

Exhibit B

Clark County

Vancouver, Washington

Medical Services for Inmates Technical and Price Proposal

Request for Proposal # 695

August 31, 2015



Respectfully Submitted to:

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

Submitted by:

Correct Care Solutions, LLC
1283 Murfreesboro Road
Suite 500
Nashville, TN 37217
800-592-2974 X5777

Tax ID# 32-0092573

Point of Contact:

Patrick Cummiskey, President
(615) 324-5777 (Office)
(615) 324-5731 (Fax)
Patrick@correctcaresolutions.com



RFP# 695 - Medical Services for Inmates
Vancouver, Washington



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**Request for Proposal # 695
Medical Services for Inmates**

Attachments:

Dependant on your requirements, you may use the "Total Funds Requested" on the Summary page, or you may choose to delete that sentence and rely solely on the "Propose Cost section in IIC.6" for cost information.

Attachment A COVER SHEET

General Information:

Legal Name of Applicant/Company/Agency Correct Care Solutions, LLC
Street Address 1283 Murfreesboro Road, Suite 500 City Nashville State TN Zip 37217
Contact Person Patrick Cummiskey Title President
Phone 615-324-5777 Fax 615-324-5731
Program Location (if different than above) _____ Email address Patrick@correctcaresolutions.com
Tax Identification Number 32-0092573

ADDENDUM:

Proposer shall insert number of each Addendum received. If no addendum received, please mark "NONE".

No. _____ Dated: _____ No. _____ Dated: _____ No. _____ Dated: _____

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

→ Does the proposal comply with the requirements contained within the RFP?
A "No" response may disqualify the proposal from further consideration.

Yes No

→ Did outside individuals or agencies assist with preparation of this proposal?

Yes No (if yes, describe.)**

Total Funds Requested Under this Proposal \$ \$3,341,067

(PM * See Directions regarding method of response from proposer for cost of project – section IIC.6)

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 Board of Commissioners.

Signature, **Administrator of Applicant Agency***
(*Enter the appropriate signature title)

Date



Employment Verification

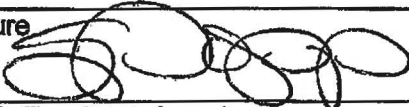
The following pages contain the approval and information pages of the E-Verify MOU. CCS has included a copy of our complete E-Verify MOU in **Tabbed Attachment D** of this proposal.



Company ID Number: 69740

Client Company ID Number: 860960

Approved by:

Employer Correct Care Solutions, LLC	
Name (Please Type or Print) Stephanie Popp	Title Director of Compliance and Employee Relations
Signature 	Date 3-12-15
E-Verify Employer Agent Tracker Corp	
Name (Please Type or Print) Corey Johnson	Title
Signature Electronically Signed	Date 03/12/2015
Department of Homeland Security – Verification Division	
Name (Please Type or Print)	Title
Signature	Date



Company ID Number: 69740

Client Company ID Number: 860960

Information Required for the E-Verify Program	
Information relating to your Company:	
Company Name	Correct Care Solutions, LLC
Company Facility Address	1283 Murfreesboro Road Suite 500 Nashville, TN 37217
Company Alternate Address	
County or Parish	DAVIDSON
Employer Identification Number	320092573
North American Industry Classification Systems Code	621
Parent Company	
Number of Employees	10,000 and over
Number of Sites Verified for	629



Company ID Number: 69740

Client Company ID Number: 860960

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

ALABAMA	25 site(s)
ARIZONA	9 site(s)
ARKANSAS	26 site(s)
CALIFORNIA	11 site(s)
COLORADO	35 site(s)
FLORIDA	35 site(s)
GEORGIA	22 site(s)
IDAHO	6 site(s)
ILLINOIS	45 site(s)
INDIANA	22 site(s)
IOWA	5 site(s)
KANSAS	6 site(s)
KENTUCKY	20 site(s)
LOUISIANA	7 site(s)
MAINE	14 site(s)
MARYLAND	22 site(s)
MICHIGAN	48 site(s)
MINNESOTA	4 site(s)
MISSISSIPPI	7 site(s)
MISSOURI	17 site(s)
NEBRASKA	6 site(s)
NEVADA	1 site(s)
NEW JERSEY	3 site(s)
NEW MEXICO	14 site(s)
NEW YORK	7 site(s)
NORTH CAROLINA	12 site(s)
OHIO	17 site(s)
OKLAHOMA	7 site(s)
OREGON	7 site(s)
PENNSYLVANIA	29 site(s)
SOUTH CAROLINA	3 site(s)
TENNESSEE	25 site(s)
TEXAS	37 site(s)
UTAH	3 site(s)
VERMONT	9 site(s)
VIRGINIA	16 site(s)
WASHINGTON	10 site(s)
WISCONSIN	35 site(s)
WYOMING	4 site(s)



Company ID Number: 69740

Client Company ID Number: 860960

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

Name Kristi Huffine
Phone Number (615) 815 - 2781
Fax Number (615) 324 - 5774
Email Address khuffine@correctcaresolutions.com

Name Angle Bashore
Phone Number (615) 844 - 5524
Fax Number (615) 324 - 5774
Email Address abashore@correctcaresolutions.com



Cover Letter

Dear Members of the Proposal Evaluation Committee:

Thank you for the opportunity to present the future of health care services for the Clark County Jail, Jail Work Center, and Juvenile Detention Center. As you know, Correct Care Solutions (CCS) and Conmed are affiliated companies, and together, we have the necessary experience, capabilities, and resources for a successful continued partnership with the Clark County Sheriff's Office (CCSO). We are confident that our proposal will exceed your program objectives and requirements.

Not every agency is the right partner for CCS; we commend Chief Bishop and Commander Anderson for providing the leadership that encourages and expects open collaboration in our united mission. Clark County has become a benchmark for our company on what it means to have a true public/private partnership. Together, CCS and CCSO have crafted a program that meets the varied and complex needs of our patient population in Clark County. CCS will not make changes for the sake of change; but given the opportunity alongside a great partner, we appreciate the opportunity to "say no to the status quo" where improvements will benefit patient care or provide cost savings for Clark County's facilities. We will continue working with Sheriff's Office administration to continue a fully integrated and successful program.

Our combined team of more than 10,000 employees cares for approximately 250,000 patients in 37 states each day. This experience provides CCS the opportunity to share best practices from our other programs with the CCSO, and understanding the regional differences from state to state gives our company a competitive edge. CCS has been operating in Washington State through our affiliate, Conmed, since 2006 and we have served as Clark County's medical provider since February 2010. Additionally, CCS currently provides services to five (5) other Washington Counties (Benton, Clallam, Cowlitz, Kitsap, and Yakima), and we provide services at the South Correctional Entity (SCORE) in Des Moines, Washington. As an affiliate of the incumbent provider, and with many existing resources in the State, CCS offers an unmatched ability to support the continued success of the CCSO's Inmate Medical Services Program.

Understanding our unique opportunity to analyze your current program and implement enhancements, CCS has creatively analyzed the ways that we can re-invest savings from program efficiencies that we have found during our current contract term. As a result, we can present additional program value at only a modest cost increase.

Specific highlights of this proposal include:

- **Flexible Staffing.** The CCS proposal includes two staffing plan options which meet the requirements of the RFP and the health care needs of the Clark County inmate population. Both options include additional physician, Psychiatric ARNP Ed Worsman, and mental health professional time, in accordance with CCS's analysis of program needs. Option One provides Clark County with the requested RN/LPN nursing coverage at intake. Option Two continues to provide intake services with CNAs.



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- **Mental Health Groups.** With the additional mental health coverage, CCS will increase the diversity and quantity of mental health groups to maximize the number of participants benefiting from these groups.
- **IDT Team Meetings.** We will continue these meetings and the strong partnership between county classification, deputies, command staff and medical/mental health to meet the needs of the most critical patients.
- **Care Management.** CCSO will continue to benefit from our easy-to-use Care Management system, including real-time utilization reporting. CCS is fully transparent in our Care Management process, ensuring that only necessary off-site trips are being made.
- **Unmatched Resources.** None of our competitors have the same level of correctional healthcare experience as does CCS, or our understanding of Washington-based programming. Our regional and corporate support team includes faces you are familiar with, including Chris Bove, Linda Gehrke, and John Roth. These individuals and many CCS team members work hand-in-hand with our on-site team, led by Rhonda Hansen-Boyle, to ensure consistent and appropriate services.
- **No Transition Risk.** While any other company will need time to recruit and hire new staff, implement new process, and forge new relationships with community hospitals and providers, CCS already has all of these crucial items in place. This allows CCS to ensure continuity of care for the inmates in the custody of Clark County.

