trips. Our Proactive Care Model is designed to ensure that comprehensive medical and mental health screenings are conducted at intake and that treatment is initiated in the critical first hours and days following booking. This approach is best for our patients because it stabilizes their health, and our clients benefit from the reduction in off-site trips, inmate movement, and emergency medical situations.

**"As your website indicates...
'an innovative, proactive
approach to care that
identifies potential problems
up front. Simply put, we
deliver peace of mind.'
You've all given us that peace
of mind!"**

**Chief Chris Sweet,
Lewis County Jail, WA**

- **Electronic Operating System and Health Records (EHR), *TechCare®*.** NaphCare will immediately implement our top-ranked, corrections-specific electronic operating system, *TechCare®*, at the CCSO facilities. **The system will be operational DAY ONE of the contract.** *TechCare®* not only provides electronic health records, but also acts as a medical management system built to automate compliance with NCCHC and ACA standards. Developed by correctional healthcare experts, *TechCare®* tracks the healthcare activities of each patient, creating standardized treatment processes with transparent reporting from intake through discharge.
- **STATCare 24/7 Telehealth.** NaphCare's STATCare model provides the site with 24/7 access to a centralized telehealth team that supports the onsite intake process. STATCare provides onsite clinical staff with access to a centralized team of Washington-licensed Nurse Practitioners who take crucial steps within hours of booking to stabilize patients and initiate treatments. The STATCare team complements the care provided by the onsite medical team, collaborating on clinical decision-making and treatment planning to ensure continuity of care and add a layer of quality assurance.

For Clark County, STATCare will be available to initiate medications, treatment orders, referrals and detox, typically within one hour after completion of the Receiving Screening. STATCare will also review Receiving Screenings for the first 90 days of the contract, with periodic audits thereafter to ensure continued clinical quality.

Additionally, the STATCare team is on-call 24/7 to assist with patient care issues that arise when an onsite provider is not available, including nights and weekends. Through *TechCare®*, the STATCare team has real-time access to a patient's complete medical record, allowing for quick decision-making and follow-up on orders. Onsite providers can easily access and review orders placed by STATCare via the STATCare queue in *TechCare®*. Providers may choose to continue, change or discontinue any orders, as they deem necessary.

STATCare support for onsite clinicians:

- Review receiving screenings for quality control
- Set flags in *TechCare®* for patients with chronic conditions, mental health needs and substance use disorder
- Schedule referrals for provider follow-up
- Verify and initiate medications within 24 hours of intake
- Create treatment orders to stabilize patients quickly
- Initiate withdrawal treatment protocols

To provide an additional layer of quality assurance and support, NaphCare pharmacists work with our STATCare team to actively monitor detox patients. Pharmacists review symptoms, vital signs, urine drug screens, medication requests and all other information pertinent to patient care to help prevent negative outcomes. The pharmacist notifies STATCare if a patient is identified for follow-up. STATCare providers then make any necessary clinical adjustments, and the onsite clinical team follows through on the care plan.

- **Advanced Protocols for Managing Withdrawal and Substance Use Disorders.** The opioid crisis and the high rates of substance use disorders among the incarcerated population impose increased risks and liability on local governments and correctional healthcare providers. NaphCare reduces liability and risk by staying on the cutting edge of substance use disorder treatment. NaphCare offers a superior approach to managing drug and alcohol withdrawal, including our pioneering work on a protocol using a taper of buprenorphine to reduce the risks and symptoms associated with opioid withdrawal. NaphCare also has a growing body of experience with Medication Assisted Treatment (MAT) programs to assist patients with opioid use disorder prepare to abstain from misuse of opioids upon release from jail. We believe in the promise of MAT treatment to assist patients with an opioid use disorder, and we will work with Clark County to operate a MAT program tailored to your facilities. **NaphCare has worked with our clients in Washington State to obtain over \$1.5 million in grant funding and in-kind contributions to support MAT programs**, and we will continue to work diligently to help our clients find necessary funding and support to maintain and expand these important programs.
- **Quality Assurance, Compliance and Accountability.** NaphCare understands the importance of providing quality healthcare services in compliance with the highest correctional healthcare standards, so we have built our program around NCCHC and ACA standards. We offer a robust system of quality assurance, CQI, and reporting to monitor healthcare operations and ensure care meets or exceeds quality standards while remaining efficient and cost-effective.
- **Reducing Off-site Trips.** NaphCare successfully reduces inmate transports with our proactive approach to care and comprehensive Utilization Management program. We prioritize onsite care whenever possible and educate our onsite staff to empower them to handle more issues onsite and improve outcomes. Our Network Management Department will supply onsite specialty services, as the volume of inmate healthcare needs merits. When off-site care is required, our UM Department accomplishes every step of the process with the priority on full communication and cooperation for the most organized, cost-efficient and safe results.
 - Over the course of 2018, Lewis County Jail in Chehalis, Washington, saw a 21% reduction in ER send-outs compared to the previous year.
 - In Montgomery County, Ohio, NaphCare reduced overall trips by 40%, ER trips by 14% and inpatient admissions by 58%. In addition, off-site expenditures decreased by 30%.
 - In Hillsborough County, Florida, the cost of off-site care dropped by 18% from year one to year two of our contract and dropped another \$130,000 from year two to year three.

Experienced Jail Provider

NaphCare provides comprehensive health care to 33 jail facilities across the country. These facilities range in size from ADPs of 250 to over 3,000. We have the resources, knowledge, and personnel to implement effective healthcare systems for the CCSO facilities.

With an in-depth understanding of the operational workflows within city and county jails, we have developed our approach to providing comprehensive healthcare services and administrative support that alleviates the burden off custody staff. The jail environment resembles an emergency room setting, fast-paced with frequent patient turnover, where you must adapt to each day's needs quickly. With this in mind, NaphCare developed our Proactive Care Model to identify medical and mental health issues as soon as possible – at intake – before conditions become more acute, more expensive, and utilize more resources. Our Proactive Care Model is leading the way in correctional healthcare by addressing risk and confronting medical issues immediately.

NaphCare's Proactive Care Model is enabled by our advanced electronic operating system, *TechCare®*, designed specifically to provide efficiency, accountability, transparency, and consistency in correctional facilities. With our focus on and dedication to partnering with jails similar to Clark County's facilities, we are well-prepared and enthusiastic to provide quality healthcare services and support that meet your unique and evolving needs.

Similarly Sized Jail Clients (ADP 500-850)

Client	ADP
Washington County Jail – Hillsboro, OR	549
Nashua Street Jail – Boston, MA	554
South Correctional Entity (SCORE) – Des Moines, WA	594
Middlesex County Jail - N. Brunswick Township, NJ	608
Benton County Jail – Kennewick, WA	608
Montgomery County Jail – Dayton, OH	729
Suffolk County House of Correction – Boston, MA	835

We are committed to the service and satisfaction of our clients. We fulfill our contract commitments and go above and beyond to improve efficiency, inmate care, and costs for our clients. **NaphCare has provided Contract Accomplishments from a selection of current jail clients in the Appendix of our proposal.** These illustrate the range of services NaphCare provides and our ability to meet and exceed the needs of our clients.

Washington Experience

NaphCare is experienced at providing correctional healthcare in the State of Washington. Over the past few years, our presence in your state has grown significantly. We now provide comprehensive health care at seven correctional facilities in Washington, including six of the 12 largest county jails. Our services within these facilities include medical, dental, mental health, pharmacy, on-site dialysis, and our *TechCare®* electronic operating system. NaphCare also provides dialysis services to the Washington Department of Corrections.

Comprehensive Healthcare

- Pierce County Detention and Corrections Center, Tacoma, WA
- Spokane County Jail, Spokane, WA
- Benton County Jail, Kennewick, WA
- South Correctional Entity (SCORE), Des Moines, WA
- Kitsap County Jail, Kitsap, WA
- Skagit County Community Justice Center, Mt Vernon, WA
- Lewis County Jail, Chehalis, WA



Dialysis

- Washington Department of Corrections - Washington State Reformatory, Monroe, WA

Preparing for the Future

NaphCare offers a modern approach to correctional healthcare that will not only elevate the current healthcare program at the CCSO facilities, but also lead Clark County in a direction that offers advantages into the future. We understand you have plans for the future growth of your facility, and we believe that we are the partner that will help you develop the best inmate medical program for your growing population. Our clients benefit from the use of *TechCare®*, which is able to expertly manage over 10,000 inmates in a correctional facility. *TechCare®* is more than an EHR; it is a fully operational system that helps us provide the best care possible. With *TechCare®*, our healthcare personnel can fully devote themselves to inmate care, rather than paperwork. Clerical staff can work more effectively than ever before. Also, the system simplifies documentation by reducing the redundancies and mistakes often associated with unreliable paper-charting methods of documenting patient care. This leads directly to a high level of risk management that is legally defensible.

NaphCare also provides forward-thinking correctional health care through our Proactive Care Model and our advanced Detoxification and Withdrawal protocols. We are also leading the way with our growing experience in implementing and administering MAT programs in our client facilities.

In addition, we are experienced in assisting our clients with facility expansion and growing inmate populations. We have successfully expanded our inmate healthcare services to meet the needs of our clients' growing inmate populations. We also have experience managing the design, renovation, and construction of correctional dialysis facilities for several of our dialysis clients, in partnership with our correctional construction subcontractors.

Currently we are helping Franklin County Corrections in Ohio plan the development and building of a completely new correctional facility. We are using our 30 years of experience in correctional healthcare to help the County plan a facility that facilitates efficient, effective health care for its inmate patients and allows for the maximum amount of services to be provided on-site, saving the County future transportation costs and adhering to our proactive approach to healthcare.

NaphCare is ready and able to provide any consultation the County desires as your system and inmate population grows and changes.

Respondent's Capabilities

The following is a list of our current jail clients includes the information requested in the RFP. In addition to the detailed information provided here for our jail client facilities, we have also included simplified information for our current clients in our other lines of business – dialysis, off-site management services, and *TechCare®*. **Please see the Appendix for this additional current client information.**

Client Facility	ADP	Annual Contract Value	Original Contract & Renewals	Contact
Hillsborough County Jail 520 N Falkenburg Road Tampa, FL 33619	3,017/Adult	\$25,289,201.66	Original 10/1/14-9/30/17 Renewed 10/1/17-9/30/19 10/1/18-9/30/19 10/1/19-9/30/22	Major Michael Farrier (813) 242-5100 mfarrier@hcsa.tampa.fl.us
Fulton County Jail 901 Rice St NW Atlanta, GA 30318	2,814/Adult	\$22,828,363.04	Original 1/1/19-12/31/18 Renewed 1/1/19-12/31/19	Col. Mark Adger, (404) 613-2065 Mark.adger@fultoncountygga.gov
Hamilton County Corrections System 1000 Sycamore Street Cincinnati, OH 45202	1,551/Adult	\$7,483,480.34	Original 12/30/07-12/29/09 Renewed 12/30/09-12/29/10 12/30/10-12/29/11 12/31/11-12/29/12 New Contract 12/30/12-12/29/14 Renewed 12/30/14-12/29/15 12/30/15-12/29/16 12/30/16-12/29/17 New Contract 12/30/17-12/29/19	Dave Turner, Commander (513) 946-6735 d.turner@sheriff.hamilton-co.org

Client Facility	ADP	Annual Contract Value	Original Contract & Renewals	Contact
Mobile County Metro Jail 450 S. Emanuel Street Mobile, AL 36603	1,590/Adult	\$5,665,657.68	Original Contract 7/1/13-6/30/16 Renewed 7/1/16-6/30/17 7/1/17-7/31/17 New Contract 8/1/17-7/31/20	Deputy Warden Sam Houston (251) 574-3239 shouston@mobileso.com
Virginia Beach Correctional Center 2501 James Madison Blvd. Virginia Beach, VA 23456	1,528/Adult	\$5,898,727.32	Original Contract 5/1/15-4/30/18 Renewed 5/1/18-4/30/19 5/1/19-4/30/20	Sheriff Ken Stolle (757) 385-6961 stolle@vbso.net
Suffolk County House of Correction 20 Bradston Street Boston, MA 02118 Nashua Street Jail 200 Nashua Street Boston, MA 02114	835/Adult 554/Adult	\$10,788,743.00	Original Contract 3/12/12-9/11/13 Renewed 9/12/13-2/28/14 3/1/14-6/30/14 7/1/14-6/30/15 7/1/15-2/29/16 New Contract 3/1/16-2/28/21	Yolanda L. Smith, Superintendent (617) 704-6511 YSmith@scsdma.org
Pierce County Detention and Corrections Center 910 Tacoma Avenue South Tacoma, WA 98402	1,119/Adult	\$4,874,101.05	Original Contract 8/8/15-12/31/15 New Contract 1/1/16-12/31/16 Renewed 1/1/17-12/31/17 1/1/18-12/31/18 1/1/19-12/31/19	Pattie Jackson-Kidder, Lieutenant (253)753-4340 pjacks@co.pierce.wa.us
Washoe County Sheriff's Office 911 E Parr Blvd. Reno, NV 89512	1,119/Adult	\$7,051,900.44	Original Contract 6/1/15-5/31/17 Renewed 6/1/17-5/31/18 6/1/18-5/31/19 New Contract 7/1/18-6/30/20	Chief Deputy Jeff Clark (775) 328-2962 Jclark@washoecounty.us

Client Facility	ADP	Annual Contract Value	Original Contract & Renewals	Contact
Manatee County Jail 14470 Harlee Road Palmetto, FL 34221	960/Adult	\$5,907,873.56	Original Contract 1/1/19-12/31/21	Major Daniel Kaufman (941) 747-3011. Ext 2606 daniel.kaufman@manateesherriff.com
Spokane County Jail 1100 W Mallon Avenue Spokane, WA 99260	974/Adult	\$6,654,050.62	Original Contract 5/9/16 -11/7/16 Renewed 11/8/16-12/7/16 12/8/16-1/7/17 1/8/17-2/7/17 2/8/17-3/7/17 3/8/17-4/7/17 4/8/17-5/7/17 5/8/17-6/7/17 New Contract 7/1/17-6/30/18 Renewed 7/1/18-6/30/19 7/1/19-6/30/20	Sargent Tom Hill (509) 477-2682 tmhill@spokanecounty.org
Montgomery County Jail 333 West 2nd Street Dayton, OH 45422	729/Adult	\$4,712,071.32	Original Contract 8/19/03-8/31/04 Renewed 9/1/04-8/31/05 9/1/15-8/31/06 New Contract 9/1/06-8/31/07 Renewed 09/01/07-08/31/08 09/01/08-08/31/09 09/01/09-08/31/10 09/01/10-08/31/11 New Contract 8/31/11-8/31/12 Renewed 09/01/12-08/31/12 09/01/13-08/31/14 09/01/14-08/31/15 09/01/15-08/31/16 Contract extended: 09/01/16-10/31/16 11/01/16-11/30/16 12/01/16-12/31/16 New Contract 1/1/17-12/31/19	Jeremy Roy, Major (937) 496-3060 royj@mcohiosheriff.org

Client Facility	ADP	Annual Contract Value	Original Contract & Renewals	Contact
Middlesex County Jail 130-132 Apple Orchard Ln. N. Brunswick Township, NJ 08902 Middlesex Juvenile Detention Ctr. US-130 N. Brunswick Township, NJ 08902	608/Adult 46/Juvenile	\$5,319,444.78	Original Contract 12/01/16-11/30/19	Mark J. Cranston, Warden (732) 951-3320 mark.cranston@co.middlesex.nj.us
South Correctional Entity (SCORE) 20817 17 th Ave South Des Moines, WA 98198	594/Adult	\$4,321,674.00	Original Contract 9/2/16-9/1/19 Renewed 9/2/19-9/1/20	Executive Director Devon Schrum (206) 257-6262 dschrum@scorejail.org
Benton County Jail 7122 W. Okanogan Place Kennewick, WA 99336	608/Adult	\$2,049,915.72	Original Contract 6/1/17-5/31/20	Captain Josh Shelton (509) 783-2562, ext. 3297 Joshua.shelton@co.benton.wa.us
Mendocino County Jail 951 Low Gap Rd Ukiah, CA 95482	280/Adult	\$3,113,737.73	Original Contract 10/1/17-12/31/21	Captain Timothy Pearce (707) 463-4559 pearcet@mendocinocounty.org
Washington County Jail 215 SW Adams Avenue Hillsboro, OR 97123	549/Adult	\$5,581,013.06	Original Contract 5/1/15-6/30/20	John Koch, Jail Commander (503) 846-2700, ext. 2515 John_Koch@co.washington.or.us
Franklin County Corrections Center I 370 S. Front Street Columbus, OH 43215 Franklin County Corrections Center II 2460 Jackson Pike Rd Columbus, OH 43223	491/Adult 1,465/Adult	\$13,263,280.15	Original Contract 6/1/17-5/31/20	Chief Geoff Stobart (614) 525-5785 gastobar@franklincountyohio.gov
Henderson Detention Center 18 E Basic Rd Henderson, NV 89015	456/Adult	\$2,741,174.47	Original Contract 7/1/18-6/30/21	Damon E. Smith, 696 Captain (702)267-4632 Damon.Smith@cityofhenderson.com
Clackamas County Jail 2206 Kaen Road Oregon City, OR 97045	427/Adult	\$3,890,981.88	Original Contract 1/1/19-6/30/23	Captain Lee Eby (503) 722-6777 LeeEby@clackamas.us

Client Facility	ADP	Annual Contract Value	Original Contract & Renewals	Contact
Kings County Jail 1570 Kings County Drive Hanford, CA 93230 Kings County Juvenile Center 1450 Forum Drive Hanford, CA 93230	596/Adult 26/Juvenile	 \$3,728,653.73	Original Contract 12/1/14-11/30/19	Dave Putnam, Assistant Sheriff (559) 582-3211 ext. 2886 Dave.Putnam@co.kings.ca.us
Newton County Jail 15151 Alcovy Jersey Road Covington, GA 30014	487/Adult	\$2,132,758.80	Original Contract 01/10/04-6/30/05 Renewed 7/1/05-6/30/06 New Contract 7/1/06-6/30/07 Renewed 7/1/07-6/30/08 7/1/08-6/30/09 7/1/09-6/30/10 New Contract 7/1/10-6/30/11 Renewed 7/1/11-6/30/12 7/1/12-6/30/13 7/1/13-6/30/14 New Contract 7/1/14-6/30/19 Renewed 7/1/19-6/30/20	1st Lieutenant Brice Smith (678) 625-1434 brsmith@newtonsheriffga.org
Kitsap County Jail 614 Division Street Port Orchard, WA 98366	352/Adult & Juvenile	\$3,497,176.08	Original Contract 1/1/19-12/31/23	Lieutenant Penny Sapp (360) 337-4514 p.sapp@co.kitsap.wa.us
Santa Ana Jail 62 Civic Center Plaza Santa Ana, CA 92701	407/Adult	\$2,481,887.38	Original Contract 10/1/14-10/1/17 New Contract 10/1/17-9/30/19	Christina Holland, Jail Admin. (714) 245-8123 cholland@santa-ana.org

Client Facility	ADP	Annual Contract Value	Original Contract & Renewals	Contact
Black Hawk County Jail 225 East Sixth Street Waterloo, IA 50703	265/Adult	\$1,289,410.80	Original Contract 7/1/00-6/30/02 New Contract 7/1/02-6/30/04 Renewed 7/1/04-6/30/05 7/1/05-6/30/06 7/1/06-6/30/07 7/1/07-6/30/08 7/1/08-6/30/09 7/1/09-6/30/10 New Contract 7/1/10-6/30/13 Renewed 7/1/13-6/30/14 7/1/14-6/30/15 7/1/15-6/30/16 7/1/16-6/30/17 7/1/17-6/30/18 7/1/18-6/30/21	Captain Mark Herbst (319) 291-2587 ext. 5128 MHerbst@bhcsco.org
Lewis County Jail 28 SW Chehalis Avenue Chehalis, WA 98532	236/Adult	\$1,120,395.60	Original Contract 2/1/17-12/31/17 Renewed 1/1/18-12/31/18 1/1/19-12/31/19	Chief Chris Sweet (360) 748-2617 chris.sweet@lewiscountywa.gov
Skagit County Community Justice Center 201 Suzanne Lane Mt Vernon, WA 98273	251/Adult	\$2,242,417.80	Original Contract 2/1/18-1/31/19 Renewed 2/1/19-1/31/20	Don Marlow, Jail Commander (360) 416-1960 dmarlow@co.skagit.wa.us

Urgent Care Experience

We seek to provide the maximum level of clinical activity on-site in order to achieve increased security and enhanced cost-effective care. NaphCare has corporate specialists in the following fields that are available for consults with our sites to potentially avoid off-site send outs – Orthopedics, Endocrinology, Nephrology, Infectious Disease, and Dentistry.

In addition, all NaphCare's sites have access to eClinic for specialty care consultations as well. NaphCare providers use eClinic to engage a digital network of clinical specialists for consultation, clinical review and assessment of necessity of care to inform off-site referral decisions. With the eClinic specialty care network, NaphCare can offer a broader range of specialist care without the additional expense, travel or patient wait time associated with offsite specialty care. Please see **Section Y, Specialty Care and Referrals**, for a full description of this program.

NaphCare operates on-site infirmaries at the Washoe County Detention Facility (Reno, NV), Hillsborough County Jail (Tampa, FL) and the Fulton County Jail (Atlanta, GA). Providing high-quality care with more extensively trained staff can help alleviate emergent medical situations before they occur. This saves time and resources because of the ability to reduce off-site transfers and specialty care.

NaphCare provides onsite ER training at our jails to improve onsite care and reduce off-site visits. We contract with board-certified ER physicians who go into the jails to provide one-on-one training to our staff and providers. Training topics include management of wounds (suturing vs. skin glue), fractures (when to splint vs. send to ER for urgent evaluation), seizures, head injuries, epistaxis, and eye injuries. This gives the jail team the education and experience to manage more issues on-site and improves the overall healthcare of the patients.

NaphCare provides a telehealth wound care program that provides electronic clinical review and a weekly, personalized supply and delivery of needed medications for onsite wound care. Supported by board-certified physicians and certified wound care nurses, this program uses evidence-based protocols and a wound care supply formulary to increase clinical care capacity. Outcomes include reduced incidence of wound infections and amputations, improved patient wound care compliance and healing rates, and reduced hospitalizations.

STATCare 24/7 Telehealth. NaphCare's STATCare model provides the site with 24/7 access to a centralized telehealth team that supports the onsite intake process. STATCare provides onsite clinical staff with access to a centralized team of Washington-licensed Nurse Practitioners who take crucial steps within hours of booking to stabilize patients and initiate treatments.

NaphCare provides comprehensive STATCare coverage at all of our client jail facilities that do not have 24/7 onsite booking providers. Coverage includes consultation on routine issues, serious events, and ER send outs, as well as detox management, initiating medications, and monitoring alerts in the *TechCare®* system. Please see our **Medical Service Delivery Plan**, under the **Management Approach** section, for a complete description of STATCare.

Emergent Care Experience

NaphCare is experienced in handling emergency care. In all our client facilities, the on-site healthcare staff focuses on preventive care, continuously working to prevent unnecessary off-site referrals and emergencies. In the event off-site care is necessary, NaphCare's Network Management Department has negotiated discounted fees for inpatient and outpatient hospital-based services. Our robust off-site management services ensure organization, coordination, and cost-effectiveness at every step. In the case of emergency trips, we provide retrospective reviews on all ER trips. As part of our quality initiative, our UM nurses and Chief Medical Officer review all emergency room visits and monitor the site Medical Director's appropriate use of the on-site facilities. Please see **Section AO – Program Support Services, #7**, for a description of NaphCare's Utilization Management Program.

Chronic Care Experience

NaphCare implements our Chronic Care Management Program at each of our client jail facilities. We take a proactive approach to the management of chronic care disease in order to minimize the development of any urgent or emergent conditions that may require off-site transportation. Our emphasis on preventive care begins during the Receiving Screening, when inmates are classified into the appropriate chronic care clinic and scheduled for follow-up treatment. Our extensive staff training, use of best practices based on nationally recognized guidelines, and innovative on-site diagnostic testing help us keep chronic care patients in stable condition throughout their incarceration. Please see **Section Z, Chronic Care Patients**, for a complete description of our chronic care program and protocols.

Project Approach and Understanding

Detail your group's experience with healthcare services for similarly sized populations and types of facilities. Highlight evidence of achievements in this area. While not restrictive, of particular interest would be experience with detained and closed populations.

Please see our response to the **Management Approach** section.

Accreditation Experience and Success

NaphCare has a 100% success rate in acquiring and maintaining NCCHC accreditation across the nation, which demonstrates our clinical proficiency, accountability, and quality of care. Our policies and procedures, as well as our electronic operating system, are written to ensure compliance with NCCHC and ACA standards. The following list shows accreditations for our client jail facilities, all of which were commended on their professional conduct and assistance. NaphCare led the efforts to gain initial NCCHC accreditation at the following client facilities:

- Newton County Jail – February 2014
- Middlesex County Jail – June 2017
- Kings County Jail – August 2018

At our other NCCHC- and ACA-accredited sites, NaphCare has been equally instrumental in our efforts to successfully maintain accreditation from year to year, and even complete the efforts for full accreditation upon transition from another provider to NaphCare. **This chart shows the dates of reaccreditation under NaphCare's tenure.**

NaphCare's Accredited Jail Facilities

Client Facility	ADP	Accreditation
Hillsborough County Jail Hillsborough County Jail – Orient Rd. Tampa, FL	3,242	NCCHC - August 2018 Florida Model Jail Standards (FMJS) - 2015, 2016, 2017, 2018
Hamilton County Corrections System Cincinnati, OH	1,600	NCCHC - Nov. 2010, Dec. 2014, February 2017
Suffolk County House of Correction and Nashua Street Jail Boston, MA	956 600	NCCHC - April 2018 ACA - October 2016 NCCHC - Nov. 2018 ACA - Nov 2016
Virginia Beach Correctional Center Virginia Beach, VA	1,557	NCCHC - Dec. 2016
Washoe County Sheriff's Office Reno, NV	1,164	NCCHC - Sept 2016
Mobile County Metro Jail Mobile, AL	1,600	NCCHC - November 2018

Client Facility	ADP	Accreditation
Manatee County Jail Palmetto, FL	1,084	ACA - April 2017 Florida Model Jail Standards - April 2019
Middlesex County Jail North Brunswick Township, NJ	702	NCCHC - June 2017 <i>(initial)</i>
Montgomery County Jail Dayton, OH	791	NCCHC - Dec. 2007, March 2011, Jan. 2018 ACA – Jan. 2013, Dec. 2016
South Correctional Entity Multijurisdictional Misdemeanor Jail Des Moines, WA	613	NCCHC - February 2018
Washington County Jail Hillsboro, OR	528	NCCHC - June 2018
Franklin County Corrections Centers I and II Columbus, OH	530/ 1,465	NCCHC - April 2018
Kings County Jail Hanford, CA	491	NCCHC - August 2018 <i>(initial)</i>
Newton County Jail Covington, GA	458	NCCHC – Feb. 2014 <i>(initial)</i> , Nov. 2016 ACA – Nov. 2018
Black Hawk County Jail Waterloo, IA	241	NCCHC - Nov. 2004, Nov. 2007, Mar. 2011, Jan. 2018

Work Requirements (RFP Section 1B)

1. Required Services

The following are the general service requirements that the successful Contractor is expected to meet as a result of its services under a contract with the County. Not all requirements may apply to all awarded services. These requirements shall apply as they relate to the specific services awarded to the contractor, in one or more of the following areas: (1) general medical services; (2) mental health services; and (3) pharmacy services.

NaphCare understands and will comply. On the following pages, we have responded to the Work Requirements outlined in Section 1B of the RFP to describe NaphCare's experience, policies, and programs.

A. ADMINISTRATIVE

NaphCare understands and will comply with items #1-22 listed under Section A, Administrative, of the RFP with one exception. While NaphCare is dedicated to providing timely and robust reporting, the potential for a 10% contract penalty for a late or deficient report as set forth in Paragraph 21 of Section A is concerning. We respectfully request the opportunity to negotiate a revised penalty structure in this regard if NaphCare is selected through the RFP process.

We expand on the requirements listed in items #1-22 throughout our response to the Work Requirements.

B. PERSONNEL

1. Contractor must operate the program at full staffing and use only qualified Washington State licensed, certified, and professionally trained personnel to perform duties within their licensure. Contractor must provide adequate personnel for all shifts. This staffing is to include all personnel required to comply with the Contractor's applicable scope of services outlined in this RFP. Contractor shall maintain a current organizational chart, which shall be provided to the SO upon request and or annually.

NaphCare understands this requirement and will comply. NaphCare has submitted our Staffing Matrix and Narrative under **Section C, Schedules.**

2. The contractor shall only recruit and interview candidates who are currently licensed or certified in the State of Washington. Each candidate shall be interviewed by the contractor with a special focus on technical expertise, job fit characteristics, and motivation. The Jail Command Staff or designee shall retain the right to be involved in the interviewing process. It is recommended that the healthcare administrator be CCHP certified.

NaphCare understands this requirement and will comply. We understand the importance of experienced staff, and we seek to retain current Clark County staff as instructed and approved by the County. NaphCare will recruit, interview, hire, train, and supervise all healthcare staff. All persons providing medical, dental, or mental health treatment will meet state licensure and/or certification requirements. To ensure that our medical professionals have the appropriate licensure and/or credentialing to provide the services required, we conduct a thorough interview and credentialing process. Please see **Section AO, Program Support Services, #9** for a full description of NaphCare's credentialing process.

3. All screened candidates, prior to on call, part-time or full-time employment, will attend an on-site tour of the main jail facility.

NaphCare understands and will comply with this requirement.

4. The contractor and its personnel shall be subject to and shall comply with all security regulations and procedures of the County and the detention facilities. Violations of regulations may result in the contractor's employee being denied access to the detention facility. In this event, the contractor shall provide alternate personnel.

NaphCare understands and will comply with this requirement.

5. Initial and continued employment of staff and subcontractors shall be subject to approval of the County. The County reserves the right to prohibit any of the contractor's employees and/or independent contractors from performing service with regard to this contract.

NaphCare understands and will comply with this requirement.

6. Security for contract employees and agents shall be consistent with security provided to other employees in the respective building/s.

NaphCare understands and will comply with this requirement.

7. All personnel shall be required to pass an exhaustive background investigation conducted by the County for initial and or continued employment. Additionally, all personnel performing on-site services may be required to undergo random urinalysis or blood test. Additional testing may be required if there is "reasonable suspicion" of current use of drugs/alcohol that is affecting the employees ability to perform their assigned duties. All test results (negative or positive) will be provided to medical vendor and designated jail medical liaison. Additional testing will be paid for by the compelling party.

NaphCare understands and will comply with this requirement.

8. Items that are reviewed in a typical background may include, but not be limited to most of the following components; Criminal History Check, Driver's License Check, Work History Check, Educational History Check, Reference Check, Neighbor Check, Professional License Check, Credit Check and Drug Testing.

NaphCare understands and will comply with this requirement.

9. Typical Items that will not pass this background check: conviction of a felony; use of Illegal drugs within the last 12 months; illegal use or misuse of prescribed substances in the past 3 years; 1 or more DUI convictions; deception or fraud during hiring process; non-availability for shift work; dishonorable discharge from military; three or more employment terminations or resignation in lieu of termination; and lack of proper documentation for non-US citizens.

NaphCare understands and will comply with this requirement.

10. All personnel shall comply with current and future state, federal and local laws and regulations, court orders, administrative directives, institutional directives, agreed upon NCCHC standards, agreed upon ACA standards, and standards, policies and procedures of the County, the Clark County Sheriff's Office and the contractor regardless of the accreditation status.

NaphCare understands and will comply with this requirement.

11. Personnel files of all subcontractors and contract employees shall be maintained in a locked file at the facility. The files shall be made available to the Chief Corrections Deputy or designee upon request. These files shall include at minimum: copies of current licenses, proof of professional certification, DEA numbers, malpractice insurance certificates, evaluations, E-Verify information and position responsibilities.

NaphCare understands and will comply with this requirement.

12. The contractor shall provide the names of corporate or regional management personnel assigned to this contract. A resume of the regional manager shall be included with this proposal. Any replacement personnel information shall be provided to the County.

NaphCare understands and will comply with this requirement. **NaphCare's Regional Manager for this contract will be Rebecca Villacorta, Director of Jail Operations for Western States.** We have provided her resume in the **Appendix**. Ms. Villacorta is familiar with Clark County since she has recently been working with the Clark

County Commander on the County's detox and mental health programs. She is licensed in Washington, and will be available to the County as a local presence.

The proposed Project Management Team for Clark County includes the following NaphCare staff:

- John M. Donahue, Senior Vice President of Western Operations
- Shannon Matthews, RN, Vice President of Western Operations
- Jeffrey Alvarez, M.D., Chief Medical Officer, Western States
- Donna Sewell, PhD, LCSW, Corporate Mental Health Director
- Sonia Reisdorf, NP, Vice President of Jail Operations
- Jesus Ordaz, Director of Jail Operations, Western States
- Melody Molinaro, RN, Director of Jail Operations, Western States
- Alicia Clarke, Director of Jail Operations of Western States
- Scott Moran, FNP-BC, Corporate Nurse Practitioner
- Bridget Roscoe, Corporate Nurse Practitioner
- Melissa Townsend, Healthcare Recruiter for Western States

NaphCare maintains a Western States Office in Las Vegas, meaning the County will have experienced NaphCare corporate healthcare staff available, devoted only to our Western States clients, available at all times.

Your project management team is primarily based in Washington State or NaphCare's corporate office in Las Vegas, Nevada.

Project Management Team for Clark County

Our management team includes experienced staff - clinicians, administrators, and healthcare experts – that will be dedicated to your facility and a successful partnership. This team expertly handles issues related to clinical practice, discharge planning, utilization management, legal, staffing, employment, contract compliance and monitoring, policies and procedures, peer reviews, payroll, scheduling, training and orientation, licensing and credentialing, and budget. They not only provide 24/7 client support, but they also meet weekly to discuss potential improvements, cost savings, and efficiencies for our clients. Through constant monitoring, the management team develops new procedures that continuously improve processes within our client facilities.

The CCSO can expect a smooth and efficient transition to NaphCare. Our regional administrative staff will oversee implementation of the *TechCare*® system and all transition activities. They will establish and ensure quality health services for the inmates of the CCSO facilities. Our staff has broad knowledge of correctional healthcare administration and clinical operations, in addition to accounting, personnel, network, and business management. Our success is based on the expertise of the corporate management team, the facility administrators, and our clinical directors.

The following pages identify our professional staff members that will be involved in the Clark County contract. We have provided a brief summary of our experienced, management team and how they will participate in the contract with the County.



Rebecca Villacorta, RN, MSW, Director of Jail Operations – Western States

Phone: 714-313-4837 | Email: Rebecca.villacorta@naphcare.com

Ms. Villacorta has extensive experience in correctional healthcare. She has worked as a Health Services Administrator and has extensive experience with establishing MAT programs in various settings, as well as establishing community connections to provide transitional support to reduce inmate recidivism. Ms. Villacorta ensures through her expertise in correctional healthcare and NaphCare's Proactive Approach that all of NaphCare's Washington state facilities' healthcare staff are providing only the highest quality care and complying with all local, state, and national standards. She also serves as a valuable liaison between jail staff and corporate NaphCare leadership, ensuring that any issues or concerns are addressed immediately and healthcare quality and outcomes continues to improve.

Ms. Villacorta will serve as Regional Manager for the Clark County contract.

She is licensed in the state of Washington and familiar with Clark County's correctional facilities. We have provided her resume in the **Appendix**.



John Donahue, Senior Vice President of Western States

Phone: 702-322-1034 | Email: john.donahue@naphcare.com

Mr. Donahue joined the NaphCare team in June 2013, after retiring from a 27-year career with the Las Vegas Metropolitan Police Department. Mr. Donahue retired as a Deputy Chief, where he served as the Division Commander of the Clark County Detention Center and North Valley Complex in Las Vegas, NV. This division consisted of seven bureaus and a population of 3,800 inmates and 1,200 staff members. During his career, he was an active member of the American Jails Association, Large Jail Network, and American Corrections Association.

Mr. Donahue currently assists with NaphCare's business development sector. He is based out of the NaphCare West Corporate Office in Las Vegas, where his focus is ensuring administration of quality healthcare to jails within the U.S.



Shannon Matthews, Vice President of Operations, Western States

Phone: 702-322-1032 | Email: shannon.matthews@naphcare.com

Ms. Matthews has 19 years of correctional healthcare experience. A Registered Nurse, she has worked in various roles and offers a wide range of knowledge and expertise. As VP of Operations for Western States for NaphCare, she oversees operational strategies for our healthcare client facilities, including recruitment and retention, orientation and training, and ensuring appropriate relations between site healthcare staff and correctional staff.

Ms. Matthews has extensive experience with new client transitions to NaphCare. In the last three years, she has participated in 11 site transitions, including the transitions of all seven of our Washington jail clients.



Alicia Clarke, Director of Jail Operations of Western States

Phone: 702-322-1052 | Email : alicia.clarke@naphcare.com

Ms. Clarke is an experienced healthcare professional with extensive experience in correctional healthcare. She has worked as a Health Services Administrator and currently provides corporate clinical oversight for all our western states jail sites. Using her expertise in correctional healthcare and NaphCare's Proactive Approach, Ms. Clarke ensures that all western states jail healthcare staff are providing only the highest quality care and complying with all local, state, and national standards. She also serves as a valuable liaison between Jail staff and corporate NaphCare leadership, ensuring that any issues or concerns are addressed immediately and healthcare quality and outcomes continues to improve.



Melody Molinaro, RN, CCHP Director of Jail Operations, Western States

Direct line – 702-322-1046 | Email – melody.molinaro@naphcare.com

Ms. Molinaro has 19 years of correctional healthcare experience in both prisons and jails. She most recently worked for NaphCare at the Clark County Detention Center as the Health Services Administrator. From this experience, Ms. Molinaro was identified as a leader and has taken on a new role as NaphCare's Director of Jail Operations. In this position, Molinaro is responsible for daily oversight of some of the Western States sites to include: staffing, leadership, training, Certified Quality Inspections, pharmacy, medical records, monitoring and maintaining budgets, electronic health record, and customer relations.

In addition, Molinaro is one of the lead transition experts for NaphCare. She is experienced in the transition of new jails and intake facilities and has an extensive understanding of *TechCare®*. As a highly qualified and experienced *TechCare®* SuperUser, Molinaro is an effective team member during transition periods.



Sonia Reisdorf, NP, Vice President of Operations, Western States

Phone: 702-322-1045 | Email: sonia.reisdorf@naphcare.com

Ms. Reisdorf is a Nurse Practitioner with over 20 years of experience, six of which have been in the correctional environment. She has experience managing care in emergency room and high volume healthcare settings and has a great deal of experience with acute, high-risk patient care. Ms. Reisdorf is also highly experienced in telemedicine and has managed the care of 11 rural towns entirely via telemedicine.

Ms. Reisdorf has worked with the team on three site transitions, planning, working with IT on *TechCare®* implementation, organizing and implementing processes, and providing staff oversight. She has trained new staff on healthcare procedures and on how to use *TechCare®*, and has served new sites as Nurse Practitioner until the position was filled permanently.



Scott Moran, FNP-BC, Corporate Nurse Practitioner

Phone: 702-322-1031 | Email: scott.moran@naphcare.com

Mr. Moran joined NaphCare in 2017 with over 10 years of experience as a Nurse Practitioner. He frequently travels through NaphCare's Western region for new provider training, direct patient care, and new facility acquisitions. Mr. Moran is also responsible for the remote medical oversight of 14 jails, daily EHR audits, sentinel event reviews, telemedicine for chronic care and provider sick call, on site nurse and provider training for buprenorphine based detox protocols.

He is an experienced member of our transition team and is available to train nurses on detox assessments and health assessments. He also trains providers to use *TechCare*® and gives correctional medicine orientation to those new to correctional health care. Mr. Moran will be a resource for any new team members with questions and is able to provide coverage to the site when needed.



Bridget Roscoe, Corporate Nurse Practitioner

Phone: 205-536-8530 | Email – bridget.roscoe@naphcare.com

Ms. Roscoe joined the NaphCare team in 2015. She is responsible for ensuring the delivery of quality mental health services to the inmate population via Telemedicine. Her specific responsibilities include initial psychiatric evaluations, medication evaluations, crisis intervention, and participation in treatment plan development. Bridget also reviews *TechCare*® Dashboards, Medication Review Lists, and Sick Call Lists to ensure all clinical needs are being met within the facilities in a timely manner.



Melissa Townsend, Healthcare Recruiter- Western States

Phone: 702-322-1054 | Email – melissa.townsend@naphcare.com

Melissa is an accomplished recruiter with over 15 years of experience specializing in the healthcare industry. She has a proven track record of sourcing, interviewing and evaluating candidates to fulfill hiring needs. Her primary focus and responsibilities involve working closely with the managers and candidates to coordinate applicant interviews, participating in negotiating and closing deals, and initiating the new hire process.



Jeffrey Alvarez, MD, CCHP, Chief Medical Officer for Western States

Phone: 602-980-6250 | Email: jeffrey.alvarez@naphcare.com

Dr. Alvarez is the Chief Medical Officer for the Western States division for NaphCare. In this role, he oversees all clinical care provided in the region's jails; serves as the clinical liaison with IT for NaphCare's electronic health record; and oversees peer review, policy and procedure development, centralized quality control and compliance with our Proactive Care Model, which is aligned with NCCHC standards.

Board certified in family medicine, Dr. Alvarez serves on the NCCHC board of directors as the liaison of the American Academy of Family Physicians. He serves on the Accreditation and Standards committee, chaired the 2018 revision of the NCCHC Standards and is a physician surveyor for the accreditation program. Dr. Alvarez continues to see patients at a community opioid treatment center providing medication-assisted therapy to those suffering from substance use disorder. Before his employment with NaphCare, Dr. Alvarez was the Medical Director of the Maricopa County Jail System, which is the fourth largest system in the country, serving an ADP of 8,000 patients in six jails.



Donna Sewell, PhD, LCSW, Corporate Mental Health Director

Phone: 205-552-1759 | Email – donna.sewell@naphcare.com

Dr. Sewell has 25 years of social work and mental health care experience. As the Corporate Mental Health Director for NaphCare, she leads and directs all site Mental Health Directors and Mental Health Professionals and works cooperatively with them. She also works with all psychiatric provider(s) in the coordination of the mental health care delivery system in our client facilities. Dr. Sewell monitors and ensures contract compliance for onsite mental health services and oversees mental health staffing and scheduling at the site. In doing so, she assures compliance with NCCHC, ACA and professional standards. She will ensure that all mental health department staff are appropriately trained in the use of *TechCare*®. Dr. Sewell acts as a liaison between the client and the corporate office, providing our clients with access to an experienced, capable leader that can help them with onsite issues and ensure successful mental health care at the site.

Additional Corporate Support

In addition to the specific Clark County Project Management Team, NaphCare has corporate support personnel based in our Birmingham headquarters that will provide support during the transition period and beyond. This team expertly handles issues related to clinical practice, discharge planning, utilization management, legal, staffing, employment, contract compliance and monitoring, policies and procedures, peer reviews, payroll, scheduling, training and orientation, licensing and credentialing, and budget. They not only provide client support 24 hours a day, 7 days a week, but they also meet weekly to discuss potential improvements, cost savings, and efficiencies for our clients. Through continuous monitoring, the management team is able to develop new procedures that continuously improve processes within our client facilities.

Clinical Operations



Marsha Burgess, MSN, ARNP-BC, Senior Vice President of Clinical Operations

Phone Number: 205-552-1727 | Email: marsha.burgess@naphcare.com

As Senior Vice President of Clinical Operations for NaphCare, Mrs. Burgess provides clinical and administrative leadership to 20+ short-term correctional facilities. She works directly with site teams, as well as other corporate leaders, to ensure best practices within all managed sites. Some of her responsibilities include the following: lead administrator of the Corporate STATCare program; active participant in the company's Morbidity and Mortality conferences, Pharmacy and Therapeutics Committee, and Utilization Management process. She is involved with the educational development and training of our on-site providers; works directly with the NaphCare IT department to develop and update clinical components within *TechCare*®; works directly with corporate Compliance Coordinators to ensure sites remain audit ready at all times.



Gina Savage, Senior Vice President of Administration

Phone: 205-536-8552 | Email: gina.savage@naphcare.com

Gina Savage has over 25 years of Correctional Management experience. A career corrections administrator, she has invaluable experience providing executive leadership functions and directing the day-to-day operations of a correctional facility. She administers the affairs of the jail operations division, providing leadership and oversight for facility operations, including human resources, orientation, policy and procedure development and personnel management.



Darrelle Knight, PharMD, MSM, CCHP, Director of Clinical Pharmacy Operations

Phone: 205-536-8516 | Email: darrelle.knight@naphcare.com

Darrelle Knight has over 15 years of pharmacy experience. Her responsibilities include formulary management, clinical CQI initiatives, facility audits, drug utilization review, pharmacokinetics and pharmacotherapy. She takes pride in developing strong relationships with NaphCare's customers and maximizing patient outcomes through cost-effective measures for our customers. During a transition, Dr. Knight is onsite to manage all functions of the pharmacy. She also trains staff on the use of *TechCare*®, including medication administration from medication order entry to the pill-pass process.



Richard Apollo, RN, Vice President of Ancillary Services

Phone: 205-536-8516 | Email: rapollo@naphcare.com

Mr. Apollo is responsible for the overall management and operational aspects of ancillary services at NaphCare, including quality outcomes, efficiencies, costs and patient satisfaction. He is a RN with more than 33 years of healthcare and administrative experience. He directs ancillary services including Laboratory, Radiology, Pharmacy, Supply, Equipment and Environmental Services. He helps to ensure the delivery of high quality and cost-effective healthcare consistent with the Mission, Vision and Values of NaphCare in accordance with government regulations, licensing, and NCCHC, ACA and facility requirements.



Samantha Stewart, Director of Talent Development

Phone: 205-536-8471 | Email : samantha.stewart@naphcare.com

Ms. Stewart leads the recruiting team in acquisition of external talent and management of internal talent for the organization. This team recruits both passive and active candidates in an effort to identify talent that matches the needs of the organization. The team focuses on full-cycle recruiting for provider talent, which includes physicians, mid-levels, psychiatrists and dentists. Ms. Stewart also provides oversight for the recruiting and onboarding efforts for start-up facilities in growing markets or newly acquired facilities.



Jason Douglas, Vice President of Information Systems

Phone: 205-536-8445 | Email: jdouglas@naphcare.com

Jason Douglas brings more than 16 years of experience in information systems and information technology operations to NaphCare. As Vice President of Information Systems, he oversees the architecture and implementation of NaphCare's corrections-specific operating system and EHR, *TechCare®*. He is also responsible for directing the design and development of NaphCare's IT systems and deployment into the field. Mr. Douglas manages NaphCare's in-house IT and development team. He also oversees the site and corporate IT operations and works closely with the Director of Information Systems to ensure full coverage for all IT systems users.



Byron Harrison, MS, Director of Information Systems

Phone Number: 205-552-1734 | Email: byron.harrison@naphcare.com

Byron Harrison has over ten years of experience in the Information Technology field, five years specific to corrections, and is responsible for the coordination and communication between all the moving parts of *TechCare®*. With a working knowledge of networking, servers, software and managing IT systems within a professional environment, Mr. Harrison works closely with the NaphCare operations and software development teams to ensure the goals of *TechCare®* are met with efficient coordination. Mr. Harrison is also responsible for overseeing the 24/7 IT Helpdesk ensuring that NaphCare provides consistent support and results for all IT systems in place. He also assists with the coordination of upgrades and new deployments of *TechCare®*.



Scott Wilson, Director of IT Systems

Phone: 205-536-8409 | Email: swilson@naphcare.com

Scott Wilson has over 17 years of experience in the Information Technology field and is responsible for all NaphCare network operations, including local-area network and wide-area network infrastructure and management, server management, and end-user support. In his role, he is responsible for developing and implementing strategic direction and management of the daily activities of both the corporate office and client information management systems, local area computer network, telephone systems, voice, video and data telecommunication systems, internet and intranet systems and information systems support. Mr. Wilson will lead the implementation of systems integration responsibilities in coordination with applicable departments, vendors and contractors.



Patrick McLoughlin, Director of IT Operations

Phone: 205-536-8480 | Email: patrick.mcloughlin@naphcare.com

Patrick McLoughlin has over 15 years of experience in the IT field, where his primary focus has been Microsoft and VMware technologies. He is responsible for initial setup, ongoing support and long-term planning of information management systems for clients. He coordinates new installs, site hardware refreshes, and manages and maintains the network infrastructure at all NaphCare facilities. He also coordinates between NaphCare and the IT departments at our client facilities, ensuring *TechCare®* has the best available infrastructure.

13. Contractor will notify Jail Administration when personnel who are not full time at Clark County wish to visit. This will allow sufficient time to activate a jail clearance, typically 10 days.

NaphCare understands and will comply with this requirement.

14. The contractor shall notify and consult with Jail Administration prior to discharging, removing or failing to renew contracts of professional staff or vendors.

NaphCare understands and will comply with this requirement.

15. The contractor is prohibited from entering into covenants "Not To Compete or Non-Competition Clauses" with either employees or independent contractors, or any party specifically related to the performance of any obligation required under this agreement, which would prohibit said independent contractor or employee from competing, directly or indirectly, in any way with the contractor. For the purpose of this paragraph, the term "competing directly or indirectly, in any way with the contractor" shall mean the entering into or attempting to enter into any similar business with that carried on by the contractor with any individual, partnership, corporation, or association that was or is the same or related business as the contractor.

NaphCare understands and will comply with this requirement.

16. The contractor shall implement an aggressive hiring stance to keep full staffing levels.

NaphCare understands and will comply. We are able to recruit and retain dedicated staff to ensure full staffing. We also build an extensive PRN staffing pool to further assist with patient care and ensure a full staff.

NaphCare's Recruitment and Retention Program

We understand the importance of retaining valuable employees currently working in the CCSO facilities and filling any new or vacant positions with the highest level of quality. All sites and communities are different, so we strive to openly communicate with our clients about their staffing needs and how we can best meet their particular challenges. In doing so, we have found ways to improve site operations and use our staff in the most effective way possible.

NaphCare is continually innovating to provide the best recruitment services possible for our clients. We give priority to local candidates for vacant positions and understand the significance of creating jobs for the local community. Our recruiting team utilizes many different resources as part of the recruitment plan:

- Online Job Boards
- Correctional HealthCare Conferences
- Medical and Psychiatric Conferences
- Social Media
- Nursing Journals
- Sourcing Passive Candidates
- Employee Referrals
- Resume Retention

We also partner with local universities and colleges to provide education and awareness of career opportunities that correctional healthcare can offer to their students. Our local leaders and staff attend career fairs, give presentations to student groups, and provide informational materials that highlight correctional healthcare. We expand our partnership with some schools to be a clinical site for nursing students, as well as a fellowship location for mid-levels and physicians.

While we strive to recruit local staff whenever possible, our main priority is patient care. Our recruiting team is always searching for candidates that would be an asset to our facilities and will search nationally when we feel a local search has not produced the results we are looking for.

Applicant Tracking & Onboarding System—Taleo Software

Our job postings are on our website, via Taleo, an application tracking system. Our recruiting team utilizes various other online job boards to ensure that each job reaches the appropriate target audience. A few of those job boards are Nursing Job Café, Doc Café, Indeed, Monster, LinkedIn Jobs, and ZipRecruiter, which includes access to over 200 online job boards. Our recruiting team also sources passive candidates through various networks including LinkedIn, Doximity, and Indeed.

Taleo provides an extremely smooth, convenient and paperless transition for all new hires. Candidates can log in to make changes to their application, upload their resume, and check the status of their application from the convenience of their home or mobile device. Taleo also notifies candidates when a position they have applied for has been filled, and encourages them to look at other open opportunities.

Prior to an employee's start date, our recruiting department sends them an email notification with access to complete all of their new hire paperwork online via Taleo. This gives the new hire ample time to review and complete all of the new hire paperwork prior to their start date and at their convenience. New employees can start training, working, and being productive from the moment they start their first shift instead of spending the first couple of hours of their first shift completing paperwork.

Through Taleo, we have a separate internal job posting that can be accessed by all current employees via our Intranet (www.NaphCareOnline.com). This gives employees access to review and apply for internal transfer and promotional opportunities through a formal process.

The Taleo system also allows our recruiting department to run various reports to maximize recruitment productivity and efficiency. We can run sourcing reports that show us where our applicants are hearing about us (including percentages on the source of our leads). We are also able to run recruitment days-to-fill reports so we know how long it is taking to fill certain positions, etc.

Our recruitment and retention strategies ensure appropriate staffing coverage for the duration of the contract. Part of our strategy is to research the current local trends in the labor market for nurses and other healthcare professionals. We understand the high level of competition with local hospitals for competent and skilled staff. In order to recruit top talent, we offer competitive salaries and excellent benefits. In order to retain top talent, our senior leaders and corporate team are highly accessible and supportive of the day-to-day work of our employees.

To ensure that our medical professionals have the appropriate licensure and/or credentialing to provide the services required, we conduct a thorough interview and credentialing process that includes pre-screening, interviews, verification of references and licenses, extensive site visits, criminal background check, and pre-employment drug screen. NaphCare will ensure that all professional staff working in the CCSO facilities has evidence of current licensure, certification, and/or registration as required by the state or federal law on file at all times.

Retention Strategies

Recruiting qualified candidates during a time of national job shortage is important, but retaining these employees throughout their career is the most significant part. One of our key strategies to increase employee retention is to find candidates that are passionate about corrections and continuing their healthcare career in the correctional field. Our proven retention strategies include the following components:

- **Strong Benefits Package and Competitive Salaries**

We recognize that a strong benefits package ensures employee tenure and satisfaction. Therefore, we offer an industry-leading employee benefits package with competitive salaries and excellent fringe benefits. NaphCare conducts ongoing (not just initial) salary surveys and analysis to ensure we remain an employer of choice in the community. Our salary surveys are benchmarked to not only include correctional sites, but also include all types of healthcare venues in the area (i.e. hospitals, home health agencies, academics, etc.) to guarantee we are attracting the best talent from all types of worksites.

NaphCare's Medical Insurance is a self-funded plan with the PPO network and administration provided by Blue Cross Blue Shield of Alabama. We offer single health coverage for \$62.50 per pay period, employee plus 1 health coverage for \$212.50 per pay period, and family health coverage for \$250 per pay period.

We also supply our employees with free prescription medications when they elect our health insurance plan. This has the potential to save our employees hundreds of dollars each month.

- **Employee Assistance Program**

We understand the challenges our employees face in serving the healthcare needs in the correctional environment, as well as the pressures of everyday life. NaphCare wants to ensure that our employees have access to support and resources that can help alleviate these pressures. At no cost to our employees, NaphCare offers Employee Assistance Program (EAP) services through American Behavioral. American Behavioral is a full-service behavioral healthcare organization that provides convenient, confidential and free assistance to all NaphCare associates and their eligible dependents by phone, in person or online. This benefit is available to 24 hours a day, 7 days a week, 365 days a year. The EAP provides confidential assessment and short-term, professional counseling services for personal problems that affect everyday living.

- **Career Advancement**

We respect the importance of promoting from within and encourage career and personal growth. Therefore, we provide continuous leadership opportunities to our local team members, which in turn allows for advancement opportunities.

- **Educational Assistance Program**

We provide an Educational Assistance Program to staff members in an effort to support the advancement of their education and professional development. Employees are encouraged to initiate requests for education assistance to develop new skills/competencies for career development within the company. Eligible employees will receive reimbursement of up to \$2,000.00 during a 12 month period for academic costs.

- **Advanced Nursing Tools**

We offer the opportunity to work in an environment where healthcare personnel receive more support and take on less risk. Our healthcare staff is afforded the tools they need to perform at a high level of competence. For example, *TechCare's* flawless documentation resources and interfacing capabilities help our staff work more efficiently by automatically linking with diagnostic equipment. Our nurses are also able to provide thorough, consistent documentation with ease using *TechCare®*. Protocols for care are programmed into *TechCare®* and provide automated processes that guide nurses through a course of care. This feature helps our nurses to provide correctional-based care with confidence because the standards are integrated into the operating system's processes.

- **Positive Company Culture**

As part of the NaphCare Team, our employees experience a great level of communication, opportunity, and education. Our leadership is accessible and stable, with a focus on people and providing care with integrity. We hold ourselves personally accountable to be honest, fair, and ethical in our dealings with each other and our clients. Our employees can be confident in the company they work for and proud to represent it.

NaphCare will retain healthcare personnel as desired by the CCSO in order to provide continuity in facility operations. Upon award, we focus on aligning the new contract with the needs of the client; this includes providing the correctional facilities with a qualified, effective staff. We hire professionals who can give the best possible care to inmates; for example, all of our Health Services Administrators are RNs or BSNs and have achieved the Certified Correctional Health Professional (CCHP) designation. They provide a clinical, hands-on approach to correctional healthcare. Once our systems are in place, and the staff sees firsthand the effectiveness of our program and the value of our benefits package, word spreads throughout the community that NaphCare is a great place to work, and turnover becomes minimal.

We are also confident in our recruitment programs and our ability to provide appropriate nursing coverage for the duration of the contract. The same programs that help us retain nurses also help us recruit them. We understand that filling healthcare positions is competitive, so to eliminate turnover we choose quality healthcare staff and meet salary needs. The combination of competitive salaries and a benefits package that supersedes all of our competitors in price and content enables us to hire the best healthcare staff the community has to offer.

- a. Contractor shall engage only Washington State licensed and qualified personnel to provide professional medical, mental health, dental or pharmaceutical coverage.

NaphCare understands and will comply. All NaphCare staff providing medical, dental, or mental health treatment meet state licensure and/or certification requirements. To ensure that our medical professionals have the appropriate licensure and/or credentialing to provide the services required, we conduct a thorough interview and credentialing process. Please see **Section AO, Program Support Services, #9** for a full description of NaphCare's credentialing process.

- b. Initial and continued employment of Contractor's staff shall be subject to the approval of the SO.

NaphCare understands and will comply.

- c. All personnel provided shall meet the minimum requirements established by the SO, the ACA, and NCCHC.

NaphCare understands and will comply.

- d. Contractor shall provide a comprehensive training program for continuing education of its professional staff in accordance with the ACA and NCCHC standards and consent decrees. Selected topics that require staff training will be identified on an on-going basis through the Quality Assurance Program, which is covered in a later section.

NaphCare understands and will comply. NaphCare wants to invest in our employees. We recognize the value of educated and well-informed healthcare professionals, and we want our employees to reach their full potential with NaphCare. Therefore, we provide our qualified healthcare professionals with comprehensive, *correctional-specific* education that complies with NCCHC and ACA education standards for certification.

Continuing Education Program

The benefits of ongoing education and training are countless and impact both our employees and our clients:

- Enhances the quality of care to inmates
- Expands our healthcare employees' base of knowledge
- Meets organizational standards such as NCCHC, ACA, OSHA, AND JCAHO
- Spotlights current trends and issues in the field of correctional healthcare
- Reinforces the value of our healthcare staff

Our initial healthcare training and ongoing on-site and national in-service education focuses on specific clinical issues, professional ethical standards, and topics relevant to corrections. NaphCare's full immersion in the field enables us to keep a finger on the pulse of correctional healthcare.

Our seasoned clinical directors and administrators have experience as instructors and speakers in training and educational curriculum for the correctional healthcare industry. NaphCare's Chief Medical Officer for Western States, Dr. Jeffery Alvarez, serves on the NCCHC Board of Directors as the liaison of the American Academy of Family Physicians. In addition to serving on the Accreditation and Standards committee, he also chaired the 2018 revision of the NCCHC Standards and is a physician surveyor for the NCCHC accreditation program. Dr. Alvarez teaches accreditation standards at the NCCHC conferences and in webinars. At the NCCHC Mental Health Conference in July 2019, he held a question-and-answer session with the NCCHC to answer questions about the accreditation standards, and he recently hosted a webinar with the NCCHC to cover the 2018 Standards for Health Services for Jails and Prisons. Dr. Alvarez's expertise in NCCHC standards is an asset to our company and our clients, and we are proud to have him as part of the NaphCare team. NaphCare team members like Dr. Alvarez help ensure focused, relevant, and current training opportunities for our healthcare professionals.

Online Training with the NaphCare University Learning Management System

NaphCare provides training and education in several forms: written material, formal classroom training, hands-on training, and web-based training via NaphCare University. We utilize the NaphCare University program to provide continuing education training to healthcare staff.

NaphCare can create and build training courses, curriculum, and facilitate online training classes through NaphCare University. Managers can assign specific training courses for their employees on an as-needed basis and receive automated email notifications as to the completion status of scheduled training for their staff.

- **Training Convenience:** Each healthcare staff member receives log-in access to the website to complete specific education modules. They can complete training anywhere, at the time most convenient for them.
- **Easy-to-Use Reports:** NaphCare University also allows for easy tracking and reporting of training completion. All assignments are tracked through the NaphCare University training program. The program

generates reminders and reports for NaphCare corporate managers, as well as site-level managers, regarding completion and exam scores. **NaphCare University provides reports that can be sent by email to management personnel for easy tracking, accountability, and review of personnel training.**

Other key features of NaphCare University include the following:

- Substantial investment in course development
- State-of-the-art learning management systems
- Automated annual training—saves staff time and ensures required training is assigned
- Flexible testing, surveys and course evaluations for live and online classes
- Robust, interactive course offerings
- Staff competencies—assign and track
- Live class scheduling and registration

High Professional Standards

The training we provide meets the recommendations and guidelines mandated by Federal, State, and local guidelines (OSHA, JCAHO, NCCHC, and ACA). As an added service, all employees receive monthly, quarterly, and annual education and training assignments as reminders. These reminders ensure compliance with education and training requirements. Job-specific education programs are also assigned to job categories in order to maximize each employee's training experience.

Annual Training Requirements

The following chart shows the annual training required by our policies.

NCCHC Standard	Training	Participating Staff
<i>J-A-07</i>	Annual Mass Disaster Drill (so that each shift participates over a 3 year period)	HSA and staff
<i>J-A-07</i>	Annual Man-Down Drill per shift	HSA and staff
<i>J-A-07</i>	Monthly Table Top Exercises	HSA and staff
<i>J-E-08</i>	Annual training program	For correctional officers by healthcare staff
<i>J-C-03</i>	Continuing Education courses and in-service training	All healthcare staff
<i>J-C-04</i>	Training for non-medical staff	For correctional officers by healthcare staff
<i>J-C-04</i>	MH training for correctional staff assigned to MH unit	For correctional officers by healthcare staff
<i>J-C-05</i>	Orientation and annual in-service training on medication administration	All staff
<i>J-C-09</i>	Basic orientation during 1st day of employment	All staff
<i>J-C-09</i>	In-depth orientation within first 90 days of employment	All staff
<i>J-D-02</i>	Training on non-formulary medication	All staff

NCCHC Standard	Training	Participating Staff
<i>J-E-06</i>	Dental training and oral screening training	For intake staff by Dental Provider
<i>J-E-11</i>	Training on nursing protocols	All staff

ER Training

NaphCare has begun onsite ER training as another way to improve care and reduce the number of off-site visits at our client facilities. We contract with a board-certified ER physician who goes into the jails to provide one-on-one training to our staff and providers. The training topics include management of wounds (suturing vs. skin glue), fractures (when to splint vs. send to ER for urgent evaluation), seizures, head injuries, epistaxis, and eye injuries. This teaching is invaluable to the jail team as it gives them the education and experience to manage more issues on-site and improves the overall healthcare of the patients.

- e. Contractor's personnel shall comply with current and future federal, state and local laws and regulations and court rulings (both federal and state case law) relating to performance under the contract. This includes training as required by the Prison Rape Elimination Action (PREA).

NaphCare understands and will comply. NaphCare's healthcare staff are all trained in the standards of PREA and the institution's policies and procedures for sexual assault. All healthcare staff members will be trained in sexual abuse prevention, detection, assessment, and evidence preservation; how to respond effectively; and on reporting procedures for suspicions of sexual abuse.

- f. Contractor understands that all personnel must pass preliminary and subsequent security background check to the satisfaction of the SO prior to performing services under the contract.

NaphCare understands and will comply.

- g. While working in county facilities, the Contactor's personnel shall adhere to the same standards in place for county employees with regards to harassment, alcohol and drug free workplace, violence in the workplace, as well as all security rules, regulations and procedures.

NaphCare understands and will comply.

- h. Contractor shall maintain personnel files in its unit, including photographs, which will be made available to the SO administration staff upon request.

NaphCare understands and will comply.

- i. A synopsis of the contractors benefit program should be included in the proposal.

We recognize that a strong benefits package ensures employee tenure and satisfaction. Therefore, we offer an industry-leading employee benefits package with competitive salaries and excellent fringe benefits. **NaphCare's employee benefits begin on Day 1 of the contract with no waiting period.** We have provided a complete Benefits Summary in the **Appendix** of our proposal.

17. The contractor shall agree to credit the County the full value (salary and fringe benefits) of service hours not provided by classification based on 13 weeks as contained in the staffing plan.

NaphCare understands this requirement and will comply.

18. The contractor shall also make provisions in their staffing plan to cover periods of vacation, educational staff or sick time by including appropriate relief factors and per diem staff. The contractor shall specify in their staffing plan relief factors. Every effort will be made to use contractor's employees not agency or temporary staff.

NaphCare understands this requirement and will comply. Our relief factor to provide coverage for periods of absence on frontline clinical staffing positions will be at a rate of 1.096 per position.

Vacancy Replacement

NaphCare maintains "Relief Staff" who are already credentialed, familiar with the correctional environment, and trained to use TechCare®. We strongly believe in giving our employees the time off they request and maintain a large group of fully trained relief staff for that purpose. If an incident were to occur where we needed an immediate replacement, then we would offer the position to one of our fully trained relief staff members first. If we are unable to fill the position permanently from our relief staff, then we would continue filling the position with fully trained relief staff members while we interview candidates for permanent placement.

NaphCare does not believe in putting just any licensed candidate in a position. We take the appropriate time needed to ensure quality in care. If, as a last resort, we are forced to use a staffing agency for temporary use, then we insist on interviewing each temporary candidate before bringing them on board. In addition, NaphCare only uses staffing agencies with correctional healthcare experience or staffing agencies with exceptional references. Prior to any contract takeover, NaphCare researches local staffing agencies and sets up agreements with the agencies that provide the best references. With trained relief staff filling in or qualified temporary services, the site and corporate managers can feel comfortable with taking the appropriate time needed to find the right employee.

19. Contractor may substitute person with higher licensure for positions requiring a lower licensure (e.g. RN for LPN).

NaphCare understands and will comply with this requirement.

20. In the event of an inmate with acute medical need, contractor will provide Certified Nursing Assistant hours to cover constant watch and care of specific individual/s. In the past two years this has been requested on two occasions for periods of time exceeding 30 days.

NaphCare will provide CNA, nursing, or other staffing to meet the acute needs of patients and provide high-level care. However, where a constant watch is necessary to prevent an acutely suicidal inmate from attempting suicide or self-harm, NaphCare believes that this function is best performed by a custody officer with the ability and training to act quickly to physically prevent an inmate from attempting suicide or self-harm.

21. County is exploring the expediency of including services for the jail in Skamania County as part of this contract. This option is to be costed as a separate section that may or may not be accepted by the involved Counties.

NaphCare has provided staffing and pricing details for Skamania County with our Staffing Plan and Cost Proposal. Please see **Section C, Schedules** for our Staffing Plan, and see our Cost Proposal under **Proposed Cost**.

C. SCHEDULES

1. All working hours shall be spent on-site at the specified corrections buildings, except as are otherwise agreed to by both parties.
2. All full-time contractual employees shall be on-site for at least forty (40) hours per week. There is no option for off-site or work from home hours.
3. The County is contracting for a reasonable level of staff and services to be provided by the Contractor. The Contractor will be responsible for replacement personnel. The SO will not, at any time, be asked to relieve any of the Contractor's personnel so they may respond to other problems that arise elsewhere in any of the facilities. Contractor ensures that enough properly trained staff are available to cover all shifts at all times. All Contractor replacements shall be subject to the approval of the SO.
4. All contractual staff (both employees and independent contractors) shall be required to comply with sign-in and sign-out - procedures as specified by Jail Administration.
5. As is evident from the proposal, the Clark County Sheriff's Office Main Jail must be staffed 24 hours every day. These personnel must be able to respond to all medical emergencies by providing basic emergency care, as well as service the needs of the general population, inmate, staff, or visitor.

NaphCare understands the requirements of #1-5, and we will comply. NaphCare has read and understands the staffing requirements, stipulations, and considerations communicated in this section of the RFP. The following Staffing Proposal \ uses the information provided by the County and our experience in similarly sized facilities.

Staffing Proposal for Clark County

NaphCare offers Clark County two staffing options. Option 1 reflects the RFP staffing requirements, and Option 2 details NaphCare's recommended staffing approach based on our experience providing care in other correctional facilities comparable to Clark County. Option 2 incorporates recommended staffing adjustments for the Main Jail to operationalize our Proactive Care Model, which is focused on identifying and rapidly treating medical and mental health conditions in the critical first days following booking. In Option 2 we do not propose any changes to the RFP staffing for the Jail Work Center or Juvenile facilities.

While we have included Option 1 (RFP Staffing) per RFP requirements, we have structured our proposal to support our Proactive Care Model and recommended staffing Option 2 (NaphCare Alternate Staffing).

NaphCare Alternate Staffing Matrix (Option 2)

Our proposed alternative staffing matrix for the Main Jail consists of 27.95 Full Time Equivalent (FTE) employees, including clinical, supervisory and support positions designed to administer all functions necessary for effective care pursuant to the requirements of the RFP and in compliance with all relevant standards and mandates. We propose the following adjustments to the RFP staffing of the Main Jail:

- **Use of Registered Nurses at Intake.** We propose to provide Registered Nurses (RNs) 24/7 at intake of the Main Jail to support our Proactive Care Model and provide a higher level of patient care. The RN will perform Receiving Screenings at booking and complete the Health Appraisal upfront, during intake. We have proposed RNs in place of LPNs in the RFP staffing matrix to perform this function. Use of RNs in this capacity allows us to perform the Health Appraisal examinations at intake, which further promotes early identification of medical and mental health needs and enables early intervention to meet these needs. Performing this comprehensive screening and examination up front will decrease subsequent healthcare demands and minimize inmate movement within the jail.

- **Increased Mental Health Coverage.** We increased Mental Health Professional (MHP) day shift hours to provide additional mental health coverage throughout the week and on weekends. We understand the challenges of caring for the high-risk mental health population and view the proposed increase in mental health coverage as highly beneficial to the level of mental health care we will be able to provide.
- **Decreased CNAs for Cost Containment.** We reduced the number of Certified Nursing Assistants (CNAs) as compared to the RFP staffing matrix based on our assessment that these positions are not essential to our proposed model of care and our desire to keep our cost proposal competitive. Of course, if Clark County would like to include additional CNAs in the staffing matrix, we will be pleased to add coverage. We have included the cost of adding CNAs to the staffing matrix in our Cost Proposal under **Proposed Cost.**

In summary, we believe this proposal provides an efficient staffing model that provides for a high level of patient care. However, we are flexible and open to negotiating a revised staffing approach that will best meet the needs of the Clark County Sheriff's Office.

Clark County, WA Main Jail - NaphCare Staffing									
Position Title	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Hours	FTE
Day Shift									
Health Services Administrator	8.000	8.000	8.000	8.000	8.000			40	1.000
Administrative Assistant	8.000	8.000	8.000	8.000	8.000			40	1.000
Medical Records Clerk	8.000	8.000	8.000	8.000	8.000			40	1.000
Medical Director	4.000		4.000		4.000			12	0.300
Mid Level (NP/PA)	8.000	8.000	8.000	8.000	8.000	6.000		46	1.150
Dentist		8.000			4.000			12	0.300
Dental Assistant		8.000			4.000			12	0.300
Psychiatrist			6.000					6	0.150
Psychiatric NP/PA	8.000	8.000	8.000	8.000	8.000			40	1.000
Mental Health Professional	10.000	10.000	20.000	10.000	10.000	10.000	10.000	80	2.000
Director of Nursing	8.000	8.000	8.000	8.000	8.000			40	1.000
Nurse Intake (RN)	12.000	12.000	12.000	12.000	12.000	12.000	12.000	84	2.100
Clinic Nurse (RN)	22.000	22.000	22.000	22.000	22.000	22.000	22.000	154	3.850
Clinic Nurse (LPN)	12.000	12.000	12.000	12.000	12.000	12.000	12.000	84	2.100
Certified Nursing Assistant	8.000	8.000	8.000	8.000	8.000			40	1.000
Discharge/Treatment/ACA Navigator	8.000	8.000	8.000	8.000	8.000			40	1.000
Discharge/Treatment/ACA Navigator	8.000	8.000	8.000	8.000	8.000			40	1.000
Night Shift									
Mental Health Professional	8.000	8.000	8.000	8.000	8.000	8.000	8.000	56	1.400
Nurse Intake (RN)	12.000	12.000	12.000	12.000	12.000	12.000	12.000	84	2.100
Clinic Nurse (RN)	12.000	12.000	12.000	12.000	12.000	12.000	12.000	84	2.100
Clinic Nurse (LPN)	12.000	12.000	12.000	12.000	12.000	12.000	12.000	84	2.100

Total FTEs 27.950

Skamania Facility Proposal

For the purposes of this response, we have accepted the RFP proposal for staffing of the Skamania facility. Our acceptance of this staffing is predicated on the understanding that only relatively healthy inmates would be maintained in the Skamania Jail and that patients with significant health conditions would be either sent to a hospital or off-site facility, or housed at the Clark County Main Jail, where greater healthcare staffing and resources are available. We have provided pricing for this facility in the **Proposed Cost** section of our proposal. For the Skamania Jail, NaphCare proposes to pass through all off-site costs and administer pharmaceuticals at a set rate based on the rates charged to another Washington client. We would also charge a modest fee for implementation of the *TechCare®* electronic operating system and health record. If selected through this RFP process by Clark and Skamania Counties to proceed on terms that would include the Skamania facility, we propose to further discuss staffing and pricing for the Skamania facility at the contract negotiation phase. As part of this process, we would seek to tour the facility and meet with custody leadership to gather more information before finalizing staffing and pricing for inclusion of this facility in the contract.

Clark County, WA Skamania - 2019 RFP Staffing									
Position Title	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Hours	FTE
Day Shift									
Mid Level (NP/PA)	2.000		2.000		2.000			6	0.150
Mental Health Professional		8.000		8.000		4.000		20	0.500
Clinic Nurse (RN)	8.000	8.000	8.000	8.000	8.000	8.000	8.000	56	1.400

Total FTEs 2.050

Value-Added Corporate Support

For all staffing options, we propose a model to enhance onsite direct patient care at all Clark County facilities, supplemented by NaphCare's centralized value-added support functions, including our corporate-based, in-house pharmacy and our exclusive STATCare telehealth service.

STATCare is our centralized team of Nurse Practitioners who are available 24/7 to support the intake process and onsite clinicians. STATCare is a unique service provided exclusively by NaphCare and is unmatched across the industry. Our STATCare team supplements your onsite clinical team, adding a robust layer of oversight and quality patient care at no added cost to Clark County.

For Clark County, STATCare will initiate medications, treatment orders, referrals and withdrawal management protocols, typically within an hour after completion of the Receiving Screening. STATCare will also review Receiving Screenings for the first 90 days of the contract, with periodic audits thereafter, to ensure continued clinical quality.

We understand the challenges with staff retention in a corrections environment, and we are confident in our ability to recruit and retain staff for Clark County. We will retain current Clark County staff as directed by the County. For staffing vacancy replacement, rather than using agency nurses, NaphCare has an established pool of highly-qualified clinical relief staff available to Clark County who are pre-credentialed to ensure Washington licensing/certification compliance and trained to use *TechCare®*.

RFP Staffing Matrix (Option 1)

Clark County, WA Main Jail - 2019 RFP Staffing									
Position Title	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Hours	FTE
Day Shift									
Health Services Administrator	8.000	8.000	8.000	8.000	8.000			40	1.000
Administrative Assistant	8.000	8.000	8.000	8.000	8.000			40	1.000
Medical Records Clerk	8.000	8.000	8.000	8.000	8.000			40	1.000
Medical Director	4.000		4.000		4.000			12	0.300
Mid Level (NP/PA)	8.000	8.000	8.000	8.000	8.000	4.000	6.000	50	1.250
Dentist		8.000			4.000			12	0.300
Dental Assistant		8.000			4.000			12	0.300
Psychiatrist			6.000					6	0.150
Psychiatric NP/PA	8.000	8.000	8.000	8.000	8.000			40	1.000
Mental Health Professional	8.000	8.000	8.000	8.000	8.000	4.000	4.000	48	1.200
Director of Nursing	8.000	8.000	8.000	8.000	8.000			40	1.000
Nurse Intake (LPN)	12.000	12.000	12.000	12.000	12.000	12.000	12.000	84	2.100
Clinic Nurse (RN)	22.000	22.000	22.000	22.000	22.000	22.000	22.000	154	3.850
Clinic Nurse (LPN)	12.000	12.000	12.000	12.000	12.000	12.000	12.000	84	2.100
Certified Nursing Assistant	12.000	12.000	12.000	12.000	12.000	12.000	12.000	84	2.100
Discharge/Treatment/ACA Navigator	8.000	8.000	8.000	8.000	8.000			40	1.000
Discharge/Treatment/ACA Navigator	8.000	8.000	8.000	8.000	8.000			40	1.000
Night Shift									
Mental Health Professional	8.000	8.000	8.000	8.000	8.000	8.000	8.000	56	1.400
Nurse Intake (LPN)	12.000	12.000	12.000	12.000	12.000	12.000	12.000	84	2.100
Clinic Nurse (RN)	12.000	12.000	12.000	12.000	12.000	12.000	12.000	84	2.100
Clinic Nurse (LPN)	12.000	12.000	12.000	12.000	12.000	12.000	12.000	84	2.100
Certified Nursing Assistant	12.000	12.000	12.000	12.000	12.000	12.000	12.000	84	2.100

Total FTEs 30.450

Clark County, WA Jail Work Center - 2019 RFP Staffing									
Position Title	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Hours	FTE
Day Shift									
Mid Level (NP/PA)	1.000		1.000		1.000			3	0.075
Clinic Nurse (RN)	12.000	12.000	12.000	12.000	12.000	12.000	12.000	84	2.100
Night Shift									
Clinic Nurse (RN)	12.000	12.000	12.000	12.000	12.000	12.000	12.000	84	2.100

Total FTEs 4.275

Clark County, WA Juvenile - 2019 RFP Staffing									
Position Title	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Hours	FTE
Day Shift									
Medical Director					2.000			2	0.050
Mid Level (NP/PA)	1.000	1.000	1.000	1.000	1.000			5	0.125
Mental Health Professional	4.000	4.000	4.000	4.000	4.000			20	0.500
Clinic Nurse (RN)	10.000	10.000	10.000	10.000	10.000			50	1.250

Total FTEs 1.925

D. SECURITY

1. Contractor's personnel shall be subject to all the security regulations and procedures of the SO.
2. Contractor's personnel will be required to receive security training as agreed upon and stipulated by SO.
3. Contractor's staff, agents, and subcontractors will submit to all check in and check out procedures as well as all other security procedures of the SO.
4. All successful proposer's agents and personnel inside the facilities will be required to wear and openly display Jail Administration approved identification badges.

NaphCare understands and will comply items 1-4 for security.

Since the successful proposer's agents and personnel will be working in a 24/7 environment of a public safety entity; work will need to continue regardless of disasters caused by man or nature.

NaphCare understands this requirement and will comply. NaphCare has policies and procedures in place for successfully managing jail healthcare operations in the event of an emergency and will ensure that the health, safety, and welfare of inmates, staff, and visitors are not jeopardized within the confines of the correctional institution during an emergency. We will provide 24-hour emergency healthcare services. We have discussed this further in **Section AN, Disaster Plan**.

E. REFERRALS

1. Contractor shall make referral arrangements with healthcare specialists/agencies, subject to the approval of the SO, for treatment of those inmates with problems, which extend beyond the scope of services provided on-site, only after every effort has been made to accommodate services on-site.
2. In the event of an emergency, Contractor shall provide and pay for all emergency care, emergency transportation and referrals to appropriate hospitals and physicians.
3. Contractor should make use of the SO's agreement with the Health Care Authority to pursue Medicaid coverage.

NaphCare understands and will comply with the requirements for Referrals.

F. QUALITY ASSURANCE/ACTION PROGRAMS

1. Contractor shall provide in-service medical education programs for SO staff and Contractor's personnel. These education programs shall include CPR, first aid and suicide prevention.

NaphCare understands and will comply. It is our policy to encourage training of all correctional staff that interact with inmates on topics relating to health care, as appropriate to their duties. We will establish a systematic method for training correctional staff regarding health-related issues.

Correctional Officer Training

A health-related training program may be developed and provided, in collaboration with the institutional training officer, to non-medical institutional staff at least every two (2) years. This training will include, but is not limited to, the following, if applicable:

- a. Administration of first aid;
- b. Recognizing the need for emergency care and intervention in life-threatening situations (e.g., heart attack, withdrawal);
- c. Recognizing acute manifestations of chronic illnesses (e.g., seizures, diabetes, schizophrenia) and adverse reactions to medications;
- d. Recognizing signs and symptoms of mental illness;
- e. Suicide prevention;
- f. Procedures for appropriate referral of inmates with health complaints (physical, mental, or dental) to health care staff;
- g. Infectious and communicable diseases (e.g., tuberculosis, hepatitis B, HIV) and procedures with respect to universal precautions;
- h. Cardiopulmonary resuscitation;
- i. Confidentiality of health records and health information;
- j. Methods for obtaining assistance and procedures for transfers to appropriate medical providers or medical facilities;
- k. Medication administration and documentation; and
- l. Conducting a receiving screening.

The institutional training officer will be responsible for coordinating health-related training or continuing education for non-health care staff at the institution. NaphCare staff may serve as instructors for selected topics. All health-related training should be verified by an outline of the course content and the length of the course.

Training for correctional staff permanently assigned to special housing for mental health; performing receiving screenings, medication administration; or working as the health care liaison should include additional training and routine refresher training in the recognition and management of inmates with mental illnesses.

Training curriculum for correctional officers assigned to mental health will include, but is not limited to:

- a. Recognition of signs and symptoms of mental illness and suicide risks;
- b. Signs of relapse following treatment;
- c. Communication skills for managing inmates with mental disorders;
- d. Suicide prevention procedures;
- e. Common stress reactions following a suicide or attempt;
- f. Actions to minimize the negative effects of suicide on involved parties; and
- g. Training in conflict resolution skills.

2. Contractor shall institute a quality assurance program consistent with ACA and NCCHC Medical Quality Assurance Program, which may include but not be limited to audit and medical chart review procedures.

NaphCare understands this requirement and will comply. NaphCare is committed to a high level of quality and excellence. Our quality assurance (and Continuous Quality Improvement) program(s) are developed to provide measurable performance indicators to compare compliance against the standards and expectations within correctional healthcare. **These efforts not only enhance quality, but also lead to cost savings, proving that you do not have to reduce services to reduce costs.**

Quality Assurance Program

NaphCare's ongoing quality oversight activities focus on the following:

- Compliance with regulatory standards and requirements for obtaining and maintaining accreditation and certification;
- Identification, development, and enhancement of activities that promote patient safety and reduce medical errors;
- Clinical and operational productivity;
- Cost-effective processes;
- Appropriate referral for offsite specialty care;
- Timely collection, analysis, and reporting of accurate information for clinical and financial decision-making;
- Discharge-planning processes to streamline hospitalizations and reduce length of hospital admissions;
- Identification and monitoring of high-risk patients;
- Qualifications and competence of medical and behavioral health team;
- Updating and maintaining evidence-based clinical and behavioral health practice guidelines;
- Communicating and disseminating information necessary to support care delivery;
- Development of solutions to overcome identified gaps or barriers in the healthcare delivery system

Quality Assurance with *TechCare*®

We collect and view data across all areas of patient care, from intake to release, using our electronic operating system, *TechCare*®. *TechCare*® is a valuable tool in generating quality assurance information quickly and accurately. We utilize standardized tools to self-audit our services on an ongoing basis to better understand our current level of quality, identify gaps and barriers between what is actual and what are expected practices, introduce changes meant to correct deficiencies, and follow up to measure the effects of those changes.

Examples of our ongoing quality oversight activities include, but are not limited to, electronic reporting on multiple categories, which can show current or historical statistics. Examples of these available reports include:

- | | |
|--|--|
| • Intake patients requiring medication orders | • Medications administered |
| • Intake patients with positive behavioral health screens | • Labs by pending, completed, and results |
| • Patients with medical or behavioral health diagnosis | • ER referrals |
| • Pending and overdue patient care appointments | • Detox Monitoring |
| • Completed patient care appointments | • Infirmary admissions |
| • Grievance reporting by status and type | • Hospitalized patients |
| • Diets | • Medication exceptions are sent to the charge nurse for follow up. |
| • Missed medications, sortable by administration time and location | • A daily report is sent to the HSA listing any active inmate without a TB Read recorded in <i>TechCare</i> ®. |

In addition to real-time access to automatically generated reports, *TechCare®* further provides the unique ability to pull data for specialized reports easily. For example, we conducted a retroactive study to determine appropriate follow-up and intervention for patients with uncontrolled diabetes mellitus. For this study, the reviewer was able to pull a report isolating all patients with HgbA1c results $\geq 8.0\%$ within a specified timeframe. A focused chart review was then performed on subsequent care visits to determine if the treating clinician introduced measures aimed towards improving the patients' condition and included timely follow up to determine if those measures were effective.

Pharmacy Quality Assurance Activities

Our pharmacists review almost 12,000 patient medication profiles each month. We apply the same techniques that are used for nationally recognized Medication Therapy Management systems to provide proactive care to our patients. Pharmacists perform a comprehensive medication review to identify, resolve, and prevent medication-related problems, including adverse drug events.

- ✓ **Duplicate Therapy Avoidance:** Our pharmacy team identifies possible duplicate therapy orders and prevent prescribing medications of the same class for those patients.
 - ✓ **Dosing Recommendations:** Our pharmacists provide dosing recommendations and medication information to ensure patients' medications are given in effective doses that are appropriate for the patient and his or her condition. This prevents doses that are not therapeutic or may be toxic.
 - ✓ **Drug Interaction Avoidance:** Through our prescription profiling activities, we identify potentially severe or life-threatening reactions that could result from the actions of some medications when used together. Upon identification of possible adverse effects, the pharmacy team notifies the site staff within 24-hours.
 - ✓ **Identification of Chronic Care Patients:** Using *TechCare®*, the pharmacy team analyzes profiles with chronic care medications, identifies chronic care patients who may not have been identified, and updates the patient medical record with a chronic care appointment. This ensures that patients are receiving adequate and timely chronic care assessments.
 - ✓ **Pending Medication Reports:** Generated daily, this report alerts the onsite team of any new medication orders that have not be administered to the patient within 48 hours. This assists the site in identifying and resolving any delays in medication administration.
 - ✓ **Detox Monitoring Review:** Daily concurrent review of all patients in detox monitoring to ensure assessments are completed in a timely manner and that treatment guideline orders are in place. They review patient assessments and alert staff of any identified concerns with patient vital signs or scores.
3. Monthly meetings shall be held between detention officials, facility staff and appropriate contractual personnel to review significant issues and changes and to provide feedback relative to the Quality Assurance/Action Plan program, so that any deficiencies or recommendations may be acted upon. Also, when requested by the SO, Contractor will provide appropriate personnel to participate in department meetings. (MAC – currently quarterly)

NaphCare understands this requirement and will comply. Please see **Section AO, Program Support Services, #1** for a description of NaphCare's CQI Committee, and **Section AO, Program Support Services, #2** for a description of NaphCare's Medical Audit Committee.

4. Weekly or bi-weekly interdisciplinary meetings shall be held to discuss inmates of high liability or high risk. (IDT)

NaphCare understands this requirement and will comply.

G. SECURITY OF DETAINEE FILES

NaphCare understands the requirements for Security of Detainee Files, and we will comply.

H. PUBLIC INFORMATION

NaphCare understands the requirement for public information and will comply.

I. LIABILITY

NaphCare understands the RFP requirements for liability and will comply. Clark County can rely on NaphCare's insurance program. Our exceptional track record with litigation paired with our financial stability enables NaphCare to utilize insurance companies with top-tier ratings. NaphCare has provided correctional healthcare services for 30 years, but an adverse judgment has never been rendered against our company. In short, NaphCare has never lost a case. **We have provided a Certificate of Insurance in the Appendix.**

J. NOTIFICATION OF DEFICIENCIES

NaphCare understands these requirements in #1-5 for Notification of Deficiencies, and we will comply.

K. CONTRACT MONITOR

NaphCare understands this requirement for Contract Monitor, and we will comply.

L. BACKGROUND SERVICES

NaphCare understands this requirements for Background Services, and we will comply.

M. ACCREDITATION

NaphCare understands the requirement for Accreditation, and we will comply. We understand the importance of providing quality healthcare services in compliance with the highest correctional healthcare standards, so we built our program around NCCHC and ACA standards. Our healthcare program operates in accordance with NCCHC and ACA whether the client is seeking accreditation or not. All NaphCare policies and procedures, as well as our electronic operating system, are written to ensure compliance with NCCHC and ACA standards. We have a 100% success rate in acquiring and maintaining NCCHC accreditation across the nation, which demonstrates our clinical proficiency, accountability, and quality of care. If the County ever decides to seek accreditation, NaphCare will provide the resources to ensure accreditation and be responsible for payment of all costs associated with accreditation.

N. SCOPE OF SERVICES

The contractor is to provide comprehensive health care services for Clark County Jail, Jail Work Center, Juvenile Detention Center, and potentially Skamania County Jail. The program is to meet constitutional, professional and community standards and, at a minimum, meet the Standards of the National Commission on Correctional Health Care; the American Correctional Association, Clark County Jail Standards regarding the provision of health services in jail facilities and the tenets of the John Doe vs. Clark County Consent Decree No C89-460TB (Attachment F), Washington State RCW, Washington State Licensure restrictions and all other applicable health care standards. Contractor shall provide on a monthly basis, those statistical reports deemed necessary by the SO on contractor operations, such as; treatments,

sick call visits, grievances, pharmaceuticals, etc. A consistent computer tracking system shall be used to collect data for actuary and statistical reasons.

NaphCare understands the requirements of the Scope of Services and will comply. Our proposal addresses the requirements for the CCSO facilities as described above and throughout the RFP. NaphCare has particular experience in healthcare for jails, and we are expertly qualified to manage care in the jail environment. We understand that the jail setting is fast-paced with frequent inmate turnover. It resembles an emergency room setting, where you must adapt to each day's needs. NaphCare skillfully manages care in the fast-paced environment of jails. We designed our electronic operating system specifically to provide efficiency, accountability, transparency, and consistency in jails like yours.

In addition, we developed our Proactive Care Model to meet the unique needs of correctional facilities and their patient populations. Our experience has helped us develop tools to identify medical and mental health problems as soon as possible, before conditions grow more acute and more expensive. We look forward to tailoring our model to meet the unique needs and requirements of the CCSO.

One of our primary goals is to ensure that the quality of healthcare complies with the National Commission of Correctional Healthcare (NCCHC), the American Correctional Association (ACA), and all applicable local, state, and federal regulations. Compliance with standards is fundamental to reducing liability and improving care; therefore, we will implement uniform processes of care to ensure that our services always meet (or exceed) the specific, required standards of the NCCHC and ACA.

We will also customize protocols as necessary to ensure we comply with the County's consent decree. NaphCare has experience coming to clients who have a consent decree in place and working successfully with them to uphold the requirements of their particular consent decree and ensure continued compliance.

- NaphCare has a contract with the Maricopa County Correctional Health Services in Arizona to provide the *TechCare*® operating system. This contract serves a system with 7,000 ADP and over 2 million electronic inmate health records. Maricopa County has a long-standing class action lawsuit (*Graves v. Arpaio*, now *Penzone*) that has been open for over 40 years. This resulted in a list of close to 30 items that needed to be addressed by the County. Since NaphCare implemented our *TechCare*® system in Maricopa County, the much improved data collection and reporting allowed the judge to rule the County compliant with the majority of the items within two years. All medical items were found compliant, and the case has been narrowed to only a few items in the areas of segregation and discipline of the mentally ill. These remaining items were directives more focused to custody staff and not health staff using *TechCare*®.

NaphCare will ensure that any court monitor or outside auditing team has access to off-site referral data, files, and data during the term of the agreement in order to monitor contract compliance. This data is readily available in a web-accessible format, in which inmate healthcare information can be viewed instantly. The contract monitor is notified of all inmates who are receiving off-site care. *TechCare*® captures all inmate data, which allows reports to be modified should the County's criteria change. We submit statistical daily reports pertaining to medical services rendered, and a monthly contract compliance report to the Contract Monitor, to assist management with the efficient and direct correlation of contract compliance indicators.

Contract Compliance Reports

We submit statistical daily reports pertaining to medical services rendered, and a monthly contract compliance report to the Contract Monitor, administrators, and/or their designees, to assist management with the efficient and direct correlation of contract compliance indicators. This monthly report consists of the following data:

- Completed reception screens;
- Health assessments;
- Sick calls;
- TB tests;
- Yearly evaluations;
- Chronic care clinics;
- Off-site referrals;
- Pharmacy report;
- Lab reports;
- Diagnostic reports;
- Suicide watch;
- Infirmary care;
- Detoxification numbers; and
- Other data requested by the County.

We are excited about the opportunity to present our proposal and believe NaphCare can give you the services and partnership that you need. We look forward to working with the CCSO to develop a program that works for the County. NaphCare's proposed healthcare program for Clark County includes the following items of note:

- A **fully electronic operating system** that is designed and completely customized for use in jails and provides electronic health records, among many other valuable features;
- A **proactive care model** that strives to address medical and mental health issues up front in order to stabilize inmate health and reduce off-site costs;
- A program focused on **compliance and accountability** to meet the requirements of NCCHC and ACA;
- **Corporate support services** that work in conjunction with onsite staff to ensure the success of the healthcare services program.

O. RECEIVING SCREENING

The Arresting Agency shall be responsible for pre-booking injuries incurred during the arrest process. At the CCLEC a preliminary health triage will be conducted by the contractor to determine if the arrestee will be accepted for detention or referred to outside acute care or emergency medical facility before admittance to the jail facility. It is an expectation that the Contractor's personnel will perform a receiving screening on all new or transferred inmates immediately upon their arrival at other locations covered in this contract. The screening process may change to follow all or exceed updated elements of the NCCHC standard for Receiving Screening, with the intent of identifying potential emergency situations. At a minimum, the Receiving Screening must interview the detainee/juvenile elements contained in NCCHC Standards for Health Services in Jails 2018 and subsequent editions or requirements by case law:

- Current and past illnesses, health conditions, or special health requirements
- Past serious infectious diseases
- Recent and/or current communicable illness symptoms
- History of or current suicidal ideation
- Dental problems
- Allergies
- Legal and illegal drug use (including type, amount, and time of last use)
- Withdrawal symptoms
- Current or recent pregnancy, and
- Other health problems as designated by the responsible physician.

Also to be recorded are the screening observations during the time of the interview, including:

- Appearance (such as sweating, tremors, anxious, disheveled)
- Behavior (such as disorderly, appropriate, insensible)
- State of consciousness (such as alert, responsive, lethargic)

- Ease of movement (such as gait, body deformities)
- Breathing (such as persistent cough, hyperventilation) and
- Skin (such as jaundice, rashes, infestations, tattoos, needle marks, bruises, scars, signs of abscess, or skin infection).

Persons arriving at the CCLEC who require immediate medical attention will be declined for intake and referred for off-site emergency care and clearance prior to acceptance. This medical stabilization will be at the responsibility of the arresting agency, excluding WSP. Medical and mental health preliminary review for all others is to be completed by a qualified health care professional. Persons who need to be examined by a physician or mental health professional are to be referred for such evaluation by the on-duty Registered Nurse before the end of shift and care arranged as soon as possible. Healthcare trained officers/deputies conduct a medical and mental health intake on admission at the Juvenile Detention Center and Skamania County.

The finding of the preliminary screening and evaluation will be recorded on a form approved by the County and entered into the detainee's or juvenile's medical record. Appropriate disposition based upon the findings of the receiving screening shall occur and be documented. When health trained corrections staff perform the receiving screening and identify healthcare or mental healthcare concerns (as predefined by the contract medical Director) with a juvenile or Skamania inmates, they shall call RN health staff to review the interview form, see the detainee and decide on the disposition. Nursing staff shall be expected to review the findings of all the receiving screenings before the end of each shift or earlier, upon request. Nursing staff shall be expected to make medical and/or mental health referrals to medical, mental health and dental service providers in the jail based on their preliminary triage.

An explanation of procedures for accessing medical, mental health and dental services shall be provided to inmates/juveniles orally and in writing upon their arrival to the facilities

NaphCare understands the requirements for the Receiving Screening, and we will comply. NaphCare's recommended approach is for nursing staff to conduct all medical and mental health Receiving Screenings and Health Appraisals to alleviate the burden from custody officers. For each of Clark County's facilities, we recommend the following:

- **Main Jail** – NaphCare RNs will be available 24/7 to conduct the Receiving Screening and Health Appraisal at intake.
- **Jail Work Center** – NaphCare RNs will be available 24/7 to conduct the Receiving Screening at intake and the Health Appraisal within 14 days as required by NCCHC standards.
- **Juvenile Facility** – While custody officers may conduct pre-screenings when nursing staff is not available, NaphCare recommends using RNs to conduct all Receiving Screenings and Health Appraisals within the time required by NCCHC standards. For weekend coverage, the RN located at the Work Center will be available to conduct these screenings.
- **Skamania County Jail** – While custody officers may conduct pre-screenings when nursing staff is not available, NaphCare recommends using RNs to all conduct Receiving Screenings at intake on day shift. For night shift bookings, custody officers will pre-screen and NaphCare RNs will conduct the Receiving Screening the following day. Health Appraisals will be conducted by RNs within 14 days as required by NCCHC standards.

The following description of NaphCare's Proactive Intake Model discusses our protocol for intake at the Main Jail. For all other facilities, our intake process will follow NCCHC standards.

NaphCare's Proactive Intake Model

It is crucial not only to identify medical and mental health needs upon intake, but also to begin addressing them as soon as possible. According to the Bureau of Justice Statistics from 2000 to 2014, "More than a third (425 of 1,053 deaths, or 40%) of inmate deaths occurred within the first 7 days of admission." Our Proactive Care Model is designed to ensure that comprehensive medical and mental health screenings are conducted at intake and that treatment is initiated in the critical first hours and days following booking. For the Main Jail, NaphCare's advanced, proactive intake model includes the Receiving Screening, Mental Health Screening, Health Appraisal, and TB Screening – all inmates receive each screening *before* they enter the general population. **Please see Section Q for an overview of how the Health Appraisal will be conducted at each of the CCSO facilities.**

NaphCare staff uses *TechCare®*, our electronic operating system, to automate inmate healthcare processes, creating a paperless, efficient system for monitoring and tracking all medical encounters from intake to release. Completing the Receiving Screening electronically expedites the process and allows for rapid processing in high-volume settings. Reports for all intake services will be readily available to healthcare and Sheriff's Office personnel. We focus on an aggressive Receiving Screening process and take preventive measures so that no inmate slips through the cracks.

NaphCare's Receiving Screening is NCCHC compliant and designed to be proactive and to prioritize care based on need. It assesses the most urgent issues first and then, in a systematic way, assesses the other important areas that will help determine both the inmate's need for services and the urgency of that need. **The following list describes each area of assessment:**

- **Urgent Assessments** – Covers vital signs, acute health concerns, physical appearance and behavior, mental instability, substance intoxication or withdrawal, and suicidal thoughts.
- **General Medical Assessments** – Reviews signs of illness or infection; current, past, and chronic health conditions; review of current medical treatments, and impairments in mobility.
- **Mental Health Assessments** – Reviews current or past mental health treatment including medications and diagnosis; past psychiatric hospitalizations and suicide attempts; PREA assessment.
- **Female Assessments** – Covers pregnancy issues, any recent deliveries, abortions, miscarriages.
- **Substance Use Assessments** – Reviews use of illegal drugs, abuse of prescription meds, and alcohol use; if indicated by responses, an assessment tool to determine the need for detox is triggered.
- **Other Assessments** – Reviews dental issues, insurance coverage, special medical requirements (adaptive devices, diet).
- **Disposition/Treatment Plan** – Allows the interviewer to refer to any indicated services based on the above information in either urgent or routine time frame. Releases are obtained to access outside records; the inmate is educated on how to access medical and mental health care if needed in the future; and housing recommendations are made.

Any inmate whose responses indicate a need for further medical or mental health intervention will have their record flagged electronically to indicate this. Built-in prompts within *TechCare®* assist the interviewer in taking appropriate action based on responses – placing an inmate on suicide precautions; urgently contacting medical,

mental health, or security personnel; and any special housing recommendations. All Receiving Screenings are included in the EHR for providers' review.

We also utilize Surescripts, an electronic health record linkage service that allows us to instantly verify a new patient's community prescriptions as well as see their previously filled community prescriptions. **This enables us to quickly initiate the correct medications at intake, stabilizing the patient and ensuring continuity of care.**

Mental Health Screening

NaphCare's mental health screening complies with NCCHC standards and proactively identifies and prioritizes inmates in need of mental health services. **NaphCare completes the mental health screening at intake.** Other providers may wait up to 14 days to provide this critical screening, which can have negative consequences. The following is a description of each section of the screening and the information it obtains:

- **Current Mental Health Symptoms** – Reviews depressed mood, anxiety, psychosis, and mania. In addition, inquiries are made regarding current mental health treatment in the community, any suicidal thoughts, any recent losses, feelings about current situation, if they feel they have anything positive in their future, and allows the interviewer to comment on their feeling of suicide risk based on responses and appearance.
- **Past Mental Health History** – Reviews past treatment for mental health issues including medications and hospitalizations; reviews history of self-injury behaviors and suicide attempts.
- **Substance Abuse** – Inquires about alcohol, benzodiazepine, opiate, and other substance use issues, as well as history of substance use related treatment.
- **PREA/General Assessment** – Reviews any history of abuse of any kind, in any setting; any convictions for sex or violent crimes; any history of special education or developmental disabilities; history of head injury or seizures.
- **Disposition/Treatment Plan** – Allows the interviewer to refer to indicated mental health services, refer for detox services if indicated, and/or begin discharge planning with regard to need for mental health follow up.

Any inmate who is determined to need additional mental health services will be scheduled for further evaluation by mental health professionals (up to and including psychiatric evaluation) in the clinically indicated time frame. The Mental Health Screening also contains prompts to assist the interviewer in taking any indicated actions such as suicide watch, or urgent mental health referral based on the inmate's responses. This screen is also included as part of the inmate's record.

Tuberculosis Testing

We complete a symptom screening, administer the tuberculin skin test, and schedule a follow-up appointment all during the Intake Screening. The TB test is logged in the medical record and automatically flagged for follow-up. A list of inmates requiring a TB read is generated and results of the test can be read and recorded; this ensures that all inmates receive a TB read in a timely manner. Our healthcare personnel ensure that inmates are either medically cleared before they are sent to general population or referred to the appropriate healthcare service.

Prison Rape Elimination Act (PREA)

In compliance with PREA standards, NaphCare's Receiving Screening includes a PREA segment. *TechCare®* automatically sets a PREA flag based on an inmate's positive response to this segment. A daily PREA report is automatically generated from *TechCare®* and sent to custody and NaphCare leadership at the site.

In addition, the Informed Consent screen, describes the PREA Announcement to ensure inmates are aware of the assistance that is available to them. These features are in place and operational at each of NaphCare's client facilities to ensure PREA compliance.

Receiving Screening Quality Assurance

NaphCare's Quality Assurance process includes close monitoring of the Receiving Screening process to ensure full compliance with NCCHC and ACA standards. The following QA procedures are in place to ensure patients receive complete and timely screenings and examinations.

- ✓ **Timely Receiving Screening:** Using *TechCare®*, we audit the Receiving Screening to search for all active inmates with a bed assignment for completed Receiving Screenings and notify on-site staff for follow-up if a Receiving Screening has not been completed.
- ✓ **Positive Mental Health Screenings:** Per NCCHC, any inmate with a positive Mental Health Screening must be seen by a qualified mental health professional for a more in-depth Mental Health Evaluation. Our QA department runs a weekly report that shows all active inmates who had a positive mental health screen, but have not yet had the Mental Health Evaluation performed. *TechCare®* has the ability to run these reports at any time so that the HSA and DON can easily audit Mental Health Screening performance.
- ✓ **Daily TB Read Report:** We identify any active inmate that does not have a TB read recorded in *TechCare®*. An alert is then automatically generated and shown on the Nurse Dashboard, which helps ensure that all active inmates have a completed TB testing process or other appropriate care, such as a chest x-ray or Isoniazid treatment.

Inmate Health Education

It is NaphCare's policy to ensure that inmates receive health education and training in health maintenance and self-care skills in accordance with *ACA Standard 4-4361, Health Education, and NCCHC J-F-0,1 Healthy Lifestyle Promotion*. Inmates receive information on the availability of health and dental services at the time of the Receiving Screening and within 24 hours of their arrival at the facility, and where deemed appropriate such as sick call or chronic care clinics. NaphCare's nursing personnel provide verbal instructions to the inmates regarding the services available to them, as well as procedures for accessing those services. Inmates also receive handouts, pamphlets, and flyers detailing such instructions in a clearly stated form and language. All educational materials are provided in English and Spanish. Our HSA will coordinate with the County to determine any special needs and ensure that handouts are developed to meet such needs. We provide educational materials to inmates regarding specific minor ailments and health-related issues.

The concepts of health promotion and disease prevention are inherent in the delivery of a Proactive Care Model. NaphCare's health staff will provide health education during all inmate encounters. Educational materials and self-care instruction sheets will be provided to inmates during sick call encounters. Healthcare staff will also provide verbal instructions to inmates.

P. INTOXICATION AND WITHDRAWAL

The contractor will ensure that specific procedures and protocols are in place and implemented for inmates under the influence of alcohol or other drugs or those undergoing withdrawal. Such protocols must be approved by the responsible physician, be current, and consistent with nationally accepted guidelines. Detoxification is only to be done under physician supervision in accordance with local, state and federal laws. As part of the submission respondent shall provide their definition of Intoxication and Detoxification.

Inmates/juveniles experiencing severe, life-threatening intoxication (overdose) or withdrawal are to be transferred to an acute care facility or provided appropriate follow up care. Contractor shall ensure that special needs of inmates undergoing withdrawal are addressed, such as the appropriate level of observation status and treatment of pregnant inmates with a history of opiate use.

The contractor will provide bridge Medically Assisted Treatment (MAT) to chemically dependent inmates who are currently on MAT and compliant with treating providers orders and medications booked into the CCLEC or Juvenile facilities. Contractor will propose program for initiation of opioid addiction MAT as determined necessary by medical provider within the policies of the CCSO.

The contractor will implement an expanded MAT program for all inmates who are chemically dependent and request MAT,

The CCSO currently is working in conjunction with Columbia River Mental Health Services on a grant MAT program. Contractor will work with the program and enfold existing participants and continue services should the grant program conclude during the life of this contract.

NaphCare understands each of the requirements for Intoxication and Withdrawal, and we will comply. In regards to defining intoxication and withdrawal, NaphCare continuously evaluates its policies and procedures to evolve with the changing landscape of substance use disorder and medication assisted therapy (MAT). NaphCare's policies and procedures address treatment of substance use disorder, along with guidance on initiation or continuation of MAT and/or initiating medically supervised withdrawal with appropriate clinically accepted therapies. NaphCare as a corporation understands that complete detoxification, especially when considering opioid use disorder, is not a realistic outcome, nor consistent with current research. Patients are much more likely to be successful if they and their healthcare provider understand that substance use disorder should be viewed as a chronic illness. Many patients will never achieve complete detoxification from opioids, given that they may have this chronic illness well controlled by using opioid based MAT (methadone or buprenorphine containing products). NaphCare focuses on patient stabilization while in custody and connection with community partners upon release for ongoing treatment.

NaphCare's Detoxification and Withdrawal Program

Correctional facilities nationwide have experienced disproportionate increases in the number of people incarcerated with substance abuse disorders. According to estimates from the National Sheriffs' Association, at least one-half to two-thirds of the jail population has a drug abuse or dependence problem, and recent studies show a correlation between opioid withdrawal and suicide rates within jails. NaphCare is on a mission to improve the care of people suffering from withdrawal in jails. We have created and implemented advanced protocols for safely managing patients through drug and alcohol withdrawal, including our pioneering work on a revised protocol using a buprenorphine taper to reduce the risks and symptoms associated with opioid withdrawal.

NaphCare's detoxification and withdrawal program is based on standardized national clinical guidelines from organizations such as the American Society of Addiction Medicine (ASAM), and all aspects of the program comply NCCHC standards.

The Comprehensive Detox Assessment assesses patients for withdrawal risk for the substances that create clinically significant withdrawal states: alcohol, opiates, and benzodiazepines. The patient is screened for all of these substances. All documentation of assessment and treatment is contained within *TechCare*®. Females of reproductive age using any of the above substance categories are tested for pregnancy, and if pregnant, will be

evaluated by a medical provider to determine further management. For any patient identified as being at risk of withdrawal for a specific class of substance, the following actions are taken:

- Enrollment in the Detox Monitor within *TechCare*®
- Treatment orders for comfort medications for nausea, diarrhea, and generalized pain.
- Treatment orders for vitamin supplements and electrolyte replacement hydration (e.g. Gatorade).
- Enrollment in an ongoing assessment and treatment protocol, specific to the substance causing withdrawal.
 - Clinical Institute Withdrawal Assessment (CIWA-Ar)
 - Clinical Institute Withdrawal Assessment – Benzodiazepines (CIWA-B)
 - Clinical Opiate Withdrawal Scale (COWS)

These assessment protocols are nationally recognized and accepted as standard of care for these issues both in the community and in corrections. All are conducted by licensed healthcare professionals at least twice a day as indicated by the patient's given history at the Receiving Screening and Comprehensive Detox Assessment. At each encounter, patient vital signs are assessed and the applicable assessment questions are asked as indicated by the CIWA-Ar, CIWA-B, or COWS form used.

Each encounter results in a score being assigned based on responses to questions covering a wide range of withdrawal symptoms including, but not limited to, anxiety, nausea, vomiting, restlessness, tremors, body aches, and hallucinations. These scores can then trigger more aggressive treatment protocols for medications for moderate to severe withdrawal.

Detox Monitor

Through *TechCare*®, we are able to monitor and track all patients who are being observed for detox symptoms, or are receiving detox treatments. As noted above, patients whose responses on the Comprehensive Detox Assessment indicate they are at risk are electronically enrolled in the Detox Monitor located within *TechCare*®. This monitor groups the names of all patients in this category in one easy location for the nurses and providers to review their records. Using this module, our on-site healthcare leaders, providers, and nurses know whom and how many patients are being monitored/treated for detox issues on any given day.

The Detox Monitor provides more than just a list of names though. It also is used in the management of these patients. Under each patient's name will be a listing of all of their most recent scores to all of the withdrawal assessment scales (COWS, CIWA-Ar, and CIWA-b). Therefore, a nurse or provider can very easily see the trend of the scores and monitor a patient's response to treatment. The monitor also has two built-in counters. One tells how long the patient has been enrolled in the monitor – their Length of Stay. The other tells you what their status is related to their next recommended assessment – i.e. how many hours until they need to be reassessed. When it is time for that assessment, the appropriate assessment tool can be opened and completed from right there within the monitor, which improves nursing efficiency.

At the Benton County Jail in Washington, nursing staff has begun initiating IVs to hydrate those in need during detox. As a result, the site is now seeing that with frequent checks and early hydration, less patients are being sent to the hospital for detox issues.

Treatment Medications

As noted above, all patients placed in the Detox Monitor will receive comfort medications and treatments to help with typical symptoms of withdrawal and dehydration. If scores indicate the patient has moved into a more significant state of withdrawal, patients can then be treated with higher level medications to help avoid worsening withdrawal or complications such as seizures and hallucinations.