We thank you for your diligence in this process, and present our plan to enhance the already successful program we provide for contract medical and mental health services at the Clark County Jail. We truly believe we are the right partner for Clark County, now and in the future. Respectfully, we ask for the opportunity to continue our work alongside you. Please contact us if you have any questions or wish to discuss any items in this proposal.

Sincerely,

Patrick Cummiskey
President
615-324-5777
patrick@correctcaresolutions.com



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Comprehensive Client List A
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1 Project Team

1.1 About Correct Care Solutions

Correct Care Solutions (CCS) was founded in August 2003 to meet a growing industry need for a correctional health care provider with an innovative approach. Today, **CCS is a privately owned Limited Liability Company (LLC) in our twelfth year of operation.** With each of our successful contracts and satisfied clients, CCS has demonstrated the necessary capabilities and resources that make us a qualified and willing partner for the Clark County Sheriff's Office (CCSO). Our company is specifically organized to provide comprehensive correctional health care services to facilities just like the Clark County Main Jail, Jail Work Release Center, and Juvenile Detention Facility. Our programs in these facilities include the design and successful operation of comprehensive medical, dental, and mental health services for inmate populations. Given the opportunity to continue working with the CCSO, we will provide the same dedicated level of service that you have come to expect from CCS.

CCS prides itself on being a public health company, which is specifically organized to provide comprehensive correctional health care services to clients such as the CCSO. We view our corrections business as a very diverse public health setting. **Today 10,000 CCS employees care for approximately 250,000 patients in 37 states,** with more than 40,000,000 patient encounters each year. CCS provides comprehensive healthcare services in **462 facilities for 273 state, county, and municipal clients and 15 private and federal prisons.** Our public health footprint is greatly enhanced by our Recovery Solutions Division, which provides Mental Health care and Restoration to Competency as well as operating forensic state hospitals in three states.

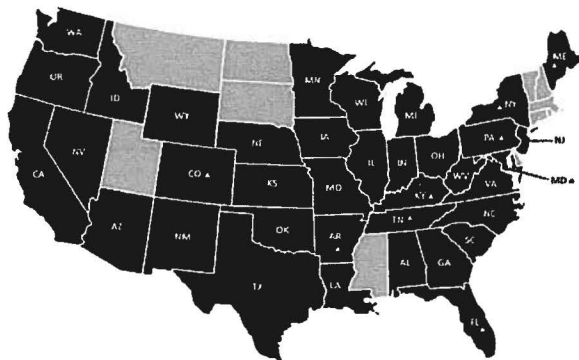


Figure 1: CCS Footprint. CCS cares for more than 250,000 patients, in 37 states throughout the country.

CCS at a Glance

- Established in August 2003
- Privately owned—We answer to our clients, not shareholders
- Acquired Conmed Healthcare Management, August 2012
- More than 10,000 CCS employees provide health care services for more than 250,000 patients in 37 states
- More than 40,000,000 patient encounters each year
- Clients include state prison systems, county/regional jails, detention centers, and juvenile facilities
- Financially strong and stable
- Impeccable litigation record
- 100% success in our accreditation efforts

Home Office
1283 Murfreesboro Rd., Suite 500
Nashville, TN 37217

Maryland Office
Hanover, Maryland

Florida Office
Deerfield, Florida

Mountain States Office
Centennial, Colorado

New York Office
White Plains, New York

Pennsylvania Regional Office
Lemoyne, Pennsylvania

Maine Regional Office
Augusta, Maine

Arkansas Regional Office
Pine Bluff, Arkansas

Kentucky Regional Office
Louisville, Kentucky

Australia Office
Southbank, Victoria



Because CCS is the incumbent provider, we will not require any additional resources to implement the program in our proposal. CCS's administrative leadership within the CCSO facilities will continue uninterrupted and with no changes. **Our experience as the CCSO's healthcare provider for the past five (5) years demonstrates our ability to continue meeting the healthcare needs of the CCSO inmate population.** We remain dedicated to continuously improving our program in the CCSO facilities and we have used this experience to design a solutions-oriented program.

1.2 Our Mission

Our mission is to be the premier provider of effective and efficient healthcare to specialized populations. Although CCS has grown, our dedicated professionals continue to learn from their many daily patient encounters across the country, allowing our company to stay on the cutting edge of quality healthcare and programs. The knowledge we gain from the patients we treat throughout our client base leads to improved care for our patients at each individual site.

1.3 Washington Experience

CCS currently services clients in 37 states, but understanding the regional differences from state to state gives our company a competitive edge. CCS currently provides services for eight clients in the State of Washington: Clark County, Benton County, Clallam County, Cowlitz County, Kitsap County, Yakima County Department of Corrections, Yakima County Juvenile Court, and the South Correctional Entity (SCORE). With CCS actively serving our clients throughout the State of Washington, company knowledge, best practices, and resources will be readily available to support the success of the CCSO medical program.

1.4 Juvenile Experience

CCS manages combination adult and juvenile programs at several of our client sites. We provide comprehensive medical and mental health services to incarcerated juveniles across the country. Our experience with assessing and treating this young and developing population has provided us with the expertise to offer them unique care rather than treating them the same as adult offenders. CCS and our subsidiary companies have been providing comprehensive juvenile healthcare services for more than 20 years. We provide exceptional care for approximately 5,500 juveniles in more than 75 dedicated youth facilities nationwide, including statewide juvenile systems in Louisiana, Illinois, and Florida. Our programs in these facilities include the design and successful operation of comprehensive medical, dental, and mental health programs for juveniles. Where our clients have sought NCCHC or ACA accreditation, we have succeeded in attaining that benchmark. In Louisiana, we have worked with the Office of Juvenile Justice to ensure first-time ACA accreditation of their medical programs.

CCS provides primary and preventative care, sick call and episodic care, acute and chronic medical treatment, and follow-up care for the juveniles in our care at each of the detention centers we service. The CCS health programs are based on documented policies and procedures addressing the provision of health services, including assessment and evaluation, suicide prevention, special needs treatment plans, referrals for care, ongoing care, and discharge



planning from Day One. CCS develops customized policies and procedures for each of our contracted juvenile facilities to meet the specific needs of their individual populations. For example, in Louisiana, we developed a juvenile-specific formulary to ensure proper management of medication regimens. CCS provides health education to juveniles with chronic conditions such as asthma or diabetes to help them realize the importance of proper health management. Acknowledging the importance of family interaction for juveniles, CCS maintains a focus on keeping parents and/or guardians informed regarding their condition as appropriate.

CCS is acutely aware of the distinctive needs related to the provision of health services to our young patients. Our vast experience and knowledge gained while providing these services nationwide benefits both the staff and patients at our facilities. We understand and recognize this patient group is still developing and growing both physically and mentally, which can present challenges during incarceration. Identifying this key factor and using our experience working with these young patients is essential to appropriately assessing and treating the healthcare needs of this special population.

1.5 Other Relevant Experience

Many of our clients are the same size or larger than the CCSO Main Jail. For example, the following facilities all have ADPs ranging between 620 and 730 inmates:

- Roanoke City Jail, VA (ADP: 620)
- Weld County Jail, CO (ADP: 630)
- Montgomery County Jail, TN (ADP: 650)
- New Hanover County Detention Facility, NC (ADP: 650)
- Durham County Detention Facility, NC (ADP: 659)
- Ocean County Jail, NJ (ADP: 670)
- Yakima County Detention Center, WA (ADP: 730)

1.6 Our Vision

Our philosophy is simple: we listen to our clients; we assess the situation; and we offer targeted, implementable solutions. We focus on creating and maintaining successful partnerships with our clients, and we create value in our partnerships through long-term cost savings and improved patient care. We are committed to being a true solutions provider in the healthcare industry and in the communities we serve. We concentrate on establishing partnerships with county, state, or federal agencies that are experiencing challenges meeting their healthcare delivery needs in a fiscally responsible way. With a constant focus on patient care, we will continue to offer innovative solutions to the Clark County Jail and efficiently execute our operational plans in coordination with your program objectives, as well as, national and state standards.

When new team members join CCS, they experience a new level of orientation. CCS understands maintaining our competitive advantage in the marketplace means we must effectively engage and retain our people. We hire the best, train to provide the best care, and retain the best staff through dedicated retention directives. Once we have a good staff member –



we make sure they don't want to leave. We have a philosophy at CCS that we live by, and we strive to hire individuals who possess those qualities. These attributes are known among the CCS family as **The Five Hs**.

HUNGER	We have the fire to learn, teach, and grow. We encourage each other and ourselves. Teamwork helps everyone reach their goals from the smallest unit to the company as a whole.
HONESTY	We uphold the highest level of integrity in all our dealings with each other, with clients, and with our patients. We treat everyone with respect and dignity.
HARD WORK	We are willing to out-work and out-think the competition so that we remain constant in placing our customers first. We strive for quality in everything we do.
HUMILITY	No matter how much success we achieve, it is important to remain humble and remember not to lose our roots, vision, values, and identity. We maintain our loyalty to our community by being good citizens in the areas where we live and work.
HUMOR	Given the amount of time we put towards our work, it is important to have a sense of humor. This allows us to remain passionate and enjoy our work.