Alcohol Withdrawal: For alcohol withdrawal, benzodiazepines are the medications most often used, in both corrections and the community, for avoidance of alcohol withdrawal induced seizures. *TechCare®* has built in recommendations for dosing of benzodiazepines based on the scoring of the CIWA-Ar.

Benzodiazepine Withdrawal: For Benzodiazepine withdrawal, a longer acting benzodiazepine is recommended for prevention of seizures. In this case, NaphCare providers typically use tapered doses of Librium (or chlordiazepoxide) based on the scoring of the CIWA-B.

Opioid Withdrawal: The opioid crisis imposes increased risks and liability on local governments and correctional healthcare providers. NaphCare reduces liability and risk by staying on the cutting edge of caring for patients with opioid use disorder. For opioid withdrawal, most correctional facilities use comfort medications and blood pressure management as their primary treatments. NaphCare goes a step further.

NaphCare's advanced opioid withdrawal protocol is used in 100% of our client facilities, treating more than 500 patients daily for substance withdrawal.

We have incorporated a higher-level protocol to assist with those patients showing significant opioid withdrawal symptoms. A central feature of this protocol is the administration of a five-day taper of buprenorphine (Subutex) for patients who score a 9 or higher on the COWS assessment. The drug is administered under close supervision by NaphCare medical staff and monitored until it is completely dissolved to decrease the potential for diversion. The protocol also calls for administration of electrolyte containing fluids by mouth and intravenously for patients with more severe volume depletion. The above-mentioned adjunctive medications are also administered as needed.

Housing

Inmates booked into the facility under the influence of alcohol or drugs or who are undergoing withdrawal treatment are recommended to be separated from the general housing population and placed in observation, segregated cell, or detoxification unit. Healthcare professionals monitor these patients using established nursing protocols. Inmates with a history of multiple episodes of detoxification are evaluated by a physician. An advanced clinical provider makes the diagnosis of chemical dependency, which is flagged and listed on the Problem List. The HSA trains healthcare professionals in the recognition of signs and symptoms for chemical dependency and notifies the Facility staff when an inmate requires specialized placement and observation. The referral of chemically dependent inmates includes the inmate's individual care plan, which will include referral to mental health and chemical dependency programs within the facility when available (Alcoholics Anonymous, group therapy) and discharge planning referral services.

Quality Assurance for Detox Patients

NaphCare's onsite leadership team will perform Quality Assurance studies as needed to monitor the efficacy and consistency of our detox program.

To provide an additional layer of quality assurance and support, NaphCare pharmacists work with our STATCare team at the corporate office to actively monitor detox patients, as patients in detox can rapidly deteriorate. Pharmacists review symptoms, vital signs, urine drugs screens, medication requests and all other information pertinent to patient care to help prevent negative outcomes. The pharmacist notifies STATCare if a patient is identified for follow-up. STATCare providers then make any necessary clinical adjustments, and the onsite clinical team follows through on the care plan.

STATCare provides the onsite clinical staff with access to a centralized team of Washington-licensed nurse practitioners who take crucial steps within hours of booking to stabilize patients and initiate treatments. The STATCare team complements the care provided by the onsite medical team, collaborating on clinical decision-making and treatment planning to ensure continuity of care and quality assurance.

NaphCare's Medication Assisted Treatment Programs for Patients with Opioid Use Disorder

NaphCare has a growing body of experience with Medication Assisted Treatment (MAT) programs to combat the opioid epidemic, and we continue to evolve and learn from this experience. NaphCare is a leader in the field of offering MAT programs, and we believe in the promise of MAT treatment to assist our patients with opioid use disorder. NaphCare's Chief Medical Officer for Western States, Dr. Jeffrey Alvarez, is a pioneer in the field. In his prior position as Medical Director for the Maricopa County jail system in Arizona, he implemented one of the first jail-based Opioid Treatment Programs in the nation. NaphCare also works with an addiction medicine expert, Dr. Shawn Ryan, President and Chief Medical Officer of BrightView in Ohio, who is a national leader in the field of addiction medicine.

NaphCare will provide a MAT program for Clark County that is tailored to your needs in partnership with community providers. MAT therapy will be continued for patients entering the jail in a MAT program, and may be initiated for appropriate patients, using either naltrexone (Vivitrol), buprenorphine or methadone. NaphCare anticipates partnering with a community Opioid Treatment Program to be able to offer methadone. Partnering with community providers, such as Columbia River Mental Health Services, will also facilitate our ability to connect patients to comprehensive MAT and behavioral therapy upon release. As with other clients in Washington State, NaphCare anticipates partnering with Clark County to seek grant funding to expand the MAT program. NaphCare will not be responsible for the cost of injectable MAT medications, but will seek grant funding and free doses of Vivitrol from Alkermes to support the MAT program. We will be responsible for oral MAT medications.

NaphCare or a community partner will conduct an initial screening for admission to the MAT program. After this screening, patients are assigned to a MAT medication. With patients for whom naltrexone is indicated and who elect to receive this course of therapy, oral naltrexone may be provided while the patient is incarcerated with a Vivitrol injection and connection to care upon release. The MAT approach to treatment is: (1) Multidisciplinary, involving both nursing, medical, and mental health practitioners; (2) Multimodal, treating with the use of both medication and counseling; and (3) Multiphasic, within the jail and in the community post-release.

MAT Programs in Washington

NaphCare operates or supports MAT programs in each of our jails in Washington. In doing so, we work with our clients and community providers. We have also successfully obtained grants for funding, helping our clients obtain over \$1.5 million in grant funding and in kind contributions to support these programs. Feedback from the sites have shown they are treating far less significant detox symptoms and

NaphCare operates or supports MAT programs in each of our seven client jails in Washington.

are in greater control of the process. The process has dramatically improved patient safety and minimized negative symptoms, while also making our patients easier to manage with fewer resources for both medical staff and custody staff. There is compelling evidence today that MAT programs can dramatically decrease the risk of overdose when patients are discharged from jail. We are confident that we can run an equally successful program in Clark County and look forward to working with your leadership and facilities to do so.

Benton County Jail: The Benton County Jail successfully applied for and received a grant from the Washington Health Care Authority for funding to help with opiate addiction programs. The Benton County Sheriff and three other entities received grants totaling almost two million dollars, which were awarded and began on February 1, 2019. NaphCare works with community partner Ideal Option to support the MAT program in this facility.

Kitsap County Jail: Kitsap County Jail also received a grant from the Washington Health Care Authority to launch the program, administered by NaphCare. NaphCare arrived on day one of this contract with grant funding NaphCare assisted the County to obtain. We work with Bremerton-based Peninsula Community Health Services, who assists with screening inmates for the program and will help patients stay in treatment after their release.

Lewis County Jail: In 2018 a MAT program was developed in conjunction with Medtriq Treatment Services, an addiction treatment clinic. The program provides in-jail treatment and community outreach to help combat the opiate problem in Lewis and surrounding counties. Katie Strozyk, the Behavioral Health Program Coordinator for Lewis County Public Health and Social Services, commented, "Just the implementation of the program itself is a huge success – especially in a rural community who is historically underfunded and has huge service gaps."

Spokane County Jail: NaphCare works with the Spokane Regional Health District to provide MAT programming. All three MAT medications are available as part of the Spokane MAT program. Two of NaphCare's on-site providers have completed the appropriate X-licensing to enable them to prescribe buprenorphine.

Skagit County Community Justice Center: Skagit County contracted with a substance abuse treatment center, The Didgwalic Clinic, and NaphCare successfully implemented a MAT program. Implementation of the program came after a series of meetings between management, the jail administration and representatives from the Didgwalic Clinic. Implementing a MAT program was part of the site contract to be honored within six months; we accomplished this within four months and received commendation from the jail administration for the prompt and successful implementation of this program.

Pierce County Detention and Corrections Center: NaphCare has worked with Pierce County and community providers to initiate a Medication Assisted Treatment (MAT) program to treat patients with opiate addiction and to transition them into treatment programs as they are released from custody. The Jail's MAT program will aid the community in addressing the opiate addiction crisis and potentially reduce recidivism. This practice has also allowed the site to proactively address new and upcoming national standards.

Q. HEALTH APPRAISAL

Contractor will ensure that a full health appraisal is completed by an RN, physician's assistant, nurse practitioner, or physician for each detainee or juvenile within fourteen (14) days or less after arrival at a Detention Center.

The full health appraisal must include the following:

- review of the initial receiving screening;
- complete medical, dental and mental health history

- physical examination by a physician, physician assistant, nurse practitioner or RN
- recording of vital signs, height, and weight;
- mental health evaluation;
- dental screening;
- vision and hearing screening;
- skin testing for tuberculosis, this item shall be completed within the first 72 hours in the facility.
- Laboratory and/or diagnostic tests for communicable diseases, such as a syphilis test, and other diagnostic tests as clinically indicated;
- review of the results of the health appraisal by a physician or midlevel practitioner;
- initiation of therapy, when appropriate.
- work detail screening;
- initiation of a problem list, along with a diagnostic or therapeutic plan for each problem
- Elements that may be subsequently added by the Washington State Legislature through the Revised Code of Washington and or Washington Administrative Code; ACA or the NCCHC; or as a result of litigation against the Contractor or SO.
- An immunization history shall be taken as part of the history and physical exam. Immunization vaccines shall be updated as indicated. Vaccinations shall be provided for the flu and or hepatitis during a health alert and at the request of an inmate.

County currently has grant funding to provide HIV and STD testing and treatment to all those booked into the facility. Contractor will continue this program once the grant funding is exhausted. Further, the County is interested in full assessment (NCCHC 14 day assessment) being completed while the inmate is in intake or assessment area and prior to the movement into general population (or the housing classification appropriate for the involved inmate).

NaphCare understands the requirements for the Health Appraisal and will comply. For the Main Jail, NaphCare's proposed proactive intake model exceeds NCCHC requirements by providing the Health Appraisal upon arrival at the facility, as part of the Receiving Screening process. In the Main Jail, NaphCare's providers will ensure that a comprehensive Health Appraisal, including a physical examination, is completed for each inmate up front, during intake. By performing this screening at intake, we can identify urgent medical and mental health issues as soon as possible. This reduces costs for emergency and hospital transportation and reduces the inmate movement required to provide the 14-day Health Appraisal.

For the Work Center, Juvenile Facility, and Skamania County Jail, all Health Appraisals will be completed within 14 days.

Health Appraisal

NaphCare's healthcare personnel will ensure that a comprehensive Health Appraisal, including a physical examination, is completed for each inmate within 14 days of admission to the facility. The health appraisal record will be reviewed and signed by a physician and entered in the patient's permanent medical record. If there are urgent

NaphCare performs Health Appraisals on day one of incarceration in the following Washington jails, and at the nearby Washington County Jail in Hillsboro, Oregon:

- **Pierce County Detention and Corrections Center**
- **Spokane County Jail**
- **Benton County Jail**
- **Skagit County Community Justice Center**
- **Lewis County Jail**
- **South Correctional Entity (SCORE), Des Moines, WA**

needs or potential problems (positive screenings, unusual vital signs, etc.) the Health Appraisal will be completed *immediately*. The Health Appraisal includes inquiries into the following:

- Vital Signs,
- Current Medications/Allergies,
- Medical History,
- TB risk factor and symptoms,
- Substance Abuse,
- Clinical Observations,
- Physical Exam (HEENT, Dental, Cardiovascular, Respiratory, Abdominal, Musculoskeletal/Skin)
- Pregnancy,
- Laboratory Tests Ordered,
- Clearances Issued,
- Treatment Plan,
- Housing Assignment.

Inmates who are referred for follow-up will be seen by the appropriate healthcare professional, and referrals will be documented in *TechCare®*. Inmates are evaluated based on the medical information obtained during the Receiving Screening as to the medical necessity of conducting a Health Appraisal.

R. NON-ENGLISH SPEAKING INMATES AND/OR SPEECH AND HEARING

The Clark County Sheriff's Office makes use of a third party telephone interpreter service. This service is available to be used by contract staff *only if* contract staff has been unable to locate interpreter services after positive effort has been documented as expended toward that goal. Should these interpretive services being used by Clark County, be used by Medical Contract Staff they shall follow County procedures for billing and tracking purposes. The County reserves the right to charge the Medical Contractor for these services if used, but should the use be *de minimis*, these charges will be absorbed at the discretion of the County, with their normal fees.

The SO also makes use of a third party electronic ASL service. The usage of this service will follow the *de minimis* plan listed out in the telephonic translation services. Skamania County and the Juvenile Detention programs may have alternate providers for this service.

NaphCare understands this requirement and will comply.

S. PERIODIC HEALTH APPRAISALS

Contractor shall conduct annual physicals on all inmates and juveniles that have been incarcerated at the facility for over one year. A protocol or narrative defining the extent of the health assessment shall be discussed or included within this section.

NaphCare understands and will comply with this requirement. We will provide annual health appraisals and track them in *TechCare®* to ensure completion. This practice aligns with NaphCare's Proactive Care Model.

Annual Health Appraisals

All inmates' most recent screenings will be recorded in *TechCare®* with a date set for the next required annual screening. Inmates requiring screenings will be listed according to the date on an Outlook calendar and provided

their annual screening at the appropriate time. Screenings will include the following, all of which will be documented in *TechCare®*:

1. Determine whether chronic or serious illnesses or conditions are present and determine if appropriate interventions have been provided during the previous year. Schedule additional services as necessary,
2. Determine which age appropriate interventions need to be offered and offer or schedule them,
3. Provide appropriate tuberculosis screening based upon individual's history and status,
4. Obtain a brief history of current or recent symptoms suggestive of active serious illness,
5. Obtain basic vital signs,
6. Update the medical, disability status, and mental health status codes if necessary, and
7. Check off whether the inmate is physically capable of performing kitchen work.

Our Quality Assurance (QA) department will routinely monitor and track all annual and periodic health appraisals for completion via *TechCare®*. QA staff will send electronic notification to site staff regarding inmates overdue for an annual health screening for immediate follow-up and completion upon notice.

T. NON-EMERGENCY HEALTH CARE REQUESTS AND SERVICES

Contractor shall conduct sick call according to NCCHC standards for jail facilities. An on-site registered nurse, midlevel practitioner or physician shall conduct the sick call clinics. In conducting these clinics, health care staff shall utilize triage protocols and shall ensure all appropriate follow-up care is provided. Oral or written requests for care are to be received daily by health staff and triaged within 24 hours. All inmates are to be seen at their site's sick call within 48 hours (72 hours for weekends or holidays) of their submission of a request for health services – sooner if the situation warrants.

There is a co-pay program in place for the CCSO facilities for which contract staff is expected to supply timely, appropriate, complete and thorough information. There is no co-pay for the juvenile detention center. A copy of the co-pay program is found in Attachment E. The Contractor shall comply with recommendations and findings of the local or state auditor as related to the administration of the inmate co-pay system.

NaphCare understands and will comply with these requirements. Access to care is a top priority for us, so we take extensive steps to ensure that inmates are seen in a timely manner and that sick call days are prioritized by the severity of need. All inmates have a daily opportunity to request healthcare through our sick call system, which gives inmates unimpeded access to healthcare services. Our nursing personnel collect, triage, and respond to all inmate requests daily.

Sick Call Program

We will operate site-specific sick call throughout the facilities. Timeliness of the response to sick call requests is an important indicator of quality of care, and NaphCare meets NCCHC standards for sick call response times. Our daily sick call process meets the amended NCCHC 2018 standards, which require face-to-face triage with the patient within 24 hours of receipt of a healthcare request. **To ensure we meet this standard, nurses will triage sick calls on each shift for follow-up by a provider within 24 hours.** Sick call services are provided at sufficient levels to allow the healthcare staff to give **same-day response to urgent inmate requests** for healthcare services. Nursing sick call is conducted seven days a week, and physician sick call is conducted according to a set schedule agreed upon by NaphCare and the facility. If an inmate's custody status precludes attendance at sick call, then our staff consults with security staff to make access to healthcare services possible.

Our healthcare staff follows nursing protocols to facilitate the delivery of sick call services. The assessment protocols are appropriate for the level of skill and preparation of administering nursing personnel. Healthcare staff is trained to effectively triage the inmate's condition and implement these established protocols. If the treatment required is outside the nurse's scope of practice or the established nursing protocols, the inmate is referred to a mid-level practitioner or the on-site physician for evaluation and treatment within 24 hours. Health services are provided in a manner that complies with state and federal privacy mandates within the scope of each facility.

Triage Methods

We scan all sick call requests into the *TechCare*® system, so the nursing staff can prioritize requests on every shift and respond in a timely and appropriate manner. Through *TechCare*®, we create a sick call queue that provides a daily work log and makes the sick call process less time-consuming. The system automatically generates a list of inmates who have requested sick call, ensuring that no requests are overlooked. An inmate's multiple sick call requests are consolidated into one sick call appointment. Within this queue, all sick call requests are subdivided for disposition by the appropriate practitioner.

Referrals: Requests are triaged and referred **electronically** to the appropriate mid-level clinical provider as necessary, which means the referral is completed immediately without the need for cumbersome paper logs.

Priority sick calls supersede Routine sick call requests to efficiently maximize staff time and address the most acute needs quickly. The importance of categorizing sick call requests is to streamline the process and ensure all requests are documented and addressed. The nurse can click on an inmate's name to select it, and then click on an appointment and assign it to the appropriate category. This efficient process makes it easy to respond to requests quickly and ensures that medical staff does not fall behind in processing requests. The clear advantage of using an automated sick call system is that the sequence of the list creates a **PRIORITY** system based on important factors such as acuity and length of time waiting.

Inmate Co-Pays

If desired by the County, NaphCare can implement electronic co-pay protocols through *TechCare*®. *TechCare*® includes protocols that help us calculate co-pays and report them to our clients electronically. We can use *TechCare*® to automatically track sick calls performed in order to calculate all Inmate co-pays for the County. These reports will be automatically generated and emailed to the appropriate County personnel as required. We have the proven ability to calculate the amount of funds to be withdrawn from the patient's commissary or general account when the County provides the actual charges required for services. We readily provide these reports to our current facilities. Our clients find this to be an efficient time saver for their clerical and medical staff.

U. URINALYSIS (UA)

The Contractor will be responsible for paying for 1200 Urinalysis (UA) drug tests per year.

NaphCare understands and will comply with this requirement.

Proactive Care

NaphCare's sick call procedures ensure proactive action to prevent a delay in care. Our nurses triage sick call slips at every shift in order to identify major medical conditions and provide the necessary care quickly. Priority requests are evaluated immediately by the Charge Nurse on duty.

V. SICK CALL/SEGREGATION UNIT (INTAKE, A AND B PODS)

Contractor will ensure that healthcare assessments shall be conducted a minimum of three times weekly in the segregation units. RN staff or mental health staff will conduct assessments (to determine whether medical, mental health or dental needs contraindicate the placement or require accommodation) and provide appropriate follow-up care on a day-to-day basis. Documentation of the RN's CCLEC segregation rounds (done seven days a week) will be made on individual cell logs and in the detainee's health record and includes the date and time of the contact and the signature or initials of the health professional making the rounds. Any significant health findings are documented in the detainee's health record.

NaphCare understands and will comply with this requirement.

W. CLINICIAN CLINICS

Contractor will provide routine clinician clinics on weekdays. Inmates will be scheduled to see a physician or midlevel practitioner according to clinical priority. Clinician's shall see non-urgent sick call requests in a timely fashion, based on their immediacy of need and the intervention required.

NaphCare understands and will comply with this requirement.

X. HOSPITAL CARE

Contractor shall make every effort to accommodate appropriate care on site. Contractor shall coordinate, in cooperation with SO staff, routine outpatient/inpatient services from hospitals to meet the health care requirements of the detainee. When outside hospitalization is required, the contractor shall coordinate with the security staff in arranging transportation and correctional deputy coverage. All transport information shall be kept confidential from inmates (and/or their families) for security reasons.

The contractor is responsible for utilization review for all law enforcement inmates, who are arrested and subsequently booked into the Clark County Jail, Jail Work Center or Juvenile Detention Center, within 10 days of utilization of outpatient/inpatient services, to include preapprovals, case management, discharge planning.

Local area hospitals include Peace Health Southwest Medical Center and Legacy – Salmon Creek. There are no secure units or wards at either hospital.

Contractor shall be responsible for quality assurance for all costs associated with outside consults and inpatient hospitalizations. This shall include but not be limited to the pre-notification of all outside vendor use and the hospitalization of all inmates.

Contractor shall avail themselves of the CCSO's agreement with the Health Care Authority to enroll detained personnel in Medicaid.

NaphCare understands the requirements for Hospital Care, and we will comply. If an inmate requires off-site care, NaphCare provides the most cost-effective and well-coordinated medical services possible. Our *TechCare*® and web-based systems play an integral part in managing the care of any inmate needing outside services. Not only do we provide a daily list of all inmates currently hospitalized, but we also detail the clinical course and treatment plan; all this information is readily available within *TechCare*® to all authorized users. The availability of information makes communicating and coordinating care and discharge needs much easier. This data also allows us to track and trend off-site care in order to find opportunities to reduce costs and bring specialties on-site. By

providing centralized off-site management services, the on-site medical staff is able to focus solely on inmate care.

NaphCare's comprehensive off-site services program includes much more than just building provider networks or paying claims. Our highly qualified departments provide services in all areas of off-site care, such as network management, medical scheduling, utilization management, medical records, and claims. The following pages describe these services and their advantages for the Clark County facilities.

Network Management

NaphCare's experienced Network Management Department negotiates all rates with off-site providers and hospitals and historically obtains savings over 60% for usual and customary charges, representing a significant reduction in off-site costs for our clients. Payment terms are clearly defined in each agreement, so our providers are paid in accordance with contract terms. We treat providers as clients.

NaphCare is an experienced provider and administrator of off-site care and Preferred Provider Networks.

Our Network Management Department is focused on negotiating discounted rates and developing beneficial provider networks for our clients. Currently, we coordinate off-site care and specialty medical services for our Federal Bureau of Prisons (BOP) facilities and city and county jails. This network contains over 20,000 physicians and 500 facilities across the country. Our network management specialists are experienced in many types of provider negotiations such as hospital, physician, and agreements for providing on-site specialty clinic services. We will manage the specialty network for Clark County with efficiency, quality, and cost effectiveness.

We will contract with a local hospital(s) to serve as the primary off-site providers, and we will contract with individual physicians to provide specialized care required for your facility's inmates.

Features:

- Proven and successful history of building comprehensive healthcare networks
- 37+ years of department experience and strong negotiation strategies
- Provide a full array of clinical services, even in rural sections of the country
- Develop clinically diverse and population appropriate networks
- Coordinate contracts to offer continuity of care for inmates
- Utilize benchmark payment rates, such as current Medicare rates, so that contract pricing may be evaluated for cost-effectiveness across an entire network
- Continually evaluate networks and contracts to ensure competitive pricing and accuracy of providers available
- Establish valuable on-site services to decrease security concerns and transportation costs
- Offer primary point of contact for correctional facilities, hospitals, and providers to enhance communication
- Insist on outstanding provider relations
- Contact providers frequently to maintain good working relationships
- Listen to community providers' concerns and rectify them quickly so that healthcare services are provided in an effective manner
- Coordinate security needs with provider needs

We want to provide the maximum level of clinical activity on-site in order to achieve increased security and enhanced cost-effective care. With proven negotiation and network development skills, the Network Management Department will supply on-site specialty services as the volume of inmate healthcare needs merits.

Utilization Management

When off-site care is required, NaphCare's utilization team collaborates daily with health services staff and off-site providers to ensure appropriate usage of healthcare services. Always watchful, NaphCare is poised to adjust to each day's demands. We review all cases prospectively; ER visits retrospectively; and hospitalizations concurrently, ensuring the correct allocation of off-site services for our clients. NaphCare's experienced Utilization Management nurses are trained to monitor off-site services allowing them to determine the best possible outcome for patients, healthcare providers, and correctional facilities.

Please see Section AO – Program Support Services, #7, for a complete description of NaphCare's Utilization Management Program.

Y. SPECIALTY CARE AND REFERRALS

Contractor shall make every effort to accommodate appropriate care on site. Contractor shall make referral arrangements with specialists for the treatment of those inmates with health care problems, which may extend beyond the healthcare services provided on-site. All outside referrals shall be coordinated with the County for security arrangements that will be kept confidential from inmates.

Contractor shall operate on-site specialty clinics at the Main Jail or Juvenile facility. Contractor shall identify, in their staffing plan, specialty clinics to be conducted on-site as justified by the clinical workload and availability of specialists. Currently, there are no clinics provided on site.

Clinics that are required (upon agreement between the Contractor and County with respect to floor space) include providing or concerned with long-term medical care lasting usually more than 90 days especially for individuals with chronic physical or mental impairment, including but not limited to orthopedics, and OB/GYN.

NaphCare understands and will comply. We want to provide the maximum level of clinical activity on-site in order to achieve increased security and enhanced cost-effective care. With proven negotiation and network development skills, the Network Management Department will supply on-site specialty services as the volume of inmate healthcare needs merits.

For Clark County, we are interested in exploring onsite OB/GYN and Ophthalmology, and possibly other on-site specialties that could be beneficial to the site. We have not included pricing for these services at this juncture, but we are interested in discussing further upon contract award.

eClinic – Specialty Care Consultations

Specialty care needs vary by patient population and facility requirements. At NaphCare, we aim to provide the highest level of patient care onsite to decrease costs associated with offsite services and custody transport. We monitor and analyze treatment trends to identify opportunities to bring specialty clinics onsite if warranted by the volume of patient need.

When onsite specialty clinics are not medically or economically feasible, NaphCare providers use eClinic to engage a digital network of clinical specialists for consultation, clinical review and assessment of necessity of care to inform offsite referral decisions. With the eClinic specialty care network, NaphCare can offer a broader range of specialist care without the additional expense, travel or patient wait time associated with offsite specialty care. eClinic is provided in conjunction with our comprehensive Utilization Management program to minimize offsite send-outs.

Specialty Clinics

Through eClinic, NaphCare providers have access to more than 70 specialties and sub-specialties, including:

- Addiction Medicine
- Cardiology
- Endocrinology
- ENT
- Gastroenterology
- Hepatology
- General Surgery
- Hematology
- Geriatric Medicine
- Infectious Diseases
- Internal Medicine
- Nephrology
- Neurology
- OB/GYN
- Oncology
- Ophthalmology
- Orthopedic Surgery
- Psychiatry
- Pulmonary Medicine
- Rheumatology
- Urology
- Vascular Surgery

eConsults

All eClinic specialists are active, board-certified clinicians who conform to NCQA (National Committee for Quality Assurance) guidelines. Through a secure, web-based platform, NaphCare's onsite providers can submit an electronic request for consultation along with detailed notes, labs and images to a panel of specialists to receive guidance on:

- Treatment planning
- Medication recommendations
- Unsuccessful or resistant treatment
- EKG reads and Lab and Radiology interpretation
- Workup recommendations

Board-certified specialists answer requests in less than 24 hours, and all consultations are documented in the patient's health record in *TechCare®*.

Medical Scheduling

If an inmate requires off-site care, NaphCare provides the most cost-effective and well-coordinated medical services possible. We utilize an on-site Administrative Assistant to accomplish efficient, consolidated medical scheduling and always have corporate support available as back-up should it be needed. By using *TechCare®*, we facilitate the exchange of important healthcare and financial information between the correctional facility and NaphCare. This system has several key features that are beneficial to Clark County:

- Customized reporting
- Ability to track inmate healthcare (off-site specialty appointment by type)
- Electronic calendar system
- Ability to view all off-site appointments and on-site clinics
- Inpatient stay status
- View and print medical records for off-site appointments
- Information packet for security to schedule transportation of inmates

An Organized and Efficient Process

Our process for off-site requests ensures seamless preparation and performance of inmate off-site care. From your facility, our Administrative Assistant organizes and executes every step of the process with the priority on full communication and cooperation for the most organized, cost-efficient, and safe results. **We work to group off-site appointments, minimizing costly transport and security needs.**

Approved requests are scheduled, noting such details as inmate insurance and special instructions. Appointments classified as urgent or routine and appointment requests are addressed and scheduled within the required timeframes.

TechCare® generates and maintains an off-site calendar of appointments that is visible to any authorized on-site personnel and security officers. **The Off-site Calendar allows us to easily consolidate off-site trips, saving custody transportation costs and overtime.** Our on-site Administrative Assistant communicates necessary information (date, time, location) so the correctional officers responsible for the transport are prepared for the inmate's appointment. The Administrative Assistant also communicates any pre-appointment needs to the correctional facility, such as food and drink requirements, medication instructions, labs needed, or any other special instructions that relate to the inmate's care.

An Off-site Healthcare Authorization Form is completed for inmates who require specialty care services. This form accompanies the inmate during transport from the correctional facility to the provider for treatment. Each off-site referral results in a consultation/treatment report created by the off-site provider, which is reviewed and filed in the inmate's medical record.

In addition to the vast functionality that exists within the calendar and scheduling system, NaphCare can track and trend all cancelled appointments. Missed or cancelled appointments are often unavoidable, but they create a drain on facility resources. Our goal is to work with each client to minimize cancellations whenever possible. We record every cancelled appointment with the following information so we can track and trend the data to reduce cancellations and ensure new appointments are scheduled:

- ✓ Inmate name, Date of Birth, Inmate Number
- ✓ Original date of service
- ✓ Who cancelled the appointment
- ✓ Why the appointment was cancelled – inmate released from custody, security issues, provider cancelled, or other reasons.

The contractor shall be responsible for all supplies used or ordered by the specialist, including recommended prosthetics, braces, special shoes, glasses, dentures, hearing aids, orthopedic devices, etc. The contractor shall establish policies and site-specific procedures for the provision of such items, regarding frequency of eligibility etc. The contractor shall pay for the items when the safety or well-being of the detainee/ juvenile would be adversely affected.

NaphCare understands and will comply.

All specialists must be Board Certified or eligible in their respective specialty. The utilization review process developed by the contractor for approval of outside consultations or inpatient care shall be completed within five (5) working days of the request.

NaphCare understands and will comply. Please see **Section AO – Program Support Services, #7** for a description of NaphCare's Utilization Management process.

The contractor shall develop provisions for prenatal care. According to accepted prenatal guidelines, prenatal care shall include:

- Medical examinations;

- Laboratory and diagnostic tests (including offering hiv testing, counselling, and
- Treatment when indicated);
- Advice on appropriated levels of activity, safety precautions, and nutritional guidance and counseling;
- Dietary supplement;
- Observation for signs of toxemia;
- A list of specialized obstetrical services is maintained;
- There is documentation of appropriate postpartum care; and
- A list is kept of all pregnancies and their outcomes. See also opioid MAT section for additional requirements.

NaphCare understands the requirements for prenatal care, and we will comply. NaphCare has a defined program for meeting the special needs of the female population; e.g., pregnancy. We recognize the unique healthcare needs of female inmates and will provide female healthcare in accordance with NCCHC, ACA, and other generally accepted professional standards.

Female Healthcare Services

Pregnancy Testing at Intake

All females of childbearing age (15-54) will receive a pregnancy test at the time of booking. Those with a positive pregnancy screening will be referred to the appropriate provider for treatment as soon as possible after their arrival to the facility in order to ensure continuity of care. Referrals will be prioritized based on risk factors.

Health Assessment

During the comprehensive health assessment, we will take note of the following information for female inmates:

- Menstrual cycle
- Unusual bleeding
- Current use of a contraceptive medication
- Presence of an I.U.D.
- Breast masses
- Nipple discharge
- Pregnancy history
- Gynecological history to include menstrual problems, STDs and risk factors, most recent pap smear and any history of irregular pap smear results

If deemed medically necessary, we will perform a pelvic and breast examination within a reasonable amount of time.

Counseling and Care of the Pregnant Inmate

NaphCare will provide health care to address the unique needs of female inmates with regard to family planning, pregnancy, prenatal care, and postpartum care while incarcerated. NaphCare assumes no financial responsibility for newborn care and/or treatment. We ensure that women receive appropriate contraceptive services and that pregnant inmates receive appropriate prenatal care, specialized obstetrical services, and postpartum care. All policies and procedures adhere to *NCCHC Standard J-F-05 and ACA Standard 4-ALDF-4C-13*.

1. All pregnant inmates will be provided with timely and appropriate prenatal obstetrical care consistent with the community standards of care, including but not limited to:
 - a) Medical examinations by a provider qualified to provide prenatal care;

- b) Prenatal laboratory and diagnostic tests in accordance with national guidelines;
 - c) Orders and treatment plans documenting clinically indicated levels of activity, nutrition, medications, housing, and safety precautions;
 - d) Counseling and administering recommended vaccines in accordance with national guidelines.
2. A list with phone numbers will be maintained for all obstetrical services and community hospitals on an Emergency Contact Numbers document for referral.
3. Documentation of the inmate's prenatal history noted on the off-site health care referral will accompany the pregnant inmate to the hospital.
4. Documentation of appropriate postpartum care will be maintained by the advanced clinical provider in the patient's health record.
5. During the course of the pregnancy the flag for Pregnancy will be set and added to the problem list. Pregnancy shall be considered a special need.
6. All females of childbearing age (15-54) will receive a pregnancy test at the time of booking.
7. Pregnant inmates with active opioid use disorder receive evaluation upon intake, including offering and providing medication-assisted treatment (MAT) with methadone and buprenorphine.
8. Female inmates presenting at any time with signs or symptoms of pregnancy will be offered a urine pregnancy test.
9. Emergency delivery kits are available in the facility.
10. The advanced clinical provider will evaluate the pregnant patient within seven days of notification of a positive pregnancy test.
11. Pregnant women are given comprehensive counseling and assistance from either the medical/mental health staff or a community agency in accordance with their expressed desires regarding their pregnancy and whether they elect to keep the child, use adoption services, or have an abortion.
12. Pregnant women with serious mental illness require specialized psychosocial and psychopharmacological monitoring by the mental health staff.
13. Mental health staff should consult with medical staff regarding any psychotropic medication use due to possible deleterious effects on a developing fetus.
14. Restraints will not be used on patients during active labor and delivery.
15. NaphCare will encourage that custody restraints, if used at other points of the pregnancy and the postpartum period, be limited to handcuffs in front of the body.
16. When obstetrical care is provided by an outside contractor (e.g., OB/GYN physician), copies of pertinent diagnostic results and evaluations should be requested and filed in the medical record. Charting using forms such as those developed by the American College of Obstetrics and Gynecology (ACOG) or equivalent, is encouraged. Use of TechCare OB Module is also encouraged.
17. Pregnant patients shall be ordered appropriate preventive interventions, including the prescribing of prenatal vitamins and a pregnancy diet.
 - a) The orders should continue throughout the postpartum period and during the period of lactation for those expressing breastmilk while in custody.

OB Care Module

The OB Care Module in *TechCare®* allows incarcerated pregnant patients to follow a defined process of care and documentation throughout their pregnancy. As shown below, this module allows for detailed progress notes and lab/diagnostic documentation via specific forms while detailing a complete history of visits throughout the process. Addition of pregnancy flags and ICD-10 codes through *TechCare®* seamlessly communicate to the Inmate Management System, which in turn, keeps all facility staff updated and aware.

Regardless of personal or professional beliefs, female prisoners are legally entitled to abortions. Medical Contractor should have proposal include procedures for dealing with this issue.

NaphCare understands and will comply. In accordance with our policy and procedures for Contraception and Care in Pregnancy, pregnant inmates receive comprehensive counseling and assistance from either the medical/mental health staff or a community agency in accordance with their expressed desires regarding their pregnancy and whether they elect to keep the child, use adoption services, or have an abortion. Should a pregnant inmate choose to have an abortion, NaphCare will provide medical scheduling services as with any off-site care. Upon return to the correctional facility, a Registered Nurse will evaluate the patient prior to placement in the general population. The patient will also see an on-site provider as soon as possible to ensure appropriate orders and follow-up care.

Z. CHRONIC CARE PATIENTS

Contractor shall develop and implement a chronic disease program to decrease the frequency and severity of symptoms, prevent disease progression and complications, and improve function of affected inmates and juveniles. The responsible physician shall establish and annually approve clinical protocols consistent with national clinical practice guidelines. These clinical protocols for the management of chronic diseases include, but are not limited to:

- Asthma
- Congestive Heart Failure (CHF)
- Chronic Obstructive Pulmonary Disease (COPD)
- Diabetes
- High blood cholesterol
- HIV
- Hypertension
- Seizure disorder
- Mental illnesses
- Renal and Hepatic Disease

The chronic care provided shall entail the development and implementation of an individual treatment plan(s) by the responsible physician specifying instructions on: diet, medication, diagnostic testing, frequency of follow-up medical evaluation, and adjustment of treatment modalities as clinically indicated. Chronic care patients shall be provided a review by a physician, minimally every three months. Upon completion of detainment, these individuals shall be provided with either a paid prescription or a 14-day supply of prescription medication(s) for on-going health issues, per 'Wakefield v. Thompson, 177 F.3d 1160 (9th Cir. 05/27/1999)' They shall also, as necessary, be transported to an appropriate care facility. A roster of chronic care patients shall be maintained. This 14-day supply shall also apply to those in MAT programs.

NaphCare understands the requirements for chronic care patients, and we will comply. NaphCare provides chronic care in a manner that incorporates principles of case and disease management for complex cases, and promotes maximum progress and healing. Patients receive timely follow-up, evaluation, treatment, and education about the preventive activities available for those requiring chronic or convalescent care. Our policy ensures all inmates are screened, identified, and monitored in a manner consistent with national clinical guidelines established for the care and treatment of chronic illnesses.

Proactive Chronic Care Management

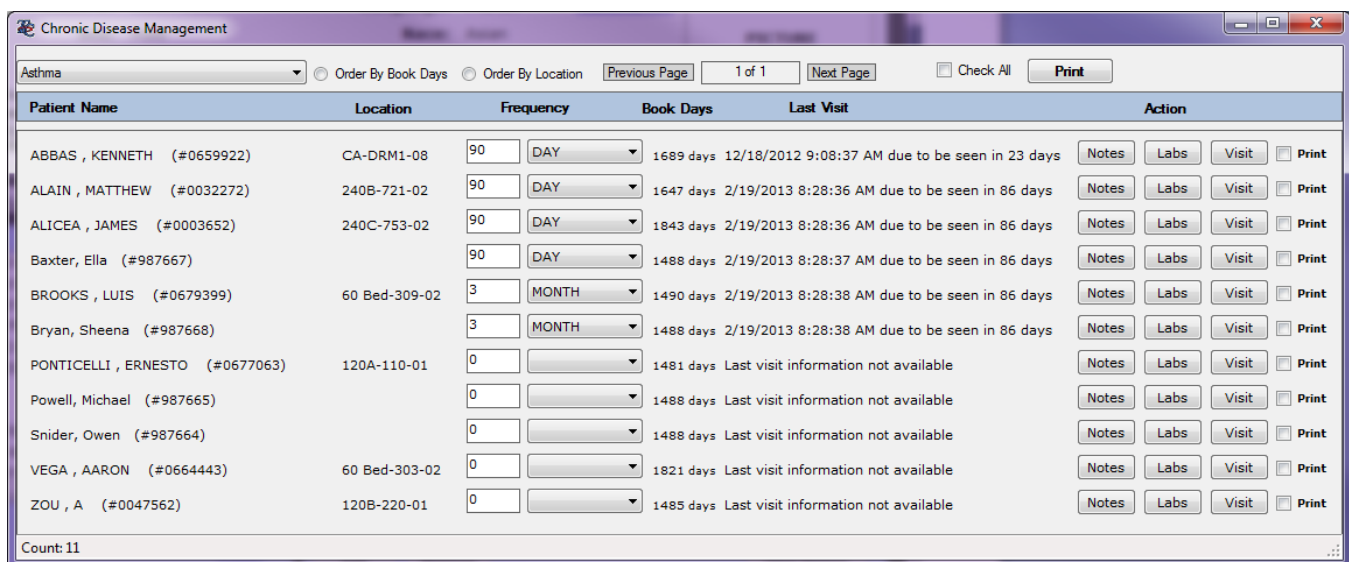
We take a proactive approach to the management of chronic care disease in order to minimize the development of any urgent or emergent conditions that might require off-site transportation. Our emphasis on preventive care begins at the point of intake (Receiving Screening), where inmates are classified into the appropriate chronic care clinic and scheduled for follow-up treatment. Our extensive staff training, use of best practices based on nationally recognized guidelines, and innovative on-site diagnostic testing help us keep chronic care patients in stable condition throughout their incarceration.

Chronic care clinics are built into the *TechCare*® system, which creates consistent documentation and standardizes the provision of care. We will schedule and track all chronic care clinic visits within *TechCare*®. This data will be available to Clark County at all times. At a minimum, the database will include the following:

- Each patient enrolled in a chronic care clinic.
- Each occasion when an enrolled patient is seen at a chronic care clinic.
- Patient refusals for a chronic care visit.

Using *TechCare*® helps ensure that chronic care patients are seen by a provider at appropriate intervals as clinically indicated. In the Chronic Disease Management section of *TechCare*®, the user can access/view inmates with certain chronic care illnesses. To see a specific chronic illness, simply select a chronic illness from the drop down list. The user can view previous notes, labs, and chronic care visits, or complete a chronic care visit. The amount of time until the next visit can also be reviewed from this screen. The patient's name turns red when the visit is past due.

Chronic Disease Management within *TechCare*®



Patient Name	Location	Frequency	Book Days	Last Visit	Action
ABBAS, KENNETH (#0659922)	CA-DRM1-08	90 DAY	1689 days	12/18/2012 9:08:37 AM due to be seen in 23 days	Notes Labs Visit Print
ALAIN, MATTHEW (#0032272)	240B-721-02	90 DAY	1647 days	2/19/2013 8:28:36 AM due to be seen in 86 days	Notes Labs Visit Print
ALICEA, JAMES (#0003652)	240C-753-02	90 DAY	1843 days	2/19/2013 8:28:36 AM due to be seen in 86 days	Notes Labs Visit Print
Baxter, Ella (#987667)		90 DAY	1488 days	2/19/2013 8:28:37 AM due to be seen in 86 days	Notes Labs Visit Print
BROOKS, LUIS (#0679399)	60 Bed-309-02	3 MONTH	1490 days	2/19/2013 8:28:38 AM due to be seen in 86 days	Notes Labs Visit Print
Bryan, Sheena (#987668)		3 MONTH	1488 days	2/19/2013 8:28:38 AM due to be seen in 86 days	Notes Labs Visit Print
PONTICELLI, ERNESTO (#0677063)	120A-110-01	0	1481 days	Last visit information not available	Notes Labs Visit Print
Powell, Michael (#987665)		0	1488 days	Last visit information not available	Notes Labs Visit Print
Snider, Owen (#987664)		0	1488 days	Last visit information not available	Notes Labs Visit Print
VEGA, AARON (#0664443)	60 Bed-303-02	0	1821 days	Last visit information not available	Notes Labs Visit Print
ZOU, A (#0047562)	120B-220-01	0	1485 days	Last visit information not available	Notes Labs Visit Print

Count: 11

NaphCare has a proven history of reducing off-site costs through our proactive Chronic Care system within *TechCare*®. With *TechCare*®, the level and quality of the care within the CCSO facilities will be improved by scheduling inmates with chronic disease to be seen by a provider *before* they become acutely ill and require off-site transport or hospitalization. In addition, we greatly reduce liability by identifying this high-risk population during the intake process.

Collection of Pertinent Healthcare Information

Prior to incarceration, many inmates had limited contact with healthcare providers; therefore, they may lack critical information about their illnesses. Our chronic care program aims to actively monitor, educate, and motivate patients to be responsible for their own health maintenance. We have established protocols and practice guidelines to provide guidance on the diagnosis, monitoring, and treatment of common chronic illnesses. Our process ensures compliance with standards established for the care and treatment of chronic illnesses.

The first opportunity to identify, enroll, and refer a patient to an advanced level provider is during the receiving screening. If the patient's responses during intake indicate that he or she requires additional medical care, then the inmate's medical record is electronically flagged for follow-up and, typically, their chronic issues are addressed by the provider during that initial health assessment. If a patient is on pharmacologic therapy, continuity will be maintained. If there is a patient whose chronic condition is unstable, he/she will be seen promptly. In the case where a patient's chronic disease is stable, he/she will be scheduled for a first chronic disease visit in approximately one month. NaphCare is flexible, and we will work on custody-related issues to reduce interruption of chronic care medications or appointments when patients with chronic disease are transferred between institutions or moved for housing, court, or release issues.

Before an appointment, we collect medical records and current diagnostic test results so an evidence-based treatment plan may be created. Patients enrolled in chronic care clinics will be seen by a qualified healthcare professional at appropriate intervals, or more frequently if clinically indicated. **Newly diagnosed patients are seen for the first clinic within 45 days of diagnosis and then scheduled for follow-up as clinically appropriate.**

Inmates are placed into the correct chronic care clinic by diagnostic category to ensure proper follow-up at their scheduled dates. *TechCare*® is designed to classify patients with chronic diseases and allows the following clinics to be easily scheduled: Heart Disease, Asthma, Cancer, High Blood Pressure, Diabetes, Hepatitis, Seizures, Sexually Transmitted Diseases (STD), HIV, and Thyroid. Instantly accessible, *TechCare*® allows medical treatment to be monitored and ensures compliance with ACA and NCCHC requirements. Another benefit of the system is the "alert" feature, which prompts healthcare providers to schedule a follow-up for any missed inmate screenings.

NaphCare provides education about chronic diseases to our chronically ill patients. Disease-specific information can be easily selected from a list in *TechCare*® and printed to give the patient the knowledge to help care for him or herself.

Another mode of identifying chronic care patients and ensuring their continued treatment is through NaphCare's internal pharmacy team. Using *TechCare*®, the pharmacy team analyzes profiles with chronic care medications, identifies chronic care patients who may not have been identified yet, and updates the patient medical record. If a patient has been incarcerated for more than 30 days and has been receiving a chronic care medication but has not been flagged as a chronic care patient, then the pharmacy sends out a second request for the patient to be re-assessed. They will enroll patients in need of chronic care in the proper clinic and make sure they receive the appropriate labs and scheduled follow-ups. NaphCare regularly provides this quality assurance activity as part of our Proactive Care Model.

Individual Treatment Plans

Individual treatment plans are developed by the responsible physician for patients with special medical conditions requiring close medical supervision, including chronic care. The plan includes directions to healthcare personnel regarding their roles in the care and supervision of the patient. Before the treatment plan

is implemented, it is approved by a physician. Individual treatment plans include, at a minimum:

- a. Frequency of follow-up for medical/mental health evaluation and adjustment of treatment modality;
- b. Type and frequency of diagnostic testing and therapeutic regimens; and when appropriate, instructions about diet, exercise, adaptation to the correctional environment, medication, etc;
- c. Reasonable accommodations for persons with diagnosed medical or mental health disabilities, as necessary.

Management of Diabetic Inmates

Diabetes is one of the most complicated chronic care diseases present in correctional settings. There are different types of diabetes, different kinds of medication management, and various, constant blood glucose testing. This has the potential to be a documentation nightmare, but NaphCare has the solution. We provide electronic devices that store previous and current blood sugar levels by using an inmate's identification number. Electronic glucometers require healthcare professionals to perform control testing and include a fail-safe that prevents inaccurate testing of patients. They also provide the following when monitoring and documenting blood glucose values:

- All information is entered into *TechCare*® in each patient's individual electronic health record.
- Photometric technology delivers accurate and precise results.
- *TechCare*® trends/graphs the results to demonstrate to the clinician how effectively current and past medications are managing blood sugar.

AA. EMERGENCY CARE

The contractor shall provide Red Cross certified First Responder emergency medical services on-site at the main jail facility 24 hours per day seven (7) days per week. Arrangements must be made for required emergency services beyond on-site capabilities with appropriate community resources. The contractor shall be responsible for arranging all emergency transportation including ambulance services. Contractor will be responsible for providing emergency treatment to visitors, staff, employees, or subcontractors of the County who become ill or are injured while at the Clark County Law Enforcement Center (Sheriff's Office), Jail Work Center or Juvenile Detention. Contractor will be responsible for training staff and maintaining emergency response kits or bags. These bags/kits will include an AED device among other items deemed necessary by Contractor and County. Treatment will consist of stabilization and referral to a personal physician or local hospital. The medical director and health administrator shall be on-call 24 hours per day.

NaphCare understands this requirement and will comply. Correctional facilities require unique and proven methods of successfully managing jail healthcare operations in the event of an emergency. With the medical and correctional staff working as a team, it is imperative that each know specific roles and perform them well. NaphCare will work with all Clark County personnel to ensure the continued operation of the inmate medical services program. We will ensure that the health, safety, and welfare of inmates, staff, and visitors are not jeopardized within the confines of the correctional institution during an emergency, and we will provide 24-hour emergency healthcare services.

Emergency Services

1. Emergency medical, dental and mental health services to include provisions for suicide watch when suicidal inmates are identified are provided.
 - a. When an actively suicidal inmate is identified, suicide precautions are immediately initiated and mental health is notified.
 - b. NaphCare policy "Suicide Prevention J-G-05" will be initiated as well as any facility policy.

2. A written plan includes arrangements for the following, which are carried out when necessary:
 - a. Emergency transport of the patient from the facility including emergency medical vehicle;
 - b. The Emergency Contact Numbers form will be completed and updated as necessary by the Health Services Administrator;
 - c. Use of one or more designated hospital emergency rooms or other appropriate health facilities;
 - d. Emergency on-call physician, dentist and/or mental health staff are available 24 hours per day, when the emergency health facility is not located in a nearby community;
 - e. Security procedures will be reviewed to ensure the immediate transfer of patients when appropriate;
 - f. The Health Services Administrator will be notified of all emergency situations; and
 - g. Emergency evacuation of the patient from the facility.
 - h. Notification of the person legally responsible for the facility.
3. On-site emergency first aid and crisis intervention using emergency medication(s), supplies and medical equipment that are regularly maintained. Monthly inspections are performed using the Emergency First Aid Kit Monthly Inspection form.

Emergency Training for Correctional and Health Staff

- 1) NaphCare staff will be trained to immediately initiate a response to emergency health-related situations. The training program will be conducted on an annual basis and will include instruction on the following:
 - a. Recognition of signs/symptoms and knowledge of action that is required in potential emergency situations;
 - b. Administration of basic first aid;
 - c. Certification in cardiopulmonary resuscitation (CPR) in accordance with the recommendations of the certifying health organization;
 - d. Methods of obtaining assistance;
 - e. Signs and symptoms of mental illness, violent behavior, and acute chemical intoxication and withdrawal;
 - f. Procedures for patient transfers to appropriate medical facilities or health care providers; and
 - g. Suicide intervention.
- 2) Emergency Response training, when provided by NaphCare to correctional staff, will be conducted on an annual basis and will be established by NaphCare in cooperation with the institution. Training provided by NaphCare to correctional staff will be documented on the Education Log.

In 2018, the Benton County Jail in Washington had two health emergencies that required NaphCare's medical staff to perform CPR. In both cases, the patients were revived with a return of circulation.

AB. MEDICAL OBSERVATION UNIT

The contractor shall operate a 6-cell medical observation unit. This unit has two negative pressure rooms. A separate inpatient record (or separate section in the patient's ambulatory care record) is to be created upon a detainee's admission to the unit. RN coverage shall be adequate to care for inmates admitted to the unit. In certain unique circumstances, jail staff may house people in this unit that do not have medical problems (e.g. high profile individuals). There are no medical observation cells or housing available at the juvenile detention center or Skamania County.

Upon rare occasion, CCSO will house a person requiring significant medical care. While these instances are few, these individuals must be provided the standard of care that needs community and applicable corrections standards. In these extraordinary cases, CCSO will partner with the medical vendor by allowing vendor contracted C.N.A.s or hospice staff to provide the appropriate additional care.

NaphCare understands this requirement and will comply. We will designate and staff the medical observation unit with qualified Registered Nurses and providers who will properly assess and provide care for these critical patients. We understand the scope of practice requirements for such positions and assure the CCSO that we will provide the finest quality healthcare possible throughout the medical observation unit. More extensively trained staff can help alleviate emergent medical situations before they ever occur. This process saves valuable time and resources because of the ability to reduce off-site transfers and specialty care.

Medical Observation Unit Care

NaphCare operates medical units and correctional infirmaries consistent with professional policies found in long-term care or sub-acute care hospital units in accordance with *NCCHC Standard J-G-03* and *ACA Standard 4-ALDF-4C-27*. We will utilize the medical observation unit to the fullest extent and manage the care of patients who do not need hospitalization but require medical observation and monitoring.

NaphCare will document care provided in the medical observation unit in the patient's electronic health record in *TechCare®*. Medical observation unit documentation will be distinctly labeled to separate it from other entries in the EHR. The Admissions Management section of *TechCare®* tracks patients who are staying in the medical observation unit. They are all in one place so they can be charted (progress notes, SOAP notes) quickly and efficiently based on a user-defined schedule.

NaphCare understands the complex and often comprehensive medical care that patients within a correctional medical unit require. **We have extensive experience with infirmary care, and some of our larger clients have infirmary units with multiple special needs modules and ADP censuses that consistently exceed 125 patients.** These patients range from the critical detoxification of substance abuse patients to those requiring total care due to paralysis. The use of oxygen concentrators, intravenous therapies, and parental feedings are daily requirements of our staff assigned to these areas.

AC. ORAL CARE

The contractor must provide the dental services that comply with NCCHC standards (J-E-06). They at a minimum will include:

- Oral screening by a dentist or qualified health care professional trained by a dentist within fourteen (14) days or sooner, of booking;
- Dental treatment not limited to fillings and extractions provided upon clinical indications;
- Oral treatment includes the full range of services that in the supervising dentists judgement are necessary for maintaining the patients' health;
- Prevention of dental disease and oral hygiene education provided within one (1) month of booking;
- Referral to a dental specialist as needed;
- Provision for emergency care;
- Provision of all dental prosthetics and lab services; and
- Provision of maxillofacial surgery services, when indicated.

There is an on-site dental operatory at the CCSO Main Jail.

NaphCare understands and will comply with this requirement. Our dental program complies with NCCHC and ACA standards by which inmates receive dental treatment, not limited to extractions, when the health of the inmate would otherwise be adversely affected. Treatments include any other services deemed necessary by the contracted dentist.

Dental Care

NaphCare ensures that inmates' serious dental needs are met following NCCHC, ACA, and other applicable standards. We provide dental services in accordance with established guidelines for dental evaluation and treatment. An established priority system is used to guide treatment decisions and proper infection control procedures are utilized for all oral treatment procedures. Documentation is standardized in the electronic health record to better document dental health conditions and treatment and, thereby, enhance communication among healthcare staff. NaphCare provides the following dental services for inmates:

- Health Assessment, which includes a Dental Screening and Hygiene Examination
- Dental assessments for inmates who request dental services for urgent/emergent needs
- Emergency and routine dental care
- Temporary fillings
- Incision and drainage
- Control of bleeding
- Necessary emergency surgery
- Clinically indicated extractions
- Referral to dental specialist if needed
- Medically necessary dental-related prescriptions

The dental program begins with the Receiving Screening, administered by a healthcare professional who is specifically trained by the contracted dentist. The results of this screening are relayed to the dentist for review and referral, if indicated. At any time during incarceration an inmate can be referred to the dentist. Treatment services provided by the on-site dentist reflect contracted services identified by the Jail.

Our services do not limit dental treatment to extractions. NaphCare provides emergency and medically required dental care for inmates with an emphasis on relieving pain and attending to urgent or emergent dental needs. We provide an appropriate and timely response to requests for dental services and institute periodic performance measurements to ensure inmates have timely access to dental care.

- Dental emergencies are addressed immediately; emergency dental services are available 24 hours a day.
- Inmates with urgent dental needs are seen at the initial sick call.
- Normal dental services are provided during regular clinic hours.

We coordinate appropriate off-site referrals for inmates requiring dental care outside the capabilities of the facility. All dental services are delivered according to proper Universal Precaution measures and are documented in the inmate's medical record. We do not perform cosmetic dental services.

Dental Module in TechCare®

TechCare® helps to manage all aspects dental care provided in the correctional facility. The Dental Module within *TechCare®* follows a detailed SOAP format and contains an interactive image, allowing teeth to be highlighted and marked to indicate previous and current problems and treatment plans. The Plan section contains easily accessed, one-click medication orders common to dental care (antibiotics, pain relievers, rinse, etc.) that are

automatically added to the patient's eMAR. Information regarding the full patient's chart is easily referenced, and follow-up visits can be scheduled at the time of care.

DENTAL

Print Complete

Patient: DOE, JANE **#:** 2985919609c6bc9cea94a0 **Lang:** 1545 (123456) [Additional Info.](#)

DOB: 1/1/1960 (Age=56) **Sex:** Female **Race:**

Housing: 1A (if known) **SSN:** 555-55-5555

Status: ACTIVE **Booking Date:** 11/4/2015 9:48:18 AM

PICTURE NOT AVAILABLE

ASSESSMENT

Diagnosis:

☒ Restorable ☐ Non-Restorable ☒ Gingivitis

☐ Periodontitis ☐ Perio Hopeless ☐ Pericoronitis

☐ Other

Tooth image is interactive, please click on the area you wish to chart and charting options will be displayed.

Please Select Existing Conditions

15. Left Maxillary Second Molar

☐ Abrasion ☐ Missing Crown

☐ Abscess ☐ Missing Tooth

☐ Attrition ☐ Mobile

☐ Abutment Crown ☐ Ortho Band

☐ Braces ☐ Ortho Bracket

☐ Chipped Tooth ☐ Partially Impacted

☐ Crown ☐ Pontic Crown

☐ Decay ☐ Post/Core

☐ Discolored Tooth ☐ Prepped Tooth

☐ Erosion ☐ Primary Tooth

☐ Filling ☐ Root

☐ Fracture ☐ Root Canal Treatment

☐ Fully Impacted ☐ Sealant

☐ Gum Recession ☐ Super-Erupted

☐ Implant ☐ Supernumerary Tooth

☐ Malposition ☐ Veneer

OK Cancel

Tooth #	Existing Conditions	Exam Date	Treatment Plan	Treatment Date Completed
1	Filling	5/16/2016		
6	Abscess	5/16/2016		
17	Missing Tooth	5/16/2016		
22	Filling	5/16/2016		
27	Fracture	5/16/2016		
31	Filling	5/16/2016		
32	Filling	5/16/2016		

Dental scheduling is handled via appointments and sick calls as other on-site scheduling is done. Typically, two appointment types exist for dental to make scheduling easier to manage—one group of Annual Dental Exam appointments and another for acute dental needs. However, the appointment type list may be easily customized for additional dental appointment types.

AD. ANCILLARY SERVICES

The contractor shall utilize on-site facility ancillary services to their fullest extent and shall be responsible for the cost of all on-site and off-site laboratory, x-ray, and other diagnostic services as required, indicated and ordered by contractor or outside specialist from contractor referrals. The contractor shall arrange for regular laboratory, x-ray, ultra-sound and EKG services. Contractor staff shall receive training on performing EKGs. Contractor shall have a contract with a certified laboratory to perform lab services.

A clinician shall review all laboratory results within 24-48 hours after receipt of test results to assess the follow-up care indicated and to screen for discrepancies between the clinical observations and laboratory results. The clinician on-call will be notified immediately of all STAT reports as well as all critically abnormal results. A list of critically abnormal lab values will be available for healthcare staff reference at all times.

All routine x-rays shall be provided by contractor on-site at the facility by utilizing on-site portable x-ray services at the jail and mobile x-ray services at the juvenile facility. X-rays shall be read by a Board Certified or eligible radiologist and taken by a registered technician. Abnormal x-ray results shall be called or faxed to the healthcare staff and relayed to the clinician in house or on call immediately for disposition. Contractor shall ensure that all results are reported to the institution and placed in the medical record within twenty-four hours. Under the current "sight and sound" laws, juveniles may not be brought to the main jail for services. It is necessary that a mobile x-ray contract be used for the juvenile detention facility.

NaphCare understands the requirements for Ancillary Services and will comply.

Laboratory Services

On-site lab tests are completed to the extent possible without the need for a medical technologist. Off-site lab services are contracted by NaphCare and include all routine and reference tests. Stat lab services are also available. We will secure such services through a local lab or hospital (meeting all CLIA requirements), determined by the best arrangement for the facility.

To maximize efficiencies related to the ordering, pricing, and flow of lab information, NaphCare has chosen to partner more closely with BioReference Laboratories. We have created an electronic bridge between BioReference and *TechCare®* that seamlessly automates the transfer of patient information. This secure bridge ensures accurate and timely reporting of lab results to our providers immediately after testing is completed, allowing an inmate's laboratory results to be viewed instantly. Laboratory results are stored in the inmate's EHR, which saves staff time, since traditional paper files are not needed, and access to the inmate patient's history can also be compared. The result? Continuity of care and better decision making.

This close alignment with our lab partners also means that our clients receive discounted pricing for lab tests that we aggressively renegotiate several times per year, keeping lab charges competitive and current.

Another automatic time-saving benefit of this feature is that **abnormal results are colored in red**, distinguishing between abnormal (out of range) and normal results in an easily recognized format.

To streamline the ordering process, NaphCare has developed a cost-effective lab formulary that encompasses the most commonly required tests used among this population. This formulary allows providers to easily select appropriate tests, reduces time spent entering lab orders, and promotes the right test being ordered, every time. For example, there currently exists multiple HIV testing options, ranging from \$25 to \$1,200 per test. Selecting from NaphCare's formulary ensures that an appropriate, cost-effective option is ordered.

Should the need arise to go outside of NaphCare's lab formulary, our Corporate office is automatically notified, 24/7 and in real time, that an off-formulary test has been ordered. The order is immediately reviewed by senior medical staff and approved, or other options are explored with the provider. This "checks and balances" safeguard is unique to NaphCare; no other correctional healthcare management company is working as hard to save costs and improve the delivery of care.

Radiology Services

Any x-rays offered onsite by NaphCare will be registered, accredited, or otherwise meet applicable state and federal regulations.

X-rays taken on-site will be read and a report sent to the site by the contracted vendor via *TechCare®* interface or paper copy to be scanned into *TechCare®*. NaphCare works to create an interface with radiology systems to provide healthcare staff with instant access to results. The healthcare provider then has the ability to read the patient's information from the Digital Imaging and Communications in Medicine (DICOM) image. The results can be attached directly to the patient's electronic health record based on their unique inmate number.

Test reports for physician review are available in *TechCare®* under the Diagnostics tab in the Provider Queue. The provider will indicate his review by electronic signature. Test results unavailable in *TechCare®* will be placed in the designated area at each site for provider review. Once the clinical provider has reviewed, dated, and initialed the diagnostic test results, the results will be given to the medical records clerk to scan into the patient's electronic health record.

Abnormal test results are shared at the next scheduled visit. A Patient Notification of X-Ray Results form is completed and sent to the patient for normal results.

Trident USA Health Services

NaphCare will utilize Trident USA Health Services for radiology services in Clark County. With more than 35 years of experience, Trident USA Health Services and its affiliated companies currently provide services to more than 12,000 post-acute and correctional facilities across 46 states. Trident offers the following services:

- Mobile X-Ray
- Mobile Digital Ultrasound
- Teleradiology
- Electrocardiogram Services
- Digital Holter Monitor Services
- Transtelephonic Arrhythmia Monitoring
- Radiologic Interpretation
- Internet Reporting
- Mobile Digital Mammography Services

AE. THERAPEUTIC DIET PROGRAM

Contractor will monitor and make recommendations for inmates with regard to therapeutic diets. A registered or licensed dietitian contracted to the County evaluates regular and therapeutic diets for nutritional adequacy at least every six months. Current food services are provided by the County at the respective facilities. For further information regarding the therapeutic diet program during the contract, contractors may call Food Services Manager. Protein or nutritional supplements ordered by the contractor are the fiscal responsibility of the contractor.

NaphCare understands and will comply with this requirement.

Nutritional Services

NaphCare manages diet requests with ease because of our electronic operating system, *TechCare®*. We will collaborate with the established food service provider to ensure the provision of medically necessary diets. Our physician will prescribe the following medical diets when necessary:

- Pregnancy
- Clear Liquid
- Full Liquid
- Pureed
- NPO
- 2,400 Cal Diabetic ADA with HS Snacks
- 2,000 Cal Diabetic ADA with HS Snacks
- Lactose Intolerance
- Allergy Alert
- Low Salt
- Regular Diet with HS Snacks
- 2,800 Cal Diabetic ADA - No Snack
- Cardiac
- 2,800 Cal Diabetic ADA with HS Snacks
- HS Snacks
- Renal
- Low-Fat
- Regular
- Bland

Our healthcare providers and staff will work with the client to develop optimal diets to meet the specific nutritional needs of inmates. We have protocols for the prescription of optimal diets. NaphCare will only provide supplements, i.e. Ensure, when our healthcare providers deem it medically necessary.

AF. PHARMACY SERVICES

The contractor will ensure that pharmacy services and contractor staff comply with all applicable state and federal regulations regarding prescribing, dispensing, administering, procuring, and storing pharmaceuticals.

Prescriptions are to be provided in unit dose and are received within 24 hours after they are ordered. Contractor, if using a remote pharmacy, will have an agreement with a local pharmacy to provide emergency orders.

Contractor shall establish and maintain procedures that allow for delivery six days a week. There is a "keep on person" medication policy for certain prescriptions and certain inmates at the Jail Work Center. Appropriately licensed personnel shall administer all other medication (at least LPN).

The contractor shall maintain starter doses of medications, which, if not readily available, could compromise the detainee's health status. Additionally, the contractor will ensure that all inmates have access to their prescribed medications, whether in a facility, on work detail, in court or in transport.

The contractor shall provide routine consultations regarding all phases of the institution's pharmacy operation. The contractor shall provide oversight of the pharmacy operation with a minimum of quarterly consultant pharmacy visits and written reviews by a registered pharmacist at all sites; Main Jail, Jail Work Center, Juvenile Detention, and if included Skamania County.

Contractor shall include a medication administration record to include all information contained on the prescription label and the name of the practitioner who prescribed the medication. Every dose of medication shall be recorded on this record, with the time administered and the name or initials of the person who administered the dosage. The medication record shall have an individual acknowledgement for each dose per the EMR system set up.

The contractor is strongly encouraged to use liquid psychotropic medications, if possible, on patients that have a history of violence and non-compliance with medication policies.

Contractor shall supply paid prescription at a local pharmacy (and near proximity of the facility) or medication for 14 days of necessary continuing medication that for released inmates. 'Wakefield v. Thompson, 177 F.3d 1160 (9th Cir. 5/27/1997)'

Pharmacy services shall include the availability to support a full Medication Assisted Treatment (MAT) program for opioid addiction, including but not limited to Methadone, buprenorphine and naloxone.

Please see **Section P, Intoxication and Withdrawal**, for a description of NaphCare's MAT program

Contractor shall supply a list of their standard medication formulary with proposal and liquid alternatives for inmates with swallowing issues, or history of hording (palming or "cheeking") medications and causing a jail security situation.

We have provided a copy of our formulary in the **Appendix**. In the instances described above, NaphCare has multiple courses of action we can take.

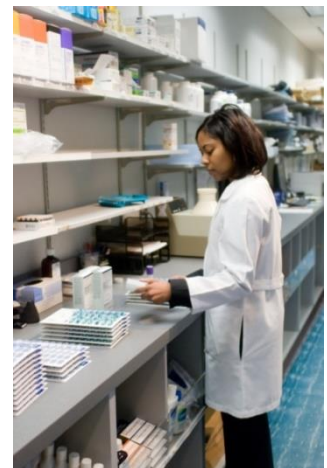
1. We will ask a provider to review the patient and medication to ensure said medication is necessary, and will discontinue the medication if it is not.
2. NaphCare has policies and procedures that comply with NCCHC for crushing and floating medications if necessary. However, some medications may be adversely affected by this practice, so this is decided on a case-by-case basis, depending on the type of medication. When this method is used, the medications must be prepared individually and administered individually to each patient.
3. NaphCare can provide medications in liquid form if required, but our preferred method is to use crushing and floating when possible.

NaphCare understands all requirements for Pharmacy Services, and we will comply. NaphCare has provided pharmacy services for 30 years. Our goal is to provide our clients with safe and efficient pharmaceutical services while also reducing their drug costs. We own and operate our pharmacy, which is dedicated solely to the correctional facilities we serve. A detailed description of our in-house pharmacy program is shown on the following pages.

NaphCare's In-House Pharmacy Services

Medication administration is a high-volume and high-risk process, and NaphCare takes this responsibility very seriously. Safeguards are needed all along the delivery system. The pharmacists are all employed by us and are highly qualified with degrees in Doctor of Pharmacy, Master of Administration, and Bachelor of Science, and possess multiple disciplines of pharmaceutical experience.

Our in-house pharmacy is located in the same building as our corporate office and provides complete pharmacy services, including management, record keeping and a delivery system that stays in compliance with all regulatory policies and procedures. Safeguards for our pharmaceutical provision system ensure drugs are ordered by qualified providers. Pharmaceutical inventory controls ensure the availability of necessary and commonly prescribed drugs and protect against loss of product.





NaphCare is certified and accredited by the National Association of Boards of Pharmacy® (NABP®), and is the first pharmacy in Alabama to receive this verification. The NABP® is an impartial professional organization that supports the state boards of pharmacy in protecting public health.

We will ensure contract compliance in all our pharmaceutical services, and we will strive to give you the finest pharmaceutical services while maximizing your cost-savings potential. We offer the following extra value benefits to facilities that utilize our in-house pharmacy services:

NaphCare's In-House Pharmacy Benefits	
•	30 years of correctional pharmacy experience.
•	Purchasing discounts & cost savings extend directly to you.
•	Drug ordering made simple through use of <i>TechCare®</i> and our eMAR services.
•	Automation streams prescriptions to pharmacists for efficient, accurate, & complete clinical review.
•	Improved communication between pharmacy & healthcare units, allowing for immediate access to new drug orders and simplified drug formulary management.
•	Pharmacist review of all new drug orders for duplicate therapy, drug interactions, allergies, dosing schedules, and appropriateness of therapy.
•	National contracts with local major pharmacies for emergency back-up services, ensuring 24-hour access to prescription drugs.
•	Medications available 24 hours per day, 7 days per week, 52 weeks per year.
•	Most prescriptions free of charge for NaphCare employees who elect our health insurance plan.

NaphCare provides a total pharmaceutical system for prescription and non-prescription drugs and all intravenous solutions ordered by our physicians. Appropriate prescription drugs will be available to all patients at all times. Our pharmacists screen all drug orders for completeness and medical appropriateness, and then oversee order preparation, distribution, and control. NaphCare's pharmacy management policies and procedures help to ensure the following:

Pharmaceutical Management – Continuity of Care for the CCSO Facilities	
•	Efficient, accurate pharmaceutical ordering – ensures adequate and appropriate supplies & minimal use of emergency ordering;
•	Storage & security of drugs, syringes, needles, dispensing instruments, & instruments;
•	Close monitoring of drug prescribing patterns;
•	Maintenance of patient profiles at the pharmacy with drug allergies & drug interaction alerts noted;
•	Control inventory;
•	Renew prescriptions to avoid any interruption or delay in drug dispensing;
•	Develop and utilize quality improvement tools to monitor psychotropic drug usage and poly-pharmacy issues;
•	All prescriptions will be labeled in accordance with applicable state and federal regulations. We will provide for electronic submission and prescriptions tracking;
•	Routine reporting of current prescriptions that will expire within five days, unless the prescription was specified as a one-time prescription, and;
•	Proper disposal of all unused drugs.

Medication Review

NaphCare pharmacists provide a thorough clinical review of drug orders as new prescriptions are electronically sent to the NaphCare Pharmacy. **As a value-added service, NaphCare's pharmacists review all orders for accuracy.** They verify real-time prescriptions for safe dosage, allergies, specified length of time, need for drug, and duplications. By identifying duplications, we minimize the number of drugs a patient needs while still ensuring high quality care.

Pharmacy Queue & Vital Signs

Current vital signs, such as blood pressure and blood glucose levels, are shown on the Pharmacy Queue to alert pharmacists of any abnormal vital signs, which may preclude use of the prescribed drug. Within the queue, it is easy for pharmacists to see when scheduled or appropriate vital signs have not been taken or properly recorded; they are then able to communicate with healthcare staff so that corrective action can be taken and negative outcomes can be prevented.

Clinical Pharmacist Quality Assurance Management Process

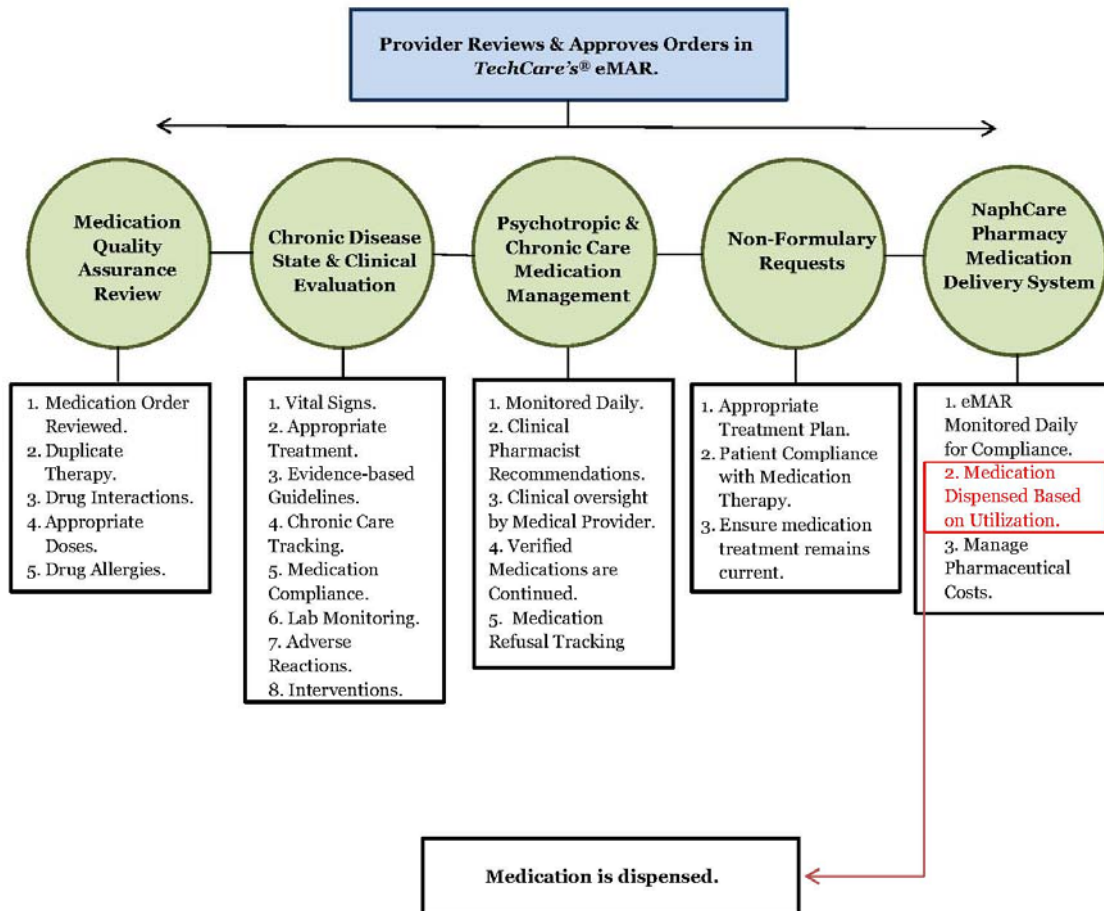
When inmates first enter the facility, we identify any current or needed medications as part of the Receiving Screening. Medication orders are entered into the *TechCare®* eMAR, ensuring that all medication activities are tracked.

Each facility is assigned a dedicated pharmacy team that is available to assist with clinical questions, make medication recommendations, monitor psychiatric and chronic care medication compliance, and assist the on-site staff with medication-related questions or requests.

Within our eMAR, all providers have the information they need to review and approve orders and make more informed decisions regarding patient care. At the time that our providers review and approve orders, our Pharmacy Quality Assurance Management Process begins. **All activities that compose our Clinical Pharmacist Quality Assurance Management Process are completed within 24 hours of an inmate entering your facility.** Finally, when all medications are approved and our pharmacists have reviewed all medication information in detail, our nurses administer medications to inmates in compliance with NCCHC standards for care and the manner that you have requested.

When a provider reviews and approves orders in the *TechCare®* eMAR, our Pharmacy Quality Assurance Management Process begins. The chart on the following page outlines this process.

NaphCare's Pharmacy Quality Assurance Management Process



Electronic Medication Administration Record (eMAR)

NaphCare's eMAR is specifically designed for use in correctional facilities. It is included within *TechCare®* and is not a separate system. This integration promotes consistency within records of care and does not cost the County additional money. It is also customizable to meet the unique needs of the CCSO facilities.

Within *TechCare®*, the eMAR features the name of medication, dosage, frequency, date, and time ordered by the MD for each medication to be administered. In accordance with *NCCHC J-D-02*, NaphCare's medication services are provided as clinically appropriate and in a safe, timely, and sufficient manner. For your reference, a screenshot of our eMAR is shown on the following page.

NaphCare's eMAR screen housed in TechCare®

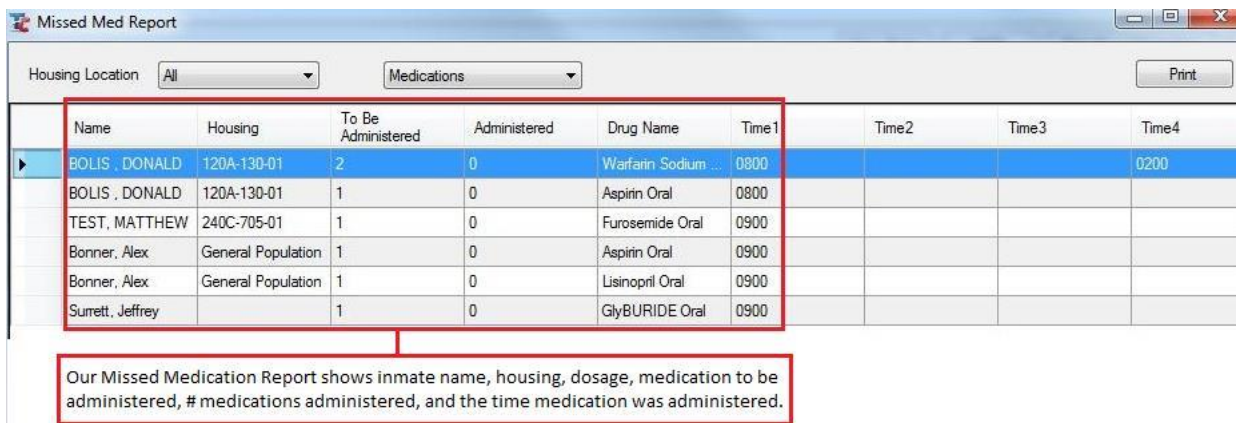
The screenshot displays the 'Medication Administration Record' interface. At the top, there are filters for Housing (120A selected), Treatment Types, Sigs, Times, and Show Time Only. A search bar is also present. Below the filters, patient information is shown: DONALD, Patient #: S207497, Language: French, Race: Asian, Sex: Male, SSN#: 335-61-2555, Booking Date: 8/22/2007 11:46:04 AM, and Release: 8/22/2010 11:46:04 AM. A 'PICTURE NOT AVAILABLE' placeholder is on the right. Vital signs are displayed: Last BP - 2 days ago is 120 / 70, and Last BS - 2 days ago is 102. Allergies listed include Cephalosporins, Aluminum-containing Compounds, Acidulin, ACE Inhibitors, and 5HT3 Receptor Antagonists. Medication administration records are shown for Chlordiazepoxide HCl Oral, Magnesium Hydroxide Oral, and Acetaminophen Oral, each with a grid for tracking administration over 24 hours. The interface includes buttons for 'Administer Medications', 'Select All', 'Enter Treatment', 'Enter Order', and 'Add Note'.

- We are committed to proactively reducing medication errors.** Our eMAR ensures accountability at every level of the medication process, from order entry to administration. Inmate records/information can be retrieved using a unique inmate number, and documentation complies with federal and state legal requirements. *TechCare®* also has a user-friendly interface for accurate documentation that is immediately accessible and can be retrieved easily for reporting and tracking. Also, vital signs, such as blood pressure and blood glucose levels, are shown in our eMAR and Pharmacy Queue to alert healthcare staff of abnormal vital signs that may require further attention.
- The eMAR assists in developing an efficient, structured med pass process.** Using our eMAR, med pass is structured and nurses organize medication carts in relation to inmate location, which reduces time needed for med pass and correctional staff oversight during this process. The *TechCare®* eMAR screen allows nurses in your facilities to access all patient information during medication pass.

Examples of Information Available to Nurses through our eMAR	
Sick Call Scheduling	Progress Note Documentation
Blood Pressure	Progress Note History
Blood Glucose	Review & Update of Vital Signs
Medication Administration: including refusals, disbursement of KOP medications and re-ordering medications can all be accomplished from our eMAR.	

- **TechCare® also generates a Missed Med Report that can be viewed and printed within the eMAR function.** An additional, significant benefit for you is our ability to generate a Missed Medication Report (see figure 1 below). This report can be viewed and printed using our eMAR and identifies each patient and the medication missed. Our eMAR Drug Administration History Report (see figure 2 below) provides details on why medications were missed. **This report can be pulled at any time and ensures that all inmates with missed medications receive timely follow-up from nurses, which ensures no inmate medication need goes unmet.** Nurses review this report and follow-up with patients who have refused medications to educate them on the importance of taking prescribed medications.

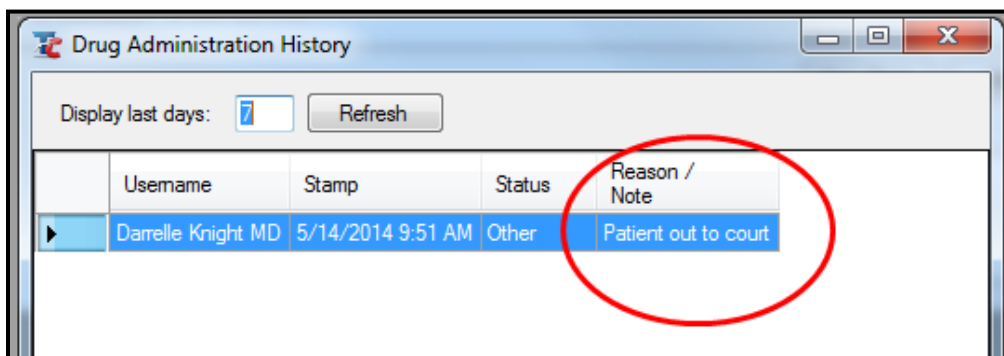
(1) eMAR - Missed Medication Report



Name	Housing	To Be Administered	Administered	Drug Name	Time1	Time2	Time3	Time4
BOLIS, DONALD	120A-130-01	2	0	Warfarin Sodium ...	0800			0200
BOLIS, DONALD	120A-130-01	1	0	Aspirin Oral	0800			
TEST, MATTHEW	240C-705-01	1	0	Furosemide Oral	0900			
Bonner, Alex	General Population	1	0	Aspirin Oral	0900			
Bonner, Alex	General Population	1	0	Lisinopril Oral	0900			
Surrett, Jeffrey		1	0	GlyBURIDE Oral	0900			

Our Missed Medication Report shows inmate name, housing, dosage, medication to be administered, # medications administered, and the time medication was administered.

(2) eMAR - Drug Administration History – Reasons for Missed Medications – Detail



Username	Stamp	Status	Reason / Note
Darrelle Knight MD	5/14/2014 9:51 AM	Other	Patient out to court

Other benefits of our eMAR system include the following:

- ✓ Ability to control costs by efficiently reducing the overstocking of medications
- ✓ Formulary drugs are prescriber's default choice
- ✓ Automatically updates inmate eMARs, ensuring no inmate misses medications, even if there is a change in housing/placement
- ✓ Greater correctional officer awareness and control, less inmate frustration, and safer environment
- ✓ Reduction of administrative paperwork and improved efficiency
- ✓ All providers, regardless of discipline have instant access to all patient Information
- ✓ Optimized regulatory compliance
- ✓ Improved patient outcomes and staff satisfaction

Electronic Prescription Ordering

Prescriptions are immediately recorded on the eMAR and electronically communicated directly from the physicians to NaphCare's pharmacy. Once new orders have been submitted, they are entered into the Pharmacist's Queue, enabling our pharmacists to follow-up with clinical or therapeutic advice for on-site personnel, and re-evaluation is documented in the inmate's health record.

Medication Renewals

It is easy to track renewals for maintenance medications in our eMAR. For the Arapahoe County Detention Facility, we will ensure that renewals of maintenance medications are consistent and ongoing so as not to place a patient's health at risk. Under no circumstances, will maintenance medications or keep-on-person (KOP) medications lapse.

All healthcare staff and pharmacists have access to one central location for medication information. Everyone sees the same data without the need to recreate illegible paper files or search for records. This saves time and eliminates the potential for human error.

NaphCare providers review patient records for medications near expiration and ensure that patients assigned to regular chronic care check-ups have medications renewed on time. In addition, within the eMAR, our pharmacists search for prescriptions that are nearing expiration and request appropriate refills. All of NaphCare's pharmaceutical operations comply with *NCCHC J-D-02, Medication Services*, which mandates that medication services are clinically appropriate and provided in a timely, safe, and sufficient manner.

Pharmacy Automatic Reordering System

As nurses administer drugs using our eMAR, the administrations are documented in *TechCare®* and communicated to our pharmacy team at the corporate office. The pharmacy then uses medication administration data to compile orders to deliver to the facility. The pharmacy automatically ships orders to the sites each week. This replenishment model has been successfully implemented in our jails. In addition to reducing shipping costs, it decreases the amount of time on-site staff have to dedicate to requesting medications from the pharmacy.

Formulary Drugs

We adhere to a comprehensive drug formulary to allow medical practitioners and psychiatrists to follow generally accepted clinical practice patterns in their medical management of inmates. This formulary maximizes the use of cost-effective therapy while ensuring quality of care is consistent and high. A formulary of drugs will be made available, subject to County approval, inclusive of psychiatric drugs and drugs for the treatment of HIV.

We will work closely with County custody staff at intake to review the medical requirements of your inmates. Records of non-formulary requests and responses will be maintained for the term of the contract for trending and analysis purposes.

Formulary Management

NaphCare will actively participate and assist in maintaining and enforcing drug formulary, protocols, policies & procedures and will work with the County to manage the formulary to control costs and ensure effective clinical care. Clinical experts will share information regarding the 'best practices' in formulary management techniques based on experience with clients, healthcare organizations, and the State Department of Correction. By programming *TechCare®* with the approved formulary, priority is given to the formulary for inmate medication orders. However, if non-formulary medications are requested, NaphCare's pharmacists review the order to determine whether the non-formulary medication is justified. NaphCare's pharmacists typically approve non-formulary orders more than 95% of the time.

Cost Containment Initiatives

NaphCare's in-house pharmacy ensures maximum pharmaceutical savings for you. Since pharmacy services are not contracted out to a third party, you do not experience middle man expenses.

We always look for opportunities for better or preferential pricing. One of the ways we save you money is in branded medications: the more generics we purchase, the higher your discounts are on branded medications.

Another way our in-house pharmacists save you money is by reviewing all refills in *TechCare®*, ensuring inmate medication compliance within the medication administration record (MAR), and checking to ensure the inmate is active prior to filling. **The result is reduced waste and buildup of unused medications.**

Within *TechCare®*, we track and trend data on drug use and pricing to determine which drugs are most expensive. An inmate's active status is always verified before prescriptions are filled. An example of this process in action is in the administration of HIV medications at several of our sites. With our Quality Processes and Systems, we are able to dispense medications in seven-day supplies as opposed to the standard 30-day supply used by other pharmacies. **With the high turnover that jails see, and with average length of stay less than one month, our seven-day dispensing process has significantly reduced costs for our existing clients.**

AG. MENTAL HEALTH

The contractor will be responsible for the provision of mental health counseling and psychiatric services at the Jail and Jail Work Center.

Contractor will provide 24-hour on-call psychiatric services for inmates in all contracted facilities experiencing crisis, psychosis, active or potentially suicidal ideation, depression, emotional/cognitive disorder, or other acute or chronic mental health issues.

Mental health services will consist of psychiatric and mental health counseling services to include:

- Crisis intervention and referral and/or commitment for inmates who require more intense care than available at the institution;
- Mental health evaluation of inmates exhibiting unusual or bizarre behavior;
- Step up housing and services program for inmates under psychiatric or mental health counseling in conjunction and consultation with the main jail classification supervisor or duty supervisor;
- Monitoring of all inmates receiving psychotropic medication;
- Development of policies and procedures for distribution of psychotropic medication to maximize the potential for safety and compliance;
- Development of suicide prevention procedures; step up program from acute suicide watch to be followed by health care in conjunction with existing policies and procedures used by security staff;
- Active and effective communication between corrections staff and mental health services regarding need to know information to ensure the safety of inmates and staff.
- Thorough documentation of service delivery in the health record; and
- Maintenance of logs, reports, and service delivery;
- Cooperation with the main jail discharge planners to develop a discharge plan for the inmates release to recommended or required mental health services;
- Participation in an integrated and multidisciplinary team (including corrections staff) to develop treatment plans for inmates displaying manipulative behaviors or disruptive behaviors that challenge the orderly operation of the jails;

The Contractor will assist, when requested, in post-trauma incident debriefings and critiques.

The contractor shall participate and cooperate with the Community Health Services and the designated crisis response personnel (DCR). Contractors shall cooperate with other community mental health agencies to coordinate the care of vulnerable inmates.

NaphCare understands the requirements for mental health services as described here, and we will comply with all aspects. The following pages described NaphCare's mental health program. Upon contract award, we will ensure this program addresses all the needs of the CCSO facilities and mental health patients.

NaphCare's Advanced Mental Health Program

According to the Bureau of Justice Statistics, 1 in 7 (14%) of federal prisoners and 1 in 4 (26%) of jail inmates meet the threshold for serious psychological disorder diagnosis. According to the same source, more than half of jail inmates (56%) with more than 11 arrests meet that criteria. Local jails have become the caretakers of the mentally ill that are not finding treatment in the community. The lack of readily available mental health services in the community and a correctional system unprepared to handle this great need has led to a revolving door of admissions for the same inmates with mental health conditions again and again.

NaphCare recognizes the need for advanced mental health services to address this mental health epidemic within our jails. Stabilization and effective treatment of patients with mental health conditions are critical to stop the cycle and reduce the rate of recidivism in this vulnerable population. Stabilization also leads to a safer jail environment and a lower chance of costly health issue escalation and possible suicide attempts.

We take a holistic approach to healthcare in our client facilities. Our medical and mental health employees work together to stabilize patients from intake, creating a safer jail environment and preventing further escalation of symptoms. Our comprehensive operating system and electronic health record, *TechCare®*, has been designed to present an integrated health record for each patient, available to multiple providers at one time, ensuring that every provider has a complete picture of the patient's medical and mental health state and treatments in progress. This ensures the safety of the patient as well as enabling our medical and mental health providers to work together to stabilize the patient in the most effective and efficient way possible.

With its advanced capabilities, *TechCare®* is certified by the Office of the National Coordinator for Health Information Technology as a Complete Behavioral and Medical EHR System. We also work to cross train our employees so that medical staff is ready and able to identify, stabilize, and refer for treatment any potential mental health problems they may observe. The reverse is also true as our mental health staff are trained to recognize and refer any potential medical issues they see. This holistic approach ensures that patients are stabilized and treated quickly and that each patient is treated in the most effective, efficient way possible.

Mental Health Preliminary Screening and Evaluation

NaphCare completes the Mental Health Screening on day one, at intake. We view the Mental Health Screening and Intake as our first opportunity to identify and stabilize mentally ill patients. Because of this, **we take the time to conduct the very important Mental Health Screening, to include a suicide risk assessment by a trained nurse, up-front unlike our competitors.** *Other providers wait up until 14 days to provide this critical screening, which can have negative consequences, because up to 25% of suicide attempts occur within the first 14 days of incarceration.*

Our Mental Health Screening includes:

- ✓ Current Mental Health Symptoms
- ✓ Past Mental Health History
- ✓ Substance Abuse
- ✓ PREA/General Assessment
- ✓ Disposition/Treatment Plan

In *TechCare®*, we electronically flag an inmate's health record if his/her responses during intake indicate the need for additional mental health care. All screenings and evaluations will identify inmates with suicidal and homicidal tendencies, as well as acute and chronic behavioral health issues. Alerts in the system prompt the clinical staff to take action, such as placing an inmate on suicide precautions, contacting custody about an issue, or assigning special housing. The Mental Health Screen also contains prompts to assist the interviewer in taking any indicated actions such as suicide watch, or urgent mental health referral based on the inmate's responses.

Our corporate STATCare Team consists of medical and mental health professionals that are available to consult with on-site staff at all times to ensure that any potential flags are identified during the Mental Health Screening and Evaluation and treatment is begun immediately to stabilize the patient.

Referrals

NaphCare provides a rapid response to any need for an evaluation or mental health intervention whether identified at intake or later through staff identification of need or Sick Call request. Inmate patients may request mental health services via sick call. During the receiving screening, patients receive education and instructions on how to access mental health services through self-referral, the mental health sick call process, or by contacting staff for any urgent issues. Additionally, **correctional, medical, and mental health staff are trained to recognize signs of mental health issues and can recommend mental health services for patients at any time.** The psychiatric provider and mental health professional will coordinate with the facility leadership on recommendations regarding placement of housing, monitoring, and other operational issues. Mental health referrals will be received, documented, and processed through the scheduling system in *TechCare®*, which provides instant, up-to-date information that is accessible to all providers. NaphCare mental health staff will also respond to family and other outside sources of referral for inmate mental health services through coordination with the facility leadership.

Specialized Mental Health Treatment

Mental health, more than any other sector of healthcare, does not lend itself to rigid standardized treatment processes. To effectively treat mentally ill patients and reduce their chances for recidivism, we ensure that every patient has an individualized mental health treatment plan that is constantly being reevaluated by our mental health professionals for maximum effect. We believe that mental health treatment is multifaceted.

We do not simply medicate patients into docility like some of our competitors. We provide mental health therapy specialized to the individual needs of the patient, working toward improvement and stabilization of their condition and a lower chance of recidivism once they are released. In addition to medication, when needed, our mental health patients have access individual therapy such as Cognitive Behavioral Therapy as well as Solution Focused Brief Therapy. **They also have access to our psychological education groups and treatment that fit their individual needs and mental health issues such as:**

Mental health treatment is not "one size fits all," so we institute psychological education groups to fit the needs of each client's unique patient populations.

- Male Veterans Group
- Impulse Control
- LGBTQ Support
- Anger Management
- Women's Anger Management
- Life Skills groups

Our psychological education group programs are continually evolving to meet the needs of our patients. According to the Bureau of Justice Statistics, females in jail are 27% more likely to have a diagnosed mental health condition than their male counterparts, so we have established female-specific psychological education group sessions. We understand that attaining mental health stabilization and patient understanding and responsibility for their condition is critical to ending the revolving door of recidivism that mentally ill patients endure. We have designed our program to take a proactive, multifaceted approach that works to address the core mental health issues at fault.

Mental Health Chronic Care

Patients with chronic mental health conditions will be seen by a psychiatric provider and/or mental health professional every 90 days, at a minimum. Individualized treatment plans and discharge plans will be developed and updated. NaphCare mental health professionals will monitor the chronic mental health population through individual contacts, counseling, groups, and routine mental health rounds. Inmates enrolled in chronic mental health clinics will have the opportunity to participate in groups that focus on life skills and discharge planning. Examples of life skills and discharge planning groups include:

- Mental Health Awareness
- Sleep Hygiene
- Anger Management
- Medication Education
- Re-Entry Preparation

Mental Health Discharge Planning

Our discharge planning begins at intake. Patients identified with mental health concerns are flagged and referred by our healthcare staff screener to mental health staff for further evaluation and stabilization. This information is entered into the patient's medical record and their discharge information starts being compiled based on the evolution of their identified conditions and needs throughout treatment. Mental health staff will assist in the referral of mental health inmates to community agencies prior to or upon their release from the facility. We understand the value and importance of proactive, comprehensive discharge planning within correctional facilities. **Our goals are to return our patients to community life stabilized and healthy, and to reduce recidivism by collaborating with community mental health resources for effective discharge planning.**

We will ensure there is a clear avenue for referrals and access and sharing of treatment information that will assist with the inmates return to the community. Mental health professionals will make timely mental health appointments and actively work to connect inmates with other required services to include housing, supportive employment, transportation, and medical care.

NaphCare created a simple, efficient way to deliver the medical records our clients and authorized off-site providers request. This access is critical to ensuring continuity of care and reducing rates of recidivism. To accomplish this previously manual process in the most efficient way possible, we created a data storage cloud, the NaphCare Cloud. This cloud will provide an easy-to-access, but HIPAA compliant and secure, data receptacle that our Corporate Legal staff can place requested records into for retrieval by the authorized requesting party. **If an**

entire medical record is requested, we will deposit a Summary of Records (Release Summary) with the most recent activity as a cover page along with the entire medical record within the NaphCare Cloud within 24 hours/next business day.

Continual Mental Health Program Quality Assurance

We are consistently evaluating our mental health program for efficacy and introducing new and innovative approaches to improve our services and the mental health outcome of our patients. Our mental health program meets and exceeds correctional healthcare standards and is continually evolving.

For sites that do not have a Mental Health Director, the Associate Corporate Mental Health Director meets with the staff at least twice every month. The Associate Corporate Mental Health Director is a licensed clinician who guides the staff with appropriate documentation and clinical decision-making skills. This also allows Mental Health staff to share ideas about how to improve their respective sites. There are monthly meetings held with the Mental Health Directors. In these meetings, we discuss clinical issues, mental health processes and systems, exchange valuable information, and discuss the latest mental health trends. **Our mental health program is constantly evolving and utilizes our on-site staff to identify emerging mental health needs and help with the development of our programs to address these needs.**

NaphCare's Suicide Prevention Plan

NaphCare has devoted time and resources to creating a proactive suicide prevention plan that addresses the current state of corrections and correctional healthcare. We believe our proactive approach and use of technology figure largely into our plan and its success at our client facilities.

NaphCare's Suicide Prevention Plan is consistent with NCCHC and ACA standards. We work closely with corrections staff to maintain clear and consistent communication in dealing with suicidal inmates. We have specific policies and procedures in place with the goal being to reduce the potential for suicide, minimize harm when attempts occur, and to minimize the number of suicide completions. The key components of the plan are as follows:

- **Staff Training** – intensive training of all medical, mental health, and correctional staff on:
 - Signs and symptoms to recognize
 - Risk Factors
 - Management of suicidal inmates
 - Review of policies and procedures in dealing with suicidal inmates
 - Ongoing training and annual review of training to keep up to date
- **Screening and Identification of High Risk Inmates**
 - Most suicide attempts occur soon after incarceration, so proactive, thorough assessment through the Receiving and Mental Health Screenings is vital and is the cornerstone of our proactive approach.
 - Alerts in *TechCare®* assist the evaluator in decision making and notifying corrections and mental health personnel of an inmate in need of urgent services.
- **Referral, Evaluation, Housing**
 - Inmates at risk of suicide are quickly referred to appropriate housing and mental health services.
 - They will be placed on Suicide Watch in appropriate housing located within the facility and will be monitored as clinically indicated based on their level of acuity.
 - Once discharged from watch they remain in the mental health caseload and have regular follow up until released from custody.

- **Review of Policies and Procedures**
 - At the onset of the contract we will review current policies and procedures, work with correctional staff and tailor a program that fits the needs of the facility.
 - All policies and procedures will be reviewed regularly to keep them up to date.
 - Staff will be trained for any changes that occur.
- **Effective Communication**
 - Clear and consistent communication among all parties – corrections, medical, mental health, and inmates - is vital to the success of the prevention plan.
 - Our QA program monitors and provides feedback to ensure success of the plan.
- **Critical Incident Review**
 - Morbidity and Mortality Committee reviews occur both locally and at the corporate level. They analyze and review critical incidents and develop corrective actions plans when necessary.
 - The committee is made up of clinical, administrative, and legal personnel.
 - The site receives and implements the action plan and provides feedback to the corporate level.
- **Critical Incident Debriefing** – Any staff who have been negatively affected by the self-harm or suicidal act will be provided assistance by trained mental health professionals in a timely manner

Suicide Education from Admission

NaphCare developed an educational video that plays on a loop at intake, educating inmates on suicide awareness, high risk indicators, and how to notify custody or healthcare staff of suicidal thoughts in themselves or fellow inmates. By educating and including the inmates in our suicide prevention efforts, we can identify and treat possibly suicidal patients more consistently, avoiding the possibly tragic escalation to suicide attempts.

Alerts for Suicide Risks

Our initial Receiving Screening and Mental Health Screening include automatic prompts to assist healthcare staff in the decision making process when an inmate is identified or reports a potential for suicidal behavior. At intake, each inmate is asked a standard set of comprehensive questions about the possibility of suicidal thoughts. The interviewer is guided through the questions and prompted to select the appropriate referral and triage for the suicidal inmate. The mental health screening questionnaire has been carefully researched by mental health experts and is based on the latest research regarding suicide risk factors.

A positive response to specific questions automatically alerts the healthcare staff of the need for an immediate referral to mental health services, communication and coordination with security staff, and a requirement for special housing. This process provides easy, quick, and legible documentation of suicidal risks and behaviors. Clear communication between medical, mental health, and correctional staff keeps the program effective. We maintain open verbal and written communication with the inmates, medical and mental health staff, and the correctional staff. Any difficulties in communication are addressed immediately.

Suicide Watch Tracking

Our innovative operating system includes an Admissions Management Module. One portion of this module is devoted to Suicide Watch tracking and documentation. Once a patient is placed on suicide watch, their name is electronically entered ("admitted") into this tracking module. The module keeps track of all patients who are on Suicide Watch and also manages their documentation. This assists mental health clinicians and providers by telling them exactly who is on watch, what their status is, and provides thorough electronic forms for proper documentation of Suicide Watch monitoring. When a patient is ready to be released from Suicide Watch the

proper documentation is readily available, and once released, the patient's name is removed ("discharged") from this list.

Through the use of this module the entire mental health staff is kept aware of all patients on Suicide Watch. In addition, it provides the site management (HSA, etc.) with the ability to also monitor these high acuity patients and ensure their care is being delivered in a manner consistent with NaphCare expectations. NaphCare does not use other inmates to substitute for staff in supervising suicidal patients.

If a patient has been placed of Suicide Watch for seven days or more, at the time of discontinuation our mental health provider will be required to follow-up with the patient for the next four weeks, in addition to the standard 24-hour post-discontinuation follow-up. We understand that mental illness is chronic and that the correctional environment can be inflammatory for these patients. By conducting extensive follow-up with these patients, we can make sure they are adjusting to the correctional environment well and are no longer at risk for suicide as much as medically possible.

Suicide Prevention Training

We provide suicide prevention training to all on-site correctional and medical staff employees who regularly interact with inmates. Staff undergoes initial training that includes the following topics:

- Signs and symptoms of predisposing factors of potentially suicidal inmates
- Risk factors in the evaluation of suicide potential
- Management of suicidal inmates
- Review of institutional procedures regarding suicide prevention

We give annual updates and additional training to keep all staff aware of changes in suicide policies and to update staff on the latest advances in the care of suicidal inmates.

Psychotropic Medications

NaphCare provides guidelines and requirements consistent with the standard of care for the use of psychotropic medication in the treatment of mental illness and establishes procedures that govern the healthcare staff working with, administering and/or prescribing psychotropic medication. Our policies and procedures for the use of psychotropic medication comply with NCCHC and ACA Standards. They address the following:

- Involuntary Administration in Emergency Situations,
- Screening, Evaluation, and Referral for Psychotropic Medications,
- Procedures for Administration,
- Documentation Requirements,
- Consent and Refusal of Treatment, and
- Risk and benefits of Psychotropic Medication including heat sensitivity, tardive dyskinesia, and other common side effects.

In accordance with our policies and procedures, psychiatric evaluation for use of psychotropic medication will include review of the patient's health record, direct examination of the patient, and referral for further physical examination and laboratory tests, as clinically indicated. The treating psychiatrist will instruct the patient of the risks and benefits of the proposed medications, possible side effects, and alternative treatments at the time such medications are ordered or initiated. The process of informed consent will be documented within *TechCare®*. The prescribing psychiatrist will review the patient's condition and response to medications at frequent intervals to document the response, symptoms, side effects, and to adjust medication when appropriate.

Comorbidity with Substance Use Disorder Automated Flags

Because co-morbidity of substance use issues and mental illness is so common, we have designed an approach where we can follow every patient who finishes the detoxification process for at least three days to determine whether further mental health evaluation is needed. At the client facilities who wish to utilize this approach, this helps us identify mental health issues that may have been masked by the initial presentation with detoxification and withdrawal issues. **Once a new mental health patient is identified, we begin mental health treatment and stabilization, decreasing the probability of suicide attempts.**

Telepsychiatry

NaphCare proposes to use telepsychiatry to allow Washington-licensed providers to remotely examine a patient with a mental health issue while simultaneously having total access to the patient's healthcare record. This service is used to supplement the regular on-site staffing and will not replace on-site provider hours. It can be used for both routine and urgent cases and can provide on-site providers with a second opinion when indicated. **We understand that mental health issues will not limit themselves to a standard 40 hour work week and we are ready to provide individualized, immediate mental health care whenever the need arises.**

Value Added Features

We work with our clients to continually evolve and improve our mental health services to meet the needs of their mental health patient populations. Below are examples of the programs we have instituted with current clients that could also be put in place at in the CCSO facilities, if desired, as add-on options.

Mental Health Stabilization Unit – Hillsborough County Jail

NaphCare is proud of our newly established Mental Health Stabilization Unit (MHSU) at the Falkenburg location of the Hillsborough County Jail. The MHSU can hold 64 inmates and includes varying types of cells to address inmates' different needs. Each inmate in the unit has been diagnosed as severely mentally ill. **The MHSU has achieved the following successes:**

- ✓ 20% Overall reduction of Emergency Treatment Orders
- ✓ 25% reduction in mental health segregated inmates
- ✓ 30% decrease in use of force with mental health population
- ✓ No suicide attempts or para-suicidal gestures in the MHSU

Within the MHSU, NaphCare provides daily, mandatory psycho-educational groups Monday through Friday and optional weekend groups. The groups held on this unit include the following: Problem Solving/Goal Setting, Depression/Mood Management, Discharge Planning Group, Anger/Stress Management, Medical Topics, Anxiety/Stress Reduction/Relaxation (Peer-led group with approval from MHC), and Confidence Building (Peer-led group with approval from MHC).

Our Mental Health Stabilization Unit at Hillsborough County Jail provides revolutionary, in-depth therapy and patient responsibility to improve one's own condition. It has led to impressive mental health gains and zero suicide attempts among participants.

The Treatment Team meets every morning to discuss the prospective incoming inmates on the unit, already existing inmates on the unit, and inmates who may be able to graduate. This team includes all disciplines – nurse, medical provider, mental health provider and/or mental health clinician, and the officer on the unit. Once a week, a multi-disciplinary team meets to discuss possible inmate/graduate transitioning from MHSU to General Population. The team includes, but is not limited to, the following: Housing Deputy, Captain for Operation Support, Classification, Mental Health Director, and HSA.

Although this unit is still new and evolving, we are proud of its accomplishments thus far, and look forward to further progress we can make in the future, both here and at other jail facilities.

Progressive Juvenile Mental Health

The age of juvenile detainees makes them especially susceptible to the positive effects of therapy. **Our progressive juvenile mental health program is built on a foundation of four skills: mindfulness, distress tolerance, emotion regulation, and interpersonal effectiveness.** In addition to this core of life skills education, we partner with local community programs to provide special programming to our juvenile patients that has included:

- Anger Management
- Violence and Conflict Management
- Gang Prevention
- Employment Opportunities
- Art therapy
- Academic Paths
- Medication Management/Medical
- Physical Fitness
- Music Therapy
- Gardening Projects
- Reading Projects

AH. HEALTH EDUCATION OF INMATES

Contractor will ensure that inmates receive individual health education and instruction in self-care for their health conditions. This shall be documented in their individual health records.

Contractor shall develop and implement a health education program, which includes formal, and information sessions, pamphlets, videos, etc.

Contractor shall work closely with corrections staff (specifically reentry personnel) to provide proper assistance and programming for successful inmate recidivism reduction.

NaphCare understands these requirements and will comply. NaphCare's ensures that inmates receive health education and training in health maintenance and self-care skills in accordance with *ACA Standard 4-4361, Health Education*, and *NCCHC J-F-01, Healthy Lifestyle Promotion*.

Inmate Health Education

Health promotion and disease prevention are inherent in the delivery of a Proactive Care Model. NaphCare's health staff will provide health education during all patient encounters. Educational materials and self-care instruction sheets will be provided to patients during sick call encounters.

Inmates receive information on the availability of health and dental services at the time of the Receiving Screening and within 24 hours of their arrival at the facility, and where deemed appropriate such as sick call or chronic care clinics. Nursing personnel provide verbal instructions to the inmates regarding the services available to them, as well as procedures for accessing those services. Inmates also receive handouts, pamphlets, and flyers detailing such instructions in a clearly stated form and language. All educational materials are provided in English and Spanish. Our HSA will coordinate with the County to determine any special needs and ensure that handouts are developed to meet such needs. We provide educational materials to inmates regarding specific minor ailments and health-related issues.

Our health improvement and disease prevention program includes, but is not limited to, the following topics:

- Medical Services
- Nutrition
- Management of Chronic Diseases
- Communicable Diseases
- Management of Medication
- Family Planning/Contraception Counseling
- Personal Hygiene
- Substance Abuse
- Sexually Transmitted Diseases, HIV/AIDS, and Hepatitis
- Smoking Cessation
- Diabetes Management
- Stress Management

Education is offered in formats that are easy to read and understand, culturally appropriate and gender sensitive. Instructional methods may include classes, audiotapes, videotapes, brochures, or pamphlets. As emerging issues are identified, new prevention topics and activities will be added. NaphCare electronically documents disease or specific health education, so anytime a patient receives health education materials, which are printable from the medical record, the process is logged in *TechCare®*.

Health education, patient education, prevention and other health promotion interventions ensure that efforts are made to build the physical, mental and social health of the inmate. The goal of health education is to help inmates adopt healthy behaviors that can be taken back into the community upon release. As part of the discharge summary generated in *TechCare®*, we can select specific health education handouts to have printed and given to the inmate upon discharge so they can continue to manage any health issue they may have once they are released.

NaphCare's Discharge Planning and Re-Entry Program

The goal of NaphCare's Re-entry Program is to use the incarceration of mentally and physically ill inmates as an opportunity to improve public safety, reduce recidivism, reduce homelessness, and address public health issues. We have developed and will implement a focused re-entry program that identifies an inmate's needs at intake and immediately starts developing a plan to address key issues that will reduce the likelihood of recidivism, such as continued medical and mental healthcare, housing, medical insurance, transportation, Social Security Disability, and employment. We utilize the **APIC Model**, which is recognized as a best practice and focuses on the following steps:

- **Assess**: Assess the inmate's clinical and social needs as well as public safety risks.
- **Plan**: Plan for the treatment and services required to address the inmate's needs.
- **Identify**: Identify required community and correctional programs responsible for post-release planning.
- **Coordinate**: Coordinate the transition plan to ensure implementation and avoid gaps in community-based services (active case management).

For us, **planning for re-entry begins at admission**. At intake, we gather information that will be needed by discharge planners, and disposition choices include referrals for case management and comprehensive team planning for patients with complex healthcare issues. A discharge plan is created at least 30 days prior to the inmate's scheduled release when possible. Once aware of potential release, case managers and mental health professionals arrange an appointment prior to release so the inmate already has an appointment scheduled.

A caseworker coordinates the inmate's anticipated medical and mental healthcare needs to include resource numbers and resource access to care according to their demographics in collaboration with mental health and healthcare staff to facilitate ongoing reintegration care. We provide the inmate with educational information regarding their specific illness and the importance of follow-up appointments and medication continuity. The

inmate also receives a comprehensive packet that contains essential community resources to include the following:

- Social Security Administration (SSA) office
- Veteran's Administration resources
- Local free clinics
- Washington Health Department
- Homeless shelters
- Hospitals
- Outpatient day treatment programs
- Resources listed by city or town
- Dual diagnosis programs

We ensure a team approach between medical and mental health after-care staff for discharge planning and development of an individual reintegration plan for inmates with co-existing chronic diseases. The potential for long-term compliance is enhanced when care is delivered by a single community-based agency, decreasing transportation, communication and other barriers.