Figure 2: CCS Core Values. The Five Hs define how we conduct business – with our clients, our patients, our teammates.

1.7 National Commission on Correctional Health Care

CCS operates all of our programs at an appropriate level of care consistent with standards established by the NCCHC and ACA. Our accreditation and licensing history is well-documented: CCS has never failed to obtain nor lost accreditation status at any of our client facilities. We have never been denied for continued accreditation, and we have never been subject to any fines or penalties from accrediting agencies. We conduct mock NCCHC surveys at each of our facilities prior to the actual on-site audit, and we discuss our findings and recommendations with the on-site staff. Additionally, our internal quality improvement programs guarantee that all CCS clients meet and maintain all NCCHC and ACA standards.



1.7.1 Unique Accreditation Perspective

CCS has strong connections to the NCCHC and ACA. Jon Bosch, who oversees compliance for CCS, is the former Director of Accreditation for the NCCHC. CCS has a unique perspective into the accreditation process due to our employees' participation in the following NCCHC activities:

- Standards development
- Standards interpretation
- Conducting on-site accreditation surveys
- Training NCCHC lead surveyors
- Hosting and conducting Certified Correctional Health Professional (CCHP) exams to encourage advancement and professional certification of our employees

CCS personnel have participated in NCCHC standards development and interpretation; on-site accreditation surveys; and training of lead surveyors. We typically send over 50 staff members to the annual NCCHC conference each year for training. CCS staff members regularly serve as presenters and educational session leaders at the conference. In 2012, CCS hosted a CCHP examination at our Home Office in Nashville, Tennessee. Our employees passed the examination with a 100% success rate. Another exam is scheduled in Nashville for August 2015.

CCS is also proud to include current ACA President Mary Livers (Secretary for the Louisiana Office of Juvenile Justice) and ACA Past Presidents Michael Wade (Sheriff for Henrico County, Virginia) and Daron Hall (Sheriff for Davidson County, Tennessee) among our clients.

1.7.2 NCCHC and ACA Certification

CCS encourages our medical professionals to obtain certification through the NCCHC and ACA. Becoming a Certified Correctional Health Professional (CCHP) through the NCCHC and a Certified Correctional Nurse Manager (CCN-M) through the ACA offers immeasurable benefits and is highly regarded by management, peers, staff, and others. It is a step toward increased knowledge, greater professional recognition, and identification as a leader in the complex and ever-changing field of correctional health care. Health professionals working in correctional settings face unique challenges including working within strict security regulations, dealing with crowded facilities, and understanding the complex legal and public health considerations of providing care to incarcerated populations. Achieving professional certification ensures that our employees possess the skills needed to meet these challenges. CCS reimburses testing fees to employees who pass.

1.7.3 NCCHC Excellence

Each year, the NCCHC presents their prestigious Facility of the Year Award to one facility from the NCCHC national accreditation program. In 2012, they selected the Chittenden Regional Correctional Facility in Vermont, whose health care program has been managed by CCS since 2010. The professional delivery of health care services at the Chittenden facility was recognized in 2012 at the National Conference on Correctional Health Care in Las Vegas, Nevada.



1.7.4 Client Accreditation Status

CCS currently provides correctional healthcare services in 169 accredited facilities. *We have never failed to obtain nor lost accreditation status at any of our client sites.* The following table shows a summary of our current accreditation status. We have provided a detailed list of our accredited facilities on the following pages.

CCS Accreditations by the Numbers	
Accrediting Agency	Number of Facilities
NCCHC, ACA, and CALEA (Triple Crown)	12
NCCHC and ACA	16
NCCHC Only	47
ACA Only	94
TOTAL	169

CCS has enjoyed unparalleled success in our accreditation experience. Many CCS sites have been named 100% compliant during their accreditation surveys. Furthermore, *CCS carries the distinction of counting nearly one-third of the 38 Triple Crown sites in the country among our clients.* A total of 12 CCS sites are accredited by the NCCHC, ACA, and CALEA, making them “Triple Crown” facilities. CCS is proud to manage Triple Crown facilities in:

- Arapahoe County, CO
- DeKalb County, GA
- Douglas County, CO
- Jefferson County, CO
- Larimer County, CO
- Marion County, IN
- McHenry County, IL
- Monmouth County, NJ
- Pueblo County, CO
- Shelby County, TN

CCS was responsible for obtaining accreditation at 14 of our accredited facilities, 5 of which have 1,100 inmates or more. For those facilities where CCS was responsible for obtaining accreditation, the average length of time between the initial application and the first successful audit was 12 months, or less in many instances. For example, **CCS has obtained accreditation within 6 months at several sites, including the Douglas County Correctional Center in Nebraska, and Riverside Regional Jail and Western Virginia Regional Jail in the Commonwealth of Virginia.** For those sites that were initially accredited under a previous provider, CCS has maintained accreditation at every site, and has successfully participated in re-accreditation audits in accordance with the accrediting agency’s audit cycle.

1.8 Person Authorized to Bind the Company

The following individual is authorized to bind CCS to any contract resulting from this RFP:

Patrick Cummiskey
President
615-324-5777
patrick@correctcaresolutions.com



1.8.1 Main Office Address and Telephone Number

Correct Care Solutions, LLC
1283 Murfreesboro Road, Suite 500
Nashville, TN 37217

1.9 Local Key Personnel

The Health Services Administrator, Rhonda Hansen-Boyle will continue to manage the local site. We have included a brief biography of Ms. Hansen-Boyle and other key personnel in the following section. CCS has also included resumes for these individuals in **Tabbed Attachment B**.

Rhonda Hansen Boyle, RN Ms. Hansen-Boyle is an experienced Registered Nurse with more than six years of experience working in the Clark County Jail. She has been serving as the Health Services Administrator at the site since May 2012 where she has proven herself to be a dedicated nurse manager and strong leader. Ms. Hansen-Boyle excels at providing quality patient care, is experienced with quality improvement processes, and is a strong advocate for her patients. She is also an Super User of CorEMR, the jail's electronic medical record system.

Health Services Administrator
360-397-2211 x 4669
541-590-0990

Daniel Gorecki, MD Dr. Gorecki will continue to serve as the Medical Director for the Clark County inmate medical services program. Dr. Gorecki is Board-Certified in Emergency Medicine and has been licensed to practice in the State of Washington since 1997.

Medical Director
360-901-2462

Edward Worsman, ARNP Mr. Worsman, the Psychiatric Mental Health Nurse Practitioner, with more than 20 years of nursing experience. He has additional medical training and experience from his service as Navy Corpsman. Mr Worsman continues to serve as a nurse in the Army Reserve. In addition to being a dedicated clinician, Mr. Worsman is also an effective leader with a Master's degree in Nursing Leadership from Gonzaga University.

Psychiatric Nurse Practitioner
360-397-2211

Melissa Songer, RN Ms. Songer, the Director of Nursing, has almost seven years of nursing experience as both a Licensed Practical Nurse and a Registered Nurse. A significant portion of her experience is in correctional healthcare. Ms. Songer began working for our affiliate, Conmed, in 2010 and served at both the Cowlitz County Jail and the Clark County Jail before becoming a CCS staff member in 2014.

Director of Nursing
360-397-2211 X4925



Virginia A. Walker, LPC, LMHC Ms. Walker is a Mental Health Professional with more than
Mental Health Professional 10 years of addiction and crisis counseling experience. Mr.
360-397-2211 x 4669 Walker has significant experience working in the
correctional mental health field, and has been serving as a
Licensed Counselor and Mental Health Professional for
CCS and our affiliate, Conmed, since 2012.

1.10 Regional Management

The following regional management personnel will continue to serve Clark County.

Linda Gehrke, CCHP Ms. Gehrke is the CCS Regional Manager for Oregon,
Regional Manager Washington and Idaho. She has 18 Years of Correctional Health
Care Nursing and leadership experience. During her career she
has been involved in auditing and assisting facilities prepare for
NCCHC accreditation. Ms. Gehrke also has experience service as
an HSA and a DON mentor, and is CCHP certified.

Vivek Shah, MD
Regional Medical Director



Dr. Shah joined CCS in 2006 as a Regional Medical Director and provides clinical management and oversight to our contracted facilities in the Northwest region. Prior to joining CCS, he spent six years in group internal medicine practices in the states of Washington and Kentucky. Dr. Shah is affiliated with the American Medical Association, the American College of Physicians, and the Society of Correctional Physicians. After completing his medical education in India, he completed his primary care internal medicine residency at Mt. Sinai School of Medicine in New York.