Community Partnership for Continuity of Care

We believe in the importance of a partnership between the correctional system and community public health. In this sense, public health is part of public safety. The most important key to success in any such collaboration is great communication. As public health clinics provide care to inmates upon release from incarceration, the *TechCare®* system aids in the exchange of data and sharing of medical records between the correctional institution and the community provider. Use of the EHR system assures that all relevant information will be instantly available and easily provided (after signed release of information / patient consent) to community providers. This enables a seamless transition to community medical care and promotes continued stabilization of the inmate after release. We will continue to pursue further partnerships with community resource providers, local resources available, and with community providers in Washington.

Discharge Medication

One area of discharge planning that requires special note is the continuity of medication after release. As part of discharge planning, case managers, medical, and mental healthcare professionals will help arrange follow-up appointments for the patient. The supply of medication prescribed at discharge will be customized to each individual based on when the patient will see a community provider able to write a new prescription. In this way, a sufficient supply will be prescribed to ensure continuity of care.

Release medications and release prescriptions are variants on medication ordering. *TechCare®* has an electronic order entry capability for pharmaceutical agents. Release medications and release prescriptions are generated and documented through this system.

Medication renewals for incarcerated patients are currently processed through the electronic Medication Administration Record. When a medication order is about to expire, the provider may "renew" the order, the renewal is documented in the electronic record, and a new supply of medicine is sent to the facility. When the medication is instead intended to be dispensed as a release medication, the provider may so indicate as an alternate form of medication "renewal." **We then utilize InMed to generate an appropriate prescription that the inmate can take to a local pharmacy and have filled with the cost being billed to NaphCare.**

This system allows us to remain in compliance with state pharmacy laws, which do not allow nurses to dispense or repackage medications, and with Federal pharmacy law, which requires medications intended for community use to be dispensed in appropriately labeled child resistant containers.

We are sensitive to the cost of medications for patients living in the community. Assuming therapeutic equivalence, we encourage our prescribers to use medications that the patient will be able to obtain at the most reasonable cost once the patient returns to the community (e.g., Wal-Mart's \$4 prescription program).

We will prescribe medication in a manner consistent with nursing and pharmacy practice acts in Washington, emphasizing the use of generic medications that are least expensive to fill in the community. Our providers use evidence-based guidelines to assure that any medication being used is appropriate for the condition of the patient. At every opportunity during incarceration and at the time of release, our staff will emphasize the importance of continuing to take medication, and communicating with the community providers regarding current inmate medications. The goal is for inmates to maintain medication routines after release from custody. NaphCare's multi-faceted approach gives the greatest chance for success.

Documentation of Discharge Planning

We document all discharge planning through our EHR, *TechCare®*. The Release/Discharge Summary screen is used to provide medical information to the inmate, medical facility, or another state prison system. The specific items that pertain to the inmate's care will automatically populate to this summary to advance the inmate's release and help with the reintegration planning for the inmate. All active medications, with time and dose of last administration, are listed for print and will be given with their medications at release. Any follow-up care or specialist appointments that should be addressed either by the inmate or the receiving facility are listed on the summary for continuity of care. Additional educational sheets, which are given to the inmate upon release, can be easily selected from a list. These provide specific disease information to ensure the inmate has the knowledge to help take care of his/herself until appointments can be made with outside providers. All of this information is written in English or translated to Spanish for proper communication purposes.

AI. TRANSFER OF MEDICAL INFORMATION

All detainee transfers received from other agencies or transferred to the Clark County Law Enforcement Center or Juvenile Detention Center shall be screened by medical personnel for acute or chronic conditions, communicable diseases, mental status evaluation and current medications.

The contractor shall develop, implement, and maintain a procedure for the transfer of pertinent medical information to emergency facilities and outside specialty consultants and for inmates that are transferred to the State prison or other detention institutions.

NaphCare understands these requirements and will comply.

Inmate Transfers with the *TechCare®* System

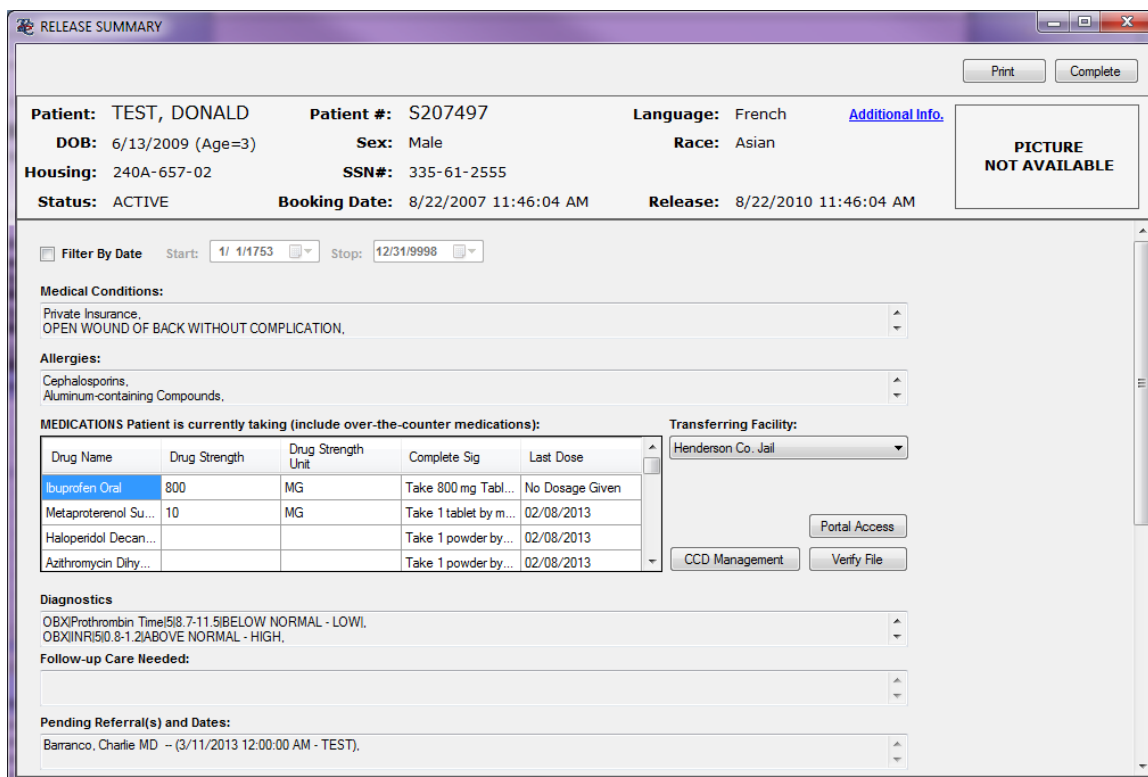
TechCare® is a valuable addition to the County's transfer process. Inmates who are transferred from one facility to the next (will have their patient history and record of care readily available. Using *TechCare®*, we can create a summary that pulls a patient's medical information and prints it at once to be taken to the facility upon transfer.

The ease of inmate transfers and the ability to access patient history during re-incarceration eliminates duplication in services (laboratory results, off-site visits, TB skin tests). If an inmate's responses during intake indicate that he or she requires additional medical care, then the inmate's medical record is electronically flagged for follow-up. The use of inmate flags to identify chronic disease and create queues for daily follow-up ensure compliance with applicable standards established for the care and treatment of chronic illnesses. Additionally, Chronic Care information will follow the inmate and allow for placement into the appropriate scheduled clinic. Upon intake, a receiving screening will be re-administered, allowing medical professionals to provide a better continuity of care.

This seamless integration of healthcare services will ensure continued stabilization of the inmates and reduce any needless disruption in continuity of care.

The *TechCare®* system also aids in the exchange of data and medical records between the correctional facility and the community provider. Use of *TechCare®* assures that all relevant information will be instantly available and easily provided (after signed release of information/patient consent) to community providers. This enables a seamless transition to off-site medical care and promotes continued stabilization of the inmate.

Release Summary



RELEASE SUMMARY

Print Complete

Patient: TEST, DONALD **Patient #:** S207497 **Language:** French [Additional Info.](#)

DOB: 6/13/2009 (Age=3) **Sex:** Male **Race:** Asian

Housing: 240A-657-02 **SSN#:** 335-61-2555

Status: ACTIVE **Booking Date:** 8/22/2007 11:46:04 AM **Release:** 8/22/2010 11:46:04 AM

PICTURE NOT AVAILABLE

☐ **Filter By Date** Start: 1/ 1/1753 Stop: 12/31/9998

Medical Conditions:
Private Insurance,
OPEN WOUND OF BACK WITHOUT COMPLICATION.

Allergies:
Cephalosporins,
Aluminum-containing Compounds.

MEDICATIONS Patient is currently taking (include over-the-counter medications):

Drug Name	Drug Strength	Drug Strength Unit	Complete Sig	Last Dose
Ibuprofen Oral	800	MG	Take 800 mg Tabl...	No Dosage Given
Metaproterenol Su...	10	MG	Take 1 tablet by m...	02/08/2013
Haloperidol Decan...			Take 1 powder by...	02/08/2013
Azithromycin Dihy...			Take 1 powder by...	02/08/2013

Transferring Facility:
Henderson Co. Jail

Portal Access
CCD Management Verify File

Diagnostics
OBX1Prothrombin TimeI518.7-11.5BELOW NORMAL - LOWI,
OBX1INRIS10.8-1.2ABOVE NORMAL - HIGH.

Follow-up Care Needed:

Pending Referral(s) and Dates:
Barranco, Charlie MD -- (3/11/2013 12:00:00 AM - TEST).

The NaphCare Cloud: A Revolutionary Way to Provide Records

NaphCare offers an electronic option for the convenient transfer of medical records to support continuity of care. Managed by our corporate Legal team, medical records are securely uploaded to the HIPAA-compliant NaphCare Cloud and made available to the authorized requesting party within 24 hours or next business day.

The Process

- 1) Requesting Records:** The client signs an Authorization Form, which is then emailed to a County-specific email address to be handled by your designated Corporate Medical Records Coordinator.
- 2) Types of Requests:** If an entire medical record is requested, we will deposit a Summary of Records (Release Summary) with the most recent activity as a cover page along with the entire medical record within the NaphCare Cloud **within 24 hours/next business day**. The Summary of Records will include: current vitals, active problems, active allergies, active medications, most current medications and treatments administered, diagnostic results and scheduled diagnostics, pending referrals, immunizations

given, care plan, procedures, future appointments, social history, functional assessment, follow-up care needed, and dietary restrictions. **You will be able to search the entire record before downloading for the exact documentation you need.**

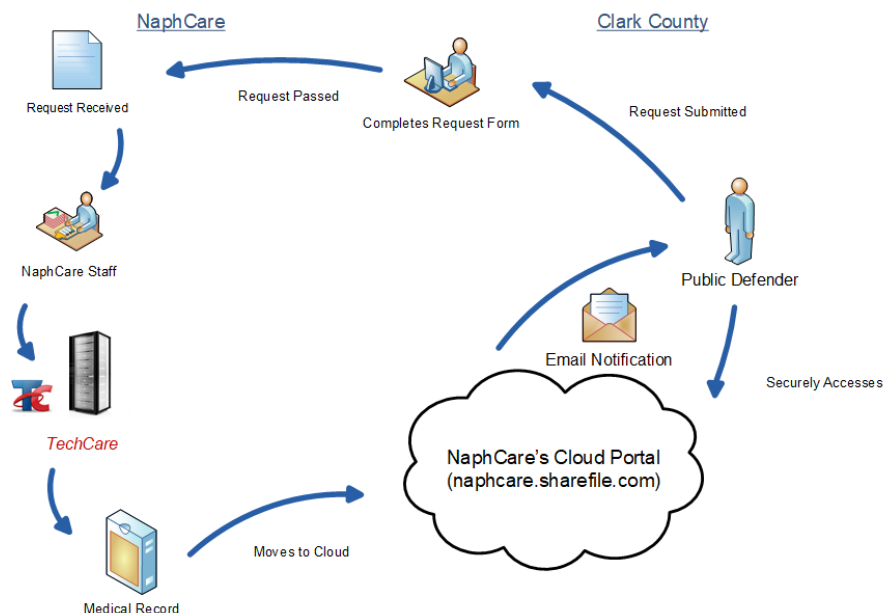
If a partial record is being requested, the initiation process is the same, however, the partial record will be deposited in the NaphCare Cloud within five business days to allow time for staff to manually extract only the information requested.

- 3) **Record Retrieval:** Once our Corporate staff has deposited the requested medical record in the NaphCare Cloud, it is available for authorized County staff and outside providers to download. The record will be available for 30 days following the date of Corporate upload.

Benefits of Our Advanced Record Provision Process

- ✓ The entire process from request receipt and evaluation to dispersal of the requested record is handled by our Corporate staff. This means that on-site healthcare staff can continue to devote their full attention to patient care.
- ✓ The NaphCare Cloud delivery system is fully HIPAA compliant and allows for detailed control of files including the ability to restrict the number of times it is downloaded, restrict forwarding the file, and expiration of the file following download.
- ✓ The cloud solution is fully managed by NaphCare's Legal Department and has guaranteed uptime metrics. All staff members are fully trained on its proper usage.
- ✓ NaphCare will provide full support to requestors trying to access NaphCare's Cloud for records.

At NaphCare, we believe in utilizing and developing technological advances to continually improve our correctional healthcare services. The NaphCare Cloud is just one way we are always focused on improvement. This revolutionary approach to medical record provision will have a dramatic effect for our Jail clients and for the continuity of care of our former inmate patients.



AJ. MEDICAL RECORDS

Contractor shall implement an electronic medical record system utilizing its own chart forms in compliance with best practices and industry standards. County has an interest in EPIC being an option explored for this, for its interoperability component. However, vendor does not need to limit their proposal to only the EPIC system. At a minimum, the health record will contain and utilize the following:

- Identifying information (name, ID number, date of birth, sex)
- Problem list (known medical and mental health diagnoses/treatments, allergies)
- Receiving screening and health assessment forms
- Progress notes, notes of all significant findings, diagnoses, treatments, and dispositions,
- Clinician orders for prescribed medications and medication administration records
- Reports of laboratory, x-ray, and diagnostic studies
- Flow sheets; including chronic conditions and pregnancy
- Consent and refusal forms
- Release of information forms
- Results of specialty consultations and off-site referrals
- Discharge summaries of hospitalizations and other in-patient stays
- Special needs treatment plans, if applicable
- Immunization records
- Place, date and time of each clinical encounter
- Signature and title of each documenter.
- Medication Administration Records (MAR)

Records shall ensure that accurate, uniformly organized, comprehensible, segregated, legible, up-to-date medical information is maintained on each detainee under its care. Medical records will be considered confidential. Contractor shall ensure specific compliance with standards regarding confidentiality, informed consent, and access/disclosure. Procedures will be instituted for the receipt and filing of all outside consults, emergency room visits and inpatient hospitalizations.

The contractor shall comply with Washington State statute regarding retention of health records. All medical records are the property of the County. All personal information shall be handled appropriately per State and Federal Laws. This shall be included in Policy and Procedures manuals. County will be responsible for the removal and destruction of confidential information.

Contractor shall be responsible to transfer or interface to retrieve existing EMR from previous vendor's EMR system.

NaphCare understands the requirements for medical records, and we will comply. Electronic medical records are one of the many features of NaphCare's electronic operating system, *TechCare®*. In this section, we have provided a complete description of the *TechCare®* system and the many features and benefits it will provide to the CCSO and your facilities.

***TechCare®*, NaphCare's Electronic Operating System**

Recognizing that running healthcare in a correctional environment is not the same as managing healthcare in a hospital, NaphCare developed ***TechCare®*, a corrections-specific electronic operating system and**



health record (EHR). Designed specifically for correctional facilities, *TechCare®* automates your healthcare workflows in compliance with national standards to improve quality of patient care. Integration of critical systems ensures access to real-time data and reporting for complete oversight and accountability. ***TechCare®* by NaphCare** enables your clinical team to spend more time with patients and less time on administrative duties. Developed by correctional healthcare experts, *TechCare®* tracks the healthcare activities of each patient, creating standardized treatment processes with transparent reporting from intake through discharge.

TechCare® is currently functional at ALL NaphCare client facilities. With our **Day One Guarantee**, you can rest assured that the system will be **fully implemented and operational on Day One of the contract**. NaphCare's in-house team manages the entire installation from migration and hosting to training and customization, ensuring that all patient data is pre-loaded prior to go-live.

We encourage Clark County to contact our references to hear more about their satisfaction with *TechCare®*.

The Difference with <i>TechCare®</i> - Transform your Correctional Healthcare Operation	
ONC-Certified Complete	<ul style="list-style-type: none"> Guaranteed interoperability with your other software systems, including hospitals and HIEs Guaranteed litigation support – ensures a complete audit trail of all activities within the EHR to ensure accountability and compliance with policies and standards
Truly Paperless	<ul style="list-style-type: none"> Manages all aspect of your healthcare operations – not just health records – removing the need for paper and forms Reduces human error and liability while ensuring compliance, transparency and accurate reporting of all healthcare services
Offline/Disconnected Mode	<ul style="list-style-type: none"> The <i>only</i> EHR that is fully operational in offline mode – allowing for decentralized care throughout your facility More than med pass – <i>TechCare®</i> can manage all healthcare interactions in offline mode
Day One Guarantee	<ul style="list-style-type: none"> Fully populated with patient data, <i>TechCare®</i> will be live on Day One of your contract All third-party software interfaces are fully functional on Day One – including JMS, Labs, Pharmacy and more
Advanced Tools Included	<ul style="list-style-type: none"> Take your system beyond progress notes and lab results with our advanced software tools included in <i>TechCare®</i>: <ul style="list-style-type: none"> SureScripts Medication Reconciliation Electronic Grievance Tracking Medication Assisted Treatment (MAT) Automation and Tracking Mental Health (Detox, Suicide Watch, Group Encounters, etc.) Discharge Planning Module
Accurate Reporting and Compliance	<ul style="list-style-type: none"> Accountability and transparency at your fingertips – our daily status report is emailed directly to you and viewable on your phone More than 150 pre-programmed reports available in <i>TechCare®</i> On-demand reporting customized for you
Infrastructure and Support	<ul style="list-style-type: none"> Hassle-free implementation (including all computers, network, internet, etc.) managed from start to finish by NaphCare for successful deployment Complete support with NaphCare's in-house IT team and helpdesk EHR software updates issued to all clients at no additional cost

A Comprehensive System

Most correctional healthcare providers propose to use an EHR system. With NaphCare, you receive proven, more advanced technology in a comprehensive operating system tailored specifically to the needs of Clark County. The common EMR programs proposed by our competition lack all or the majority of the Federal ONC meaningful use components required to bridge with state health exchanges or hospital medical record systems. They also take many months, if not years to implement. The *TechCare®* system has gone live day 1, every time. *TechCare®* includes a variety of important features, including daily statistical reports and custom data mining that the competition simply does not have. Electronic records are one of many *TechCare®* features, but there is much more. *TechCare®* is NaphCare's operational system and helps NaphCare to be the best provider of correctional healthcare possible. It tracks the healthcare activities of each inmate upon incarceration, creating **standardized treatment processes** (with the appropriate documentation) from intake through discharge. It identifies inmates' critical medical needs and **ensures timely intervention** with appropriate care. The *TechCare®* system includes the following components:

- Electronic Health Records
- Customizable Reports
- Off-site Medical Scheduling
- CIWA-Ar Detoxification Tool
- Chronic Care Management
- Grievance Tracking
- Quality Assurance
- Screening Tools (Intake, TB, Mental Health)
- Dental (Screening, Evaluation)
- Mental Health (Screening, Evaluation, Suicide Alerts)
- Pharmacy (Electronic Drug Orders, Electronic Medication Administration Records)
- Off-Site Medical Services Tracking
- Discharge/Re-Entry Support and Documentation
- Transfer Support and Documentation for inmates
- Interface Connections with Ancillary Services (X-Ray, Laboratory) & JMS
- Medication Administration Record/Electronic Medication Administration Record
- Sick Call
- Flags
- Queues/Dashboards (Doctor, Nurse, Pharmacy)
- Alerts
- Detailed, Compliance Supporting, Logging




TechCare® was designed by correctional healthcare professionals, not software developers, and it makes providing excellent care faster. *TechCare®* training is provided by correctional healthcare providers, which helps to make the daily experience of using *TechCare®* easier.

Dedicated IT Team

TechCare® is managed and maintained in-house with our full-time developers and clinically trained support team. As a result, Clark County will receive dedicated service and support from our technology experts, whose goal is to understand your site and provide fast support and complete understanding of correctional healthcare; we commit to never outsourcing this critical piece of your healthcare operation.

***TechCare®* Advantages for Clark County**

- **Versatile** – *TechCare®* is highly versatile and maintains nationwide standard levels of interoperability, ensuring continuity of care across other electronic systems. It is custom-built to meet all correctional healthcare accreditation standards.
- **ONC Meaningful Use Certified System** – NaphCare is proud to state that *TechCare®* achieved certification by the Drummond Group, an ONC-ACB, in accordance with the applicable 2014 certification criteria adopted by the Secretary of Health and Human Services. *TechCare®* is certified as a *complete* EHR product that does not rely on any 3rd party software. Competitor software is only licensed in a specific module.
- **HIPAA Compliance** – NaphCare upholds HIPAA compliance and is supported by tools such as *TechCare®*. *TechCare®* maintains centralized, secure storage of inmate information with processes and procedures automated to protect data.
- **Large-Scale Capacity** – *TechCare®* is used to successfully manage thousands of inmates. It is more than capable of handling all intakes and medical records that exist at Clark County and is able to grow as needed.
- **Electronic Tracking of On and Off Site Appointments** – *TechCare®* features a robust scheduling system to manage all off-site appointments and on-site clinics. The system provides information on any inmate and their medical services, as well as allows the viewing and printing of medical records for each appointment or medical service provided. By tracking off-site care, **we can analyze trends to save on future costs.**
- **Automatic Scheduling** – Once an inmate is registered in *TechCare®*, the system automatically schedules all medical encounters, including but not limited to, mental health screenings and evaluations, follow-up exams, chronic care clinics, and physician appointments. Medical staff are also kept up-to-date and alerted to any potential health concerns of each inmate.
- **Contract Monitor Access to *TechCare®*** – Your Contract Monitor or outside auditing team will have access to off-site referral data during the term of the agreement in order to monitor contract compliance. This data is readily available in a web-accessible format that can be viewed instantly. The Contract Monitor is notified of all inmates who are receiving off-site care. Suffolk County, Massachusetts achieved a 100% score during a recent Massachusetts DOC Survey in addition to passing an NCCHC audit in the same year. The use of *TechCare®* was a major factor in both assessments.
- **Ease of Use** – *TechCare®* was **designed by correctional health clinicians**, not software developers. It was developed on the basis of improving care while reducing risk. *TechCare®* makes providing care in correctional institutions faster, more efficient, and more accurate.
- **Proven** – *TechCare®* has been chosen to manage healthcare services at some of the largest self-op correctional systems in the country. It was selected by two of the five largest counties in the country – Maricopa County, Arizona, and Orange County, California. Fully implemented in these self-op correctional systems, *TechCare®* is more than a technology initiative – it is a proven system.

Risk Management and Quality Assurance

TechCare® provides the highest level of quality assurance and risk management for your correctional facility. It not only maintains consistent, **iron-clad documentation**, but also tracks all healthcare encounters (on-site and off-site) and allows NaphCare to constantly monitor for any irregularities and improve care.

- **Standards and Certifications** – *TechCare®* meets or exceeds all NCCHC and ACA requirements to ensure quality, compliant care. Our client facilities across the country have used *TechCare®* countless times to meet these accreditations.
- **Strict Documentation** – *TechCare®* has a solid platform for quality charting that ensures detailed logging and documentation without loopholes, thereby **supporting chart audit and litigation activities** seamlessly and instantly.
- **Meaningful Reporting & Tracking** – *TechCare®* provides centralized storage for data that can be easily aggregated and reported using built-in search tools. In addition, this data can be used to track aspects of inmate care, i.e. checking that all inmates with hypertension have completed a chronic care management encounter within the last six months. These activities assure quality of care and provide detailed documentation.
- **Staffing Management** – *TechCare's* built-in tools help our professionals manage staffing requirements and make more efficient decisions to **reduce clerical time, increase clinical care**, and improve the quality of care.
- **Alerts & Dashboards** – *TechCare®* alerts on-site healthcare professionals and corporate leadership of inmate quality assurance exceptions. Simply put, our system sends warnings to the charge nurse when inmate care parameters are out of bounds.

Centralized Care

TechCare® maintains nationwide standard levels of interoperability and provides centralized storage for all inmate healthcare activities. NaphCare interfaces, or connects, *TechCare®* to a number of different systems that allow Clark County and our team members to have a full view of an inmate's medical data. Examples of interfaces that NaphCare will set up include the following:

- **Jail Management System:** *TechCare®* builds upon the existing system of inmate demographic files that are currently maintained by the jail management system (JMS). We will implement a bi-directional, real time interface with the JMS to gather this information in addition to getting **instantly updated on inmate locations and movement**.
- **Lab System:** We have successfully interfaced with the following laboratory vendors: BioReference, LabCorp and Quest Diagnostics, in addition to state and local services. We will create an electronic bridge between the lab vendor and *TechCare®*, allowing a patient's lab results to be viewed instantly. A direct link between the lab vendor and our system allows us to **instantly alert the physician of critical lab values** through physician dashboards.

- **Pharmacy:** *TechCare®* provides a direct link to our In-House Pharmacy, allowing for **seamless order placement, filling, and distribution without paper or manual processes prone to error.**
 - ✓ **Additional Internal Systems:**
 - **Diagnostics:** Integrated access to add-on systems (i.e. radiology)
 - **Kiosk:** Sick call request submission and resolution documentation
 - **Food Service:** Diets, allergies, etc. communicated automatically
 - ✓ **Public Systems:**
 - **Hospitals and Off-Site Providers:** Maintain documentation for off-site encounters
 - **State Medicaid:** Verification and eligibility for off-site encounters

Reliability and Support

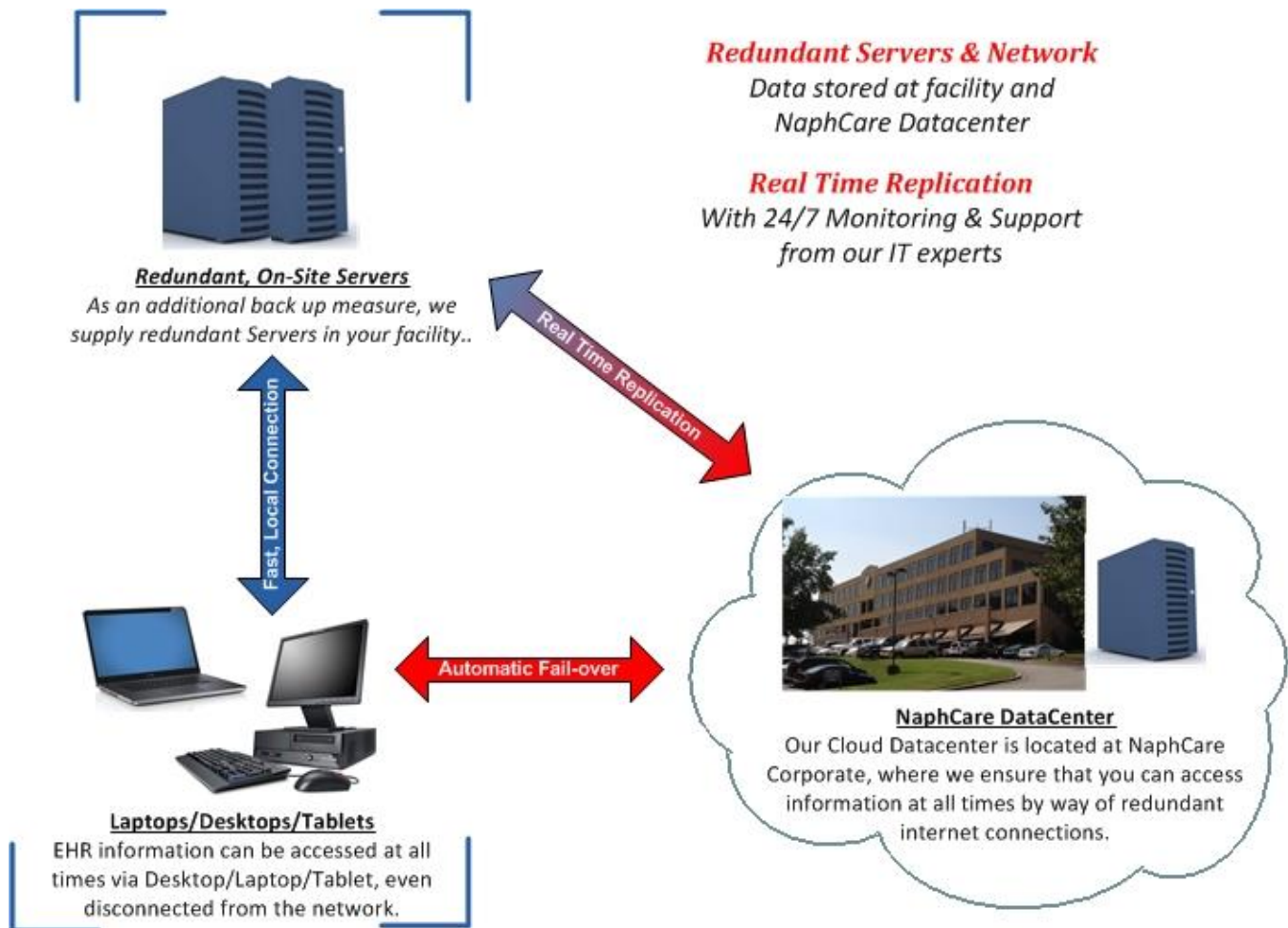
TechCare® is only as good as the team behind it. Therefore, NaphCare has built a robust IT operations group that completely implements and manages the IT resources needed for the *TechCare®* operational system. We place **NO requirements on Clark County's IT resources or personnel** while implementing the necessary infrastructure to run *TechCare®*.

- **Computers, Servers, etc.** - NaphCare will provide all hardware and configuration services at NO additional cost. We have a team of highly trained individuals that are strictly dedicated to installing and supporting jail IT system infrastructure. We will not put additional strain on your IT department and will work as a fully dedicated unit to implement the servers, computers, and networking systems that are needed for *TechCare®* to run efficiently.
- **24/7 Support** - NaphCare maintains an in-house, 24/7/365 IT Helpdesk team. If inmate care is impacted or jobs are made any more difficult by poor-performing IT resources, we are there to correct it. To ensure a strong and prompt response to issues, NaphCare guarantees a strict Service Level Agreement (SLA) with our response times averaging 15 minutes, no matter the time of day.

No other correctional EHR can do this, nor do they have the dedicated IT support needed to keep the infrastructure and application at peak performance. We regularly test these scenarios and have seen *TechCare®* perform flawlessly countless times.

- **Always On, Redundant System** - *TechCare®* is **designed for correctional facilities** and will continue to operate when other EHRs cannot. As the following diagram outlines, NaphCare installs redundant servers and redundant network/Internet connections at your facility that support an automated *failover* system. In the event that local resources become unavailable, the application will re-direct to servers at NaphCare's corporate datacenter. Our redundant systems & data backup process, using the cloud, ensures that critical healthcare information is always available to Clark County.

TechCare® Hybrid-Cloud Infrastructure



When Hurricane Ike struck the coast of Texas in 2008, a NaphCare client facility had to completely mobilize and move off site. The *TechCare®* application and infrastructure, managed by NaphCare, remained fully operational. All medical activities and documentation continued without network connectivity.

Moving to TechCare®

NaphCare's Implementation Team is experienced in successfully transitioning correctional facilities to *TechCare®* and has a **100% success rate for complete implementation by day one of the contract**. Our approach includes two areas of focus: (1) training team members, and (2) pre-loading inmate data.

Training

NaphCare has a unique approach to training users on the *TechCare®* system. Rather than assigning software developers to train on "software," **we send NaphCare clinical staff on-site to train on inmate care**. This peer-to-peer approach utilizing RNs, LPNs, and MDs better equips staff for their primary job of caring for inmates while using technology to be more efficient. Ultimately, staff members become more comfortable

with the system faster and understand its correct usage as it relates to their particular job. **In Orange County, California, NaphCare placed 9 RNs, 9 LPNs, and 2 Clinical Software Support staff on-site, totaling 1000+ hours of preparation and go-live training and support.**

Training is more than just a one-time event; NaphCare embraces training as an ongoing process. During initial training, we provide the opportunity for select users to advance their understanding of *TechCare®* to that of a Super User. As *TechCare®* experts, **Super Users provide on-going, peer-to-peer training** in Clark County.

Loading

The process of moving to *TechCare®* from paper-based records or an existing EHR can be overwhelming. To alleviate this concern, **NaphCare corporate staff takes the full responsibility of loading and verifying** all information in *TechCare®*. Our *TechCare®* implementation team and our corporate pharmacy team will load *TechCare®* with the following information:

- Health and Physicals
- Sick Call and Off-Site Appointments
- Medications
- Allergies
- TB Reads
- Problem Lists & Special Needs
- Chronic Care Conditions
- Scheduled Diagnostic Tests
- Lab and Radiology Data
- Mental Health Conditions
- Substance Abuse Special Needs

Finally, to create a full history of all inmate health data, NaphCare will perform a “data dump” from the previous EHR system into *TechCare®*. For paper-based facilities, NaphCare staff will utilize the document import feature of *TechCare®* and scan in all active inmate information.

Timeline

TechCare® is our operational system for providing excellent care, so it is imperative that the system *is fully operational by the contract start date*. Therefore, the timeline for the migration begins upon contract award. The implementation process is broken down into these four phases, commencing on the contract start date.

Phase 1 – Planning: NaphCare will review the medical record system in detail and begin planning the process to convert the former system to *TechCare®*. NaphCare will initiate planning with Clark County’s IT department on the network that will be assembled by NaphCare. Finally, we will initiate contact with all outside application vendors that will need an interface with *TechCare®*.

Phase 2 – Implementation and Migration: NaphCare will begin the process of integrating all pertinent inmate information contained in the prior chart system with *TechCare®*. The interfaces needed for *TechCare®* will be implemented and tested with the respective vendors and confirmed for correct operation. The network and computer equipment for all sites will be procured and configured in preparation for the deployment phase.

Phase 3 – Training and Deployment: All staff members receive job-specific, on-site, peer-to-peer training on the *TechCare®* system. In addition, staff is made aware of guidelines for medical record documentation and confidentiality requirements for the correctional and medical environment. The network infrastructure is installed and configured at all of the sites and tested for correct operation. *TechCare®* is deployed to all the necessary servers and workstations as well, and the pre-loaded inmate information is made available within the system.

Phase 4 – Go-Live: NaphCare will have corporate operations staff on site along with technical support for IT available at the site for Go-Live. The development and support team at NaphCare will be dedicated to monitoring the go-live of the application and ensuring it runs flawlessly. Staff will stay on site as long as needed to ensure stability and inmate care is maintained.

NaphCare successfully completed a migration of Suffolk County, MA within seven days, in large part to our planning, processes, and experience.

Ownership and Access to EHR Data

In the event that leadership decides to switch healthcare vendors, NaphCare provides clients with the option to continue the use of *TechCare®* or to transfer electronic records from *TechCare®* to another EHR system. Clark County will maintain ownership of ALL EHR DATA throughout and following the contract's end date. Upon contract end, we can provide electronic health records to the facility in one of the following three formats:

1. **Electronic Bridge:** NaphCare can provide Clark County or the incoming provider with access to an electronic bridge for secure data transfer from NaphCare's EHR to another software system selected by the facility.
2. **Purchase Option:** NaphCare, at its discretion, can provide the County with an EHR Service Agreement that provides usage rights and support for the *TechCare®* application even without NaphCare providing comprehensive services.
3. **Paper Export:** NaphCare can provide a paper-based export of medical records as requested.

Proven Solution

We believe that technology creates a better environment in which our staff can focus on hands-on inmate care, rather than charts and paperwork. NaphCare's correctional operational system, *TechCare®*, does just that by centralizing inmate care into a highly evolved, proven system that is backed by NaphCare operations, development, and support staff.

***We invite you to visit the
TechCare® website at
www.techcareehr.com.***



AK. INFECTIOUS WASTE DISPOSAL

Contractor shall make provision for and cover the cost of collection, storage, and removal of medical waste and sharps containers in accordance with state and federal regulations.

The Clark County Sheriff's Office makes use of a third party vendor for this service. This service may be available to be used by contract staff only if contract staff has been unable to locate services after positive effort has been documented as expended toward that goal. Should these services being used by Clark County, be used by Medical Contract Staff they shall follow County procedures. The County reserves the

right to charge the Medical Contractor for these services if used, but should the use be *de minimis*, these charges will be absorbed at the discretion of the County, with their normal fees.

NaphCare understands and will comply with this requirement.

AL. SUPPLIES AND EQUIPMENT

The contractor is responsible for the cost of all additional supplies and equipment needed to provide health care. Contractor must ensure that such items remain in good working order. Contractors may make a visual inspection of equipment during the tour. The contractor will be responsible for the repair, maintenance, and required calibrations of equipment. Contractor shall supply office equipment utilized by the health staff in the performance of their duties such as desks, chairs, fax machines and computers, etc. All equipment provided will remain the property of the County. Contractor shall be responsible for special line charges relating to facsimile or computer equipment. Contractor shall be responsible for provisions for the installation of computers. Copy machine and supplies are County leased and maintained.

Contractor shall be responsible for procuring and stocking all medical and pharmaceutical supplies for the routine and specialty care of all inmates. All remaining supplies shall be converted to County inventory at the termination of the contract.

The contractor will keep at least three Automated External Defibrillator (AED) on site. The contractor will ensure that medical staff is trained in its use.

NaphCare understands and will comply with this requirement.

AM. FACILITY AND SECURITY RESPONSIBILITIES

The County will provide, at its discretion, the contractor with office space, examination rooms, and utilities, except for long-distance phone services (which will be credit card or billed by the contractor) to enable the contractor to perform its obligations and duties under the contract.

The County shall provide security staff for off-site supervision and transportation of inmates for medical services.

The County may provide security services for the medical personnel.

Contractor may present optional proposals. Juvenile and Skamania will be responsible for any security measures at their respective sites.

The County shall provide housekeeping, cleaning supplies and laundry services on existing normal schedules.

NaphCare understands and will comply with this requirement.

AN. DISASTER PLAN

Contractor shall develop procedures for a disaster plan in the event of a man-made or natural disaster. Development of the plan shall be coordinated with the institution's security plan, incorporated into the overall emergency plan, and made known to all personnel. Review of the health aspects of the disaster plan shall be part of the initial orientation of new personnel and drilled annually with all health care staff.

The drills will be captured on a drill form and post-drill analysis will result in the development of an action plan for improvement.

NaphCare understands and will comply with this requirement. Correctional facilities require unique and proven methods of successfully managing jail healthcare operations in the event of an emergency. With the medical and correctional staff working as a team, it is imperative that each know specific roles and perform them well. NaphCare will work side by side with all CCSO personnel to ensure the continued operation of the inmate medical services program. We will ensure that the health, safety, and welfare of inmates, staff, and visitors are not jeopardized within the confines of the correctional institution during an emergency, and we will provide 24-hour emergency healthcare services.

Emergency Response

NaphCare is experienced in helping our client facilities navigate emergencies, such as hurricanes and natural disasters. We have been the provider at multiple sites that have dealt with these issues, and have been commended on our handling of the situations.

During Hurricane Irma in 2017, NaphCare staff played an integral part in ensuring the continuity of medical care to inmates at the Hillsborough County Jail in Tampa, Florida. The NaphCare management team developed a comprehensive plan of action, and our onsite team and Hillsborough County Sheriff's Office staff worked together to achieve a successful outcome in the face of a stressful event. We were pleased to receive commendation from HCSO in the days following acknowledging the support, service, and success of our staff. NaphCare is proud of our staff and their capability to meet challenges that arise, not only on a day-to-day basis, but also in extreme situations such as this.

We take the following steps to ensure that NaphCare healthcare staff members are prepared to implement the health aspects of Clark County's Emergency Response Plan. Upon contract award, we will further customize this plan to the CCSO's facilities and their particular needs.

Emergency Response Plan

1. Health aspects of the Clark County emergency plan will be approved by the responsible health authority and facility administrator, and will include:
 - Responsibilities of health care;
 - Procedures for triage;
 - Predetermination of the site for care;
 - Telephone numbers and procedures for calling health staff and the community emergency response system (e.g. hospitals, ambulances);
 - Procedures for evacuating patients, and
 - Alternate backups for each of the plan's elements and timeframes for response.
2. At least one mass disaster drill is conducted annually in the CCSO facilities so that over a three-year period each shift has participated.
3. A man-down drill is practiced annually per shift where health staff are regularly assigned. All training for these drills of our staff is documented on the Education Log.
4. All man-down drills will be documented using NaphCare's Medical Emergency Code Report.

5. Critiques of each emergency response, drill, and tabletop exercise are conducted, reviewed, and documented on the Emergency Response Critique Form and shared with all healthcare staff.
6. Full-time healthcare staff not assigned to a particular shift are exempt from drills.

The Contractor shall also develop procedures for a large outbreak or epidemic. Development of the plan shall be coordinated with the institution's security plan, incorporated into the overall emergency plan, and made known to all personnel. Review of the health aspects of this plan shall be part of the initial orientation of new personnel and drilled annually with all health care staff. The drills will be captured on a drill form and post-drill analysis will result in the development of an action plan for improvement.

NaphCare understands and will comply with this requirement. We prepare healthcare staff to implement our response to an infectious disease pandemic to ensure the health, safety and welfare of patients, staff, and visitors. We will work in conjunction with the CCSO facilities to ensure that the health, safety, and welfare of patients, staff and visitors are not jeopardized within the confines of the correctional institution during a pandemic of infectious disease. Our Pandemic Response Plan is based on guidelines established by the Center for Disease Control and Prevention. Our policies and procedures comply with *NCCHC J-B-02* and *ACA Standard for Communicable Disease and Infection Control Program*.

Pandemic Response

1. Health aspects of the Pandemic Response Plan will be approved by the institutional authority as well as NaphCare's corporate Chief Medical Officer, and will include:
 1. Responsibilities of health care;
 2. Procedures for triage;
 3. Predetermination of the site for care;
 4. Telephone numbers and procedures for calling health staff and the community emergency response system;
 5. Procedures for evacuating patients; and
 6. Alternate backups for each of the plan's elements.
2. Health care staff will be trained in the implementation of the Pandemic Response Plan in the facility so that each shift has participated. Training provided to health care staff will be documented in the Education Log.
3. Critiques of the Pandemic Response Plan and tabletop exercise will be conducted, reviewed, documented, and shared with all health care staff.
4. Standard precautions will be followed with all patient contacts. Health care staff will implement NaphCare's exposure control plan as defined in the Infection Control Program Policy and Procedure to eliminate and minimize exposure to infectious disease.
5. All patients will be assessed for possible infectious disease or processes upon admission to the institution and appropriate precautions taken.
6. Should a pandemic episode occur or be suspected within the facility, health care staff should immediately implement the Pandemic Checklist.

In 2018, NaphCare staff successfully identified, treated and monitored a potential outbreak of Hepatitis A in the Hillsborough County Jail in Tampa, Florida. Between the months of November and December, with the help of the Hillsborough County Health Department Immunization and Epidemiology Clinic, 224 inmates were vaccinated for Hepatitis A.

7. The Health Service Administrator/Responsible Health Authority and any appropriate NaphCare staff along with the institution staff, as appropriate, will conduct annual meetings to review the Pandemic Committee Plan.
8. Annual meetings will include any recommendations or suggestions made by NaphCare's Corporate Medical Officer, Regional Nursing Directors, Corporate Pharmacy, Facility Medical Director, Health Service Administrator, Director of Nursing, Food Vendor, Public Health Department, and appropriate correctional staff.
9. The annual meetings will address, at a minimum, the following issues:
 1. Communication;
 2. Quarantine and Isolation;
 3. Vaccine Supply;
 4. Annual Vaccines;
 5. Staffing; and,
 6. Education and Training.
10. The institution will abide by local and federal regulations regarding the reporting of infectious diseases as detailed in NaphCare's Infection Control Policy and Procedure.

AO. PROGRAM SUPPORT SERVICES

In addition to providing on-site, off-site and personnel services, the contractor shall also be expected to provide professional management services to support the medical program. These additional support services are as follows:

NaphCare understands this requirements and will comply with the following to provide program support services.

1) Continuous Quality Improvement Committee

The contractor shall institute a multidisciplinary continuous quality improvement (CQI) committee within the first quarter of the contract that will monitor the health services provided. Formulation discussion should include committee membership, frequency of meetings, thresholds for evaluation, collection of data, corrective action plans and communication of results. The CQI program shall complete at least one process and one outcome study annually regarding fundamental aspects of the health care system. In the case of a death of a detainee, the contractor shall ensure that an administrative review, a clinical mortality review and, in the case of a suicide, a psychological autopsy are conducted, as defined by NCCHC standards.

NaphCare understands the requirements and will comply. Our CQI committee includes the following members (variances are allowed for facilities where some of these positions are not represented on staff):

- Facility Administrator/Designee;
- Facility Security Representative;
- Medical Director;
- Health Services Administrator;
- Director of Nursing, if applicable;
- Medical Records Clerk, if applicable;
- Mental Health Director or designee; and
- Facility staff as locally determined (this typically includes a representative from mental health, dental, food services, and any other area that has a special program).

The CQI committee monitors and evaluates healthcare delivery, makes changes to improve healthcare delivery, and resolves identified problems. To enhance communication, the committee will meet monthly and provide reports to the site administration. The corporate CQI team also meets to review and assist with their CQI studies and actions. The goals of the on-site and corporate meetings are to:

- ✓ Establish standards for clinical practice,
- ✓ Increase clinical and operational productivity,
- ✓ Ensure cost-effectiveness,
- ✓ Monitor utilization and clinical practice patterns,
- ✓ Review discharge planning practices,
- ✓ Identify high-risk patients,
- ✓ Track and trend infectious diseases,
- ✓ Meet contract obligations, and
- ✓ Recommend issues for improvement or change.

At year's end, the site CQI committee and corporate CQI team meet to review all completed studies and address any areas in need of improvement. The CQI committee prepares an annual summary as part of the annual report.

2) Medical Audit Committee

The contractor shall institute a medical audit program that will include regular chart reviews by physicians and RN healthcare staff of outpatient and inpatient medical records to evaluate the timeliness and appropriateness of the health care provided to the inmates. Chart reviews, deliberations, and actions taken as a result of reviews shall be documented. Reports will be provided to the Sheriff's Office administration by the 10th of the following month following the meeting or action.

NaphCare understands this requirement and will comply. The Medical Audit Committee includes a multidisciplinary team to incorporate medicine, nursing, dental, mental health, substance abuse, and Clark County facility administration, as well as any other representatives designated by the Sheriff's Office. The committee will be chaired by NaphCare's designee. We will keep meeting minutes and distribute them with an agenda prior to all meetings. Minutes and copies of reports reviewed will be submitted to all committee members. The quality improvement committee will evaluate inmate complaints and grievances. The Medical Director will attend the MAC meeting at least monthly.

We will coordinate with Clark County representatives and meet on at least a monthly basis to conduct MAC meetings. Reports will be tailored to include all information requested by the Sheriff's Office. To ensure contract compliance and the quality of healthcare provided in the facilities, these joint meetings will be held to monitor performance and make recommendations for improvement. Chaired by NaphCare's HSA, the meeting will foster open communication and cooperative efforts between Clark County personnel and our personnel. NaphCare's HSA will review trends and internal findings with the appropriate jail leadership, and periodically, NaphCare personnel will conduct medical audits to include:

- Scope of Practice Reviews
- Chart Reviews
- Occurrence Screens
- Indicator-Driven Reviews
- Drug Usage Evaluations
- Morbidity and Mortality Reviews

3) Infection Control

An effective infection prevention and control program shall be implemented by the contractor that includes concurrent surveillance of patients and staff, preventive techniques, and treatment and reporting of infections in accordance with local and state laws. The program shall comply with CDC guidelines and OSHA regulations. The responsible health authority ensures that:

- Appropriate medical, dental and laboratory equipment and instruments are decontaminated
- Personal Protective Equipment (PPE)
- Infection Control Engineering
- Handwashing Stations (County may provide access upon agreement)
- Injury exposure protocols, including but not limited to needle sticks
- Infection control plan that meets or exceeds NCCHC J-B-02 of the 2018 NCCHC Standards for Health Services in Jails
- Sharps and biohazard wastes are disposed of properly
- Surveillance to detect inmates with serious infectious and communicable disease is effective
- Immunizations to prevent disease are provided when appropriate,
- Infected patients receive medically indicated care, and
- If appropriate, inmates with contagious diseases are medically isolated.
- The contractor shall be responsible to file all reports required by local, state, and federal laws and regulations. A written exposure control plan and the use of standard precautions are required. Active communication and coordination with the local health department regarding communicable disease and public health issues is encouraged. Contractor shall follow Washington State Law on the reporting of notifiable conditions to the local health department.

NaphCare understands this requirement and will comply. We have an established Infection Control Program that is based on *NCCHC and ACA Standards*. Our Infection Control Program provides guidelines for the management of, and reduction of unnecessary exposure to, infectious and communicable diseases for inmates, institution and healthcare staff. It also offers guidelines to enact protection for health of inmates, staff and visitors through maintenance of a clean and orderly health unit. Our program is based on universal precautions recommended by the Centers for Disease Control (CDC), the Occupational Safety and Health Administration (OSHA), the Association for Practitioners in Infection Control, and other nationally recognized infection control organizations.

Infection Control

An infection control program will be implemented to establish a comprehensive system of programming for surveillance and treatment of infectious diseases within the correctional environment. This program also eliminates or minimizes the risk of infection and transmission of communicable diseases for inmates and employees, and provides for the reporting of diseases as required by local, state and federal law.

The HSA oversees and implements infection control measures to monitor the incidence of infectious and communicable diseases, ensures proper handling and disposal of biological waste, and provides education to inmates, correctional staff, and clinical staff on control, treatment, and prevention of infection. Infection control activities are monitored by the CQI committee.

At a minimum, our infection control program includes written policies, procedures, and practices to:

- Define surveillance procedures for inmates identified with infectious/communicable disease;
- Ensure appropriate testing and immunizations for staff;
- Provide inmate immunizations as recommended by the on-site Medical Director;

- Provide care and treatment to inmates with communicable diseases, including the recommendation for special housing/isolation when medically indicated;
- Implement Bloodborne Pathogen Program;
- Monitor compliance with treatment regimens and continuity of care for inmates with communicable diseases;
- Ensure confidentiality;
- Define decontamination of medical equipment and proper disposal of sharp instruments and biohazard wastes;
- Define strict adherence to universal precautions by all NaphCare staff to minimize the risk of exposure to blood and body fluids of inmates; and
- Provide reports to designated authority of infectious diseases and nosocomial infections (infections that originate or occur in a hospital) in accordance with local, state, and federal laws and regulations.

Meetings are held at least quarterly, or whenever an infection control issue requires immediate or continuing attention. A licensed healthcare provider is designated to serve as the Infection Control Coordinator. The infection control committee will consist of the following members:

- Medical Director or Physician;
- Dentist or representative, if applicable;
- HSA;
- Director of Nursing, if applicable;
- Infection Control Coordinator;
- Institutional Authority representative; and
- Any other representatives, depending on issues for discussion as designated in conjunction with the HSA or our Corporate Office.

Infectious disease reporting is achieved through the *TechCare®* system. An inmate diagnosed with an infectious disease is immediately enrolled in a chronic care clinic that will then provide the appropriate referrals and treatment plan. The inmate's care can be tracked through the chronic care clinic module in *TechCare®*. *TechCare®* maintains data in real time to ensure that appropriate care is provided.

Managing Infectious Disease within *TechCare®*

TechCare® includes various ways to manage infectious diseases. We start with the Receiving Screening and Health Appraisal, which are both completed when a patient enters the facility. The Receiving Screening contains questions for immediate infectious disease identification, and in turn, places a flag on a patient's chart. Another module within *TechCare®* is the TB Skin Test module. Not only does it contain information relating to a patient's TB Skin Tests and Results, but also it communicates with the Nurse's Queue for alerts/reminders detailing patients who require TB results read and documented.

Multiple protocols aid in diagnosis of infectious diseases, and the Chronic Care Module within *TechCare®* works to manage those diseases, such as HIV/AIDS, Hepatitis and Tuberculosis. Additionally, templates and guidelines may be used for non-chronic infectious disease management, such as STD treatments for curable conditions.

TechCare®'s real-time housing change updates and intake classification sections aid in tracking infectious disease patients as well. If a patient is found to have an infectious condition, **reporting can easily be pulled to determine every inmate he/she has been housed with over the course of their incarceration, allowing for proactive testing of those individuals.** If it is known that specific infectious disease patients were housed in one area of the jail only, these patients can also be entered on admissions management for monitoring automatically.

Infection Control Education

All new hires receive a comprehensive introduction and overview of the infection control program during their orientation period via our training module, NaphCare University. In addition, we provide annual review and competency training of our infection control program for all site staff via NaphCare University as well as on-site in-services. Infectious disease education includes, but is not limited to blood-borne pathogens, air-borne pathogens, post-exposure management, proper hand washing technique, bio-hazardous waste handling, and MRSA. We also provide inmate patient education handouts that address MRSA, HIV/AIDS, and Hepatitis C for use in the facilities.

4) Detainee Grievances/Complaints

The contractor shall specify the policies and procedures to be followed in dealing with detainee complaints regarding any aspect of the health care delivery system. The contractor shall maintain monthly statistics of grievances filed i.e. those with and without merit as well as a process to identify any trends developing over time which might indicate an ongoing problem with service(s). All grievance procedures shall be in accordance with the County's current and subsequent policies, procedures, practices and method of acceptance and response (examples include but are not limited to an electronic inmate submission and response system to replace the current pen and paper process). The County reserves the right to review any detainee complaint and review the contractor's actions. The contractor must implement the County's recommendations in disputed cases. Contractor will follow county's timelines for responses.

NaphCare understands this requirement and will comply. We want to ensure that every inmate concern, complaint, or grievance is addressed by the Health Service Administrator or designee in a timely manner and in accordance with NaphCare procedures. We maintain a complaint and grievance process available to all inmates, which provides an open and meaningful forum for their concerns, the resolution of these complaints, and is subject to clear guidelines. The Corporate Clinical Department and Corporate Legal Department will provide clear oversight of the complaint process. NaphCare's policy and procedures for grievances and complaints comply with *NCCHC Standard J-A-10* and *ACA Standard 4-ALDF-6B-01*.

Inmate Complaint/Grievance Procedure

NaphCare has an electronic system that tracks complaints from receipt to resolution. Our proprietary *TechCare®* Grievance Tracker provides automated daily mail notifications to multiple key operations and risk management staff, including our Chief Legal Officer. This innovative daily alert feature ensures that urgent issues receive immediate attention, from the right people.

NaphCare encourages inmate issues be resolved on an informal basis without the need for filing a formal complaint. NaphCare's complaints and grievances policy includes an informal process:

- Inmates shall always be encouraged to discuss healthcare concerns with the appropriate member of the health care staff.
- The Health Services Administrator, when possible, will encourage and make available informed mechanisms for the communication of, and potential resolution of, inmate health care concerns.
- The Health Services Administrator is encouraged to meet informally with representatives of the department (e.g., chaplain) who may have input on the adequacy of health care delivery.

NaphCare's grievance process begins by ensuring that inmates have an open forum to voice their complaints; no inmate will be denied access to the grievance process. Our personnel are trained to seek resolution to inmate concerns before they escalate into grievances. Once an inmate files a grievance, a systematic process is triggered

that is fully compliant with all relevant NCCHC and ACA guidelines. This process is overseen by our Chief Medical Officer and our Chief Legal Officer. Any grievances that we are unable to successfully address will be escalated to an appeal process.

NaphCare staff will respond to inmate grievances in a timely manner based on principles of adequate medical care. The process for response is as follows:

1. Upon receipt of the Health Care Grievance form from the inmate, the receiving health care staff will complete the "Date Received" section of the form in front of the inmate.
2. The HSA or designee will then investigate the health care grievance including, if necessary, meeting with the inmate, interviewing witnesses, and taking statements.
3. The HSA will respond to the health care grievance in writing within ten (10) days.
4. The HSA will record and scan the original Health Care Grievance form and any witness statements and attachments submitted by the inmate in *TechCare®* (grievances section; not the medical record).
5. The inmate will be given a copy of the Health Care Grievance form and the written response. The inmate will sign and date the Health Care Grievance form, acknowledging receipt.
6. In the event that an inmate feels that the Health Care Grievance has not been satisfactorily resolved by NaphCare, an appeal may be submitted to the Health Services Administrator within five (5) calendar days following the inmate's receipt of the response to his/her Health Care Grievance.
7. The inmate shall utilize the Health Care Grievance Appeal form when filing his/her appeal.
8. Should the inmate fail to timely file his/her appeal within the allotted time frame, said appeal shall be denied.
9. The HSA, and/or his/her designee, shall provide a timely response to the inmate's appeal within ten (10) calendar days following the inmate's appeal.
10. Each inmate shall be entitled to one appeal per Health Care Grievance.

Other features of NaphCare's grievance process include the following:

- Upon entrance into the facility, each inmate receives information about the grievance procedure and how to file a grievance form.
- All NaphCare personnel are required to attend training regarding the grievance procedure.
- Inmates with special needs (such as impaired vision, hearing problems, language barriers, etc.) who request special assistance in completing a grievance form receive assistance.
- Grievance notification alerts are emailed automatically to key staff daily.
- Grievances are reviewed and responded to by healthcare staff daily.
- Our grievance process complies with all relevant NCCHC and ACA guidelines.
- Our grievance process includes electronic tracking of all medical grievances and concerns, along with our healthcare staff's response.
- NaphCare personnel receive ongoing corporate support and education pertaining to grievance management.

NaphCare will generate a monthly report of complaints received and provide it to the County. The report includes: inmate name, identification number, date the complaint was received, complaint description, date of response, and a brief description of the resolution. NaphCare's Grievance Tracker system is a fully data-minable electronic database. As a result, grievances can be filtered by inmate or type of grievance, therefore allowing tracking of similar type issues.

NaphCare regularly creates and reviews reports of grievances and their disposition to help identify and resolve problem trends. We do this because we view grievances as an instrument for helping us identify ways to continually improve our care and processes. In keeping with this philosophy, NaphCare prepares a corrective action plan for substantiated grievances. This methodical approach to grievance tracking results in ever-improving patient care.

5) Detainee Litigation

The contractor shall immediately notify the Sheriff or his/her designee, when served with potential or actual process regarding detainee litigation and cooperate with County Officials in any legal matters relating to correctional health care involving Clark County as a named party.

NaphCare understands this requirement and will comply.

6) Policy & Procedure

The contractor shall be responsible for the development, maintenance, and annual review of administrative and operational policies and site-specific procedures, in coordination with the Sheriff's Office personnel. All of the operational aspects of health care delivery discussed previously in this RFP are to be addressed by written and electronic policy and site-specific procedures. Policies and procedures shall be site specific, fully implemented and will define the health care operations and accurately reflect the actual workflows and interventions by personnel. Full operational procedures shall be in place by the end of the first quarter of the contract. Failure to meet this requirement shall result in a notification of deficiency. All policies and procedures shall be designed to meet NCCHC, ACA and Clark County Jail Standards. Contractor's policies shall be congruent with those of the Clark County Sheriff Office, Main Jail, Jail Work Center, Clark County Juvenile Detention Center and potentially Skamania County Jail. Contractor will also familiarize themselves and their staff with the policy and procedures of the Clark County Sheriff's Office, Main Jail, Jail Work Center, Clark County Juvenile Detention Center, and potentially Skamania County Jail.

NaphCare understands this requirement and will comply. Our Policy and Procedures Manual, based on NCCHC and ACA standards, incorporates all essential healthcare and administrative forms for use by on-site healthcare personnel. In collaboration with the County, we will develop a site-specific policy and procedure manual based on Clark County's existing policies. All policies and procedures will comply with federal and state laws, rules, regulations and guidelines as well as with professional standards of the NCCHC and ACA. Our site-specific policies and procedures are subject to approval by Clark County.

Comprehensive and thorough policies and procedures will exist for all aspects of the healthcare delivery system. We will collaborate with appropriate personnel to develop policies and procedures, which must be approved by the HSA, on-site Medical Director, and Jail Administrator and/or designee for Clark County. Each policy and its procedure are reviewed regularly, at least annually, and documented through appropriate dates and signatures. We will develop, maintain, and conduct an annual review of administrative and operational policies and procedures. Each policy and procedure will cross-reference the NCCHC and ACA standards applicable for ease of reference. All health services forms will be cross-referenced to the applicable policy.

Routine updates and training on all policies and procedures will be provided to health services staff and such information sharing will be documented and available for inspection. Each new staff member will receive thorough orientation to all health-related policies and procedures, and documentation will be maintained in the employee's personnel and training files. Policy manuals will be available to all health services staff, independent contractors, or

subcontractors at all times in an accessible area in the health services unit. Healthcare staff can also access our policy and procedure manual online to obtain important information 24 hours a day, seven days a week.

7) Utilization Review

The contractor shall establish a utilization review program for the review and analysis of the utilization of off-site referrals including subspecialty and inpatient stays. The program shall include non-urgent hospitalization, pre-certification, urgent hospital certification, concurrent review, prospective denial, discharge planning, and prior authorization of targeted procedures, e.g., MRI and CAT scans. The utilization management program shall demonstrate that the use of outside service has been appropriate (medically indicated) and that the length of stay (if applicable) is neither longer nor shorter than medically indicated. This information will be presented to Jail Administration within 15 days of the end of referral.

The contractor shall not offer financial rewards to its employees or subcontractors as an incentive to limit care or the availability of care or to use excessive referrals to outside providers.

NaphCare understands this requirement and will comply. When off-site care is required, NaphCare's utilization team collaborates daily with health services staff and off-site providers to ensure appropriate usage of healthcare services. Always watchful, NaphCare is poised to adjust to each day's demands. We review all cases prospectively; ER visits retrospectively; and hospitalizations concurrently, ensuring the correct allocation of off-site services for our clients. NaphCare's experienced UM nurses are trained to monitor off-site services allowing them to determine the best possible outcome for patients, healthcare providers, and correctional facilities.

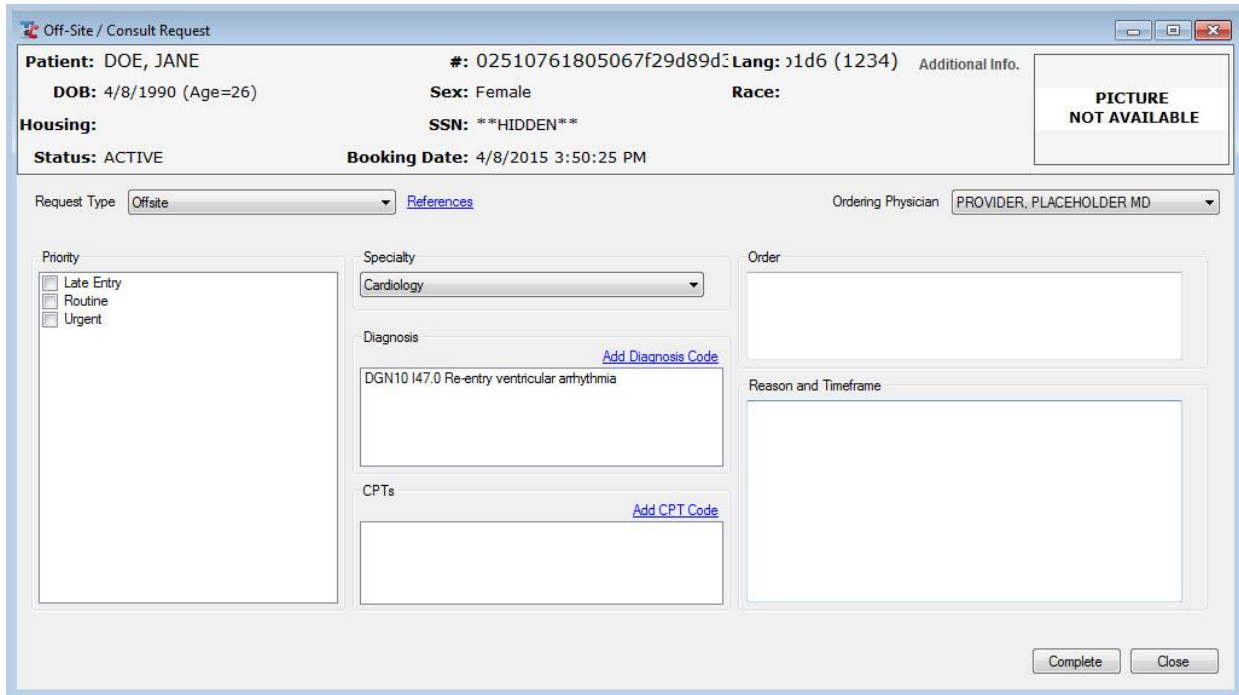
Utilization Management

NaphCare realizes that high quality care does not have to be expensive; expensive care does not guarantee high quality; and preventive care saves money long-term. Our Utilization Management program follows a simple formula: *match intensity of service with severity of illness*. We consider the following factors during review:

- Medical necessity based on industry standard, evidence-based criteria
- Appropriateness and efficiency of medical services, procedures, and facilities on all requests
- Off-site service delivery – inpatient and outpatient setting
- Length of stay using industry standard, evidence-based criteria
- Maximization of on-site infirmary capabilities
- Care consistent with community standards, contractual, or legal mandates
- Coordination of on-site and off-site care – eliminates duplication of services

Off-site Requests

Information needed to determine approval or deferral of services is available within *TechCare®*, allowing NaphCare's nurses to make reliable and informed decisions in a timely manner. The following screenshot shows an off-site request in *TechCare®*.



Patient Tracking

We use *TechCare*® to track all off-site requests throughout the Utilization Management process. On average, NaphCare's corporate Utilization Management nurses review off-site requests in less than one day, and when appropriate, approve requests.

Requests referred to the physician are reviewed within one business day. The average time frame for approved service scheduling with community based providers is one day. Emergency cases are immediately referred off-site and are reviewed retrospectively. For continuity of care, the Health Services Administrator or designee submits a notification immediately. Upon return from an emergency room visit, including psychiatric visits, the appropriate Advanced Clinical Provider or designated staff will see the inmate, review the discharge information and treatment recommendations, and issue follow-up orders as clinically indicated. Documentation of ER visits is tracked and monitored via *TechCare*® to identify outliers and further ensure continuity of care. At NaphCare, our goal is to provide inmates with the care they need when they need it; care is not delayed within our Utilization Management process. In most cases, NaphCare completes the process—from the time of the initial request to the scheduling of the appointment—in less than two days.

Outcomes May Include

- ✓ Request for additional information for proper determination
- ✓ Nurse or physician review
- ✓ Nurse or physician approval
- ✓ Alternate plan of care

Utilization Management Key Interactive Components

We control costs by performing the following types of review:

1. **Prospective Review** - Occurs prior to delivery of care and establishes medical necessity, ensuring appropriate and cost-effective care within the correct timeframe. The following services are reviewed for all requests:
 - Hospitalizations—scheduled inpatient and observation
 - Outpatient surgical or non-surgical procedures
 - Specialty office visits and procedures
 - Diagnostics, durable medical equipment and prosthetics
 - Course of outpatient treatment—physical therapy, dialysis, chemo, radiation

By following our policies we are able to shorten the length of stay, preserve quality of care, and enhance discharge planning for return to the facility.

NaphCare's site Medical Director, designated site staff, Chief Medical Officer or designee, and a dedicated utilization nurse review and discuss proposed non-emergent services to determine the most appropriate and medically sound approach to care. Resulting outcomes and planned courses of action are shared with the site Medical Director or designee and progress notes are documented in *TechCare®*.

Prospective review can produce multiple outcomes, all of which are tracked by *TechCare®*. In our approach to correctional UR, we do not "deny" a provider's recommendation for off-site care, but rather, discuss the case physician-to-physician and develop alternate plans of care as appropriate. Our UR process takes less than 24 hours on routine cases when all necessary clinical information is provided. Requests for care within 14 days are reviewed and processed the same business day.

Complex Off-site Healthcare Alerts (COHA): NaphCare's Utilization and Case Management team closely monitors inmates diagnosed with chronic and complex illness. *TechCare®* aids staff in this process by tracking the number of off-site visits by way of a watch list. Inmate acuity level is based on the severity of illness and subsequent off-site treatments. When our nurse anticipates that an inmate's care will require a wide range of resources, multiple off-site trips, or extended hospitalizations and treatments, a Complex Off-site Healthcare Alerts is sent to the Captain and appropriate jail personnel. NaphCare ensures that high acuity inmates are closely monitored, which reduces readmission, prolonged length of stay, and repeat surgery, as well as other medical expenses.

Pre-Procedure Instructions to Inmates: With the goal of educating inmates on scheduled procedures, NaphCare's clinical support staff provides inmates with medical instructions and information prior to these procedures. Through this process, inmates receive evidence-based answers to clinical questions at the point of care. Informed of their procedures, inmates are prepared to ask questions and engage in conversations with clinical staff regarding course of treatment. Inmates have the tools necessary to improve treatment prognosis and minimize recidivism through self-care.

2. **Concurrent Review** – Begins immediately after admission and continues throughout hospital stay, ensuring that an appropriate treatment plan, efficient delivery of services, and timely preparation for discharge are established.

For health concerns requiring inpatient admission, Utilization Management nurses remain in daily contact with hospital case managers and the attending physician to ensure that the length of stay is no longer than medically appropriate. Regular communication helps NaphCare develop appropriate discharge plans and maximize on-site infirmary capabilities.

- 3. Retrospective Review** – Occurs on all ER trips and for any questions or concerns that may arise regarding the quality and appropriateness of an inmate's care. As part of our quality initiative, our UR nurses and Chief Medical Officer review all emergency room visits and monitor the site Medical Director's appropriate use of the on-site facilities.

Utilization Management Reports

NaphCare has extensive reporting capabilities based on the data captured in TechCare®. We analyze costs, trends, and can provide a variety of statistical reports. In addition to providing the above services, we study statistics that aid you in improving your utilization of off-site care. Our sophisticated reporting capabilities, combined with our strong correctional operations experience, creates highly satisfied clients. NaphCare offers:

- Daily Hospitalization Report—including reason for admission and length of stay
- Detailed monthly utilization report—including detailed time frames for each process of the review
- Inpatient & outpatient statistical report—by service and location
- Specialty services—consults, procedures, and diagnostic services
- ER trips—by service and location
- Utilization Review—by disease classification

Case Management

NaphCare provides Case Management and Utilization Review efforts for hospitalized inmates. We recognize the value of on-site nurses in the facilitation of care in the hospital setting; our nurses are dedicated to and have extensive expertise in the above areas. Responsibilities for on-site nurses in the hospital setting include the following:

- Assistance with direct admissions—prevents lengthy & costly emergency room visits
- Discharge planning—ensures that all medical needs are met prior to discharge
- Increased communication between medical disciplines during complex hospital stays
- Establishment of collaborative long & short term goals for treatment
- Discharge planning—use of formulary drugs
- Optimization of infirmary beds—ensures proper assignment & level of care for inmates

Quality Initiatives

NaphCare's Utilization Management Department conducts a monthly Utilization Management Committee Meeting to identify and implement quality initiatives such as the readmission review process. Research is performed and shared with the committee, resulting in implementation of quality improvement processes. When necessary, cases are referred back to the Chief Medical Officer for peer review and further recommendations for quality improvement. Utilization Management education is an ongoing process throughout the life of the contract.

8) Strategic Planning and Consultation

The contractor shall indicate its capability and willingness for strategic operational planning and medical and administrative consultation concerning new construction, operational planning etc. should such a need arise.

NaphCare is capable of offering strategic operational planning and medical and administrative consultation for the CCSO. We look forward to working closely with Clark County to develop the most efficient, cost-effective healthcare program possible. Our corporate staff includes professionals that are highly experienced in correctional healthcare and knowledgeable about correctional standards, and they are available to provide support and consultation to the County as needed. We ensure an open line of communication with Clark County to help you address any concerns or issues. We are confident in our ability to provide creative solutions that adapt to meet your needs and provide your inmates with constitutional, quality care.

NaphCare will comply with this requirement. NaphCare is currently consulting on building expansion at our Franklin County, OH client site and would be available to the County for consultation should the County desire.

NaphCare's Expansion Consultation Experience

NaphCare is experienced in assisting our clients with facility expansion and growing inmate populations. We have previous experience in the design, renovation, and construction of correctional dialysis facilities, utilizing our relationships with several construction companies who are experienced in the construction and renovation of correctional facilities. NaphCare's experience in renovation and design includes the following:

✓ North Carolina Department of Corrections – Scotland Correctional Institution, Laurinburg, NC:

- Awarded contract for Design, Construction and Operation of a 18-Station Modular Dialysis Facility.
- Our Dialysis Division served as Project Manager for the construction project.
- NaphCare, working alongside Satellite Shelters, Inc. and the NCDOC in a collaborative effort, was able to construct a 18-Station Freestanding Dialysis Unit within the Scotland Correctional Institution secure perimeter.
- This project increased the maximum dialysis patient capacity from 72 patients to 108 patients.
- We successfully assisted in relocating the patients and equipment to the new facility and began providing services without interrupting the patients' treatments.

✓ North Carolina Department of Corrections – Hoke Correctional Institution, McCain, NC:

- Awarded contract for Design, Construction and Operation of a 12-Station Modular Dialysis Facility.
- Our Dialysis Division served as Project Manager for the construction project.
- NaphCare, working alongside ModSpace and the NCDOC in a collaborative effort, was able to construct a 12 Station Freestanding Dialysis Unit within the Hoke Correctional Facility secure perimeter.
- This project increased the maximum dialysis patient capacity from 30 patients to 72 patients.
- Project was completed in only 28 weeks.
- We successfully assisted in relocating 30+ patients and equipment to the new facility and began providing services within a 72-hour period without interrupting the patients' treatments.

✓ North Carolina Department of Corrections – Central Prison Hospital and Women's Correctional Institution, Raleigh, NC:

- NCDOC built two new medical facilities in a multi-year project at the Central and Women's Prisons in Raleigh.
- We assisted the DOC with the planning and design of the dialysis space in both facilities.
- After completion of the new medical facilities, we successfully assisted in relocating 40+ dialysis patients and all related dialysis equipment to the new facilities and began providing services within a 72-hour period without interrupting the patients' treatments.

- ✓ **Federal Bureau of Prisons – Medical Center, Ayer, MA:** We assisted in the completion of several different renovations of this facility, all of which were accomplished while continuing to provide dialysis services on-site:
 - Expansion from 11 chairs to 15 chairs.
 - Further expansion from 15 chairs to the current 21 chairs.
 - Upgrade of RO water system and installation of new water loop.
- ✓ **Colorado Department of Corrections, Denver, CO:** We were involved in the design and construction of a new dialysis facility located at the Denver Correctional Facility. This was a relocation of an existing unit. We assisted in this accomplishment while continuing to provide services on-site without interruption.
- ✓ **Federal Correctional Complex, Terre Haute, IN:** We are expanding the contracted hospital's secure ward from an 8-bed unit to a 25-bed unit. We are overseeing the requirements for prisoner security, working with the Bureau of Prisons and wardens, and managing construction with the hospital. Our job is to oversee all aspects of this expansion.
- ✓ **Franklin County Corrections Centers I and II:** We are currently helping Franklin County Corrections to plan the development and building of a completely new correctional facility. Through our consultation, we are using our 30 years of experience in correctional healthcare to help the County plan a facility that facilitates efficient, effective health care for its inmate patients and allows for the maximum amount of services to be provided on-site, saving the County future transportation costs and adhering to our proactive approach to healthcare.

9) Credentialing

The contractor shall specify its credentialing procedures for professional staff employed at the facility, based on the current NCCHC standards. Procedures shall meet the requirements of local and state jurisdictions. Copies of all current nursing and physician licenses, DEA numbers, and Board Certification information shall be kept on-file in the nursing administrator's office in a locked cabinet, and supplied to Jail Administration during the Clearance process. This information shall be made available to Sheriff's Office administration upon request. All licensure and credentialing shall be completed by the Contractor for position applicants prior to the request for security clearance. All personnel shall have current licenses to practice unencumbered in the state of Washington.

NaphCare understands this requirement and will comply. All NaphCare staff providing medical, dental, or mental health treatment meet state licensure and/or certification requirements.

Credentialing

To ensure that our medical professionals have the appropriate licensure and/or credentialing to provide the services required, we conduct a thorough interview and credentialing process, which includes the following steps:

- ✓ Pre-screening applicants through phone interviews and the submission of credentials/licensure.
- ✓ Interviewing of candidates at the CCSO facilities by our Health Services Administrator (HSA) or another company representative.
- ✓ Verifying references and licenses with the appropriate state and/or national agencies.
- ✓ Extensive site visits to the CCSO facilities prior to making a formal employment decision.
- ✓ Requiring prospective employees to undergo and pass a criminal background check.
- ✓ Requiring prospective employees to undergo and pass a pre-employment drug screen.

NaphCare will ensure that all professional staff, including contract physicians, working in the correctional facilities has evidence of current licensure, certification, and/or registration as required by the state or federal law on file at all times. We will verify medical professionals' credentials initially upon hire, annually through the National Practitioner Data Base, and again at the time of renewal. We always maintain appropriate records of these credential verifications. NaphCare makes credentialing, profiling, privileges, competency reviews, licensure, disciplinary and other regulatory data available upon request. We make credentialing, profiling, privileges, competency reviews, licensure, disciplinary and other regulatory data available to the County upon request.

We check for primary source verification with the American Medical Association, National Practitioner Data Bank and the state licensing web site, and credential all physicians and mid-level practitioners. We verify licenses, education and any disciplinary actions taken against the potential employee. Our nursing and ancillary staff are all credentialed according to their license or certificate and verified on the corresponding verification website.

NaphCare not only maintains a system for verifying that our staff's licenses remain current and unexpired, we also subscribe to the National Practitioner's Data Bank Continuous Query service. Continuous Query keeps us informed 24 hours a day, 365 days a year about any adverse licensure, privileging, Medicare/Medicaid exclusions, civil and criminal convictions, and medical malpractice payments on our enrolled practitioners. As a result, we are notified electronically within 24 hours of a report received by the Data Bank and have continuous access to check the credentials of our enrolled practitioners.

Our credentialing files are always available for review, as these files are maintained by our corporate Human Resources Department and can be viewed electronically at any time. Each NaphCare employee has an electronic personnel file that includes an accreditation specific file so that with the click of a button everything you need for an accreditation audit can be accessed.

10) Risk Management and Mortality Review

The contractor shall indicate its risk management plan and discuss its procedures for dealing with critical incidents. The contractor shall be responsible for establishing and providing evidence of a formal mortality review process on all cases that involve a death or near death. The County's attorney, risk manager or designee shall be included in any mortality review. Copies of such reports will also be given to the appropriate facility representative after such review, upon request.

NaphCare understands this requirement and will comply. NaphCare is committed to a strong Patient Safety Program focused on the avoidance and reduction of risks that threaten our ability to provide quality health care. We understand critical incidents and bad outcomes are best avoided by establishing systems that promote early identification, intervention, and prevention.

Risk Management/Patient Safety Program

Competence

Competence is not only the sum of one's education, but also includes the right training, tools, and support to function effectively in the correctional environment. Our goal is to develop and retain staff that support our mission of quality care. We mandate up-to-date orientation and annual in-service training on all NaphCare policies and procedures to include Suicide Prevention, Intoxication and Withdrawal, Tool and Sharps Control, Inmate Relations, Cultural Competence, Ethics, Medication Administration, Medication Diversion, Performance Enhancement, Workplace Safety, and Skills Proficiency.

We coordinate staffing ratios to ensure adequate coverage to support the care team's ability to provide focused patient care. Every department has sufficient medications, equipment, and supplies to do their jobs successfully. Onsite leadership is expected to support patient safety and drive employee compliance and accountability.

Communication

NaphCare encourages open lines of communication, and we want our staff to feel confident in reporting any recognized or potential areas of risk. We have a reporting system in place for employees to report incidents, occurrences, and near misses in a non-punitive, non-judgmental manner. NaphCare's Policy and Procedure outlines requirements for the following:

- **Incident Reporting** – events such as staff, patient, or visitor injury, emergency patient transports
- **Occurrence Reporting** – includes sentinel events such as patient death, serious illness or injury, serious suicide attempts
- **Medication Variance Reports** – medication errors, adverse medication reactions

We provide parallel site and corporate committees that are actively involved in Patient Safety. Areas of concern, plans for correction, and evidence of outcomes are openly discussed with information shared between the teams. Committee functions include:

- Morbidity and Mortality
- Infection Control
- Environmental Safety
- Continuous Quality Improvement
- Compliance

Well-kept, accurate documentation is vital for communicating patient encounters and should provide a legible summary of patient presentations, interventions, and outcomes. In accusations of medical malpractice, up to one-third of litigation is lost due to inadequate documentation in the medical record. We provide risk protection through *TechCare®*, our electronic operating system that is wholly owned and developed by NaphCare. *TechCare®* provides a solid platform for quality charting for nurses, physicians, mental health workers, and other members of the healthcare team. Multiple levels of risk management are incorporated into the system through tools such as clinical decision algorithms, alert systems, and direct order entry capabilities. Because *TechCare®* is ONC certified you are guaranteed it meets all standards for a safety-enhanced design.

Collaboration

We understand that we are providing care in a secure environment and many custodial and administrative responsibilities overlap with clinical operations. Therefore, maintaining a safe environment is an ongoing team effort that requires an interdisciplinary approach. We can best identify and control emerging risks when we share mutual goals and information. NaphCare will provide reports about our healthcare services, and we encourage participation from our client facilities in the committees and meetings where concerns and solutions are discussed. From here, we can align processes and resources for better risk mitigation. Examples of past successful collaborations include:

- Adjusting sick call or medication pass schedules to accommodate patient movement or count schedules
- Custody designating a housing area to allow greater access to detox patients
- Addition of site-specific questions to the *TechCare®* intake screenings to assist with inmate classification

Inspection, Reflection, and Redirection

Promoting patient safety ongoing and not meant to be a linear process. Some issues may be addressed by incorporating only one of the previous principles. Some may require movement between all of them or repeating a cycle more than once. An intervention is not successful unless it is relevant, proven, and utilized.

NaphCare Policies and Procedures and Training Programs help us maintain risk-ready operations and are designed to prepare and guide our staff through situations where best practices are already identified. To ensure we have the best tools and support available, we update our programs to match the latest standards and clinical guidelines. At a minimum, policies and procedures are reviewed at least annually and updated as needed. Though not inclusive of all NaphCare Policies and Procedures, the following list summarizes areas guiding Risk

Management:

- Access to care
- Intake process
- Continuity of care
- Discharge planning process
- Emergency care and hospitalizations
- Adverse patient occurrences including all deaths
- Effectiveness of the CQI Program
- Emergency response plan
- Off-site referrals
- Infectious disease monitoring
- Medical care
- Oral care
- Mental healthcare; suicide prevention programs
- Nursing care
- Infirmary care
- Chronic care
- Pregnancy care
- Pharmacy services
- Diagnostic services
- Biohazard and environmental control systems
- Inmate grievances
- Privacy of care
- Patterns and processes for informed consent and refusal of care
- Allegations of patient sexual assault
- Forced use of psychotropic medication
- Medical use of restraints
- Employee credentialing and continuing education

Our Quality Assurance and Continuous Quality Improvement programs further explore potential areas of risk. Teams are required to perform ongoing analysis of their units through audits, environmental inspections, quality studies, chart reviews, and statistical reports. When teams recognized concerning trends or potential threats, a corrective action plan is developed to correct the deficit and prevent negative outcomes. Corrective action may include anything from individual or group training to process or policy redevelopment. Follow-up reviews and analysis are then conducted to ensure corrective actions are effective. If not, we develop and deploy new interventions and the process is repeated.

These site level processes are enhanced by monitoring and inspection through various corporate teams dedicated to patient safety.

- STATCare adds a protective and proactive layer of support to the comprehensive healthcare operation and provides 24/7 oversight of the care occurring in your facilities. The STATCare model will give the CCSO facilities 24/7 access to a centralized telehealth team that supports intake and is available to assist with patient care issues that arise. STATCare complements the care provided by the onsite medical team, collaborating on clinical decision making and treatment planning to ensure continuity of care and quality assurance. They provide quality assurance by working with NaphCare pharmacists to actively monitor detox patients, as patients in detox can rapidly deteriorate. They will also provide additional assistance in the first 90 days of the contract by reviewing Intake Screenings, with periodic audits thereafter to ensure continued clinical quality.
- Our in-house pharmacy enhances our patient safety program. Many vendors subcontract their pharmacy services, where the pharmacy technicians are only supervised by a retail quality pharmacist. Our pharmacists are available to verify community prescriptions, review new orders, and provide consultation

to providers in the field. Pharmacists perform a comprehensive medication review to identify, resolve, and prevent medication-related problems, including adverse drug events.

NaphCare's pharmacy is licensed by the DEA as both a retail pharmacy and distributor, an unusual and advanced designation. We destroy unused and expired medications under proper risk management principles.

- Our Accreditation and Compliance team provides hands-on support to our sites to enhance onsite CQI efforts.

Risk Management Expertise

We have assembled a strong clinical team with many years of experience in the correctional healthcare industry, patient safety, and risk management. Their expertise will be accessible and valuable to Clark County:

Clinical Leadership

- Chief Medical Officer for the Western States, Jeffery Alvarez, MD, CCHP
- Chief Medical Officer for the Eastern States and Corporate Nephrologist, Emily Feely, MD
- Executive Vice President and Chief Operating Officer for Jails, Susanne Moore, RN, JD
- Senior Vice President of Clinical Operations, Marsha Burgess, MSN, ARNP-BC
- Corporate Mental Health Director, Donna Sewell, PhD, LCSW
- Director of Compliance and Accreditation, Dyni Brookshire, RN
- Shannon Matthews, RN, Vice President of Western Operations
- Sonia Reisdorf, NP, Vice President of Jail Operations

Legal and Risk Management Leadership

Brad Cain, NaphCare's Executive Vice President and Chief Legal Officer, has worked in correctional health care with NaphCare since 2007. He was honored for his skill and high ethical standards by being selected as a nominee for a judgeship on the Alabama State Circuit Court. He was also named Outstanding Corporate Counsel by the Birmingham Business Journal in 2012, was named Top Attorney in Healthcare by Birmingham Magazine, and has earned the rating of "AV Preeminent" from Martindale-Hubbell, the highest rating for a lawyer to receive from the organization. Martindale-Hubbell conducts peer review ratings throughout the country in an effort to identify and recognize lawyers with the highest legal ability and ethical standards. To qualify as "AV Preeminent," a lawyer's expertise, experience, integrity and overall professional excellence must be rated at the highest level by lawyers and members of the judiciary.

Chief Operating Officer for Administration, Brad McLane, is also an attorney with over 20 years of management, leadership and legal experience, including 10 years of litigation and policy experience. Mr. McLane graduated magna cum laude from Georgetown University Law Center in 2006. During his nine-year tenure at the United States Department of Justice, he litigated some of the most complex cases in environmental law at the district court and appellate levels.

Clinical Mortality Review

All patient deaths require the performance of a thorough clinical mortality review. NaphCare has a formal mortality review process at both the site and corporate level wherein all relevant clinical aspects and treatment are reviewed by the site and corporate committees. We will meet NCCHC and ACA standards in all mortality reviews; our policy and procedure for Patient Deaths was developed and written in compliance with *NCCHC Standard J-A-09, Procedure in the Event of an Inmate Death*, and *ACA Standard 4-ALDF-4D-23, Inmate Death*. Patient deaths that are unexpected or occur under unusual circumstances will also be investigated in accordance with state and

local regulations. We will ensure accurate information and timely reporting and investigation of any patient death that occurs within the correctional institution as well as ascertain appropriateness of clinical care and identify any trends requiring further study.

NaphCare's Mortality Review process includes a review of the incident and preceding treatment, a root cause analysis, review of relevant procedures and documentation, pertinent service reports, and recommendations for corrective action. It is the ultimate goal of NaphCare to identify, evaluate, and improve the quality and efficiency of health care; ensure accurate and timely reporting; and reduce morbidity and mortality.

NaphCare will complete a Clinical Mortality Review within 30 days of an inmate's death. The review should provide a summary of the facts surrounding the patient's death in order to determine compliance with NaphCare's standard of care and to identify any deficiencies, training, and/or policies that may have contributed to the patient death.

Sentinel events are identified and reported from the site level to the corporate office as per our Patient Safety policy. Incident statements are received from all involved staff members as soon as possible and prior to the employee leaving the facility.

At the corporate level, these events are tracked and monitored for identifiable trends and are subject to Root Cause Analysis to determine what, if any, actions can be taken to prevent future occurrences. At the site level, these occurrences are also tracked and, in conjunction with the corporate group, analyzed for corrective action.

Documentation

In the event of a patient death, the medical record is to be closed. Any final documentation for the health record not in the file at the time of death must be placed in the record by the HSA, along with the date and time of placement and signature. The HSA is responsible for ensuring appropriate and complete documentation is entered into the health record as soon as possible after a patient death, ideally within 24 hours. This record should then be locked by placing the "Inmate Death" flag. Once a record has been locked, no additional information can be entered into the record. The record cannot be unlocked at the site level once the flag has been set.

The advanced clinical provider in the patient's overall treatment will complete a "Death Summary – Physician" within seven business days of the death. The death summary reviews the clinical care received by the patient and makes any suggestion for improvement in retrospect. The advanced clinical provider will review the inmate medical record as well as any other documents during the review process. Once completed, the report will be sent to the corporate office.

Root Cause Analysis

We perform a systems-based "Root Cause Analysis" review, through which a thorough analysis attempts to identify fundamental problems that led to the immediate issue. Our goal for critical incident analysis is to solve problems before they escalate and prevent future problems through promotion of a risk avoidance attitude among the healthcare staff.

In the event of an inmate death, the first responsibility of site staff is to cooperate with and notify appropriate authorities, including jail command staff and the medical examiner or coroner. NaphCare site leadership and corporate staff will also be notified. Involved staff will complete incident reports, and the site Medical Director will prepare a case summary and analysis of the care, with any recommendations for improvement. In the event of a suicide, the mental health director will prepare a psychological autopsy.

Analysis in the local committee will take place in two stages. If a concern with the emergency response or immediate care is voiced, a first meeting will be held as soon as practical and always within 30 days of the event, to allow for rapid correction of identified issues. A second meeting may be held at a future time once all relevant documentation, such as hospital records and autopsy reports, is available.

Our corporate committee performs an equivalent review using the same timeframes. We address concerns rapidly—our corporate staff review the entire inmate electronic health record as soon as notification of the death is received. Once we receive all documentation at the corporate office, we perform a detailed analysis, including commentary from our outside, community-based physician consultants. Any new issues identified through this secondary review by corporate staff, including recognition of trends that may not have been apparent to site staff, will be communicated to the HSA and the County Risk Manager or designee. All documentation related to and created by these reviews is kept in separate files, not part of the patient medical record, and is considered a legal work product.

11) Pharmacy and Therapeutics Committee

The contractor shall implement a pharmacy and therapeutic committee, which shall be responsible for additions/deletions to formulary lists, monitoring usage of pharmaceuticals including psychotropics and identifying prescribing patterns of practitioners. Quarterly written consultation reviews of the pharmacy by a consultant pharmacist shall be required for each site: Main Jail, Jail Work Center, and Juvenile Detention.

NaphCare understands this requirement and will comply.

12) Safety and Sanitation Inspections

The contractor shall coordinate monthly safety and sanitation inspections of the institution food service, housing, and work areas with designated County personnel. The contractor shall make appropriate recommendations for corrections on discrepancies or citations noted.

NaphCare understands this requirement and will comply.

13) Administrative Meetings and Reports

The contractor shall coordinate with the Jail medical designee to discuss health care services. Minutes or summaries shall be maintained and distributed to attendees and contract file with copies retained for future reference. The contractor shall conduct at minimum; a monthly management meeting attended by the Jail medical designee and Independent Contract Monitor and submits a daily report of unusual or relevant information, which includes detainee hospitalization.

The contractor shall conduct and maintain minutes of health staff meetings conducted on a monthly basis. Meetings related to infection control and quality improvement shall be held on a quarterly basis.

The contractor shall prepare and participate in external reviews, inspections, and audits as requested and shall participate in the preparation of responses to critiques. The contractor shall develop and implement plans to address/correct identified deficiencies.

Minutes and reports from all committee meetings, minutes and inspections, etc. shall be forwarded to the Jail medical liaison, contract file, and the independent contract monitor within ten (10) days of the item.

NaphCare understands these requirements for Administrative Meetings and Reports, and we will comply. A component of our CQI Program is participation in regularly scheduled meetings with correctional and corporate leadership.

Our onsite CCSO team, led by the site Medical Director, will perform ongoing review and analysis through scheduled audits, environmental inspections, quality studies, chart reviews, and statistical reports. When concerning trends or potential threats are recognized, a corrective action plan will be developed to address the deficit and prevent bad outcomes. Corrective action may include anything from individual or group training to process and policy redevelopment. Follow-up reviews and analysis are then conducted to ensure corrective actions are effective. If not, new interventions are developed and deployed and the process is repeated. An intervention is not successful unless it is relevant, proven, and utilized. Information gained through the CQI process is organized and shared between NaphCare disciplines as well the client.

The onsite Health Services Administrator also plays a vital role by actively reviewing trends and internal findings with appropriate jail leadership. He or she offers reports at the regularly scheduled meetings with correctional and corporate leadership.

14) Statistical Data

The contractor shall describe its management information system; this shall be computerized for audit and reckoning purposes. The contractor shall be required to keep statistical data related to the detainee health care program, which shall include utilization of service statistics and other areas that the contractor and County agree would be useful to evaluate the health care program and anticipate future needs. The contractor shall prepare statistical reports on a monthly basis. The contractor shall provide a narrative monthly report delineating the status of the health care program, which also identifies potential problems and discusses their resolution. A complete annual report of utilization statistics and narrative summary delineating accomplishments of the contractor shall also be provided on an annual basis. The contractor shall also provide amounts required for staffing and pharmaceuticals on a monthly basis for county's auditing and payment purposes. All statistics shall be available to the County on the 10th of the following month (e.g. February 10 for January information).

NaphCare understands these requirements, and we will comply. NaphCare connects facility administrators with the medical team through an easy-to-use reporting system that provides full transparency and keeps you informed of our services throughout your correctional facility.

NaphCare's Reporting Capability

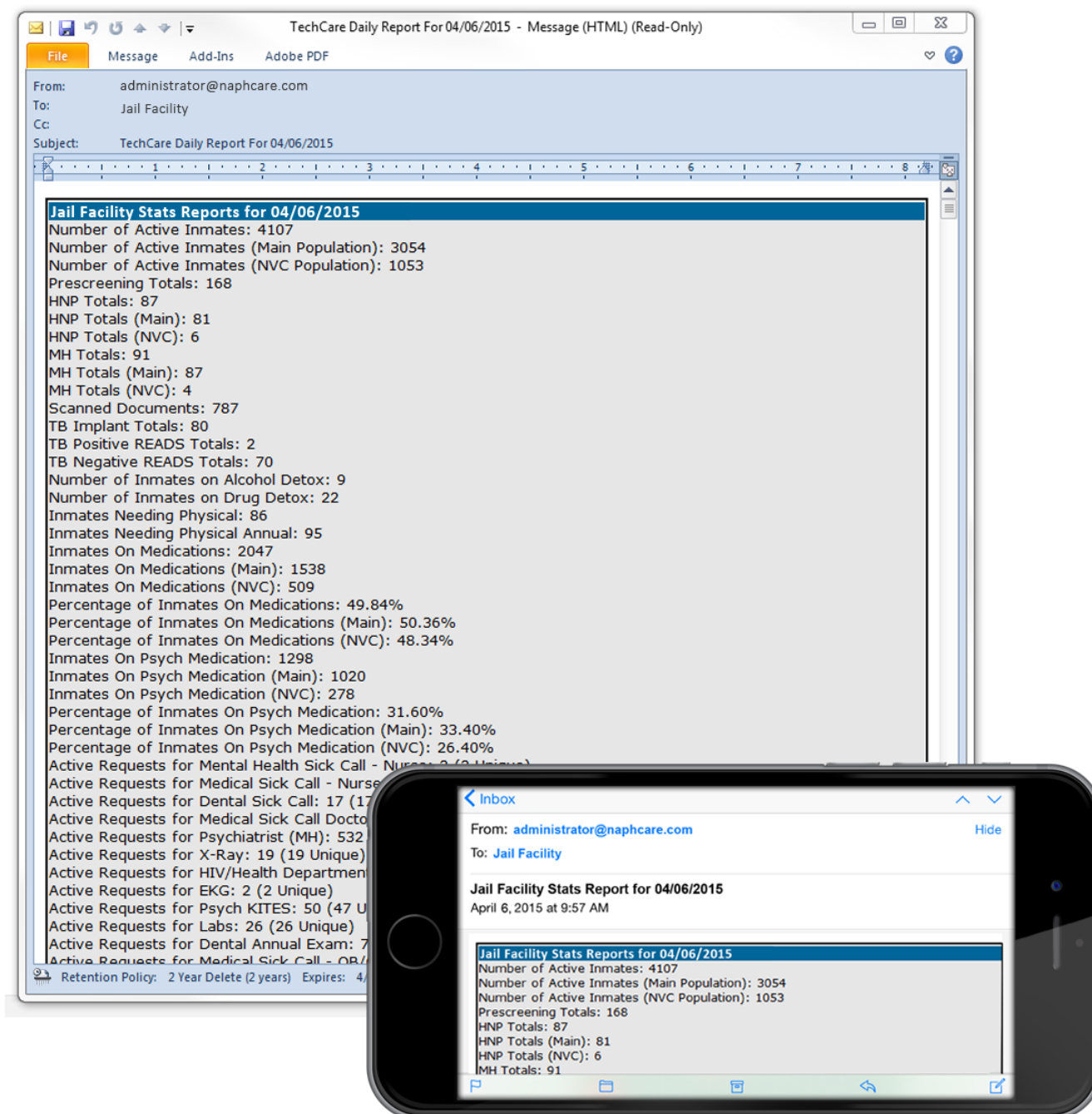
TechCare®, captures health services data and offers reporting functions that are clinically meaningful to users. *TechCare®* creates reports that show your administration the current, daily, monthly, and yearly snapshot of medical services. Hundreds of reports come pre-loaded in *TechCare®*; this list is an example of the reports that are provided, at a minimum:

- Daily Hospitalization Report (*via email*)
- Detailed Weekly Report
- Detailed Monthly Utilization Report
- Inpatient/Outpatient Statistical Report by Service
- Off-site Visit Report

Daily Reports

Via email, we will provide CCSO administration with a daily statistical report that details the services provided in the last 24 hours. **This provides quality and contract assurance at your fingertips. Reports also help identify trends before they become expensive issues.**

As an example of the Daily Report that is sent electronically to clients, the following sample email portrays how we provide requested data. This report can also be downloaded and displayed on an iPhone for easier access.



Monthly Reports

The following screenshot shows a monthly report, which includes screenings and general information, chronic care, infectious disease, sick calls completed, and much more.

TechCare Monthly Report

		January/2019	February/2019
SCREENINGS AND GENERAL INFORMATION			
Average Daily Population		3134	3016
Active Inmates		5917	5515
Receiving Screenings Performed		3301	3153
Mental health evaluations performed		859	719
Physical assessments performed		3210	3061
Total PPD reads		253	214
Positive PPD		7	2
Pregnant patients		45	36
Patients with PREA designation		731	695
Patient grievances submitted		0	0
PATIENT MONITORING			
Patients receiving CIWA monitoring		366	350
Patients receiving COWS monitoring		356	338
Patients on suicide watch		240	185
Infirmary/medical housing patients		583	550
PHARMACY AND LABS			
Medication Orders		18075	15990
Patients on medication		3522	3334
Patients on mental health medication		1707	1565
Patients on HIV medication		69	64
Patients on medication - Daily Average		1944	1921
Patients on mh medication - Daily Average		1140	1113
Non-formulary medication orders		266	176
Lab tests completed		2066	2296
Non-formulary lab orders		35	34
CHRONIC CONDITIONS			
Patients with any chronic medical condition		2345	2287
Neurological		435	414
Respiratory		661	621
Cardiovascular	Mental Health Professional	1282	1019
Gastrointestinal/hepatic	Mental Health Provider	1602	1372
Endocrine	OB/GYN	63	32
Hematology/oncology	Orthopedics	27	42
Infectious disease	Physical Therapy	7	7
Other	Ultrasound	11	18
SICK CALLS	X-Ray	328	311
Chronic Care	OFFSITE SERVICES		
Dental	Hospitalized patients	22	12
Dental Annual	Inpatient hospital days	69	45
Dental Juvenile	Offsite appointments completed	57	96
Discharge Planner	Patients sent to the ER	32	31
EKG	Ambulance Runs	24	14
HIV/Health Department	INFECTIOUS DISEASE		
Medical Chart Review	Hepatitis A flag	5	5
Medical Nurse	Hepatitis B flag	1	6
Medical Provider	Hepatitis C flag	57	47
Mental Health Chart Review	HIV/AIDS	24	16
Mental Health PHD	Syphilis	2	1
	Gonorrhea	2	3
	Chlamydia	7	7
	Ectoparasites	11	0
	Active tuberculosis	0	1
	Respiratory infection	1	0
	Antibiotic-resistant infection	0	0

Off-Site Reporting

Data has value when it can be used to improve the care delivery process. We analyze costs, trends, and provide reports in any format you request. We study statistics that aid you in improving your utilization of off-site care. Our sophisticated reporting capabilities, combined with our strong correctional operations experience, will generate meaningful reports with information you can use. NaphCare offers:

- **Daily Hospitalization Report**—including reason for admission and length of stay.
- **Detailed Monthly Utilization Report**—including detailed time frames for each process of the review.
- **Inpatient and Outpatient Statistical Report**—by service and location.
- **Specialty Services**—consults, procedures, and diagnostic services.
- **ER Trips**—by service and location.
- **Utilization Review**—by disease classification.

Staff Time Reporting

NaphCare efficiently maintains and manages a facility's labor force using a web-based timekeeping and scheduling system—ShiftHound. **Using this software, we can provide the CCSO with staffing audits.** This application streamlines the entire staffing management process by enabling the creation of schedules based on contract requirements and tracking real-time attendance information.

15) Cost Containment Program

The contractor shall specify a detailed plan for the implementation and operation of a cost containment program. Addressed in this section shall be the mechanism(s) by which the contractor plans to control costs, areas in which cost savings will be achieved and evidence of the success of such a program at other contractor sites.

Cost Containment Program

At NaphCare, fiscal responsibility is a business imperative. We strive to ensure appropriate and efficient use of taxpayer dollars while providing the highest quality of care to incarcerated members of your community. Healthcare is expensive, and in today's economic climate, we understand that the County must be especially mindful of costs. As medical expenses increase year after year, many correctional healthcare companies want to limit these cost increases. An easy but problematic approach is to deny care, delay payments, and dis-enroll the sick. Some providers compromise quality of care to improve their bottom line, but this can lead to greater costs down the road through litigation and expensive off-site specialty care.

NaphCare knows how to save money while also providing care that does not withhold quality. Our goal is to help you use your funds in the most efficient way, and we pride ourselves on our ability to price projects correctly and within the budgets defined by the County. **NaphCare does not compromise patient care, which makes us the optimum value for Clark County.**

Our solution is to keep healthy patients healthy, to help sick patients become healthy, and to assist chronically ill patients to manage their disease and remain stable. We strongly emphasize health maintenance and disease prevention principles, coupled with our electronic operating system and other advanced data and communications technologies. We enable our healthcare staff to practice good medicine and encourage our clients to monitor and understand the results. This "prevention partnership" yields better overall health in your inmate population while it delivers a constitutional level of cost-effective care that meets national clinical standards.

Our creative programs streamline services by using technology to ensure safe, standardized, evidence-based medical and mental health practices. We seek the efficient provision of services and eliminate the need for duplication, which also saves you money. NaphCare's on-site healthcare staff focuses on preventive care, continuously working as a team to prevent unnecessary off-site referrals and emergencies. In the event that off-site care is necessary, our first-rate Network Management Department negotiates discounted fees for inpatient and outpatient hospital-based services. **We offer the following proven, cost containment strategies:**

Electronic Operating System

TechCare® increases efficiency and quality in your healthcare program, thereby providing actual cost savings.

- 20% reduction in pharmacy costs for our current jail clients
- 10% decrease in off-site costs for our current Federal Bureau of Prison clients
- Decrease in clinical operation costs, with an increase in quality of care
- Minimizes the risk of expensive litigation
- Saves money on supplies
- Corporate Support
 - Multi-layer review of every patient's intake information.
 - Early identification of high acuity patients that require immediate attention.
 - Early stabilization of patients with chronic care needs.
 - Identification of trends and training issues to educate our staff continually.
 - Initiation of all medication and treatment orders within 24-hours of booking by corporate review team.
 - Patients are stabilized earlier.
 - Reductions in after-hours calls to the provider.
- Reduction in duplicate medication orders and prevention of adverse events.
- Formulary management and control.
- Decreased hospital admissions.

Clark County will experience the capability of *TechCare®* beginning **day one**. *TechCare®* will quickly become an invaluable tool for healthcare and correctional staff alike.

In-house Pharmacy Program

Managing pharmaceuticals effectively is essential to cost savings. Our processes and technology ensure the most cost-effective and safe pharmaceutical program available.

- Owning our pharmacy allows us to purchase and package pharmaceuticals at or below wholesale costs.
- Through formulary management, we maximize the use of standardized generic drugs whenever possible, which provide the same clinical effects as brand-name drugs at a fraction of the cost (20% savings) and have been proven safe and effective over time.
- NaphCare pharmacists provide a thorough clinical review of all drug orders. By reviewing all drug orders, we can prevent the additional costs of off-site visits caused by drug interactions and excessive doses.
- Our innovative automatic reordering system matches refills with distribution, ensuring the client only pays for what is used.
- Our employees receive outstanding benefits from NaphCare's in-house pharmacy. Employees who elect NaphCare's health insurance plan can receive prescriptions **FREE OF CHARGE** when filled by our corporate pharmacy. This eliminates the co-pay for prescriptions and is a benefit exclusive to NaphCare.

NaphCare is the ONLY company in the industry that owns and utilizes its own pharmacy, creating cost savings through access to wholesale medication costs.

Reducing Emergency Inmate Transports

One of NaphCare's cost containment strategies is to reduce off-site transportation. We are experienced and successful in reducing inmate transports at our client facilities by providing a proactive approach to healthcare and organized, comprehensive Utilization Management and Medical Scheduling services.

Our proactive approach lends itself to cost-effective care naturally. When we identify medical and mental health issues early, before they become urgent or dangerous, we can intervene and prevent healthcare emergencies and off-site trips. This has led to cost savings for clients across the country who have seen a reduction in ER trips and hospital admissions.

Over the course of 2018, Lewis County Jail in Chehalis, Washington, saw a 21% reduction in ER send-outs compared to the previous year.

NaphCare began onsite ER training as another way to improve care and reduce the number of off-site visits. We contract with a board-certified ER physician who goes into the jails to provide one-on-one training to our staff and providers. The training topics include management of wounds (suturing vs. skin glue), fractures (when to splint vs. send to ER for urgent evaluation), seizures, head injuries, epistaxis, and eye injuries. This teaching is invaluable to the jail team as it gives them the education and experience to manage more issues on-site and improves the overall healthcare of the patients.

Utilization Management

NaphCare offers one of the strongest UM programs in the industry. Our program decreases the length of stay for necessary inpatient procedures by monitoring hospitalized inmates' medical progression on a daily basis. *TechCare®* and our web-based systems play an integral part in managing the care of any inmate needing outside services. Not only do we provide a daily list of all inmates currently hospitalized, but we also detail the clinical course and treatment plan. This data allows us to track and trend off-site care in order to find opportunities to reduce costs and bring specialties on-site.

NaphCare's Utilization Management processes produce positive outcomes for our clients that are evident quickly upon contract inception. After beginning services for our jail clients, NaphCare's utilization review processes *produced significant decreases in the number of off-site services.*

Preferred Provider Network

We are experienced in developing and maintaining preferred provider networks for our clients. Currently, we coordinate off-site care and specialty medical services for 29 Federal Bureau of Prisons (BOP) facilities and 33 jails. This network contains over 16,200 physicians and 400 facilities across the country. NaphCare's Network Management Department has contacted local hospitals and physicians to provide healthcare services for the inmates of Clark County at negotiated rates. We will continue to develop and maintain a cost-effective network for the County.

NaphCare's experience developing and maintaining large hospital and preferred provider networks generates substantial reductions in cost for our clients. **Also, our average cost savings on re-priced claims are 60% off usual and customary charges—savings generated through effective contracting and negotiating with community providers.**

Insurance Program

An important factor to consider when choosing a provider is whether the insurance limits will extend to the County as an Additional Insured. NaphCare's insurance program guarantees the County is an Additional Insured on NaphCare's insurance policies. In addition to the benefits of managed care, privatization offers the County the ability to transfer legal liability associated with the provision of healthcare to a private company. One of the best indicators of a company's financial stability is its ability to secure insurance and a bonding line; NaphCare is able to do both. NaphCare meets all insurance requirements specified in the RFP. **We have provided a Certificate of Insurance in the Appendix of our proposal.**

Infirmity Care

Providing high-quality care in on-site infirmaries with more extensively trained staff can help alleviate emergent medical situations before they ever occur. This process saves valuable time and resources because of the ability to reduce off-site transfers and specialty care. NaphCare's largest facility, the Hillsborough County Jail in Tampa, maintained a marked decrease in Emergency Room visits and inpatient hospital days in 2018 by having the Medical Director closely monitor the use of the Jail's infirmary.

On-site Specialty Clinics

NaphCare seeks to provide the maximum level of clinical activity on-site in order to achieve increased security and enhanced cost-effective care. With proven negotiation and network development skills, the Network Management Department will supply on-site specialty services as the volume of inmate healthcare needs merits.

16) Medical Billing

All billings and billing communications for care provided outside the facility shall come to Jail Administration.

All diagnostic services are the responsibility of the contractor.

All Emergency Department visits will be the responsibility of the contractor - including related transportation costs.

All Hospital Costs regardless of duration of stay will be the responsibility of the Contractor.

All other outside medical services will be the responsibility of the County. Contractor will make every effort to minimize outside vendors while providing community standard health care to inmates.

Contractor is encouraged to make use of County's agreement with Washington State's Health Care Authority. Contractor has 10 days from determination of detainee's acceptance or denial to notify Jail Administration so that appropriate and timely billing may be affected.

NaphCare understands the requirements for Medical Billing, and we will comply.

AP. CONTRACT TRANSITION

The contractor must demonstrate how it would make the transition from the current contract provider. The timetable for transition is 30-45 days. The transition plan should address an orderly and efficient start-up. The contractor should emphasize their past experience in implementing contracts and successes in this area.

A detailed plan should be submitted with the proposal that addresses at a minimum how the following issues will be handed and transferred:

- Recruitment of current and new staff including physicians
- Subcontractors and specialists
- Hospital services
- Pharmaceutical, laboratory, radiology, and medical supplies
- Identification and assuming of current medical care cases
- Equipment and inventory
- Medical record management
- Orientation and Clearance of new staff

The contractor should include personnel that will be assigned to supervise and monitor the transition from the current system to the contractor's system, which should include timetables for completion.