Julie Weigand,
JD, LMHC, LPC
*Regional Behavioral
Health Manager*



Ms. Weigand serves as the Behavioral Health Manager for the CCS Northwest Region. She originally joined Conmed in 2010 as Mental Health Coordinator for the Kitsap County Jail and served as the Regional Mental Health Supervisor for the Northwest Region. Following the acquisition of Conmed by CCS, Ms. Weigand now provides support and oversight for CCS behavioral health programs in Washington, Oregon, Idaho, and Nevada. She holds a JD degree from the Seattle University School of Law and an MA in Counseling Psychology from St. Martin's University in Lacey, Washington, bringing extensive legal and clinical experience to her role. Ms. Weigand practiced law for 20 years prior to becoming a licensed Mental Health Counselor, and she was a co-founder of City Center Counseling Services, PLLC, in Tacoma, Washington. She is also a certified Guardian ad Litem in the State of Washington.



John Roth
Director of Client Services



Mr. Roth joined CCS in 2014 following the acquisition of CHC. He has 20 years of experience in government leadership, public affairs, sales, and business development. Before joining CHC in 2013, Mr. Roth was an elected County Commissioner in Texas for eight years. He has worked extensively in state, national, and international government relations, non-profits, community affairs, and sales management. Mr. Roth earned his bachelor's degree in Business Finance from Texas Lutheran University.

1.11 Corporate Management

The CCS Executive Team has more than 300 years of combined correctional health care experience, and the entire team will be fully engaged in the operation of programs and services for Clark County. CCS is the industry leader in designing and operating health care programs in facilities similar to those in Clark County. The significant difference with CCS is that we have a proven history of success with similar sites. We have developed proven "best practices" for these sites that will translate to continued success in Clark County.

Jerry Boyle
Founder & Executive
Chairman of the Board



Mr. Boyle founded Correct Care Solutions (CCS) in 2003 and now serves as Chairman of the Board. He has over 35 years of experience in key leadership positions working with justice involved clients in correctional, behavioral, and residential settings. His corrections career started at the Massachusetts Department of Correction where he worked 15 years. For the past 25 years, he has had increased roles in operations, business development, and mergers and acquisitions. His blend of public and private service has helped forge a vision for CCS that is focused on service excellence: service to patients, clients, and team members. Mr. Boyle received his bachelor's degree in human services from Fitchburg State College. His management philosophy is well known throughout the company and is based on what he calls the "Five H's," which emphasize the qualities of Hard Work, Hunger, Honesty, Humility, and Humor in CCS and its employees.



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Jorge Dominicis
Chief Executive Officer



Mr. Dominicis serves as the Chief Executive Officer for CCS Group Holdings. His role is to ensure operational excellence and to drive the organization's strategic focus. Before joining CCS, Mr. Dominicis served for 10 years as President of GEO Care, during which time GEO Care increased revenue six-fold. Prior to that, he served 14 years as Vice President of Corporate Affairs at Florida Crystals Corporation, where he was responsible for all governmental and public affairs activity at the local, state, and federal level, as well as for the coordination of community outreach and charitable involvement. Mr. Dominicis also served in various public and government policy positions in Florida, including the St. Mary's Medical Center Governing Board and the Criminal Justice Commission. He holds a bachelor's degree in business administration, finance, and international business from Florida International University.

Patrick Cummiskey
President



Mr. Cummiskey was a founding member of Correct Care Solutions, where he has served in a variety of leadership roles. He is currently President of CCS Group Holdings. Mr. Cummiskey leads business development, client retention, and support services for all CCS divisions. He works closely with each division president to ensure ongoing success and strategic growth of the company. Under his leadership, CCS stays consistently focused on understanding and supporting internal and external customer needs while developing innovative solutions to meet client budget objectives. Mr. Cummiskey has a bachelor's degree in business administration from the University of Georgia and a master's degree in business administration with a marketing emphasis from Georgia State University.



David Watson
Chief Financial Officer



Mr. Watson serves as Chief Financial Officer for CCS. He previously served as CFO for National Surgical Healthcare (NSH), a portfolio company of Irving Place Capital that owns and operates 20 physician-partnered, specialty surgical hospitals and ambulatory surgical centers in 12 states. Prior to joining NSH, he served as CFO of Community Education Centers, an Ares Capital portfolio company, and as CFO of Radiation Therapy Services, a Vestar Capital Partners portfolio company operating 95 radiation oncology centers across the country. Mr. Watson spent over a decade as Treasurer and Vice President of Finance for The GEO Group, Inc., where he played an instrumental role in the company's financial transactions, including the acquisitions of Centracore Properties Trust and Correctional Services Corporation. He came to GEO via Wackenhut Corrections Corporation, where he helped originally spin-off an IPO in 1994. Mr. Watson has a bachelor's degree in economics from the University of Virginia and a master's degree in business administration with an accounting emphasis from Rutgers, the State University of New Jersey.

Carl Keldie, MD
Chief Clinical Officer



Dr. Carl Keldie joined CCS as the Chief Clinical Officer in 2015. As Chief Clinical Officer, he serves in an executive leadership role and his primary responsibility is ensuring CCS provides its patients with quality healthcare. Dr. Keldie also works as a liaison between medical staff and administration to support positive channels of communication while ensuring appropriate care to all patients. He comes to CCS with over three decades of clinical and administrative experience. His previous responsibilities include providing direct patient care in primary care, urgent care, and emergency medicine in civilian, department of defense, and correctional medicine settings. His professional memberships include the American Medical Association, Society of Correctional Physicians, American Correctional Association, and the National Commission on Correctional Health Care. Dr. Keldie earned his bachelor's degree in biology from the University of South Florida and his doctor of medicine degree from the University of South Florida College of Medicine. He is a fellow of the American College of Emergency Medicine and is board certified by the American Board of Emergency Medicine.



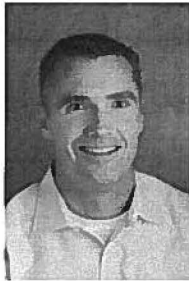
David Perry, JD
Chief Legal Counsel



David Perry recently joined CCS as Chief Legal Counsel. Mr. Perry received his bachelor's degree from the University of Notre Dame and his juris doctor's degree from Yale Law School. He will oversee all legal matter and serve as the primary legal advisor to CCS.

Previously, Mr. David was a partner at Holland & Knight, a leading global law firm, as a corporate and securities attorney whose practice focused on corporate finance, securities, and mergers and acquisitions. He worked on numerous financings of significant size, representing organizations in media, food products, transportation, biotechnology, and other industries.

Chris Bove
President, Local
Detention Division



As President of the Local Detention Division, Mr. Bove is responsible for the largest division within CCS. He provides operations oversight of local adult and youth detention and is ultimately responsible for the overall management and administration of the division. Mr. Bove joined CCS in 2011 after successful leadership in a multi-service organization where he led a variety of teams. He brings this wealth of corporate experience along with his military leadership to the Local Detention Division of CCS. Mr. Bove graduated with a bachelor's degree in engineering management from the United States Military Academy at West Point and a master's degree in business organizational management from the University of La Verne in California.

Bob Martin
Executive Vice President &
Chief Information Officer



Mr. Martin joined CCS when it was founded in 2003. He has over 32 years of information technology experience, including 20 years in the healthcare arena. Mr. Martin is responsible for overseeing technology services and coordinating major project management activities. Currently, his team supervises the daily production and development of CCS internal systems and networks, as well as external IT needs, including various electronic medical records products. Mr. Martin has a bachelor's degree in engineering with an emphasis in computer science from Michigan State University.



Jon Bosch, BSN, MHSA
Executive Vice President,
Accreditation &
Compliance



Mr. Bosch has worked in the healthcare field for more than 20 years, with over 15 years of correctional healthcare experience. Mr. Bosch and his team are responsible for ensuring that all healthcare facilities, correctional facilities, and programs meet or exceed appropriate operational processes and national standards, including those established by the American Correctional Association (ACA), the National Commission of Correctional Healthcare (NCCHC), the Joint Commission Hospital Accreditation, the U.S. Department of Justice, and the Commission on Accreditation of Rehabilitation Services. Mr. Bosch is the former Director of Accreditation and Quality Assurance for NCCHC and has served in a variety of operational management, business development, and clinical services roles throughout his career. He has surveyed and developed healthcare programs for hundreds of correctional facilities. Mr. Bosch has a bachelor's degree in nursing from the University of North Dakota and a master's degree in health service administration from George Washington University in Washington, D.C.

Kevin Jordan
Executive Vice President &
Chief of Business
Support & Analytics



Mr. Jordan brings over 25 years of exceptional leadership and operational management skills to CCS. Mr. Jordan and his team provide operational support to all CCS sites, including established programs, as well as startups and special projects. He is also responsible for procurement services and works to streamline processes with vendors. Prior to joining CCS, Mr. Jordan managed the network operations division of AIM Healthcare's credit balance and recovery businesses. He was responsible for a budget of \$100 million in revenue, as well as all aspects of running the day-to-day operations. Mr. Jordan received his bachelor's degree in accounting from the New York Institute of Technology.



Cary McClure
Chief of Infrastructure
Integration



Mr. McClure is a Certified Public Accountant with 30 years of experience in accounting and finance in both non-profit and for-profit settings. His past experience includes 18 years as the Assistant Controller, Controller, and then Chief Financial Officer of a 420-bed urban medical center; CFO of a successful startup and operation of a \$100 million for-profit medical center; and division CFO for the largest for-profit psychiatric hospital company in the country. He was selected by the Kansas Medicaid program to serve as a consultant to assist in the design and implementation of the Kansas Medicaid Diagnosis Related Group hospital payment system. Mr. McClure has authored two articles on healthcare finance that were published in national healthcare journals. He earned a bachelor's degree in accounting and business administration from the University of Kansas.

Scott Pustizzi, SPHR
Senior Vice President,
Human Resources



Mr. Pustizzi is a certified Senior Professional in Human Resources (SPHR) with responsibility for the development, refinement, and implementation of human resources initiatives for CCS. He joined the company in 2007, bringing more than 20 years of progressive experience in human resources and operations with a focus in mergers and acquisitions, labor relations, talent acquisition, health and welfare, and human resources technologies. He has extensive experience developing innovative healthcare recruitment and retention initiatives for residential, specialty treatment, and correctional healthcare facilities and programs throughout the United States. Under his leadership, CCS has successfully built a brand as a healthcare employer of choice that retains high-caliber, competent clinical and professional staff and attracts a solid network of qualified candidates. Mr. Pustizzi has a bachelor's degree in finance and international business and a master's degree in business from Florida International University, with specific emphasis in human resources management and industrial relations.

Dean Rieger, MD, MPH
Deputy Chief
Clinical Officer



Dr. Dean Rieger is a graduate of the Johns Hopkins University of Medicine and is Board Certified in Preventive Medicine and Public Health. He has worked with Prison inmate populations for over 20 years, most recently as Medical Director for the Indiana Department of Corrections. Dr. Rieger joined CCS in 2005 and works directly with all of our field clinical and mental health services. He will ensure that clinical vision, tone, and management of staff are consistently implemented. Dr. Rieger proactively communicates with each site to establish the level of quality care and continual compliance.



Judd Bazzel, MD
Patient Safety Officer



Dr. Judd Bazzel joined CCS in 2005. He received his Medical Doctorate from the University of South Alabama College of Medicine in Mobile, Alabama and completed a residency in Family Medicine at the University of South Alabama Medical Center. Dr. Bazzel began working in correctional settings during his time as Chief Resident, and dedicated himself to the practice of correctional medicine in 2004. He is a member of the Society of Correctional Physicians and the Academy of Correctional Health Professionals. Dr. Bazzel has special interests in the management of withdrawal from substances of abuse. He assists in leading our clinical team and provides a hands-on management style when assisting our nurses and on-site medical practitioners. Dr. Bazzel is another home grown talent for CCS: he began as our Medical Director in Nashville, TN, giving him hands-on experience with large jails. He served most recently as our Chief Medical Officer.

William Ruby, DO
Deputy Chief Medical
Officer



Dr. William Ruby obtained his status of U.S. Civil Surgeon in 2010 while working as Senior Physician at the Collier County Health Department. As an active U.S. Civil Surgeon, he is responsible for ensuring that aliens entering the United States do not pose a threat to the public health of this country. This is done by conducting medical examinations to evaluate the health of aliens applying for admission or adjustment of status as permanent residents in the United States. Additionally, Dr. Ruby is an Assistant Professor of Medicine at The Johns Hopkins University School of Medicine, where he obtained funding and created the Correctional Medicine Telemedicine Project which is in its 12th year of operation. Dr. Ruby joined CCS in 2011 as a Regional Medical Director and now serves as Deputy Chief Medical Officer at the corporate level.

Johannes Dalmasy, MD
Chief Psychiatric Officer



Dr. Johannes Dalmasy is a Board Certified Psychiatrist who attended college and medical school at the Pontificia Universidad Católica Madre Y Maestra in his native Dominican Republic. He completed specialty training in psychiatry at the University of Maryland in Baltimore and is a Clinical Assistant Professor of Psychiatry at the University of Maryland School of Medicine, where he has taught medical students and psychiatry residents for more than a decade. Dr. Dalmasy also serves as an examiner for the American Board of Psychiatry and Neurology. He has over 15 years of correctional experience and specializes in cross-cultural mental health, as well as medico-legal and ethical issues in psychiatric practice.



Ilana Iacobovici, MD
Deputy Chief
Psychiatric Officer



Dr. Ilana Iacobovici has been with Conmed since 2009. Upon Conmed's integration with CCS, she became the Deputy Chief Psychiatric Officer for CCS, with responsibility for mental and behavioral health programs at client facilities nationwide. Dr. Iacobovici began her diverse career as a general practitioner in Uruguay. She later served as a Unit Director at Eastern Shore Hospital Center in Cambridge, Maryland. Dr. Iacobovici is a graduate of the Instituto Crandon and earned her medical degree at the Facultad de Medicina, Universidad de la Republica Medical School in Uruguay. She completed a residency in Psychiatry and Neurology and a Forensic Psychiatrist Fellowship at the University of Maryland. Dr. Iacobovici is a Board-certified Psychiatrist with added qualifications in Forensic Psychiatry.

Karen Galin, PhD
Chief of Behavioral Health



Dr. Karen Galin has nearly three decades of experience as a clinical psychologist. She joined Correct Care Recovery Solutions (CCRS) as a psychologist at South Florida State Hospital in 2002 after serving in various clinical and administrative roles in varied settings, including a forensic facility, veteran's hospital, and pain clinic. As Chief of Behavioral Health, Dr. Galin oversees behavioral health services for CCS and CCRS. She received a bachelor's degree in psychology from Emory University and a doctoral degree in clinical psychology from the University of Alabama.

Marc Quillen, PhD
Deputy Chief of
Behavioral Health



Dr. Marc Quillen has been with CCS for more than 13 years and has over 35 years of experience as a psychologist. He received his Ph.D. in Clinical Psychology from the University of Kansas and began his career as a professor for the University of Kansas School of Medicine. Dr. Quillen has served as the Chief Psychologist for the Midwest Psychiatric Center and the Practice Manager for Wichita Psychiatric Consultants. He joined CCS in 2003, serving as a Clinical Supervisor and later as the Regional Mental Health Director for the Kansas Department of Corrections. Dr. Quillen then served as a Behavioral Health Supervisor and the Regional Behavioral Health Director for the Vermont Department of Corrections prior to being promoted to Deputy Chief of Behavioral Services.



Dawn Ducote,
LCSW, CCHP, CQHQ
Director of CQI



Dawn Ducote is a Licensed Clinical Social Worker who has spent the majority of her career in correctional behavioral health and community mental health agencies. Advocacy for patients and ensuring quality and necessary services for at-risk populations are her passions. Dawn oversees the CCS Continuous Quality Improvement Program, which ensures that all patients in our care receive diagnostic and treatment services in the most expeditious and appropriate manner, while minimizing risk for our clients. She is responsible for quality assurance, effective clinical operations, and client satisfaction. After working in a subcontracting role for several years, Dawn officially joined CCS in 2009 as CQI Coordinator. She was promoted to Director of CQI in 2013.

Jennifer Slencak,
BSN, RN, CCHP-RN
Corporate Director
of Nursing



Jennifer Slencak is an experienced nursing professional with 15 years of proven leadership ability built on a solid foundation of clinical nursing care delivery. She is skilled in the areas of operations management, program development, quality assurance, risk management, and demonstrating fiscal responsibility in a variety of clinical care settings. Jennifer has held certifications as a forensic nurse in the areas of Sexual Assault Nurse Examiner Adult/Adolescent and Pediatric (SANE-A and SANE-P), and as a Certified Case Manager (CCM). Since joining CCS in 2014, she has introduced cutting-edge nursing education programs and workflow solutions for CCS nursing professionals across the country. Jennifer also organized the first CCS annual nursing conference to promote clinical leadership and advance competency through skills evaluation and training.



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2 Management Approach

Through our affiliated company, Conmed, Correct Care Solutions (CCS) is already managing the operations of medical and mental health services program for the Clark County Jail, Work Center, and Juvenile Detention Center. With this relationship already in place, CCS will not require any additional resources to implement the program in our proposal. Our administrative leadership at the CCSO facilities will continue uninterrupted and with no changes to the current on-site or regional leadership.