NaphCare understands the requirements for the contract transition, and we will comply. The following is a general overview of NaphCare's transition process. Upon contract award, NaphCare will further customize this plan to meet the specific needs and requests of the CCSO facilities. **We have provided our Transition Timeline, a timeline that outlines detailed transition activities, in the *Appendix*.**

Welcome to the NaphCare Way: Transition Plan for Clark County

NaphCare is committed to providing Clark County with a seamless transition. We want to relieve the County of the complexities and issues of a transition by assuming responsibility for transition activities and completing the transition with ease and efficiency. At also want you to understand and feel comfortable with the process. We will meet this goal through:

- ✓ **Proactive and careful planning,**
- ✓ **Early cooperation and coordination with key facility personnel, and**
- ✓ **Dedicated support from our headquarters.**

Our experienced healthcare professionals ensure continuity of clinical and administrative services by examining your unique needs. **We transition facilities by maintaining a physical presence on-site for a minimum of six weeks.** Through operational and clinical collaborative efforts, and in conjunction with our on-site Transition Leadership Team and *TechCare®* Super Users, NaphCare will do the following:

- ✓ Promote open and straightforward communication with CCSO administration.
- ✓ Communicate with you daily and provide the County with a continuous point of contact to ensure all your needs are met.
- ✓ Perform a detailed examination of credentials for all existing and newly hired on-site employees.
- ✓ Begin employee benefits day one of contract.
- ✓ Strive to ensure continuity of care for your inmates during the transition period.
- ✓ Minimize movement, increasing control and security in your facility.
- ✓ Verify all previously scheduled off-site visits and confirm scheduled appointments for Go-Live.

We are enthusiastic about creating a partnership with Clark County and want to reassure you that the transition process will be accomplished on time without interruption of care or the day-to-day functions of your facility. The following pages provide an overview our transition approach and experience.

Successful Transition Experience

We have the experience, resources, and personnel to implement our health services program for the CCSO facilities. We have completed many successful transitions using an experienced transition team and proven processes. Specifically, we have effectively transitioned the following clients to The NaphCare Way.

Fulton County Jail, Georgia

We completed a **30-day transition** of the Fulton County Jail in Atlanta, Georgia upon termination of their former provider. During this time, our team was onsite recruiting, implementing our *TechCare®* system, training staff, developing the drug delivery system, and finalizing ancillary services, all within a very short start date.

- Focused on the medication, allergy, and sick call entry prior to the transition.
- Shifted focus to scheduling chronic care visits to the first week of the transition ensuring continuity of care.
- On-site staff placed to help identify detox patients, getting these patients in the correct dashboards in *TechCare®* so they would not fall through the cracks during the transition.
- *TechCare®* was adapted to Fulton County's unique needs well in advance of go-live allowing users to train on the exact system they use when providing services.
- All critical EHR interfaces were live at least 2 weeks prior to go-live allowing for verification and testing, including JMS interface.
- Training and New Employee Orientation began day one.
- All staff fully trained on *TechCare®* prior to go-live.
- PRN staff hired and provided shifts to work in order to become acquainted with NaphCare so staffing vacancies due to vacation or illness are easily filled.

"As the Chief Jailer for the Fulton County Jail in Atlanta, Georgia I have had the experience of transitioning contract service providers. In the transition of medical/mental health services vendor, I have had a problem free experience with NaphCare. "

Mark Adger, Colonel, CCHP, Chief Jailer
FULTON COUNTY SHERIFF'S OFFICE

Manatee County Jail, Florida

NaphCare performed a **30-day transition** of medical, mental health and dental service for the Manatee County Sheriff's Department during the Christmas holiday with a January 1st start day. During this abbreviated period, we were able to transition all services to NaphCare without incident. Transition achievements included:

- Hiring of all positions. The site was fully staffed prior to go-live, including two new lead administrators.
- Implementation of our *TechCare®* system, operational day one.
- *TechCare®* training provided to staff in a hands-on learning environment, structured to reinforce the *TechCare®* experience.
- Adjusted site-required reporting forms/documents and tailored them to the needs of the client.
- *TechCare®* was tailored to the client's needs to deliver forms electronically, decreasing the amount of paper previously used for classification.
- Opiate withdrawal assessment and starting of Buprenorphine implemented day one.
- The medication delivery system was simplified using NaphCare's pharmacy monitoring and delivery of medications to meet the demand.

- Implemented the red dot system in intake, allowing us to prioritize the workload of completing intakes and H&Ps for those that have increased potential for making bail/bond immediately after being arrested. This helps increase productivity for our staff in other needed areas.
- Secured and replaced supplies and equipment needed for a smooth transition to NaphCare's standard of operation.
- Initiated the completion of H&P during the intake process. Following our proactive care model, an RN staff was placed in the intake/booking area to allow us complete these assessments before the standard 14-day requirement.
- Separated substance detoxification classes. Training and implementing different assessment types for specific alcohol (CIWA), opiates (COWS) and benzodiazepine (CIWA-B) withdrawals.
- Secured off-site contracts with hospitals and specialty services to collaborate the delivery of continuity and high-quality health care.

Mobile County Jail, Alabama (ADP 1,600)

NaphCare completed a **30-day transition** of the Mobile County Jail in Alabama. During this time, our team was on-site recruiting, implementing *TechCare®*, training staff, developing the drug delivery system, and finalizing ancillary services, all within the timeframe desired by the County.

- Approximately 90% of employees retained.
- All IT infrastructure was procured and installed within 30 days.
- *TechCare®* was live and fully-functional on day one of contract start date.
- Training and New Employee Orientation started one week prior to transition.
- Booking process was completely restructured: RNs added to support our Proactive Care Model in which critical issues are identified sooner, reducing negative outcomes for the site.
- Aspects of healthcare operations were decentralized, which reduced movement and improved security in the facilities.

"Our recent transition to NaphCare as our health provider has been flawless. The impact of the changeover was felt immediately by reduced inmate movement within the jail facility and elimination of inmate complaints concerning undelivered medications and delays when requesting medical appointments."

– Sam Houston, Deputy Warden, Mobile County Jail

Hillsborough County Jail, Florida

NaphCare successfully transitioned the Hillsborough County Jail from Armor to NaphCare **in 20 days**. Within 18 hours of award notification, NaphCare was in Tampa meeting with County executive staff, and within 36 hours, NaphCare's transition team was on-site. NaphCare worked around the clock to ensure a seamless and smooth transition in 20 days. We interviewed and hired personnel for all levels of patient care, implemented *TechCare®*, and provided comprehensive health care on day one of the contract.

Clark County Transition Leadership Team

We are committed to ensuring a smooth transition for you while delivering on our promise to offer our quality, cost-effective healthcare program that complies with NCCHC standards. To ensure that we meet all aspects of your healthcare program, our multidisciplinary Transition Leadership Team includes correctional healthcare experts, Information Technology experts, and pharmacists. On day one, our Transition Leadership Team will ensure that our policies and procedures are blended with your own for continuity of care. This team spends time with County leadership to foster constructive relationships so that all transition activities occur with ease.

Key leaders on NaphCare's transition team will include the Regional Manager for the site, Rebecca Villacorta. Other positions on the Transition Leadership Team include the following:

- Director of Pharmacy
- Corporate Medical Director
- Health Services Administrator – *Train the Trainer*
- Director of Nursing – *Train the Trainer*
- Psychiatric Nurse Consultant
- Director of Clinical Pharmacy Services
- Site Information Technology Manager
- Clinical Nurse Supervisor
- Purchasing Manager
- Vice President of Ancillary Services

Pre-emptive planning occurs as soon as we are notified of the award. Our transition team will establish immediate contact with Clark County to initiate a start-up plan meeting. During this meeting, our bid response and the resulting contract will be reviewed to reaffirm a complete and mutual understanding of our responsibilities. This meeting allows us to clarify any operational issues, review and adjust start-up goals and objectives, and confirm mutual priorities. Suggested agenda topics include:

- Review and collaboration of existing policies and procedures
- Discussion of incumbent staff
- Review of start-up plan
- Scheduling of meetings for weekly updates and identification of attendees
- Introduction of key facility management staff
- Review of any current concerns or operational problems effecting NaphCare or start-up
- Tour of the CCSO facilities

The major purpose of briefings during the transition phase is to:

- *Provide progress reports,*
 - *Build mutual confidence, and*
 - *Foster a cooperative, productive working relationship.*
-

During the transition phase, the transition team will meet with key County administrators on a daily basis to inform administrators of operational progress and any problems encountered, to discuss transitional activities, and to discuss any corrective action plans needed to overcome obstacles. During the final days prior to transition, these briefings will focus on a smooth transfer of responsibility to us, ensuring continuity of care and minimizing any disruption of services.

Value Added - Corporate Leadership Support: In addition to the on-site support you receive, our Corporate Support Team is available to you at all times for **no additional charge**. This team is composed of experienced clinicians and administrators who work to ensure that healthcare services in your facility run effectively, efficiently, and professionally.

Specialized Workforce Assistance Team (SWAT) – Training and Orientation Like No Other: Rather than assigning software developers to train on "software," we send our SWAT Team of clinical staff on-site to train your employees. Our SWAT Team is composed of medical doctors, mental health professionals, nurse practitioners, registered nurses, and licensed practical nurses who engage in position-specific training of your healthcare staff via a peer-to-peer method. This method ensures that all employees have a comprehensive understanding of their role as a healthcare provider and user of *TechCare®*. The hands-

on approach, which our SWAT Team will implement for the CCSO, will help to fully integrate *TechCare®* into your facilities.

TechCare® SuperUsers: NaphCare provides the opportunity for select users to advance their understanding of *TechCare®* to that of a **SuperUser**. As *TechCare®* experts, SuperUsers provide ongoing, peer-to-peer training in your facilities, ensuring that your healthcare staff receive continuing system training long after the initial transition training.

Transition Tasks

We have identified several key goals to achieve a successful transition. Essential tasks can be completed on a shorter timeline by compressing the deadlines for these tasks. **The Transition Timeline, which represents the major transition goals to be accomplished, is provided in the Appendix.**

Staffing Coverage and Retention of Quality Staff

We understand the importance of experienced staff and we will make every effort to retain current Clark County staff as instructed and approved by the County. We recruit, interview, hire, train, and supervise all healthcare staff. All persons providing medical, dental, or mental health treatment will meet Washington State licensure and/or certification requirements. To ensure that our medical professionals have the appropriate licensure and/or credentialing to provide the services required, we conduct a thorough interview and credentialing process.

Onboarding – Human Resources Support Made Simple - **When transitioning, employees can access paperwork from personal computers through our web-based onboarding system, making onboarding extremely convenient.** All candidates providing medical, dental, or mental health treatment will meet licensure and certification requirements, in accordance with NCCHC requirements and state and federal law. We verify credentials upon hire, then again before licensure expires, and we maintain electronic records of all credential verifications. Upon request, all credentialing, profiling, privileges, competency review, licensure, disciplinary, and other regulatory data is made available to you.

Extensive Pool of Highly Qualified Relief Staff Ensures Your Needs are Met - To ensure that you always have highly qualified staff on hand, we offer an extensive pool of highly qualified, locally-developed relief staff. We train them alongside our regular full-time and part-time employees so that they know your facility inside and out.

Orientation of New Staff - We understand that a comprehensive employee orientation program is essential to efficient, effective healthcare delivery and positive employee relations. Therefore, we conduct personnel orientation that clearly communicates policies and procedures and all applicable rules and regulations governing the scope of services to each employee. We also discuss our policies and procedures relating to human resources activities. Our HSA is responsible for orienting the site medical director, specifically introducing and/or explaining such processes as policies and procedures, drug formulary, x-rays, labs, protocols, sick call, etc.

Employee Benefits - NaphCare offers an industry-leading employee benefits package with competitive salaries and excellent fringe benefits. **Employee benefits begin on Day 1 of the contract with no waiting period,** so staff does not have to worry about a lapse in coverage.

Hospital Services, Subcontractors, and Specialists Ideal for Your Needs

In addition to recruiting on-site personnel, we also contract with local healthcare providers and hospitals. To ensure continuity of care and reduced costs, we establish Preferred Provider Networks through pre-arranged agreements with community agencies. We have already contacted several local providers and will continue to develop and expand medical services arrangements for Clark County upon contract award. Key specialties will also be included, and we will finalize agreements with these providers upon contract award. We will communicate with you frequently to identify which community resources you desire and any changes that occur. For hospital services, NaphCare will provide follow-up reports to command staff for high acuity and high profile inmates.

Pharmaceutical, Laboratory, Radiology, and Medical Supplies

All contracted vendors for services such as laboratory, radiology, and medical supplies are finalized during the transition period to ensure availability of services on the contract start date. Our transition team finalizes agreements upon approval of the jail administration.

Identification and Assuming Current Medical Care Cases

Throughout the transition process, we strive to ensure continuity of care for all patients. We communicate directly with the existing providers as we approach the actual transition date. To ensure continuity of care, the following information will be requested from Clark County:

- Current inpatient hospital admissions within 24 hours of contract start will include patient name, identifier number, date of admission, facility, attending physician, diagnosis, prognosis, estimated release date, and remarks
- Inmates with scheduled appointments as of contract start date or after
- Chronic care clinics roster
- HIV-positive inmates
- Current outpatient care
- Current prescribed medication roster (drug, strength, and dosage prescribed, expected date of required refills, attending physician, and remarks)
- Current psychotropic medication roster
- Periodic physical examination due roster
- Current scheduled surgical care or consults
- Mental health treatment roster

Equipment and Inventory

Appropriate, properly functioning equipment helps ensure continuity of and access to care. The HSA conducts a survey of the facility for inventory purposes and to determine the adequacy of equipment. The condition of existing equipment is noted and items are identified for adjustment, if needed. Equipment and items that are needed to attain proper accreditation are identified and recommended for acquisition. This activity is scheduled for completion with sufficient time allotted for procurement of any equipment that may have a lengthy ordering time.

TechCare® Electronic Operating System

To carry forward our Proactive Care Model for the CCSO facilities, we will provide equipment, training, technical support, and maintenance. **The timeline for the changeover begins upon award; TechCare® will be operational by the County's desired start date.**

TechCare® is currently functional at all of NaphCare's client facilities and **we guarantee that it will be fully implemented and operational on day one of the contract.** We have a **100% success rate** for complete *TechCare®* implementation by day one of contract.

The *TechCare®* implementation process begins immediately upon award. During the transition period, we review the health record system at the facilities and then begin the process of transitioning the site to our system, including data migration. NaphCare will integrate all pertinent information contained in the prior paper charts and EHR systems with *TechCare®*. We will maintain all health records in a confidential and secure manner in a physically secure area under the immediate control of healthcare staff.

NaphCare will collaborate with the County's IT staff in order to develop a secure interface with the existing jail management system (JMS) for integration of the *TechCare®* system. As part of the initial on-site meeting, NaphCare's IT staff begins the process of setting up the repetitive data transfers from the JMS into *TechCare®* to allow for the timely tracking of inmate housing and other demographic information associated with the inmates' medical needs.

Along with the data interface, our IT team identifies the specific type and location of computer equipment and networking needs to optimize the efficiency of our clinical resources. We manually transfer pertinent clinical information from the existing paper health records at the Jail. **The pre-loading of medical information allows us to begin using the *TechCare®* system immediately upon the first day of operations.**

IT Hardware Start-up Plan:

- Initial on-site meeting with County IT Department
- Perform walk-through of Facility
 - Identify type and location of equipment needs for optimum efficiency
- Plan/Design IT infrastructure implementation
- Place Hardware orders/obtain equipment from NaphCare Inventory
- Place orders for redundant Internet connections to site
- Stage hardware and perform initial configuration
- Complete network and server installation at site
- Complete workstation and printer setup at site
- Complete documentation of network for support purposes

TechCare® Start-up Plan:

- Initiate contact with interface providers (JMS, Lab, Radiology, etc)
- Initiate contact with current EHR provider and coordinate data migration
- Initiate import of all existing medical documents and transfer pertinent clinical information from the existing paper health records at the facilities if exist
- Develop customized electronic forms acceptable to the County for use in *TechCare®*.
- Develop a demographic bridge between *TechCare®* and the JMS.
- Complete additional customization
- Coordinate loading of *TechCare®* with orders, CIWA, Labs, etc.
- Perform Staff member training

TechCare® Training:

All staff members receive job-specific training on the *TechCare®* system, in addition to orientation on guidelines for health record documentation and confidentiality requirements for the correctional and medical environment. **We provide training that our competitors simply cannot deliver:**

- An active "Working Demo" for hands-on training of all staff disciplines.
- On-site training will be conducted at each facility by Super-users for training and troubleshooting or customization needs.

- Annual train-the-trainer updates after initial implementation.
- Annual Super User training workshops.
- Our staff will be available on-site to guide users through the implementation process and answer any and all questions.
- Self-paced on-line training is also available.
- Training Topics Include:
 - Report creation, storage, and retrieval
 - System backup, disaster recovery, and file restoration
 - Preventative maintenance
 - Application functionality

Post-Transition Activities

Our transition team remains dedicated to the operations of the healthcare program throughout the start-up period and maintains open and continuous communication with jail administration. **We will be receptive to feedback from command staff and mid-level supervision, and all other parties named appropriate by the County.** This dedication continues throughout the contract term; NaphCare leadership conducts routine visits to the correctional facility to monitor contract performance. Corporate nurse managers conduct audits on a regular basis to guarantee consistent standards of care in accordance with NCCHC guidelines. A post-transition survey is also administered, and based on the results, we develop process improvement strategies.

After 30 to 60 days, new employees are fully integrated into the healthcare program, and all employees are fully aware of NaphCare and the County's expectations for program success. During this phase, we implement long-range planning activities and organizational changes as necessary to continue successful operation of the healthcare program.

2. County Performed Work

NaphCare understands the requirements for County Performed Work and will comply.

3. Deliverables and Schedule

NaphCare understands the requirements for Deliverables and Schedule and will comply.

4. Place of Performance

NaphCare understands and will comply.

5. Period of Performance

NaphCare understands and will comply.

6. Public Disclosure

NaphCare understands the terms and requirements for Public Disclosure, and we will comply.

7. Insurance/Bond

NaphCare understands the insurance requirements provided in the RFP, and we will comply. We have provided a Certificate of Insurance in the **Appendix**.

8. Plan Holders List

NaphCare has confirmed that our organization is listed on the Plan Holders List.

Proposed Cost

Thank you for the opportunity to submit our price proposal to provide Medical Services for Inmates under RFP #764. The price offered by NaphCare is based on 650 inmates and encompasses the scope of services as outlined in the RFP, answers to questions, and our experience in similarly sized jails.

NaphCare recognizes the importance of cost containment, and we also know the importance of a well-supported healthcare program. When a company does not budget adequately, they limit their ability not only to recruit quality staff, but also to retain them. Staff training and support may suffer, which also affects staff retention, and ultimately, the quality of the entire healthcare program. NaphCare's pricing is built on the foundations of proactive care, quality, and efficiency. Our years of experience have taught us how to save money while also providing care that does not cut corners. Our goal is to help you use taxpayer funds in the most efficient way, and we pride ourselves on our ability to price projects correctly and within the budgets defined by the County the first time. We are confident that our proposal presents a program that is priced appropriately for the needs stated by Clark County.

We have provided two pricing options for the CCSO's review. The first option is based on the proposed level of staffing as provided in the RFP. The second option is for an alternate staffing model based on NaphCare's experience in similarly sized jails. Please note each of our pricing options is negotiable, and we look forward to discussing each option with you.

Pricing Summary and Alternate Pricing Arrangement

Clark County, WA NaphCare Pricing - Option 1		Year 1
Option 1 - RFP Staffing - Total		\$ 5,111,183.40
Line Items Per RFP Request		Year 1
Staffing Costs - Salary and Benefits		\$ 3,996,355.64
Pharmaceuticals		\$ 326,666.67

Clark County, WA NaphCare Pricing - Option 2		Year 1
Option 2 - NaphCare Alternate Staffing - Total		\$ 5,142,536.40
Line Items Per RFP Request		Year 1
Staffing Costs - Salary and Benefits		\$ 4,028,028.64
Pharmaceuticals		\$ 326,666.67

Clark County, WA NaphCare 3-year Pricing	Year 1	Year 2	Year 3
Option 1 - RFP Staffing	\$ 5,111,183.40	\$ 5,264,518.90	\$ 5,422,454.47
Option 2 - NaphCare Alternate Staffing	\$ 5,142,536.40	\$ 5,296,812.49	\$ 5,455,716.87

Off-Site Medical Services

NaphCare understands that we are responsible for all diagnostic services, emergency trips, hospital costs, and all other outside medical services, including ambulance. We will make use of the County's agreement with Washington State's Health Care Authority.

Pharmacy Services

We will provide all prescription and non-prescription medications in accordance with all local, state, and federal rules, regulations, and laws. NaphCare will be responsible for all costs associated with the prescribing and dispensing of all medications other than blood factor and HEP-C meds. NaphCare proposes to bill back the County for blood factor and HEP-C medications at NaphCare's actual cost. Additionally, we understand the County currently has a grant to provide HIV and STD testing and treatment to all those booked into the facility. If this grant should run out of funding, NaphCare and the County will come together to negotiate additional compensation for these services.

Certified Nursing Assistant

Please use the following pricing chart if the County would like to add back any Certified Nursing Assistant (CNA) positions to our staffing matrix and base pricing.

Clark County, WA Additional CNA Price Table	FTE	Annual Cost Per 1.0 FTE
Clark County, WA - CNA Day Shift	1.000	\$ 59,014.98
Clark County, WA - CNA Night Shift	1.000	\$ 64,516.87

Skamania County, WA – Optional Pricing

Clark County, WA NaphCare Optional Pricing Skamania County, WA	Year 1	Year 2	Year 3
Skamania County, WA - Total Costs	\$ 306,759.46	\$ 315,962.24	\$ 325,441.11
Skamania County, WA - Price Breakdown	Year 1	Year 2	Year 3
Skamania County, WA - Staffing Costs - Salary and Benefits	\$ 266,759.46	\$ 274,762.24	\$ 283,005.11
TechCare™	\$ 20,000.00	\$ 20,600.00	\$ 21,218.00
Ancillary, Insurance, and Administrative	\$ 20,000.00	\$ 20,600.00	\$ 21,218.00
Pharmaceuticals	See Definition Below	See Definition Below	See Definition Below
Offsite Services	Pass Through	Pass Through	Pass Through

Skamania County - Off-Site Medical Services

All off-site costs for Skamania County will be passed through to Skamania County for payment. NaphCare will not be financially responsible for any off-site costs for Skamania County.

Skamania County - Pharmacy Services

NaphCare will provide pharmaceutical services to Skamania County by the following terms:

- NaphCare will fill brand name medications at the wholesale acquisition cost (WAC) plus 12.5%. NaphCare will fill generic medications at the average wholesale price (AWP) minus 35%;
- For any medications that are obtained from a third party vendor, to the extent NaphCare's costs to obtain the medications exceeds the price set forth above, we will bill the actual cost to the County to obtain the medication.

MEDICAL AND TECHNICAL EQUIPMENT

Quantity	Medical Equipment - Description
8	Vital Signs Machine
15	Glucometers
10	Pulse Oximeters
1	EKG Machines
6	Medication Carts
2	Treatment Cart
1	Crash Carts
5	Crash Bags

Quantity	Technical Equipment - Description
2	Servers
19	Desktop Computers
15	Laptop Computers
1	Copier/Scanner/Printer
25	Signature Pads

Medical Equipment Value:	\$ 20,000.00
Technical Equipment Value:	\$ 137,000.00
TechCare® – Management System Value:	\$ 350,000.00
Total Added Value	\$ 507,000.00

Per Diem

NaphCare and the County agree that the annual base price is based on the monthly average daily population (ADP) of 650 inmates (combined applicable adults and juveniles). If the daily inmate population is greater than or less than 50 inmates for the month, the compensation payable by the County to NaphCare is subject to adjustment by a variable cost per diem rate of \$1.67. The variable cost per diem rate will apply to any adult/ juvenile inmate combined population greater than fifty (50) individuals higher or lower than the base ADP of 650. The daily resident population will be calculated by adding the total adult and juvenile population by head count totals taken each morning and subtracting the work release inmates who are outside the terms of this agreement. The headcount for each day will be totaled at the end of the month and divided by the number of days in them month to determine the ADP for the month. The ADP will be compared to the base population range of 600 to 700. The number of inmates over or under the range will be calculated for the month. This total will then be multiplied by the variable cost per diem rate and by the number of days in the month to arrive at the net adjustment to the base compensation payable to NaphCare, or as credit to the County for the month.

Annual Adjustment – Subsequent Years

Percentage increase or decrease adjustment in the base price for subsequent year terms may not exceed 5% or the medical component of the consumer price index during subsequent years after the initial 3-year term, whichever is lower without negotiating.

Change of Scope Provision

The price offered by NaphCare in this bid encompasses the scope of services as outlined in this RFP. Should there be a change or modification to state or federal laws or regulations, inmate census, standards of care, scope of services, or the number of correctional facilities that results in a material increase or decrease in costs, such change in costs will need to be reviewed.

Conclusion

NaphCare is adept at providing high-quality, clinically effective, and cost-effective correctional healthcare services. We welcome the opportunity to discuss our proposal in greater detail, and we are enthusiastic about the opportunity to partner with Clark County to meet your correctional healthcare needs.



Appendix A

NaphCare Annual Report

EXPRESS ANNUAL REPORT WITH CHANGES

BUSINESS INFORMATION

Business Name:

NAPHCARE, INC.

UBI Number:

601 984 357

Business Type:

FOREIGN PROFIT CORPORATION

Business Status:

ACTIVE

Principal Office Street Address:

2090 COLUMBIANA RD, SUITE 4000, VESTAVIA HLS, AL, 35216-2158, UNITED STATES

Principal Office Mailing Address:

2090 COLUMBIANA RD, SUITE 4000, VESTAVIA HLS, AL, 35216-2158, UNITED STATES

Expiration Date:

10/31/2020

Jurisdiction:

UNITED STATES, ALABAMA

Formation/Registration Date:

10/04/1999

Period of Duration:

PERPETUAL

Inactive Date:

Nature of Business:

HEALTH CARE, SOCIAL ASSISTANCE & SERVICE ORGANIZATION

REGISTERED AGENT [RCW 23.95.410](#)

Registered Agent Name	Street Address	Mailing Address
KEN SCHNEIDER	2015 33RD ST, EVERETT, WA, 98201-0000, UNITED STATES	2015 33RD ST, EVERETT, WA, 98201-0000, UNITED STATES

PRINCIPAL OFFICE

Phone:

Email:

KRISTIN.GOIDEL@NAPHCARE.COM

Street Address:

2090 COLUMBIANA RD, SUITE 4000, VESTAVIA HLS, AL, 35216-2158, USA

Mailing Address:

2090 COLUMBIANA RD, SUITE 4000, VESTAVIA HLS, AL, 35216-2158, USA

GOVERNORS

Title	Type	Entity Name	First Name	Last Name
GOVERNOR	INDIVIDUAL		JAMES	MCLANE
GOVERNOR	INDIVIDUAL		CONNIE	YOUNG
GOVERNOR	INDIVIDUAL		B LEE	HARRISON

NATURE OF BUSINESS

HEALTH CARE, SOCIAL ASSISTANCE & SERVICE ORGANIZATION

EFFECTIVE DATE

Effective Date:

09/05/2019

CONTROLLING INTEREST

1. Does your company own real property (including leasehold interests) in Washington?

NO

2. Has there been a transfer of stock, other financial interest change, or an option agreement exercised during the last 12 months that resulted in a transfer of controlling interest?

NO

3. Has an option agreement been executed in the last 12 months allowing for the future purchase or acquisition of the entity, that, if exercised would result in a transfer of controlling interest?

NO

You must contact the Washington State Department of Revenue to report a Controlling Interest Transfer **IF**:

* This company owns land, buildings or other real estate in Washington State,

AND

* Answered "YES" to questions 2 or 3 above.

Failure to report a Controlling Interest Transfer is subject to penalty provisions of RCW 82.45.220.

For more information on **Controlling Interest**, please call the Department of Revenue at (360) 534-1503, option 1, or visit www.dor.wa.gov/REET

RETURN ADDRESS FOR THIS FILING

Attention:

Email:

Address:

EMAIL OPT-IN

☐ By checking this box, I hereby opt into receiving all notifications from the Secretary of State for this entity via email only. I acknowledge that I will no longer receive paper notifications.

AUTHORIZED PERSON

Person Type:
INDIVIDUAL

First Name:
CONNIE

Last Name:
YOUNG

Title:
CFO

☒ This document is hereby executed under penalty of law and is to the best of my knowledge, true and correct.



Appendix B

Clients List for Dialysis, Off-site Management Services, and *TechCare*®

Current Clients List

DIALYSIS CLIENTS

Client and Facility Name	ADP	Accreditation	Contract Start Date	Contact
Washington Dept of Corrections, Washington State Reformatory – Monroe Correctional Dialysis Unit 16700 177th Avenue SE Monroe, WA 98272	2,200	N/A	10/1/99	Cynthia Ray-Anderson, Contract Manager (360) 725-8721 carayanderson@DOC1.WA.GOV
New York Dept of Corrections and Community Supervision, Fishkill Correctional Facility Prospect Street Beacon, NY 12508	1,750	ACA	3/1/06	Nancy Lyng, Director of Health Services and Community Supervision (518) 457-7072 Nancy.Lyng@DOCCS.NY.GOV
New York Dept of Corrections and Community Supervision, Wende Correctional Facility 3040 Wende Road Alden, NY 14004	920	ACA/JCAHO	1/1/02	
Oregon Dept. of Corrections, Two Rivers Correctional Institution 82911 Beach Access Road Umatilla, OR 97882	1,500	NCCHC	2/7/02	Virgil Mahaffey, Procurement and Contract Specialist (503) 378-5875 Virgil.Mahaffey@doc.state.or.us
Oregon Dept. of Corrections, Coffee Creek Correctional Facility 24499 SW Grahams Ferry Road Wilsonville, OR 97070	1,685	NCCHC	3/1/16	
North Carolina Department of Corrections, NC Women's Correctional Institution 1034 Bragg Street Raleigh, NC 27610	1,300	ACA	8/1/98	Bill Lucas, Director of Operations (919) 838-3844
North Carolina Department of Corrections, Central Prison Hospital 1300 Western Blvd Raleigh, NC 27606	1,300	ACA	8/1/98	
North Carolina Dept. of Corrections, Hoke Correctional Institution Old Highway 211 McCain, NC 28361	350	ACA	8/1/98	

Client and Facility Name	ADP	Accreditation	Contract Start Date	Contact
Colorado Dept. of Corrections, Denver Diagnostic and Reception Center 10900 Smith Road Denver, CO 80239	800	ACA	4/1/03	Lou Tuccitto, Correctional Health Partners Manager (720) 612-6888 Louis.Tuccitto@CHPDelivers.com
Oklahoma Department of Corrections, Lexington Assessment and Reception Center 15151 Highway 39 Lexington, OK 73051	1,439	ACA	8/1/13	Janet Bolten, Business Services Coordinator (405) 962-6154 janet.bolton@doc.state.ok.us
San Bernardino County, West Valley Detention Center 9500 Etiwanda Avenue Rancho Cucamonga, CA 91739	930		4/1/17	Terry Fillman, Health Services Administrator (909) 463-5358 tfillman@sbcscd.org
Alaska Department of Corrections Goose Creek Correctional Center	1,536	n/a	5/29/19	Robert Lawrence, MD AKDOC Chief Medical Officer (907) 269-7374 robert.lawrence@alaska.gov

OFF-SITE MANAGEMENT SERVICES CLIENTS

The contact for all NaphCare's federal contracts is Mr. Darren Doggett, Contract Specialist for the U.S. Department of Justice, Federal Bureau of Prisons. His telephone number is (972) 352-4510.

Facility Name	ADP	Accreditation	Contract Start Date
Federal Medical Center, Butner Old Carolina Hwy. 75 Butner, NC 27509	4,731	ACA/ JCAHO	7/8/12
Federal Correctional Complex, Victorville 1377 Air Expressway Blvd. Victorville, CA 92394	3,662	ACA/ JCAHO	8/1/07
Federal Correctional Institution, Fort Dix 5756 Hartford Road Fort Dix, NJ 08640	4,382	ACA/ JCAHO	7/7/14
Federal Correctional Center, Forrest City 1400 Dale Bumpers Road Forrest City, AR 72335	3,658	ACA/ JCAHO	10/4/14
Federal Correctional Complex, Petersburg 1060 River Road Hopewell, VA 23860	2,845	ACA/ JCAHO	12/16/18

Facility Name	ADP	Accreditation	Contract Start Date
Federal Correctional Institution, Terre Haute 4200 Bureau Road North Terre Haute, IN 47802	2,574	ACA/ JCAHO	4/20/04
Metropolitan Detention Center, Brooklyn 80 29th Street Brooklyn, NY 11232	1,827	ACA/ JCAHO	11/02/09
Federal Correctional Institution, Elkton 8730 Scroggs Road Elkton, OH 44415	2,486	ACA/ JCAHO	1/10/07
Federal Correctional Institution, Beckley 1600 Industrial Park Road Beckley, WV 25813	1,647	ACA/ JCAHO	1/3/11
Federal Correctional Institution, Edgefield 501 Gary Hill Road Edgefield, SC 29824	1,929	ACA/ JCAHO	5/1/12
Federal Correctional Institution, Jesup 2600 Highway 301 South Jesup, GA 31599	1,537	ACA/ JCAHO	10/1/08
Federal Correctional Institution, Bennettsville 696 Muckerman Road Bennettsville, SC 29512	1,444	ACA/ JCAHO	5/1/12
Federal Correctional Institution, Herlong 741-925 Access Road A-25 Herlong, CA 96113	1,000	ACA/ JCAHO	10/07/08
Federal Correctional Institution, Phoenix 3700 45th Drive Phoenix, AZ 85086	1,366	ACA/ JCAHO	7/9/18
United States Penitentiary, Lewisburg 2400 Robert F. Miller Drive Lewisburg, PA 17837	1,388	ACA/ JCAHO	12/1/06
Federal Correctional Institution, Marianna 3625 FCI Road Marianna, FL 32446	1,372	ACA/ JCAHO	7/28/14
Federal Correctional Institution, Greenville 100 US Highway 40 Greenville, IL 62246	1,350	ACA/ JCAHO	10/1/08
Federal Correctional Institution, Memphis 1101 John A. Denie Road Memphis, TN 38134	1,296	ACA/ JCAHO	1/1/06

Facility Name	ADP	Accreditation	Contract Start Date
Federal Correctional Institution, Miami 15901 SW 137 th Ave Miami, FL 33177	1,281	ACA/ JCAHO	4/1/16
Federal Correctional Institution, Bastrop 1341 Highway 95 North Bastrop, TX 78602	1,432	ACA/ JCAHO	5/1/14
United States Penitentiary, Marion 4500 Prison Road Marion IL 62959	1,363	ACA/ JCAHO	7/1/17
Federal Correctional Institution, Fairton 655 Fairton-Millville Road Fairton, NJ 08320	1,052	ACA/ JCAHO	1/1/13
Federal Correctional Institution, Tallahassee 501 Capital Circle, NE Tallahassee, FL 32301	900	ACA/ JCAHO	6/3/11
Federal Correctional Institution, Mendota 33500 West California Avenue Mendota, CA 93640	786	ACA/ JCAHO	8/2/11
Federal Prison Camp, Alderson Glen Ray Road Alderson, WV 24910	943	ACA/ JCAHO	7/7/14
Federal Detention Center, Philadelphia 700 Arch Street Philadelphia, PA 19106	954	ACA/ JCAHO	7/1/17
Metropolitan Correctional Center, New York 150 Park Row New York, NY 10007	767	ACA/ JCAHO	11/02/09
Federal Prison Camp, Pensacola 110 Raby Avenue Pensacola, FL 32509	687	ACA/ JCAHO	1/12/04
United States Penitentiary, Atlanta 601 McDonough Blvd SE Atlanta, GA 30315	2,005	-	3/1/19

ELECTRONIC MEDICAL RECORDS CLIENTS

Client	ADP	Contract Start	Contact
Maricopa County Correctional Health Services 320 West Lincoln Street Phoenix, AZ 85003	7,000 Manage 2,070,000 records, 250,000+ per year	5/21/12	Tom Tegeler, Director of Health Services (602) 506-5576 T.Tegeler@mail.maricopa.gov
County of Orange Health Care Agency 405 West 5th Street, Suite 600 Santa Ana, CA 92701	7,000+ Manage >1.4 million records	12/4/12	C. Hsien Chiang, MD Medical Director (714) 647-4169 cchiang@ochca.com
San Bernardino County Jail 630 E Rialto Avenue San Bernardino, CA 92415	6,300	12/16/15	Terry Fillman, Health Services Administrator (909) 463-5358 tfillman@sbcasd.org
Riverside County Correctional Healthcare Services Division 4000 Orange Street Riverside, CA 92501	4,000+	12/1/14	William Wilson, Director (951) 955-4491 wiwilson@co.riverside.ca.us
New Hampshire Department of Corrections PO Box 1806, Room 327 Concord, NH 03302	3,000	1/27/16	Joyce Leeka, Operations Administrator (603) 271-5665 Joyce.leeka@doc.nh.gov
Allegheny County Jail 950 Second Avenue Pittsburgh, PA 15219	2,400	1/2/17	Barbara Parees, Deputy County Manager (412) 350-3580 Barbara.Parees@AlleghenyCounty.US
San Diego County Jail John F. Duffy Administrative Center 9621 Ridgehaven Ct. San Diego, CA 92123	974	8/1/18	



Appendix C

Contract Accomplishments



BLACK HAWK COUNTY JAIL, WATERLOO, IOWA

NaphCare has provided comprehensive medical services to Black Hawk County Jail since April of 2000. We have enjoyed a long and mutually beneficial relationship with the County. We have maintained NCCHA and ACA accreditation and used our EHR system, *TechCare®*, to streamline the staff management functions so that more time is devoted to inmate care. NaphCare is not only involved in the provision of healthcare services to County inmates but also in the community itself, participating in charity events benefiting the residents of Black Hawk County.

Contract Accomplishments:

- WorkZone Program implemented for consistent maintenance of NCCHC and ACA files.
- Streamlined NCCHC and ACA accreditation preparation processes with implementation of uniform procedures and data collection manual.
- NCCHC re-accreditation in 2014.
- Enhancements within *TechCare®* allowing assured compliance with required CQI processes and outcome studies pursuant to NCCHC standards.
- Implemented ShiftHound scheduling software in 2015 to automate the scheduling process, reduce administrative burden and assist with employee retention.
- Healthcare provider and staff participation in focused, relevant and current on-line and in-service continuing education programs, ensuring NCCHC training compliance.
- Development of female group counseling sessions promoting positive mental healthcare patient outcomes.
- Healthcare provider attendance in monthly conferences with peers allowing for enhanced communication, analysis of clinical practices and quality improvements in clinical performance and patient outcomes.
- HSA and DON attendance in monthly conferences with peers allowing for quality improvement in patient care, communication with jail administration and healthcare providers, administration of services and the overall healthcare delivery process.
- No inpatient psychiatric admissions for 2015 as a result of quality psychiatric care from our mental health department.
- Addition of a new Medical Provider and Nurse Practitioner to staffing in 2015, increasing quality of care and productivity.
- 78% decrease in grievances in 2015 over 2014 (from 38 to 8).
- Addition of *TechCare®* and Suicide Prevention video training resources in 2015.
- Implemented the COWS (Clinical Opiate Withdrawal Scale) Assessment System in 2015 to improve response to opioid dependency.



HAMILTON COUNTY CORRECTIONS SYSTEM, CINCINNATI, OHIO

NaphCare was awarded Hamilton County Corrections System contract from a competitive bid process in 2007. Since this award, NaphCare has introduced significant improvements to the existing healthcare program. After successfully completing a thirty (30)-day transition at the Hamilton County Correctional System in Ohio, our team was on-site recruiting, implementing our *TechCare®* system, training staff, developing the drug delivery system, and finalizing ancillary services—all within the timeframe desired by the County. Our dedicated team of professionals ensured that the *TechCare®* system was in operation beginning on the first day of the contract.

Contract Accomplishments:

- NaphCare awarded contract at Hamilton for another three years with the option to renew for two additional one-year terms.
- NaphCare employees were certified in 2015 to take over the CPR Training of corrections officers.
- Established partnership with Hamilton County Health Department to advance the Syphilis testing and treatment program in 2015.
- Implemented ShiftHound scheduling software in 2015 to automate the scheduling process, reduce administrative burden, and assist with employee retention.
- Clinical Institute Withdrawal Assessment (CIWA) implemented in February 2012.
- WorkZone Program implemented for consistent maintenance of NCCHC and ACA files.
- Began working with the CHANGE (specialized docket for prostitution and human trafficking) court team and the Cincinnati Center for Addiction Treatment to ensure proper treatment and placement of CHANGE court participants in 2015.
- Streamlined NCCHC and ACA accreditation preparation processes with implementation of uniform procedures and data collection manual.
- In 2015, NaphCare staff began managing the insertion and usage of medical PICC lines on-site, reducing off-site trips.
- Enhancements within *TechCare®* allowing assured compliance with required Continuous Quality Improvement (CQI) processes and outcome studies pursuant to NCCHC standards.
- Healthcare provider and staff participation in focused, relevant and current on-line and in-service continuing education programs, ensuring NCCHC training compliance.
- HSA and DON attendance in monthly conferences with peers allowing quality improvement in patient care, communication with jail administration and healthcare providers, administration of services and the overall healthcare delivery process.
- Healthcare provider attendance in monthly conferences with peers allowing enhanced communication, analysis of clinical practices, quality improvements in clinical performance and patient care outcomes.



HILLSBOROUGH COUNTY JAIL, TAMPA, FLORIDA

NaphCare was awarded a contract with Hillsborough County Sheriff's Office, FL, to provide comprehensive health care services for its 2,850 bed facilities at its Orient Road and Falkenburg Road Jails.

Within 18 hours of award notification, NaphCare was in Tampa meeting with County executive staff, and within 36 hours, NaphCare's transition team was on-site. NaphCare worked around the clock to ensure a seamless and smooth transition in 20 days. We interviewed and hired personnel for all levels of patient care, implemented *TechCare®*, and provided comprehensive health care to inmates on day one of the contract.

Contract Accomplishments:

- Successful transition of medical contract services from Armor to NaphCare in 20 days.
- Successfully passed Florida Model Jail Standards audit in 2015, 2016, 2017, and 2018.
- Successful training and implementation of Relias Program for employee orientation and ongoing training.
- Implemented use of Nursing Educator Program for employee orientation and ongoing training.
- Successful implementation of Fresenius dialysis services which reduces off-site visits.
- Successful coordination and implementation of telemedicine services at the ORJ booking area, FRJ Clinic B and Confinement unit 1. Utilized the telemedicine system 24/7 due to providers in booking to help reduce off-site visits.
- Successful transition and coordination of new x-ray vender (MMDS) at both ORJ and FRJ. MMDS fixed old unutilized X-ray equipment at ORJ at no cost to County. MMDS also digitized both sites to facilitate fast x-ray read results at no cost.
- Trained and implemented our Booking staff to identify for insurance.
- Streamlined the inmate diet ordering procedure through the use of automatic emails sent from *TechCare®* to the kitchen each day after provider order.
- Implemented new **Proactive Care Model** booking procedure and successfully trained all staff on the "Red Dot" booking process by day one of the contract.
- Changed both ORJ and FRJ to stock medications bettering care of patients and eliminating wasted nursing time with medication administration times.
- Detox/CIWA implementation – reducing average detox times from 5-7 days with Armor to 2.5 days with NaphCare, opening up critical bed space in both the male and female infirmaries.
- **Proactive Care Model** reduced the number of patients in JIA, JIB, JIC, and JID allowing the closure of JIC saving valuable office time.
- Decentralized care reduced movement to the urgent care clinics by 70% allowing the closure of Clinic A saving valuable officer time.
- Implemented ShiftHound scheduling software in 2015 to automate the scheduling process, reduce administrative burden and assist with employee retention.
- IMH now staffed 24/7 and assigned to stay in Confinement daily.
- Successfully altered the intake process to complete physical exams, provider assessments, simple medical procedures and medication administration at time of intake to reduce off-site visits.
- Went from having an 8.91% overtime rate (% per Contract Hours) under previous provider to now having a 1.79% (% per Contract Hours).
- Added special MH and Supervisory phone numbers to help guide jail staff to the correct on-call person reducing frustration and increasing resolution of patient care concerns.



KINGS COUNTY JAIL, HANFORD, CALIFORNIA

Kings County, CA, awarded a contract to provide comprehensive health care services for its 650 bed facilities at Kings County Adult Main Jail and the Kings County Juvenile Center. NaphCare customized and implemented *TechCare®* to meet the needs of this facility's logistically complex inmate population. This implementation was in place on contract day one for all three facilities that fall under Kings County, including their Juvenile Hall.

NaphCare has built strong partnerships with the Health Department of Kings County and other local community resources to include the Kings County Behavioral Health Center to better serve our patient population at the Kings County Jail.

Contract Accomplishments:

- Recruited, hired, and trained an 18.4 FTE multidisciplinary healthcare team to provide care to an ADP of 540 inmates.
- Off-site expenditures and ER send-outs have been dramatically reduced. We are still evaluating the savings in off-site expenditures and transportation for Kings County. We have identified the reduction in monthly ER send-outs from approximately eight transports prior to our contracted services to just four.
- Partnered with the County Health Department to test all women in child bearing years for syphilis and identify those needing treatment in 2015.
- NaphCare decreased the patient medical sick call wait time from an average period of 10 days to same-day or next-day service. NaphCare has also improved the facility's sick call productivity by well over 300%.
- Medical provider time was increased from 12 hours per week to 48 hours of medical provider sick call time. This has made a dramatic impact on the overall acuity of this population.
- Services that were often scheduled for off-site evaluation and treatment are now seen on-site by more qualified and better trained correctional healthcare professionals who are on-site daily. This has also reduced transportation costs for Kings County.
- RNs on staff 24 hours/day completing intake, physical, MH screens and PPD at time of booking.
- Medical grievances from the inmate population were approximately 21 per month prior to NaphCare contracted start date. Current grievance tracking shows that NaphCare processes less than 10 medically related grievances per month.
- Implemented ShiftHound scheduling software in 2015 to automate the scheduling process, reduce administrative burden and assist with employee retention.
- Implementation of the CIWA program. This program manages detox patients and allows for the timeliness of access to infirmary detox beds. This program has decreased the number of inmates in detox cells in the booking area to less than two at any given time.
- Created and implemented training videos on *TechCare®* and Suicide Prevention in 2015.
- NaphCare scanned and attached all existing active files in medical records office into *TechCare®* to improve the overall continuity of care provided to patients. This process has also reduced the risk involved in managing medical paper charting systems.
- Implemented 12 hour shifts for nursing staff in 2015.



Middlesex County Jail and Juvenile Detention Center, New Jersey

NaphCare became the provider of comprehensive healthcare services for the Middlesex County Jail and Juvenile Detention Center in December 2016. Our services include medical, dental, mental health care and electronic health records. Throughout 2017 and 2018, the jail has experienced numerous positive changes. We are proud of our accomplishments and the results we have seen at the jail since becoming the provider in Middlesex County.

Contract Accomplishments:

- *TechCare*® was successfully implemented and functional on day one of the contract. NaphCare conducted on-site, peer-to-peer training that enabled the staff to become comfortable with the system faster.
- We improved the efficiency of the booking process by placing a Registered Nurse at intake 24 hours per day, with all intake screenings completed for DOC, Chronic Care, Mental Health, and Detoxification including (CIWA, CIWA-B, COWS). This better enables us to identify issues up front so that we can take proactive steps to address the inmate's medical needs, sooner.
- NaphCare developed and implemented improved protocols to manage patients through opioid withdrawal safely as well as a Medication Assisted Treatment program to better address our patients underlying opioid use disorders. NaphCare's supervised opiate withdrawal protocol uses buprenorphine to significantly reduce the risks and patient suffering often associated with the withdrawal process. NaphCare then offers appropriate patients either buprenorphine or naltrexone as part of a MAT program to assist patients in overcoming their underlying substance use disorders to prepare for a drug free life upon release from jail. This program has proven very successful and continues to develop and improve.

We now manage opiate dependent pregnant women onsite with buprenorphine (when found to be appropriate by on-site providers). This decreases off-site visits and improves on-site care for these patients.

- Our focused attention on care delivery for our detox patients prompted the designation of a dedicated Detox Unit for these at-risk inmates. We also implemented a Detoxification Electronic Dashboard in *TechCare*® to enhance our alcohol and opiate withdrawal symptom management.
- The jail was well prepared for and passed an NCCHC survey, confirming that our audit preparation is done every day with proper workflow.
- The jail worked with NaphCare's home office to implement STATCare oversight for newly committed patients. This is NaphCare's corporate-based, 24/7 clinical oversight and support program that adds another layer of clinical monitoring of medical and pharmacy management for our patients. This means that every inmate's care delivery is closely watched, thus minimizing errors.
- To reduce transports for off-site care, we contracted with a highly respected ER physician who came on-site to provide specialized training to our providers on management of fractures and sprains, trauma from fights/falls, seizures, lacerations/wounds, epistaxis, and head injuries. The providers are now better equipped and more confident to administer this type of care on-site.
- The jail's retention of nurses has improved significantly, and staff attendance has improved.

- We restructured mental health staffing to allow for full-time psychiatry staffing by hiring a full time Psychiatric NP. This has dramatically improved response time for providing psychiatric services to the jail population.
- We improved adherence to NCCHC standards by restructuring mental health services so patients in segregation receive required follow-up examinations within the allotted time.
- We improved mental health staff's performance by redesigning the interdepartmental form that staff complete to change patients' housing level based on their mental health status.



MOBILE COUNTY METRO JAIL, MOBILE, ALABAMA

NaphCare took over comprehensive healthcare services at Mobile County Metro Jail in 2013. With this partnership, NaphCare welcomed the opportunity to provide comprehensive healthcare services to approximately 1,600 inmates and to be a part of the Mobile community of employers.

As part of the agreement, NaphCare installed our customizable correctional healthcare EHR system, *TechCare®*, on the first day of operations at the Mobile County facilities. NaphCare's EHR recently received ONC-CCHIT Meaningful Use Certification, which will enhance security, create efficiencies and increase communication for both medical and security by integrating outside vendors, automating the sick call process, and decreasing movement inside the Jail.

Contract Accomplishments:

- Positive Health Care Monitoring report for all quarters of 2015.
- Successful flu clinic in October 2015.
- Kiosk/ *TechCare®* bridge complete, reducing the wait time for sick calls to be completed.
- No in-facility deaths in 2015.
- Adjustments to staffing made during peak times, reducing the amount of missed intake screens.
- Adjustments to staffing made in response to decrease in ADP allowing us to shift staff to greater needed areas of care.
- Implemented ShiftHound scheduling software in 2015 to automate the scheduling process, reduce administrative burden and assist with employee retention.
- Remain below budget on pharmacy and supplies costs.
- Decrease in medical grievances from 2014 to 2015 realized.
- Initiated Opiate withdrawal monitoring protocols in conjunction with Alcohol withdrawal monitoring protocols that were active, to assist with identifying patients that should be monitored for withdrawals.
- Created and implemented training videos on *TechCare®* and Suicide Prevention.
- MD/PA maintaining non-pharmacy request.
- Created a Love One Another fund, funded by NaphCare staff to assist co-workers in time of need.
- In 2015, newly appointed administrative staff providing continued quality of care and leadership.
- Mental health rounds and monitoring without significant incidents throughout the 2015 year.
- Annual physicals and dental exams kept up-to-date and within NCCHA and ACA standards.
- Transitioned all site data files to SharePoint for NCCHC.
- Implemented a Thanksgiving and Christmas Luncheon for staff to build team morale.



MONTGOMERY COUNTY JAIL, DAYTON, OHIO

NaphCare was awarded the contract to provide inmate medical services to Montgomery County on September 1, 2003. The inherited medical area was deficient in many ways to NCCHC accreditation standards. NaphCare was awarded provisional accreditation soon after the contract began and subsequently full accreditation in good standing in early 2004. Initially a one-year contract award, NaphCare retained the contract for initial renewal terms in 2004 and 2005 and was re-awarded the contract through the bid process in late 2006. Building on our success in revamping the medical services department, we have worked to provide consistency of care by retaining the same physician and dentist throughout our tenure at Montgomery County, thereby solidifying our relationship with the county

officials.

Contract Accomplishments:

- Reduced inpatient hospital days to less than four (4) per month.
- Achieved NCCHC and ACA accreditation. Successfully completed ACA accreditation in August 2007 and scored 100% on the medical portion and re-accredited in 2013; completed NCCHC accreditation in December 2007 with 100% with all essential standards and re-accredited in 2011 and 2014.
- Officer training and education for mental health issues.
- *TechCare®* and Suicide Prevention training videos created and implemented in 2015.
- Reduced ambulance trips from fifteen per month average to three per month average.
- Provided additional physician hours for sick call request increases; sick call is screened and answered by LPNs and RNs within twenty-four (24) hours.
- Implemented ShiftHound scheduling software in 2015 to automate the scheduling process, reduce administrative burden and assist with employee retention.
- Enhancements in *TechCare®* allowing assured compliance with required CQI processes and outcome studies, pursuant to NCCHC standards.
- In 2015, instituted an area that is designated for our population experiencing withdrawal of any substance, for closer monitoring, and ease of nursing access to combat the symptoms of withdraw.
- Purchased new laptops for medication pass nurses.
- In 2015, NaphCare IT department added multiple flags within *TechCare®* for assistance in determining the numbers of inmates coming in with certain addictions and health issues.
- Implemented charting on Administration and Segregation of inmates under the admit/discharge screen in *TechCare®*, eliminating paper charting.
- Implemented charting on potentially suicidal inmates under the admit/discharge screen in *TechCare®*.
- Recruited a Registered Nurse (RN) to perform inmate physicals to increase the number of inmate physicals and ensure compliance with NCCHC.
- Healthcare provider and staff participation in focused, relevant and current on-line and in-service continuing education programs, ensuring NCCHC training compliance.
- We have developed a relationship with a local free standing Mental Hospital, to house our mental health population who are experiencing acute issues, and need emergent hospitalization. We have yet to send a patient to this facility, Access Hospital Dayton, but should the need arise, we are ready.



NEWTON COUNTY JAIL, COVINGTON, GEORGIA

Newton County and NaphCare entered into an agreement to provide inmate medical services in December 2003. Over the course of our contract, NaphCare has expanded the coverage of nurses to cover the evening shift and continually remain fully-staffed in the medical services area. By revamping the psychiatric services, NaphCare has remained diligently focused on preventing suicides. Resolution rates for inmate sick call requests are less than twenty-four (24) hours, attributed to the efficiencies of the *TechCare®* software system.

Contract Accomplishments:

- Initiated, equipped, and staffed inmate infirmary service.
- Collaboration with Detention Administrator improving communication related to high-risk patient care while keeping associated care costs down.
- Implemented ShiftHound scheduling software in 2015 to automate the scheduling process, reduce administrative burden and assist with employee retention.
- Addition in 2015 of Nurse Practitioner on-site Monday – Thursday, 40 hours a week, which has, significantly improved patient care access and treatment.
- Healthcare provider and staff participation in focused, relevant and current on-line and in-service continuing education programs, ensuring NCCHC training compliance.
- HSA and DON attendance in monthly conferences with peers allowing quality improvement in patient care, communication with jail administration and healthcare providers, administration of services and the overall healthcare delivery process.
- Successful site-wide conversion to Lockdown (Kiosk) system to address complaints and grievances in 2015.
- Installation of *TechCare®* for clinical management and pharmaceutical ordering.
- Increased psychiatry and dental on-site hours to reduce inmate waiting times; expanded psych coverage through on-site psychiatry and mental health professionals.
- X-rays completed on-site by Mobil X and findings are sent electronically to the inmate medical record with results provided within 4 hours.
- Use of telemedicine expanded in 2015. Corporate based physician and nurse practitioner are remotely accessible to stabilize an inmate 24 hours a day, assess and provide prompt action when a patient becomes unstable, and provide responsive suicide risk determination.
- Reduced emergent admissions to state mental health hospitals by 25%.
- Eliminated the use of forced psychotropic medications.
- Extended off-site provider network of physicians and services (OB/GYN, ID, and Orthopedics).
- Maintain current status of sick-call resolution, H&Ps, Dental, Psych, and Mental Health sick call.
- Reduced off-site charges by \$451,000 from July 1, 2008 to May 31, 2009.
- Helped jail achieve initial NCCHC accreditation in 2013 and initial ACA accreditation in 2015 with a score of 100% on all medical components.
- Partnered with Viewpoint Health (community-based mental health resource) to decrease recidivism of patients with severe mental health diagnoses.



PIERCE COUNTY DETENTION AND CORRECTIONS CENTER, TACOMA, WASHINGTON

NaphCare took over comprehensive healthcare services at Pierce County Detention and Corrections Center in 2015. NaphCare took over jail operations with only 3 days' notice and achieved a very successful start-up. Since this time we have worked with the County to greatly improve the quality of healthcare provided in their correctional facilities.

Contract Accomplishments:

- Hired and trained over 50 employees while eliminating a backlog of several hundred nurses and provider sick call appointments left by the previous contractor within weeks of start-up.
- Modified the medical screening process at intake to better capture medical needs of incoming inmates.
- Significantly modified and improved the process of identifying and screening patients at risk for alcohol, opiate and/or benzodiazepine detox.
- Implemented ShiftHound scheduling software to automate the scheduling process, reduce administrative burden and assist with employee retention.
- Improved the methods and increased the frequency at which detox patients are monitored, thereby improving the safety of patients and better meeting their needs.
- Created and implemented training videos on *TechCare*® and Suicide Prevention.
- Successfully transitioned from existing pharmacy to NaphCare Pharmacy.
- Improved communication between medical/clinic operations and existing County Mental Health Department, thereby improving quality of patient care by better integrating medical and mental health care.
- Successfully integrated Pierce County staff Medical Director into NaphCare operations.
- Conducted Quality Improvement Studies on the following: Off-site Order Entry, Alternate Plan Study, Timeliness of Determination, and Access to Services.



SANTA ANA JAIL, SANTA ANA, CALIFORNIA

The City of Santa Ana, CA, awarded a contract to provide comprehensive health care services for its 440-bed facility at the Santa Ana Jail. NaphCare customized and implemented *TechCare®* to meet the needs of this facility's complex federal inmate population. This implementation was in place on contract day one.

Since the transition date, NaphCare has met all ICE, USM, and FBOP surveys and auditing processes without exception.

Contract Accomplishments:

- Recruited, hired, and trained a 16.1 FTE multidisciplinary healthcare team to provide care to an ADP of 350 federal inmates.
- Implemented ShiftHound scheduling software in 2015 to automate the scheduling process, reduce administrative burden and assist with employee retention.
- Created and implemented training videos on *TechCare®* and Suicide Prevention in 2015.
- Off-site expenditures and ER send-outs have been dramatically reduced. We are still evaluating the savings in off-site expenditures and transportation for the City of Santa Ana and the federal inmate bureaus. We have identified the reduction in monthly ER send-outs from approximately 180 transports prior to our contracted services to only three.
- Patient sick call wait time decreased from an average period of 14 days to same-day or next-day service.
- Services that were often scheduled for off-site evaluation and treatment are now seen on-site by qualified correctional healthcare professionals. This has also reduced transportation costs to the City of Santa Ana and the federal bureaus.
- Medical grievances from the inmate population were approximately 32 per month prior to NaphCare contracted start date. Current grievance tracking shows that NaphCare processes less than 10 medically related grievances per month.
- Implementation of the CIWA program. This program manages detox patients and allows for the timeliness of access to infirmary detox beds. This program has decreased the number of inmates in detox cells in the booking area to less than one at any given time.
- NaphCare scanned and attached all existing active files in medical records office into *TechCare®* to improve the overall continuity of care provided to patients. This process has also reduced the risk involved in managing medical paper charting systems.
- In 2015, First Annual 3 Day ICE Inspection under our supervision resulted in no medical deficiencies reported.
- Correct RX Quarterly Inspections—outstanding performance with no deficiencies reported for all 4 audits.
- In 2015, Orange County Health Department Inspection passed with no medical deficiencies reported.



SUFFOLK COUNTY HOUSE OF CORRECTION, BOSTON, MASSACHUSETTS

NaphCare was awarded the contract to provide inmate medical services for the Suffolk County House of Correction in March of 2012. Within two (2) weeks of award, NaphCare successfully implemented the *TechCare*® system. Staff was educated in the use of *TechCare*® and patient care, and all employees were provided with company email addresses for improved communication during the transition period. NaphCare's partnership with the Suffolk County House of Correction has improved inmate triage time and decreased the number of medical passes. All shifts are staffed with a supervisor, which ensures that inmates receive better care at all times. Physical assessments are performed by providers within twenty-four (24) hours of intake,

ensuring optimal care of inmates.

Contract Accomplishments:

- Successful transition and implementation of *TechCare*® greatly improving quality of care by reducing medical errors and tracking all aspects of medical care.
- Daily reporting of medical care to jail administration and management staff.
- Implemented ShiftHound scheduling software in 2015 to automate the scheduling process, reduce administrative burden and assist with employee retention.
- No deaths or successful suicides on-site in 2015.
- Added peer education program to our weekly provider meetings in 2015. Each week a provider will present educational materials on a topic related to a patient care issue during the previous week.
- WorkZone Program implemented for consistent maintenance of NCCHC and ACA files.
- Streamlined NCCHC and ACA accreditation preparation processes with implementation of uniform procedures and data collection manual.
- Enhancements in *TechCare*® allowing assured compliance with required CQI processes and outcome studies, pursuant to NCCHC standards.
- Improvements in sharps count were made with implementation of NCCHC standards for C-6 and narcotic counts; addition of camera to the pharmacy room for improved security of medications.
- Successful partnership established with Suffolk County House of Correction in integrating a pre-release Vivitrol administration program to fight opioid dependency in 2015. Inmates were administered an injection on-site and released with scheduled future injections at local clinics of their choice.
- *TechCare*® updates allowed a smoother medical process and the avoidance of false "zeros" in CIWA (withdrawal assessment) administration.
- Performance of physicals occurs within 24 hours of receiving screening.
- Improved healthcare services and grievance process resulting in substantial decrease in patient grievances.
- Staffing matrix has been improved and tailored to provide quality healthcare while decreasing expenses.
- Secure key control system implemented by adding only functional keys to secure key box with all other keys being kept in central control.
- Healthcare provider and staff participation in focused, relevant and current on-line and in-service continuing education programs, ensuring NCCHC training compliance.
- Re-accredited with NCCHC in 2014.
- Successful completion and maintenance of Department of Corrections, Department of Public Health, and Federal Immigration and Customs Enforcement audits in 2015.



VIRGINIA BEACH CORRECTIONAL CENTER, VIRGINIA BEACH, VIRGINIA

NaphCare took over comprehensive healthcare services at Virginia Beach Correctional Center in mid-2015.

NaphCare provided our customized correctional EHR system, *TechCare®*, which was operational day one. *TechCare®* will enhance security, create efficiencies, and increase communication for both medical and security staff by integrating outside vendors, automating the sick call process, and decreasing movement inside the jail.

In addition to installing *TechCare®*, NaphCare offers the Sheriff a full array of on-site and off-site services that include network development and contracting, medical scheduling, and a complete system to better manage inmates' healthcare and expenses.

Contract Accomplishments:

- Successful facility transition, fully operational, including EHR, day one.
- *TechCare®* bridged with facility JMS to facilitate seamless information transfer.
- Successful completion and maintenance of Life, Health, & Safety Audit conducted by the Department of Corrections.
- Medicaid applications are being completed and submitted for all pregnant females and inmates who have returned to the facility from hospitalization.
- Implemented ShiftHound scheduling software to automate the scheduling process, reduce administrative burden and assist with employee retention.
- Patients are triaged by an Emergency Medical Technician at time of intake, which decreases the wait time for sick inmates to be seen thus reducing risks of adverse event.
- Altered the intake process to complete physical exams and PPD's at time of intake to identify health concerns for appropriate monitoring and implementation of treatment.
- Comprehensive Assessments done during intake continue to decrease the Jail's sudden deaths, ER trips, suicides, recidivism and officer transport time.
- Digital X-ray service implemented to decrease time to diagnosis and treatment.
- On-site OB/GYN and telepsychiatry services implemented.
- Implementation of SharePoint for Electronic Compliance folders for 2016 NCCHC Audit.
- Completed CQI projects in the areas of Universal Precautions, Inmate Death, and ER Referrals.
- VBSO staff provided daily *TechCare®* statistics email regarding patients in care and productivity.
- Medical provider on-site 7 days a week to see patients.
- New contract provides staffing for mental health staff to be on site from 7am-11pm every day of the week.
- Implementation of Relias Learning Program for employee training and orientation.
- Pregnancy tests now completed for females at time of intake.
- Created and implemented training videos on *TechCare®* and Suicide Prevention.



WASHINGTON COUNTY JAIL, HILLSBORO, OREGON

NaphCare took over Comprehensive Healthcare Services for Washington County Jail in mid-2015. NaphCare was selected as the most responsible and capable proposer by the Sheriff's team after a competitive bid process.

As part of the agreement, NaphCare implemented our proprietary correctional EHR system, *TechCare*®, which was operational day one. *TechCare*® optimizes the Jail's clinical documentation management to enhance security, create efficiencies and increase communication for both medical and security teams.

Contract Accomplishments:

- Upgraded medical equipment and supplies; blood pressure cuffs, scales, wheelchairs and other durable medical equipment, med pass carts.
- Implemented pharmacy supply management through corporate pharmacy with 24/7 access to medications through off-site local pharmacy.
- Upgraded x-ray equipment from analog to digital to decrease time to diagnosis and treatment.
- Added registered nurses at intake 24 hours with history and physical assessments completed at time of booking.
- Addition of FTE's within medical department, including the Director of Nursing role; filled roles previously vacant under old contractor, LPN's, RN's and mental health Professionals.
- Implemented ShiftHound scheduling software to automate the scheduling process, reduce administrative burden and assist with employee retention.
- Created and implemented training videos on *TechCare*® and Suicide Prevention.
- Implemented NCCHC Survey Corrective Plan (from attempt at accreditation by previous provider) to ensure successful accreditation on next survey.
- Implementation of segregation and suicide watch electronic dashboard for better tracking, documentation, and assessment of inmates in segregation and on suicide watch.
- Implementation of electronic hunger strike dashboard for monitoring and assessment of inmates on hunger strike.
- Implementation of electronic detoxification dashboard for alcohol and opiate withdrawal symptom management.
- Implemented the 24/48-72 post-suicide assessment model for mental health's follow up of inmates post Suicide Watch release.
- Increased the utilization of on-site medical services to reduce off-site inmate transfers whenever possible.
- Implemented electronic inmate education by utilizing housing kiosks for immediate access to health education by inmates whenever needed.
- Maintain 100% compliance for medical staff licensure and certifications vital to job roles.



WASHOE COUNTY SHERIFF'S OFFICE, RENO, NEVADA

NaphCare has been providing Comprehensive Healthcare Services for Washoe County Jail since mid-2015. Since taking over, NaphCare has been focused on correcting the deficiencies in care present with the previous provider. We have worked to make sure that healthcare staffing positions are fully staffed with only the most qualified professionals. We have also worked to optimize daily operations so that care is provided in a timely manner and escalations can be avoided, reducing the use of off-site emergent care. Lastly, we have focused on fully implementing our proven **Proactive Care Model**, readying the site to achieve NCCHC and ICE accreditations.

Contract Accomplishments:

- Fully staffed nursing and Medical Provider positions.
- Implemented ShiftHound scheduling software to automate the scheduling process, reduce administrative burden and assist with employee retention.
- Conducted Quality Improvement Studies on: Off-site Order Entry, Alternate Plan Study, Timeliness of Determination, and Access to Services.
- All orientation and annual training completed for healthcare staff.
- Preparation for ICE and NCCHC audit completed.
- Diabetes Care Outcome Study – study completed to determine effectiveness of disease focused interventions on improving control of this chronic condition. This study allowed clinical reviewers to not only ensure patient care goals are met but allowed opportunities to identify and eliminate barriers to meeting those goals.
- Created and implemented training videos on *TechCare®* and Suicide Prevention.



Appendix D

Regional Manager Resume

Rebecca Villacorta, RN, MSW, Director of Jail Operations – Western States

Professional Summary

Ms. Villacorta is an experienced healthcare professional with extensive experience in correctional healthcare. She has experience as a Health Services Administrator and has extensive experience with establishing MAT programs in various settings, as well as establishing community connections to provide transitional support to reduce inmate recidivism. Ms. Villacorta ensures through her expertise in correctional healthcare and NaphCare's Proactive Approach that all of NaphCare's Washington state facilities' healthcare staff are providing only the highest quality care and complying with all local, state, and national standards. She also serves as a valuable liaison between jail staff and corporate NaphCare leadership, ensuring that any issues or concerns are addressed immediately and healthcare quality and outcomes continues to improve.

Education

Rush University - Present

DNP – Nursing, Psychiatric- Mental Health

University of Texas - Arlington- 2016

Bachelor of Science – Nursing – Arlington, Texas

Golden West College – 2013

Associate Degree - Nursing – Huntington Beach, California

California State University – 2004-2006

Masters of Social Work - Fullerton, CA

California State University – 1997-2004

Bachelor of Science – Social Work – Fullerton, California

Work Experience

Director of Jail Operations, NaphCare, January 2019 - Current

Health Services Administrator, NaphCare, September 2016 – January 2019

Charge Nurse – Santa Ana, CA - NaphCare, September 2014 –September 2016

Director of Nursing, South Orange County Detox and Treatment - Laguna Beach, CA, October 2015 – Sept. 2016

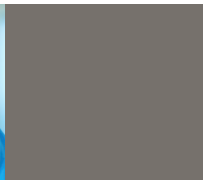
License and Certifications

- Registered Nurse – California, Oregon, Washington



Appendix E

Employee Benefits Summary



2019 Employee Benefits

Benefits are an integral part of the overall compensation package provided by NaphCare. The objective of the employee benefits program is to provide you and your eligible dependents with comprehensive coverage and protection by allowing you to select the plans that best meet your needs. Unless otherwise specified, the following benefits are offered to our full-time classified employees.

Medical Plans — available to all full-time and part-time over 30 hours classified employees

Summary of Benefits	Medical Plan In-Network Comparison	
	Medical Plan	Minimum Value Plan
Annual Deductible Individual/Family	\$500/\$1,500	\$4,000/\$8,000
Annual Out-of-Pocket Max Individual/Family	\$6,600/\$13,200	\$6,000/\$12,000
Lifetime Maximum Benefit	Unlimited	
Physician Services Preventive Care Primary Care Office Visit/Specialist Office Visit Teladoc Urgent Care Maternity Care Chiropractic Care	Covered 100% \$30 copay/\$50 copay Not Available \$75 copay 100% allowed amt after deductible Deductible + 20% allowed amt	Covered 100% \$30 copay first 3 office and first 3 spec, then deductible + 20% \$45 copay Deductible + 40% Deductible + 40% Deductible + 40%
Diagnostics Lab and X-Ray at Physician's Office MRI, CT, PET at Physician's Office MRI, CT, PET at Outpatient Facility	\$10 copay Deductible + 20% \$250 copay	Deductible + 40% Deductible + 40% Deductible + 40%
Hospital Services Inpatient Outpatient Surgery	Deductible + 20% \$250 copay	Deductible + 40% Deductible + 40%
Mental Health Services Inpatient Outpatient	Deductible + 20% \$50 copay	Deductible + 40% Deductible + 40%
Emergency Room	\$250 copay (waived if admitted)	Deductible + 40%
Prescription Drugs (Retail, up to 90-day supply) Tier 1 Tier 2 Tier 3	Prime Network Pharmacy \$4 copay \$40 copay \$75 copay	\$15 copay after deductible \$50 copay after deductible \$75 copay after deductible
Specialty Drugs (30-day supply) Mail Order Prescription Drugs	20% NaphCare Mail Order \$0/\$0/\$0	Lesser of 50% or \$425 copay Not Covered

Dental Plan — available to all full-time and part-time over 30 hours classified employees

Summary of Benefits	NaphCare Inc. Group Dental Plan
	In-Network
Calendar Year Deductible Individual/Family	\$25/\$75
Calendar Year Out-of-Pocket Max Per Individual	Sum of in-network and out-of-network benefits cannot exceed \$1,350
Diagnostic and Preventive Services	Covered 100% after deductible
Basic Services (Restorations, simple extractions, endodontics, oral surgery)	Covered 100% after deductible
Periodontic Services	Deductible + 80%
Major Services (Veneers, inlays/onlays/crowns, dentures/removable prosthetics, bridges)	Deductible + 50%
Orthodontic Services	Not covered

Vision Plan — available to all full-time and part-time over 30 hours classified employees

Summary of Benefits	VSP Vision Plan	
	In-Network	Out-of-Network
Exam	\$10 copay	Up to \$50
Glasses	\$25 copay	Frame: Up to \$70 Lenses: depends on type
Contact Lens Exam	Up to \$60 copay	Not covered
Contacts	\$130 allowance	Up to \$105

Flexible Spending Accounts

Health Care FSA

Contribute pre-tax dollars to a health care FSA to pay for qualified medical, dental, and vision expenses such as deductibles, copays, coinsurance, eye glasses, contact lenses, and other health-related expenses that are not paid by your insurance plans.

You may contribute up to \$2,700 to your health care FSA for 2019.

Dependent Care FSA

Contribute pre-tax dollars to a dependent care FSA to pay for qualified day care expenses to allow you and your spouse to work or attend school full time.

You may contribute up to \$5,000 to your dependent care FSA for 2019 if you are married and file a joint return or if you file a single or head of household return. If you are married and file separate returns, you and your spouse can each contribute up to \$2,500 for 2019.

Basic Life and AD&D Insurance

NaphCare provides a basic life benefit equal to one times annual salary, up to \$50,000, to all full-time employees automatically and at no cost through Mutual of Omaha. An additional accidental death and dismemberment (AD&D) benefit equal to the life benefit is provided as well.

Voluntary Life and AD&D Insurance

NaphCare provides benefit-eligible employees with the option to purchase additional life and AD&D insurance through Mutual of Omaha. If you purchase voluntary life and AD&D insurance for yourself, you may purchase coverage for your spouse and/or child(ren).

Employee Up to \$250,000 or 7x salary

Spouse Up to \$100,000 or 50% of employee election

Child(ren) Up to \$10,000 or 50% of employee election

Employee Assistance Program

NaphCare provides an EAP at no cost to all employees and their eligible dependents, which includes the following:

- Family life
- Financial
- Health
- Legal
- Emotional problems
- Personal growth
- Stress-related
- Unlimited telephonic coaching

Voluntary Short- and Long-Term Disability Insurance

NaphCare provides full-time employees with the option to purchase voluntary short-term and long-term disability insurance through Mutual of Omaha, which is intended to replace a portion of your income in the event a personal medical illness or injury keeps you from working. You are responsible for the full cost of the premium for short- and long-term disability coverage.

401(k) Retirement Savings Plan

NaphCare provides a 401(k) retirement savings plan to all full-time and part-time employees, who have been employed by NaphCare for six (6) months, as an easy way to help you save for the future. To support you in saving for retirement, NaphCare will match your contribution at a rate of \$.25 for every \$1 you contribute up to 6 percent of eligible pay.

Paid Time Off

NaphCare provides paid time off (PTO) to active, full-time employees based on your years of service.

Length of Service	Annual PTO Accrual
Up to 5 years	20 days per year
5+ years	25 days per year

Paid Holidays Off

NaphCare provides eight paid days off in observance of the following holidays:

- New Year's Day
- Martin Luther King, Jr. Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Day after Thanksgiving
- Christmas Day

Your designated facility may have a separate operating policy/procedure regarding holidays based on clinical needs within the facility.

Tuition Reimbursement Program

The tuition reimbursement program is available to full-time employees who have been employed by NaphCare for three (3) months, and provides financial assistance for certain educational programs up to a maximum of \$2,000 in a 12-month rolling period.

Employee Referral Program

NaphCare offers a \$500 referral bonus to employees who successfully recruit any full-time or part-time employees to come to work for NaphCare and completes six (6) months of service. In addition, any employee who successfully recruits a full-time or part-time provider, such as a Physician, Dentist, Nurse Practitioner, will receive a \$5000 referral bonus to be paid out in four payments of \$1250 as the referred employee completes each quarter of employment. NOTE: Please refer to the full Benefits Guide for complete details.

Please contact Human Resources for additional information regarding NaphCare Benefits.

This benefits summary contains highlights of the benefits options available to full-time and part-time over 30 hours classified employees through NaphCare. They are not complete descriptions of the benefits. NaphCare may terminate, withdraw, or modify any benefit described in this update, in whole or in part, at any time.



Appendix F

Certificate of Insurance



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/26/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER VIG, LLC., dba/The Vestavia Group 2090 Columbiana Road, Suite 2300 Birmingham AL 35216		CONTACT NAME: Susan Crain PHONE (A/C, No. Ext): 205-552-0244 FAX (A/C, No): 205-244-8072 E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE <table border="1"><tr><td>INSURER A: IronShore Specialty Insurance</td><td>A XV</td><td>NAIC # 14375</td></tr><tr><td>INSURER B: Great American Insurance</td><td>A+ XIV</td><td>16691</td></tr><tr><td>INSURER C: The Travelers Insurance Company</td><td>A++XV</td><td>19046</td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table>		INSURER A: IronShore Specialty Insurance	A XV	NAIC # 14375	INSURER B: Great American Insurance	A+ XIV	16691	INSURER C: The Travelers Insurance Company	A++XV	19046	INSURER D:			INSURER E:			INSURER F:		
INSURER A: IronShore Specialty Insurance	A XV	NAIC # 14375																			
INSURER B: Great American Insurance	A+ XIV	16691																			
INSURER C: The Travelers Insurance Company	A++XV	19046																			
INSURER D:																					
INSURER E:																					
INSURER F:																					
INSURED NaphCare, Inc. 2090 Columbiana Road, Suite 4000 Birmingham AL 35216																					

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	N	N	003886500	12/31/2018	12/31/2019	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000						
	MED EXP (Any one person) \$ 5,000						
	PERSONAL & ADV INJURY \$ 1,000,000						
							GENERAL AGGREGATE \$ 5,000,000
							PRODUCTS - COMP/OP AGG \$ 1,000,000
							\$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	N	N	CAP1116396	09/30/2018	09/30/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	BODILY INJURY (Per person) \$ xxxxxxxx						
	BODILY INJURY (Per accident) \$ xxxxxxxx						
	PROPERTY DAMAGE (Per accident) \$ xxxxxxxx						
							\$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> DED RETENTION \$	N	N	003928600	12/31/2018	12/31/2019	EACH OCCURRENCE \$ 5,000,000
	AGGREGATE \$ 5,000,000						
	\$						
	\$						
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> Y	N/A	TC20UB-9D89624-1-18 TROUB-9D89625-3-18	09/30/2018	09/30/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	E.L. EACH ACCIDENT \$ 1,000,000						
	E.L. DISEASE - EA EMPLOYEE \$ 1,000,000						
	E.L. DISEASE - POLICY LIMIT \$ 1,000,000						
A	Professional Liability Claims Made	N	N	03886500	12/31/2018	12/31/2019	Each Med. Incident 1,000,000 Ann. Aggregate 5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

RFP #764-Professional Technical and Expert Services, Medical Services for Inmates, Clark County, Washington. It is understood and agreed NaphCare, Inc., will provide a thirty (30) day written notice to Clark County, Washington if there is a material modification or cancellation to the policies; Professional Liability Deductible \$25K.

CERTIFICATE HOLDER**CANCELLATION**

Clark County, Washington Office of Purchasing P. O. Box 5000 1300 Franklin Street, 6th Floor, Suite 650 Vancouver, Washington 98660	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE <i>Susan W. Crain</i>

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Appendix G

Clark County Transition Timeline

30-day Transition Timeline for Clark County

Project Leader: Rebecca Villacorta

Pre Start-up Action Items

OPERATIONS

- Schedule on-site meetings with Jail leadership on Day One
- Initiate contact with current management, HSA, DON
- Develop on-site Transition Leadership Team

ADMINISTRATION/HR

- Prepare Application Packets
- Order Supplies for hiring process
- Identify office equipment needs for hiring process: printers, copiers, scanners
- Review Staffing Matrix: identify reduced positions, exempt/non-exempt and State certification requirements
- Contract Confirmation: Obtain contact information of current healthcare personnel
- Contact current personnel to advise as to application process
- Setup site in HRB, Taleo, PPAF and EBI (drug & BG screenings)
- Staffing Matrix to Recruiting: Post positions in Taleo
- Setup site with all benefit carriers
- Benefits to include WC: Contact carriers to initiate benefit onboarding process

IT

- Inform Ops of the IT Implementation point person
- Obtain pharmacy, Radiology, and Lab vendor contacts
- Obtain Medical Director and Dentist names if available
- Determine Booking Queue or Booking Monitor
- Obtain Med Pass times and routes
- Determine Sick Call needs for the Inmate Medical Charge Sheet
- Finalize necessary hardware equipment list
- Request Internet service quotes from vendors

CLINICAL

- Initiate contact with current physicians, NPs, Dentist, and psych providers
- Review current healthcare procedures (med pass, sick calls, etc.)
- Review scope of practice and ensure compliance

PHARMACY

- Contact Jail command staff or get information from Sales team
- Identify temporary local working area to facilitate scanning or faxing MAR information
- Determine state board of pharmacy licensing and dispensing requirements
- Complete and submit licensure applications, if applicable
- Obtain names and titles of key Jail contacts
- Obtain and distribute exact shipping and contact information
- Obtain a list of medications currently used at the Jail
- Pharmacy begins to build (prepack) inventory for the site
- Obtain cart type, who owns current carts, capacity, order carts if applicable
- Check with local DPH about any medication programs (ADAP, HEP, TB, etc.)
- Obtain copies of all existing licenses at Jail

ANCILLARY SERVICES PURCHASING

- On-site Services: Initiate contact with Lab and X-ray vendor
- Supplies/Equipment: Set up account numbers with Medical, Dental office
- Supplies/Equipment: Set up pre go-live "ship to" address
- Supplies/Equipment: Build Site in ENVI after accounts setup

MENTAL HEALTH

- Phone calls with current MH Providers and Professional Staff
- Review current mental healthcare policy and procedure (suicide watch, etc.)
- Review scope of practice and ensure compliance

OFF-SITE

- Review proposal, make checklist of all off-site services promised (and how)
- Review any pre-negotiated hospital rates with our Finance Dept to ensure fiscal balance for off-sites

Week One

OPERATIONS

- Interview & hire management staff, HSA, DON
- NaphCare and Facility contact information exchanged
- Schedule re-occurring on-site meeting with Jail
- Identify Jail facility operational needs & any concerns
- Obtain Jail Facility 24 hour schedule

ADMINISTRATION/HR

- Interview & hire management staff, HSA, DON
- NaphCare and Facility contact information exchanged
- Schedule re-occurring on-site meeting with Jail
- Identify Jail facility operational needs & any concerns
- Obtain Jail Facility 24 hour schedule
- Provide facility contact information to Corporate Admin & UM
- EE documents sent to Corp HR
- Personal files created, documents filed
- eVerify all EEs
- Enter EEs into HR/PR system, enter Benefit elections
- Send "Welcome to NaphCare" email

IT

- Conduct on-site visit for hardware placement & design
- Place order for Internet services
- Begin configuring hardware at Corporate and ready it for shipping
- Initiate contact with all interface vendors (pharmacy, Lab, radiology, JMS)
- Set up *TechCare®* Training Environment

CLINICAL

- Review booking area layout and begin planning implementation of NaphCare booking processes
- Attend meetings with key hospitals and physician groups
- Meet with all physicians, NPs, Dentist and psych providers and discuss NaphCare Proactive Philosophy

- Ensure that needs for computers and laptops for providers are identified and met
- Review current nursing protocols and medical templates/forms
- Review mid-level provider prescribing and scope of practice laws
- Interview & hire all physicians, NPs, Dentist and psych providers

PHARMACY

- Make subsequent contacts with existing provider if jail is not providing service internally
- Identify who will make copies of current MARs
- Coordinate transfer of existing drug inventory to enable continued care to inmates
- Identify candidates who can copy and fax
- Set Facility code in Pharmacy Software (FrameWorks)
- Test *TechCare®* for access to new account on all pharmacy computers
- Identify professional consultant licensed by the state to serve the Jail
- Schedule initial consultant site visit on transition day
- Schedule on-site training (if Pharmacy able to travel to site)

ANCILLARY SERVICES PURCHASING

- on-site Services: Set up oxygen vendor
- Supplies/Equipment: Determine large equipment needs, and place order
- Supplies/Equipment: Order medical, dental, office supplies, copiers, printers, MFPs

MENTAL HEALTH

- Review any MH housing units and assess needs
- Begin developing plans for the NaphCare MH model implementation once familiar with site specifics
- Assess needs for computers and laptops for providers
- Review booking area and determine MH needs for this area
- Meet with all MH staff and discuss NaphCare MH philosophy

OFF-SITE

- Secure site contract sheet/information from legal department
- Secure preferred provider listing from site for contracting
- Draft LOA compliant with site contract and for approval by legal
- Initiate meetings and off-site contracts with key providers
- Develop off-site network needs not completed prior to bid submission
- Contact all providers with outstanding appointments

Week Two

OPERATIONS

- Re-occurring on-site meeting with essential staff for weekly updates
- Exchange Jail & NaphCare P&Ps, develop site-specific LOPs
- Identify Jail SuperUsers
- Continued identification of site-specific *TechCare®* programming needs
- HSA, DON training begins: NCCHC, TechCare®, off-site management, QA, HR, Admin
- Data collection: HSR reports & identification of reports required by Jail
- Review sick call, intake, and all other on-site critical medical processes
- Determine customization for sites (ex: forms, nursing protocols, receiving screen, sick call)

ADMINISTRATION/HR

- Hiring, recruitment, credentialing of current and new staff
- Staff orientation package distribution (benefits, 401K, insurance, etc.)

- Maintain *TechCare®* user & email setup list
- Maintain Internal/ External employee list
- EE documents sent to Corp HR
- Personal files created, documents filed
- eVerify all EEs
- Enter EEs into HR/PR system, enter Benefit elections
- Send "Welcome to NaphCare" email

IT

- Complete networking design diagram. Configure, test & prepare hardware for shipment to Jail
- Coordinate equipment placement at Jail with on-site IT contact
- Set up *TechCare®* database at Jail and enable Corporate to access
- Determine patient migration method & import with Ops and Pharmacy

CLINICAL

- Continue interviewing & hiring providers
- Ensure that off-site provider network information is loaded into internal systems.
- Attend meetings with key hospitals and physician groups to review operational processes and address concerns
- Continue to learn the facility flow and structure

PHARMACY

- Get Pharmacy license and DEA number in hand
- Pharmacy P&P, design procedures & logs for narcotic utilization & inventory, medication room supplies
- Secure prescription storage system for initial stock of meds
- Set up back-up pharmacy process. InMedRx Information
- Identify locations of local back-up and specialty providers

ANCILLARY SERVICES PURCHASING

- on-site Services: Set up waste removal services
- on-site Services: Ensure that Lab training and supplies are on schedule
- Supplies/Equipment: Track supply deliveries & any back-orders
- Supplies/Equipment: Re-order any cancellations and/or back-orders
- Vendor Partners: Set up translation services
- Vendor Partners: Set up shredding services, if needed
- Vendor Partners: Set up drinking water service, if needed
- Vendor Partners: Coordinate scrub & embroidery RQMT's / Order

MENTAL HEALTH

- Identify community mental health resources to begin discharge planning and re-entry programs
- Review and ensure consistency between Jail and NaphCare P&P
- Continue to learn the facility flow and structure

OFF-SITE

- Continue network development for preferred hospitals, physician groups, & ancillary partners
- Off-site management, provider information is loaded into internal systems, in-person meeting with hospitals to review operational processes and services
- Prepare hospital manual for meetings
- Make corporate-based assignments for UM, Scheduling and Medical Records

Week Three

OPERATIONS

- Re-occurring on-site meeting with essential staff for weekly updates
- Orientation of NaphCare staff, P&P, website access, Proactive Care Plan
- Jail SuperUsers conduct *TechCare®* training
- Identify and implement narcotic and key exchange procedures
- *TechCare®* Training Manual distributed

ADMINISTRATION/HR

- NaphCare University user setup, notification and training
- HSA, DON, AA training: HR, Administration
- Hiring, recruitment, credentialing of current and new staff
- Staff orientation package distribution (benefits, 401K, insurance, self enrollment)
- Maintain *TechCare®* user & email setup list
- Maintain Internal/ External employee list
- EE documents sent to Corp HR
- Personal files created, documents filed
- eVerify all EEs
- Enter EEs into HR/PR system, enter Benefit elections
- Send "Welcome to NaphCare" email

IT

- Conduct on-site visit
- Complete and test interfaces (pharmacy, JMS, radiology, lab)
- Set up temporary IT infrastructure or Ops and Admin on-site
- Perform *TechCare* Jail-specific customizations
- Complete pre-configuration of hardware equipment at Corporate

CLINICAL

- Confirm that previously scheduled off-site appointments are accurately loaded in *TechCare®* and *TechCare®* Online
- Start provider training in *TechCare®*, Formulary, and Off-Site Request processes
- Meet with Medical Director
- Begin provider training in UM procedures
- Begin training providers in the NaphCare medical care philosophy, P&P

PHARMACY

- Assess utilization requirements. Examine stock on hand, intentions of current provider, current refill process
- Estimate drugs required for floor stock
- Obtain shipping address and confirm the Jail's receiving process
- Determine if custom prescription pads are required. Order if applicable.
- Determine if there are dispensing requirements upon discharge
- Determine how inmates' personal meds will be handled and stored
- Prepare and print sufficient copies of Pharmacy training manual including forms, instructions, logs, and documents required to be posted
- Jail Operations provides name and license credentials to *TechCare®*
- Work with IT to download inmate demographics into *TechCare*

ANCILLARY SERVICES PURCHASING

- on-site Services: Verify that all ancillary agreements are finalized and fully executed
- Supplies/Equipment: Build HSA Purchasing Manual
- Supplies/Equipment: Track supply deliveries/receive in ENVI

MENTAL HEALTH

- Begin MH provider and professional training in *TechCare®*
- Begin MH Provider and professional training in NaphCare P&P, Formulary
- Begin training MH professionals and providers in NaphCare mental health philosophy

OFF-SITE

- Conduct hospital in-service orientation via conference call or face to face (use hospital manual as a guide)
- Provider Directory given to schedulers and site
- Review off-site process with UM, Scheduling and Contracting to ensure corporate team are all on the same page

Week Four

OPERATIONS

- Off-site Operations: *TechCare®* Online training completed, start-up manual provided, support staff assignments made and relayed to Jail
- Identify and implement safety procedures (sharps count)
- Purge Jail of previous vendor's forms, P&P, and ensure that NaphCare's material is available to all staff

ADMINISTRATION/HR

- NaphCare University user setup, notification and training
- HSA, DON, AA training: HR, Administration
- If necessary, continue hiring, recruitment, credentialing of new staff
- Schedule UM training for AA, HAS

IT

- Create new staff user accounts for email and *TechCare®* based on roles
- Ship and install computers & servers on-site (if permitted)
- Perform patient migration method & import with Ops and Pharmacy
- Install Internet and networking equipment on-site (if permitted)

CLINICAL

- Confirm IT has scheduled all future medical and chronic care sick call requests in *TechCare®*
- Continued provider training sessions
- Identification of patients in need of special/urgent medical attention upon assumption of care: infirmity, high acuity, etc.
- Ensure that appropriate flags and appointments are placed for Chronic Care patients
- Review current medication usage
- Assess potential nursing and provider educational needs

PHARMACY

- Scan/copy & fax all existing MAR to NaphCare Pharmacy
- Enter the received orders into *TechCare®* per outline from Jail Operations
- Jail Operations enters all new orders to the NaphCare Pharmacy daily until the on-site staff can assume this function
- Dispensing Pharmacy (NaphCare or other) given orders for initial fill 4 days prior to start date

- All necessary orders are filled by Dispensing Pharmacy
- Initial drug shipment sent to secure site 48 hours prior to start date
- Receive, account for, and secure drugs
- Review all supplies and medications to identify remaining needs prior to go-live date
- Reconcile all currently active patient medication orders
- Complete hiring and training of pharmacist consultant
- Provide support & in-service training for employees working with Pharmacy. Three sessions at varying shift changes
- Receive and distribute drugs
- 24 hrs before go-live: Record control drug inventory with exiting provider and record into NaphCare control drug books

ANCILLARY SERVICES PURCHASING

- Supplies/Equipment: Distribute Purchasing Manual
- Supplies/Equipment: Track supply deliveries/receive in ENVI
- Vendor Partners: Send scrubs out to site

MENTAL HEALTH

- Confirm IT has scheduled all MH Professional and MH Provider sick calls in *TechCare®*
- Continued provider training sessions
- Identification of patients in need of MH intervention upon assumption of care

OFF-SITE

- Assist schedulers with consultation requests related to network gaps
- Continue network development
- Conduct web based training for *TechCare®* Online for AA, HSA



Appendix H

NaphCare Formulary

NaphCare Formulary 2019

EMERGENCY INJECTABLES	Names in parenthesis are for information only not commercially available in generic form
EpiPen	(Epinephrine Inj Device)
	Epinephrine 1 MG/ML Inj
	Glucagon (rDNA) Inj Kit
	Lidocaine HCl 1% PF Inj
	Lidocaine HCl 1%, 2% Inj
	Dexamethasone Sodium Phosphate Inj
	Dextrose Intravenous 50%
	Sodium Bicarb 8.4%
	Atropine Sulfate 0.1 MG/ML Inj
ANEMIA	
Epogen	(Epoetin Alfa)
Procrit	(Epoetin Alfa)
Injectable Vitamins and Nutritional Supplements	
Zemplar	(Paricalcitol) (Dialysis Only)
Venofer	(Iron Sucrose) (Dialysis Only)
ANGINA	
	Isosorbide Mononitrate
Imdur	Isosorbide Mononitrate ER
Isordil Titradose	Isosorbide Dinitrate
Nitro-Dur Patch	Nitroglycerin Transdermal
Nitrostat	Nitroglycerin SL
ANTIBIOTICS	
Oral Antibiotics	
Amoxil	Amoxicillin
Augmentin	Amoxicillin-Pot Clavulanate
Zithromax	Azithromycin
Bactrim DS	Sulfamethoxazole-Trimethoprim
Cipro	Ciprofloxacin
Cleocin	Clindamycin
Ery-Tab	(Erythromycin Delayed Release)
Flagyl	Metronidazole
Keflex	Cephalexin
Levaquin	Levofloxacin
Macrobid	Nitrofurantoin Monohyd Macro
Minocin	Minocycline
	Doxycycline Monohydrate capsule
	Penicillin V Potassium

NaphCare Formulary 2019

Injectable Antibiotics	
Cephalosporins	
Rocephin	Ceftriaxone
Ancef	Cefazolin
Aminoglycosides	
	Gentamicin Sulfate
Topical Antibiotics	
Bactroban Ointment	Mupirocin
Silvadene Cream	Silver Sulfadiazine
Neosporin Original Ointment	Triple Antibiotic External Ointment (Neomycin-Bacitracin-Polymyxin)
	Bacitracin External Ointment
Ophthalmic Antibiotics	
Bleph-10 Ophth Soln	Sulfacetamide Sodium Ophth Soln
Maxitrol Ophth Susp	Neomycin-Polymyxin-Dexameth Ophth Susp
Garamycin Ophth Oint, Ophth Soln	Gentamicin Sulfate Ophth Ointment, Ophth Soln
Ilotycin Ophth Ointment	Erythromycin Ophth Ointment
Neosporin Ophth Soln	Neosporin-Polymyxin-Gramicidin Ophth Soln
Polytrim Ophth Soln	Polymyxin B-Trimethoprim Ophth Soln
Ocuflox Ophth Soln	Ofloxacin Ophth Soln
Ciloxan Ophth Soln	Ciprofloxacin HCl Ophth Soln
Otic Antibiotics	
Floxin Otic	Ofloxacin Otic
Cortisporin Otic	Neomycin/Polymyxin/HC Otic
ANTICOAGULANT / ANTIPLATELET	
Coumadin	Warfarin
Plavix	Clopidogrel
Xarelto	(Rivaroxaban)
ANTIDOTES	
	Naloxone HCl Inj
ANTIHISTAMINES	
Oral Antihistamines	
Vistaril	Hydroxyzine Pamoate
Injectable Antihistamines	
	Hydroxyzine HCl
Phenergan	Promethazine
Benadryl	Diphenhydramine

NaphCare Formulary 2019

OTC Antihistamines	
Benadryl	Diphenhydramine
Chlor-Trimeton	Chlorpheniramine
Claritin	Loratidine
Zyrtec	Cetirizine
ANTIMALARIAL	
Plaquenil	Hydroxychloroquine
ANTINEOPLASTIC	
	Hydroxyurea
ARRHYTHMIA	
Cordarone	Amiodarone
Norpace	Disopyramide
ASTHMA	
	Albuterol Sulfate Neb Soln 0.083% (2.5 MG/3ML)
Arnuity Ellipta Inhalation	(Fluticasone)
	Fluticasone and Salmeterol Aerosol Powder Breath Activated
	Ipratropium Bromide Neb
DuoNeb	Ipratropium-Albuterol Neb
Singulair Oral Tablet	Montelukast
Xopenex HFA Inhaler	(Levalbuterol)
BENIGN PROSTATIC HYPERPLASIA- BPH	
Cardura	Doxazosin
Flomax	Tamsulosin
Minipress	Prazosin
Hytrin	Terazosin
CARDIAC GLYCOSIDE	
Lanoxin	Digoxin
CHOLESTEROL	
Lopid	Gemfibrozil
Mevacor	Lovastatin
Pravachol	Pravastatin
Zocor	Simvastatin
Lipitor	Atorvastatin
CONTRACEPTIVE	
Necon 1/35	Nortrel 1/35 28 Day (Norethindrone-Eth Estradiol)

NaphCare Formulary 2019

COUGH & COLD	
OTC Antihistamine	
Benadryl	Diphenhydramine
Chlor-Trimeton	Chlorpheniramine
Claritin	Loratidine
Zyrtec	Cetirizine
OTC Expectorant	
Robitussin Chest Congestion Oral Syrup	Guaifenesin Syrup
Robitussin DM Syrup	Guaifenesin-DM Syrup
Organ-I NR Tablet	Guaifenesin Tablet
OTC Nasal	
Ocean Nasal Spray	Sodium Chloride Nasal Spray
OTC Lozenge	
Fisherman's Friend Throat Lozenge	(Menthol Lozenge)
DIABETIC	
Oral Antidiabetics	
Diabeta	Glyburide
Glucophage	Metformin
Glucotrol	Glipizide
Insulin	(brand will be changed to current stock)
Novolog or Humalog	(Insulin Aspart)
Novolin N or Humulin N	(Insulin Isophane (NPH))
Novolin R or Humulin R	(Insulin Regular)
Novolin 70/30 or Humulin 70/30	(Insulin Isophane (NPH)/Regular)
Glucose Elevating	
Insta-Glucose Gel	(Glucose Gel)
Dex4 Glucose Tablets	(Glucose Tablets)
	Glucagon (rDNA) Inj
DIAGNOSTIC AIDS	
Tubersol (TB) Intradermal Soln	Tuberculin PPD

NaphCare Formulary 2019

DIURETICS	
Oral Diuretics	
	Hydrochlorothiazide
Aldactone	Spironolactone
Lasix	Furosemide
Maxzide	Triamterene/HCTZ
Injectable Diuretics	
	Furosemide
EAR	
Floxin Otic	Ofloxacin
Cortisporin Otic	Neomycin/Polymyxin/HC
OTC Ear Wax Removal	
Debrox	Carbamide Peroxide Otic Soln
ESTROGEN	
Menest	(Estrogen)
Premarin	(Estrogens Conjugated)
EYE	
Isopto Atropine Ophth Soln	Atropine Sulfate
Pilocar Ophth Soln	Pilocarpine
Timoptic Ophth Soln	Timolol Maleate
Pred Forte Ophth Susp	Prednisolone Acetate
Bleph-10 Ophth Soln	Sulfacetamide Sodium
Maxitrol Ophth Oint, Susp	Neomycin-Polymyxin-Dexameth
Gentak Ophth Oint	(Gentamicin Sulfate Ophth Oint)
	Gentamicin Sulfate Ophth Soln
	Erythromycin Ophth Ointment
Betagan Ophth Soln	Levobunolol
Neosporin Ophth Soln	Neosporin-Polymyxin-Gramicidin
Polytrim Ophth Soln	Polymyxin B-Trimethoprim
Ocuflox Ophth Soln	Ofloxacin
Xalatan Ophth Soln	Latanoprost
	Dorzolamide HCl-Timolol Mal
Cyclogyl Ophth Soln	Cyclopentolate
	Brimonidine Ophth Soln
OTC Ophthalmic	
Nature's Tears	(Hypromellose)
Visine	Tetrahydrozoline

NaphCare Formulary 2019

OTC Ophthalmic Antihistamine	
Zaditor Ophth	Ketotifen
Visine-A Ophth	(Pheniramine-Naphazoline)
FLUSHES	
	Heparin Lock Flush Intravenous
	Saline Flush Inj
FUNGAL	
Oral Antifungals	
Diflucan	Fluconazole
Topical Antifungals	
Nizoral Cream	Ketoconazole
OTC Antifungals	
Lotrimin AF Cream	Clotrimazole
Nizoral A-D Shampoo	Ketoconazole
Tinactin Cream, Tolnaftin Cream	Tolnaftate
Micatin Cream	Miconazole Nitrate External Cream
GASTROINTESTINAL	
Nausea/Vertigo	
Antivert	Meclizine
Phenergan	Promethazine
Reglan	Metoclopramide
Zofran (not ODT)	Ondansetron (Not ODT)
Oral Gastrointestinal	
Azulfidine	Sulfasalazine
Delzicol 400 MG	(Mesalamine Capsule)
Asacol HD 800 MG	(Mesalamine Tablet)
	Pancrelipase 5,000
Creon 12,000	(Pancrelipase 12,000)
Carafate	Sucralfate
Reglan	Metoclopramide
GI Spasms	
Bentyl	Dicyclomine
H-2 Antagonist	
Zantac	Ranitidine
Proton Pump Inhibitor	
Prilosec	Omeprazole
Protonix	Pantoprazole

NaphCare Formulary 2019

Diarrhea Rx	
Imodium	Loperamide
OTC Diarrhea	
Pepto-Bismol Regular Strength	Bismatrol (Bismuth Subsalicylate)
OTC Stool Softeners	
Colace	Docusate Sodium
OTC Enemas	
Fleet Enema Rectal	(Saline Laxative)
OTC Antiflatulents	
Gas-X Chewable	Simethicone
OTC Antacids	
Mylanta Oral Susp	Rulox (Aluminum/Magnesium/Simethicone)
OTC Nausea	
Emetrol	Formula EM Anti-Nausea Liquid (fruc/gluc/phos acid)
Laxatives Rx	
	Lactulose
OTC Stimulant Laxatives	
	Bisacodyl Delayed Release Tablet
Dulcolax Rectal Suppository	Bisacodyl Suppository
Senna Lax Oral Tablet	(Sennosides)
OTC Bulk Laxatives	
FiberCon Tablet	Fiber-Lax (Calcium Polycarbophil)
Natural Fiber Laxative Powder	(Psyllium Fiber)
OTC Osmotic Laxative	
MiraLax Powder	ClearLax (Polyethylene Glycol)
Citroma	Magnesium Citrate Oral Soln
OTC Laxatives/Antacids	
Milk of Magnesia Oral Susp	(Magnesium Hydroxide)
GOUT	
	Probenecid
Zyloprim	Allopurinol
HEMATOLOGICAL	
Lovenox Inj	Enoxaparin Sodium Subcutaneous
HIV	
<i>All Inclusive</i>	

NaphCare Formulary 2019

HYPERTENSION Oral	
ACE Inhibitors	
Vasotec	Enalapril
Prinivil, Zestril	Lisinopril
Zestoretic	Lisinopril/Hydrochlorothiazide
Alpha/Beta-Adrenergic Blockers	
Trandate	Labetalol
Angiotensin Antagonists	
Cozaar	Losartan
Antiadrenergics	
Cardura	Doxazosin
Catapres	Clonidine
Minipress	Prazosin
Beta Blockers	
Coreg	Carvedilol
Inderal	Propranolol
Lopressor	Metoprolol Tartrate
Tenormin	Atenolol
Calcium Channel Blockers	
Calan	Verapamil
	Verapamil ER
Cardizem	Diltiazem
	Diltiazem HCl ER 24 hour
Norvasc	Amlodipine
Procardia	Nifedipine
Procardia XL	Nifedipine ER Osmotic
Vasodilators	
Apresoline	Hydralazine
MENTAL HEALTH	
ANXIETY Oral	
Ativan	Lorazepam
Buspar	Buspirone
Klonopin	Clonazepam
Librium	Chlordiazepoxide
Injectable Anxiety	
Ativan Inj	Lorazepam Injection Soln

NaphCare Formulary 2019

DEPRESSION Oral	
Antidepressants, Tetracyclic	
Remeron	Mirtazapine
Antidepressants, Tricyclic	
Elavil	Amitriptyline
Pamelor	Nortriptyline
Sinequan	Doxepin
Antidepressants, SSRIs	
Celexa	Citalopram
Cymbalta	Duloxetine
Paxil	Paroxetine
Prozac	Fluoxetine
Zoloft	Sertraline
Lexapro	Escitalopram
Antidepressants, Misc	
Desyrel	Trazodone
Effexor, Effexor XR	Venlafaxine, Venlafaxine XR
Wellbutrin, Wellbutrin XL 24 hour	Bupropion, Bupropion ER (XL) 24 hour
PSYCHOSIS	
Oral Antipsychotic, Typical	
Trilafon	Perphenazine
	Haloperidol Tablets
	Haloperidol Lactate Oral Concentrate
Oral Antipsychotic, Atypical (See Protocol)	
Abilify	Aripiprazole
Geodon	Ziprasidone
Risperdal	Risperidone
Seroquel Immediate Release	Quetiapine IR
Zyprexa	Olanzapine
Injectable Antipsychotic	Fluphenazine HCl
	Fluphenazine Decanoate
Haldol Decanoate IM Inj	Haloperidol Decanoate
Haldol Inj	Haloperidol Lactate
Geodon IM	Ziprasidone
Thorazine Inj	Chlorpromazine
MANIA Oral	
	Valproic Acid
Depakote	Divalproex Sodium Delayed Release
Eskalith	Lithium Carbonate

NaphCare Formulary 2019

Eskalith CR	Lithium Carbonate ER
MOUTH AND THROAT	
Peridex Mouth/Throat Soln	Chlorhexidine Gluconate
MUSCLE RELAXANTS	
Flexeril	Cyclobenzaprine
Lioresal	Baclofen
Robaxin	Methocarbamol
PAIN	
Analgesics Oral	
Tylenol with Codeine #3	Acetaminophen-Codeine #3
Tylenol with Codeine #4	Acetaminophen-Codeine #4
Ultram	Tramadol
Analgesics Injectable	
Toradol	Ketorolac
OTC Analgesics Oral	
	Aspirin
	Aspirin EC
Tylenol	Acetaminophen
Excedrin Extra Strength Tablet	Pain Reliever Plus (Acetamin/Aspirin/Caff 250/250/65 MG)
NSAIDS	
Indocin	Indomethacin
Motrin, Advil	Ibuprofen
Mobic	Meloxicam
Naprosyn	Naproxen
Relafen	Nabumetone
OTC Analgesics Topical	
Analgesic Balm External Cream	(Menthol-Methyl Salicylate)
Epsom Salt	(Magnesium Sulfate Granules)
LOCAL ANESTHETICS	
Topical Local Anesthetics	
Xylocaine Topical Jelly	Lidocaine Jelly
Xylocaine Viscous	Lidocaine Viscous
Injectable Local Anesthetics	
	Lidocaine HCl Inj
	Lidocaine HCl (PF) Inj
Xylocaine/Lidocaine Injection Soln	Lidocaine-Epinephrine Inj
PARASITIC	
Elimite Cream	Permethrin
Lice Treatment Max Strength Shampoo	(Pyrethrum Extract-Piperonyl Butoxide)

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STEROIDS	
Oral Corticosteroids	
	Prednisone
Nasal Steroids	
Flonase	Fluticasone
Injectable Adrenocortical Steroids	
	Dexamethasone Sodium Phosphate
Kenalog	(Triamcinolone Acetonide)
Depo-Medrol	Methylprednisolone Acetate
Solu-Medrol	Methylprednisolone Sodium Succ
Topical Steroid / Low Potency	
	Hydrocortisone Cream, Ointment
Topical Steroid / Mid Potency	
Elocon Cream	Mometasone Furoate
Kenalog Cream	Triamcinolone Acetonide
Topical Steroid / High Potency	
Lidex Cream, Ointment	Fluocinonide
Diprolene AF Cream	Betamethasone Dipropionate Aug
Topical Steroid / Ultra High Potency	
Ultravate Cream	Halobetasol Propionate
Temovate E Cream	Clobetasol Propionate E
Topical Steroid / Antifungal Combo	
Lotrisone Cream	Clotrimazole-Betamethasone
OTC Topical Steroid	
	Hydrocortisone Cream, Ointment
THYROID	
Hypothyroidism	
Synthroid	Levothyroxine
Hyperthyroidism	
Tapazole	Methimazole
	Propylthiouracil
Hyperparathyroidism (Calcimetics)	
Sensipar	(Cinacalcet)

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TOPICALS	
OTC Topical Analgesics	
Epsom Salt	(Magnesium Sulfate Granules)
Analgesic Balm External Cream	(Menthol-Methyl Salicylate)
OTC Topical Antibiotics	
Neosporin Original Ointment	Triple Antibiotic External Ointment (Neomycin-Bacitracin-Polymyxin)
	Bacitracin External Ointment
	Benzoyl Peroxide Gel
Topical Antifungals Rx	
	Nystatin Cream
OTC Topical Antifungals	
Lotrimin AF Cream	Clotrimazole
Nizoral A-D Shampoo	Ketoconazole
Tinactin Cream, Tolnaftin Cream	Tolnaftate
	Miconazole Nitrate External Cream
OTC Psoriasis	
Anti-Dandruff Shampoo	(Selenium Sulfide)
Therapeutic External Shampoo	(Coal Tar)
OTC Disinfectants	
	Hydrogen Peroxide Topical Solution
OTC Keratolytics	
Compound W External Gel	(Salicylic Acid Wart Remover)
OTC Poison Ivy	
Calamine Lotion	(Calamine/Zinc Oxide)
OTC Skincare	
Hydrocerin Cream	
Vitamin A & D Ointment	(Lanolin/Petrolatum)
OTC Topical Steroids	
	Hydrocortisone Cream, Ointment
TRANSPLANT	
CellCept	Mycophenolate Mofetil
Prograf	Tacrolimus
Imuran	Azathioprine
Rapamune	Sirolimus

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TUBERCULOSIS	
Myambutol	Ethambutol
Rifadin	Rifampin
	Isoniazid
	Pyrazinamide
URINARY	
	Oxybutynin
Urinary Analgesics	
Pyridium	Phenazopyridine
VACCINE	
Flucelvax Quadrivalent Intramuscular	(Influenza Vaccine)
Tenivac	(Tetanus-Diphtheria Toxoid Vaccine)
VAGINAL	
Gyne-Lotrimin Vaginal Cream	Clotrimazole-7 Vaginal Cream
Monistat 7 Vaginal Cream	Miconazole Nitrate Vaginal Cream
	Miconazole Nitrate Vaginal Suppository
VIRAL Oral	
Zovirax	Acyclovir
Valcyte	Valganciclovir
	Amantadine Capsules
VITAMINS AND NUTRITIONAL SUPPLEMENTS	
Folic Acid	Folic Acid
	Potassium Chloride Ext Release
Reno Caps (Dialysis Only)	(Vitamin B Complex/Vit C/Folic Acid)
PrePLUS Prenatal Vitamin	(Prenatal Plus Vitamin)
	Ferrous Sulfate Delayed Release 325 MG Only
Injectable Vitamins and Nutritional Supplements	
Zemplar	(Paricalcitol) (Dialysis Only)
Venofer	(Iron Sucrose) (Dialysis Only)
OTC Vitamins and Nutritional Supplements	
Vitamin B-1	Thiamine
Vitamin B-6	Pyridoxine
Vitamin B-12	Cyanocobalamin
Tums	Calcium Carbonate Antacid
Citroma	Magnesium Citrate Oral Soln
	Multivitamin

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WART REMOVAL	
Condylox External Solution	Podofilox
Compound W External Gel	(Salicylic Acid)
MISCELLANEOUS	
Fixodent Complete Dental Adhesive	
Sterile Water for Inj	
Sodium Chloride Intravenous Soln 0.9%	