CCS is the only company that can guarantee a project schedule that presents zero risk to the continuity of operations. CCS is the only company that can offer the CCSO no disruptions caused by transition. Our leadership is established, and our operations have been ongoing without interruption since 2010. CCS also has the proven recruiting capability to ensure that we can address the staffing difficulties that exist in Clark County and the surrounding areas.

We have a unique inside perspective on the provision of jail medical and mental health services for the CCSO, we have a full appreciation of the mission, objectives, healthcare system and its challenges and risks. CCS has a proven track record of identifying inmate healthcare system needs and problems and for delivering thoughtful, cost-effective solutions.

We have worked closely with the CCSO, Jail administration, and community hospitals and medical providers to coordinate off site care for patients with high acuity healthcare needs; our team has a collaborative working relationship with all of the associated stakeholders and has a focus on Continuous Quality Improvement. The CQI committee is comprised of a multidisciplinary team, which examines the overall health environment, addresses issues and implements action plans as needed; the physician and psychiatrist have worked with jail administration on housing placement to meet the mental health and medical needs of the inmates. We have designed a work assignment schedule for healthcare related activities that fits with the facility-building schedule of operations.

CCS is extremely proud of the partnership that has been formed over the last 5 years with the CCSO. Although we would love to spend the majority of this response focusing on our accomplishments over the last several years, we realize this RFP is about the program's future. As you read this proposal we ask you to recall our successes in implementing change, adjusting to change and our responsiveness to opportunities that have arisen during our tenure in Clark County. This experience has provided CCS with an unmatched understanding of the CCSO's vision that will allow CCS to continue adding value in true partnership with the County.

2.1 Administrative

CCS agrees to continue to abide by the administrative requirements outlined in Section IB1.A of the RFP.



2.2 Personnel

CCS will continue providing stable and responsive professional health care staffing to the CCSO. CCS will employ the staff needed to provide healthcare services to the Jail through the retention of our current staff.

With CCS as your continued partner, we will retain all of our existing qualified staff and the CCSO can be assured of a stable staff and the continuity of care for the patients we serve. Staff salaries and benefits will be consistent and focused on continued staff retention. To address vacancies that arise from normal attrition, CCS will rely on our successful recruiting program to continue to provide qualified candidates.

The recruiter responsible for the State of Washington monitors the success of the recruitment efforts and adjusts the recruitment strategy accordingly. Hiring leaders are able to view applications for their openings via the CCS online applicant database. Screening and interviewing of applications, as well as the hiring decisions, takes place at the site level, with the support of the recruitment team.

CCS uses a multi-disciplined approach to recruiting and our goal is to be a leader in correctional health care recruiting. We recognize the importance of hiring a right-fit candidate; one who both can demonstrate the skills and knowledge required of the job, and the attitude necessary for success. CCS has tailored its recruiting efforts to better target the most qualified candidates. Through improved sourcing processes and updated applicant tracking system, the CCS team of recruiters is able to target recruitment activities.

CCS recruiters are fully trained and considered experts in the area of correctional health care recruitment. CCS recruiters communicate with our hiring managers on a weekly basis to review job requirements for open positions and to review potential candidate qualifications. This process helps to identify the most qualified candidate for the interview process.

CCS also maintains strong relationships with a number of external recruitment resources to support our recruiting efforts. Recruiting is a keystone to our success and CCS puts quality efforts to ensure the right person is selected for the right job.

2.2.1 CCS Recruiting

Effective retention begins with an effective recruiting strategy. Our goal is to be a leader in correctional healthcare recruiting. We recognize the importance of hiring candidates who can demonstrate the skills and knowledge required of the job and represents the attitude necessary for success. The CCS Home Office provides on-site support to our clients through our highly skilled Human Resources department, which facilitates the recruitment, development, and retention of healthcare professionals in our client communities. Our dedicated team of Recruiters, Sourcing Specialists, and Coordinators assist our staff and clients with finding high-potential candidates, screening applications, conducting interviews, and making hiring decisions. CCS continually researches rates of pay in different areas to ensure that our salary ranges remain competitive.

CCS recruits for any vacant positions, both within the community and within CCS through external and internal proactive efforts. Hiring Managers work with a dedicated Recruiter and the



CCS recruiting team to post any open positions in our Applicant Tracking System (ATS). The Hiring Manager and Recruiter can subsequently view applicants' information in the ATS.

The following figure illustrates the CCS recruiting process in five steps.

Step 1	Staffing Request
<ul style="list-style-type: none"> Once CCS identifies a recruitment need, a staffing request must be submitted to the CCS People Strategies Department. 	
Step 2	Advertise Position
<ul style="list-style-type: none"> CCS recruiters will generate a requisition form and then advertise for the position as instructed, internally and externally. 	
Step 3	Review Applicants
<ul style="list-style-type: none"> Applicants will be reviewed within 24 hours of their posting by the Hiring Manager and then rejected or moved to the next step in the process. 	
Step 4	Interviews
<ul style="list-style-type: none"> The Hiring Manager will review resumes and coordinate interviews with all qualified candidates, referring to the applicant tracking flow chart for the appropriate timeline for the process. 	
Step 5	Begin Hiring
<ul style="list-style-type: none"> The Hiring Manager begins the new hire process including credentialing, verification of education, verification of work history, drug screening, criminal history background check, etc. 	

Figure 3: CCS Recruiting Process. Our dedicated team of Recruiters, Sourcing Specialists, and Coordinators assist our staff and clients with finding high-potential candidates, screening applications, conducting interviews, and making hiring decisions.

What We Do

Provide top notch recruiters. Our recruiters undergo intensive training designed to strengthen interviewing and recruiting skills and to identify key job characteristics. Recruiters work closely with hiring managers to identify critical factors and skills to look for in ideal candidates. Needs are defined and timelines are discussed to fill openings quickly and effectively with minimal or no disruption to site operations.

Employ the latest technology. We are implementing a state-of-the-art applicant tracking system to support streamlined management of the recruiting process and maintain a searchable database of outstanding talent for future consideration.



Maximize our online presence. We utilize social media and job boards to promote the CCS brand and attract highly qualified, diverse talent. Resources include:

- Facebook
- Twitter
- CareerBuilder.com
- Monster.com
- MiracleWorkers.com
- DocCafe.com
- Indeed.com
- LinkedIn.com
- Military.com
- Corrections.com
- Diversity.com

Customize sourcing strategies to meet recruiting needs. CCS has tooled its recruiting efforts to proactively target passive job seekers in professions that may not actively search job postings. Through our continuously improving strategic sourcing plans our team of recruiters is able to effectively target top tier talent.

Engage the community. The CCS recruiting team conducts continuous staffing initiatives through local, state, regional, and national advertising campaigns in our recruitment and retention efforts.

Pay competitively. CCS consults market data to gauge area rates of pay and surveys the areas surrounding the Clark County to ensure our rates remain competitive.

Select the best quality candidates. We train hiring managers on strategies to identify and evaluate qualified applicants. Assessment tools are available to assess potential for success and culture fit.

The CCS recruiting team conducts continuous staffing initiatives through local, state, regional, and national advertising campaigns in our recruitment and retention efforts. In addition, CCS conducts research regarding area rates of pay and has done surveys in the areas surrounding the CCSO facilities to ensure our rates remain competitive. CCS has an excellent record in recruiting quality, motivated health care professionals for the CCSO.

Equal Employment Opportunities

CCS is an Equal Employment Opportunity (EEO) employer, and we have a thorough diversity policy in place to appropriately guide our recruiting and hiring processes. We will comply with all provisions of federal, state, and local regulations to ensure that no employee or applicant for employment is discriminated against because of race, religion, color, gender, sexual orientation, genetics, gender identity, marital status, age, disability, veteran status, or national origin.

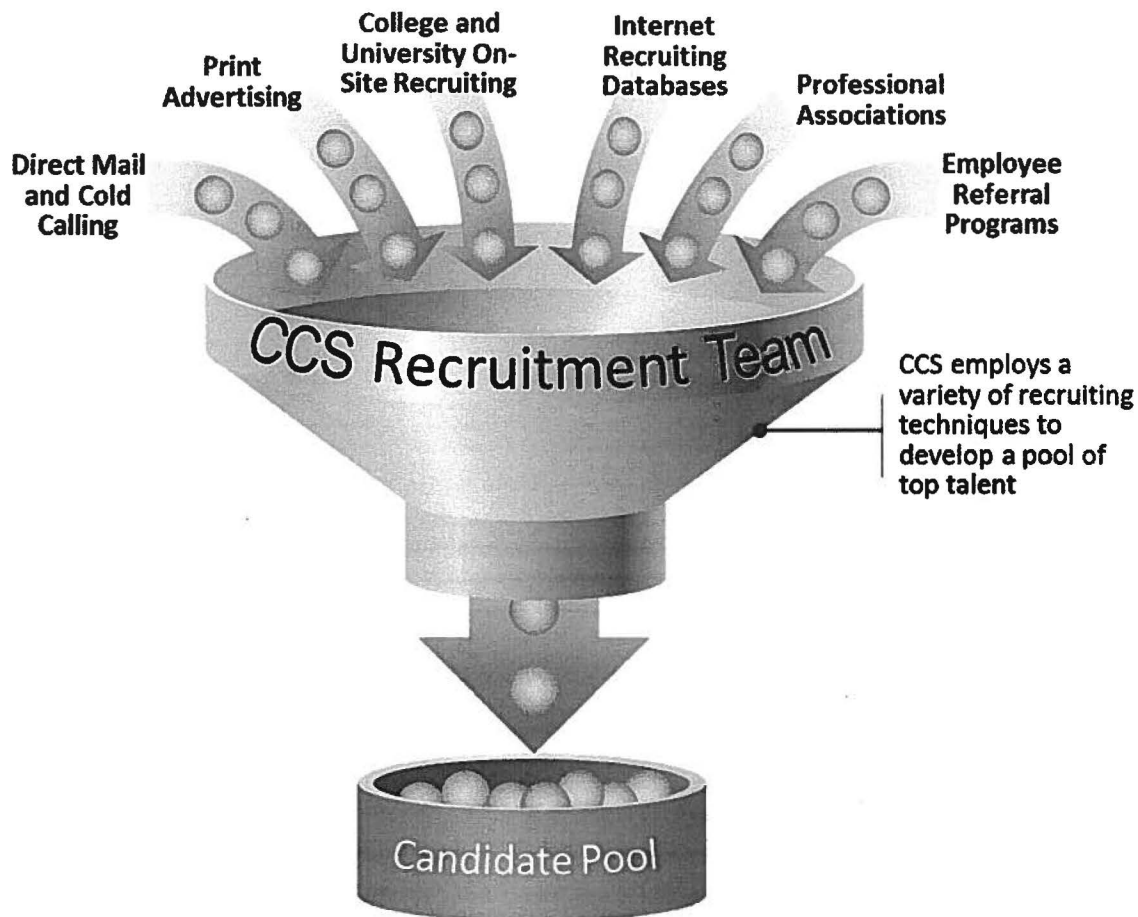


Figure 4: CCS Recruiting Techniques. CCS uses a variety of recruiting techniques to develop a pool of top talent, both within the community and within CCS through internal posting.

Internal Recruiting

It is CCS practice to post all job openings within the company first so that internal team members have the opportunity to be considered before opportunities are posted externally. CCS employees are eligible to apply for internal opportunities after completing six months in their current role, provided they are in good standing. If a team member is interested in transferring to another position and/or location, they must complete an internal transfer request form and submit it to their supervisor for signature before applying for the position. Interviews are typically conducted by the Hiring Manager or regional staff. CCS also welcomes input from our clients during the interview process for key positions.



College and University On-site Recruitment

A key part of the CCS recruitment plan includes reaching out to local nursing schools to attract healthcare professionals to a career in corrections. CCS has developed programs for nursing students in several of our client facilities.

- CCS successfully partnered with the University of Kansas to develop a rotation for students in the Nurse Master’s Program.
- CCS partnered with Creighton University in Omaha, Nebraska to develop a correctional nurse training curriculum and rotation.
- In the State of Delaware, CCS developed a correctional clinical rotation for University of Pennsylvania Advanced Registered Nurse Practitioners at the Howard Young Correctional Institution in the Delaware Department of Corrections.
- In Kansas and Nebraska, Mental Health Professionals have completed internships working with CCS Mental Health providers.

Student/Intern Externship Programs

CCS has clinical affiliation agreements in place or in process with the following for Student/Intern externship rotations:

University	Program
Penn State University	Student Externship rotations
University of Pennsylvania	Nursing Student rotations
University of Pennsylvania School of Medicine	Med School Student rotations
Allegany College of Maryland	Nursing Student rotations
Lockhaven University	Physician Assistant rotations
Chatham University	Physician Assistant rotations

CCS is also exploring agreements with the following:

- Arcadia University
- Gannon University
- Misericordia University
- Seton Hill University
- Somerset Technology Center

These are just a few examples of the programs CCS has developed in our local communities. We have found that by increasing community interest and education regarding corrections, we have been able to attract and recruit healthcare providers who may have otherwise overlooked a career in our industry.

2.2.2 Employee Retention

In order to recruit and retain quality, full-time staff, CCS works to show our employees that they are valued, through our retention and benefits programs, as well as through the following CCS employee initiatives.



Employee Recognition

CCS has a formal Employee Recognition Program (dubbed “R3 Recognition”, the program is based on our employee slogan of “The Right People Doing the Right Things Right”) to reward employees for outstanding performance and exemplary service. CCS presents recognition awards each quarter. Awards are based on attendance, customer service, teamwork, and overall performance. The purpose of the Employee Recognition Program is to motivate positive job behavior and build a sense of pride in each employee through recognition.

Professional Development/Tuition Assistance

CCS encourages employees to take advantage of opportunities for advancement and professional growth. The CCS education and training program facilitates professional development and provides tuition assistance to employees as an opportunity to advance their skills and their career. In addition, on an annual basis CCS employees and their children who graduated high school are encouraged to apply for three CCS sponsored college scholarships.

Human Resources Hotline

CCS offers a 24/7 Human Resources hotline in the event guidance regarding an issue is needed outside of regular business hours.

GPS-Great People Skills

This People Development program aims to measure employee satisfaction, as well as learn how to best create amicable solutions to conflict. CCS believes it is important to LISTEN to our employees, as they have valuable perspective.

Continuing Education Program

CCS maintains a continuing education program providing medical and nursing personnel with access to programs on a monthly basis. The program ensures the availability of at least 40 hours of continuing education training annually. Medical, Mental Health, and nursing professionals are provided with both in-house and community opportunities for continuing education programs that are relevant to their work as correctional health providers.

Flexible Scheduling

When possible, CCS attempts to establish flexible scheduling to meet the needs of our employees. Through our backfill program, CCS will utilize part-time and per diem personnel to provide coverage for scheduled absences and to supplement the full-time staffing matrix.

CCHP and ACA Certification

CCS encourages our medical professionals to obtain certification through the National Commission on Correctional Health Care and through the ACA as Certified Correctional Nurse Managers. CCHP professional certification provides immeasurable benefits and is highly regarded by management, peers, staff and others. It is a step toward increased knowledge, greater professional recognition and identification as a leader in the complex and ever-changing field of correctional health care. Health professionals working in correctional settings face unique challenges: working within strict security regulations, dealing with crowded facilities,



understanding the complex legal and public health considerations of providing care to incarcerated populations and more. Achieving professional certification is the surest way to prove to yourself and to others that you have the tools to meet these challenges. CCS reimburses the cost of testing to employees who successfully pass.

In 2012, CCS hosted a CCHP exam out of our Nashville Corporate Office Training Facilities and had 20 CCS employees take and pass the exam (a 100% success rate). In 2012, CCS hosted regional examinations in Vermont and Delaware.

Certified Nurse Trainers

CCS also offers a "Train the Trainer" program. Known as "T3," the program is designed to increase awareness and educate staff regarding a variety of nursing-related topics such as creating a healthy work environment, maintaining professionalism, managing withdrawal symptoms, and many more. Learning objectives and training materials, including videos and PowerPoint presentations, are posted on our Nurse Channel website and advertised with posters and flyers. CCS already has more than 100 Certified Nurse Trainers in place. By emphasizing ongoing communication and continued education, CCS has developed a team of nursing professionals that are well equipped to care for our patients.

Wellness Program

CCS believes in pursuing good health aggressively and encourages staff to participate in the CCS Wellness Program. Incentives, exercise programs, healthy eating, and healthy lifestyle initiatives are provided to all employees. Smoking cessation and weight control programs and contests encourage site participation in their pursuit of a healthier staff.

Features of the Program:

- **Wellness Assessment:** An online tool participants use to learn what their wellness score is with practical suggestions to reduce the risk of illness and injury.
- **Preventive Exam Screening:** Participants will be encouraged to have routine physical exams or preventive screenings with their physician or other healthcare provider.
- **Preventive Care Self-Screening:** Participants administer a self-care screening. Examples include self-breast exam, self-testicular cancer exam, blood pressure check, and skin and/or foot exam.
- **Healthy Living Programs:** These interactive, personalized six-week online programs help each person take important steps to reduce risk and improve health. When the participant completes the Health Assessment, those programs for which he or she has the greatest needs and the greatest interest (based on risk and stage of readiness) are presented as recommendations.
- **Online Monthly Wellness Seminars:** Participants spend 12–15 minutes learning how to get and stay healthy each month.

2.2.3 Equal Employment Opportunity

Per CCS policy, CCS provides equal employment opportunities to all employees and applicants for employment without regard to the following legally protected characteristics: race, color,



religion, creed, sex, pregnancy (including childbirth and related medical conditions), age (as defined under applicable law), national origin or ancestry, physical or mental disability, genetic information (including characteristics and testing) or any other consideration protected by federal, state or local laws. The Company's commitment to equal opportunity employment applies to all persons involved in the Company's operations and prohibits unlawful discrimination by any employee, including supervisors and coworkers. This policy extends to all aspects of employment opportunity, to include hiring, compensation, benefits, promotions, transfer, layoff, recall, reduction in work force, termination, retirement, placement, training, and all other privileges, terms and conditions of employment.

The Director of Compliance and Employee Relations is responsible for coordinating and implementing the company's equal employment opportunity efforts. All employees, supervisors and managers are, however, required to comply with the Equal Employment Opportunity policy in performing their job duties.

2.2.4 Licensing and Credentialing

All CCS professionals working at the CCSO maintain a current license to practice their discipline in the State of Washington. CCS accepts full responsibility for verifying the credentials, licenses, and qualifications of all professional staff, including contractor staff.

All healthcare practitioners (employees, subcontractors, as well as locum tenens) providing on-site service for CCS must complete the credentialing process prior to starting work. That includes physicians, dentists, optometrists, nurse practitioners, physician assistants, and Master's-level Mental Health Professionals. The credentialing process begins as soon as CCS determines we will be making an offer of employment to the candidate. The CCS Risk Management Department oversees credentialing activities.

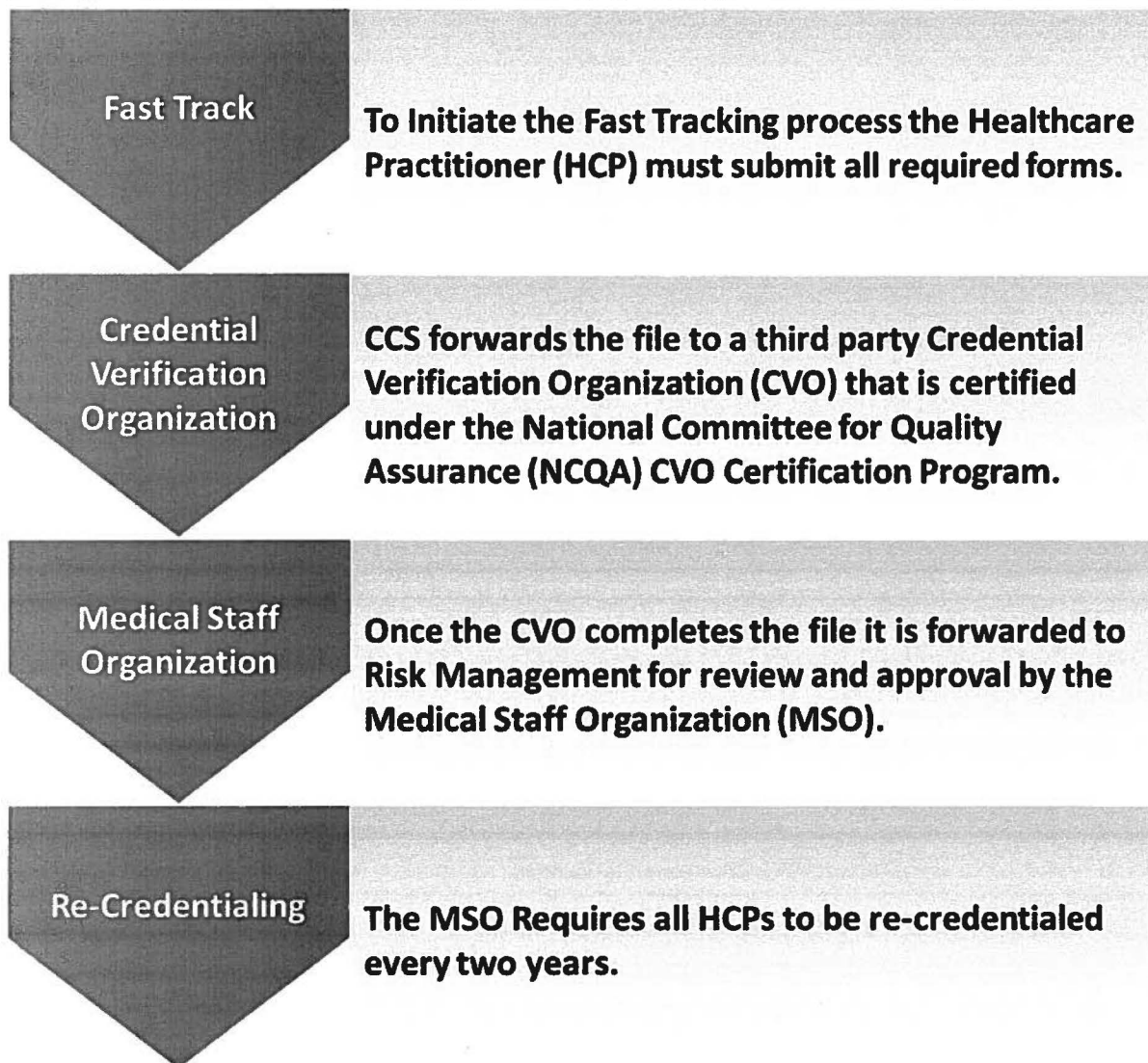


Figure 5: Components of the Licensure and Certification Process. CCS uses this process to ensure that all CCS Clinicians are properly licensed and credentialed.



Interim Privileges (Fast Track)	<p>CCS refers to the process of granting interim privileges as Fast Tracking. To initiate the Fast Tracking process the Health Care Practitioner (HCP) must submit the following:</p> <ul style="list-style-type: none">• Completed credential application• Copy of license (verified)• Copy of current malpractice certificate of insurance (Subcontractors must list CCS as an additional insured if providing own coverage)• Copy of DEA certificate• Copy of Medical School Diploma/Graduate School Diploma• Copy of certifications (if applicable)• Copy of CPR certification• Completed malpractice application
Credential Verification Organization (CVO)	<p>The Medical Staff Organization (MSO) then grants the HCP privileges as appropriate.</p> <hr/> <p>CCS forwards the file to a third party CVO that is certified under the NCQA Certification Verification Certification Program for the following verifications:</p> <ul style="list-style-type: none">• Application Processing• Education and Training• DEA Certification• License to Practice• Malpractice Claims History• Medicare/Medicaid Sanctions• Ongoing Monitoring of Sanctions• Medical Board Sanctions• Work History
Medical Staff Organization (MSO)	<p>Once the file is completed by the CVO, it is forwarded to Risk Management for review and approval by the MSO.</p>
Re-credential Process	<p>The MSO requires all HCPs be re-credentialed every two years.</p>



2.2.5 Training and Personnel Development

Employee Orientation

All new staff will participate in training that addresses security parameters at the CCSO, an introduction to CCS, expectations for their specific role, and information regarding NCCHC and ACA standards.

CCS provides a comprehensive three-phase training program for our employees. New staff members go through the CCS Onboarding process, and all employees receive ongoing skills/knowledge assessment through our Performance Enhancement and Leadership Development programs. All CCS staff members are required to participate in each phase of training. The frequency and focus of each training phase will be determined by the position and learning capacity of individual employees.

Prior to beginning work, all new CCS staff will attend a program to orient health care and administrative/non-clinical staff to security and classification procedures, OSHA Bloodborne pathogen regulations, and any necessary CPR/First Aid training. All personnel will complete 40 hours of pre-service training within the first 30 days of employment. All orientation training will be customized to each assigned facility and will comply with CCSO policies and procedures. CCS provides a comprehensive three-phase training program designed for new staff as well as continuing training and annual skills/knowledge assessment.

The three phases include:

1. On-boarding
2. Performance Enhancement
3. Leadership Development

All CCS staff members are required to participate in each phase of training. The frequency and focus of each training phase will be determined by the position and the capacity of the learner.

Critical to the future success of any new employee is her or his initial experience with the organization. To start the employee off on the right foot and to ensure a smooth transition, CCS offers a three-part on-boarding process: Orientation, On-the-Job Training, and Follow-up.

On-boarding Step 1: Orientation

Each new hire is scheduled to participate in an eight (8) hour learning experience (the physician orientation program has additional requirements) where they are introduced to the CCS culture, policies, and procedures. The program is designed to clearly establish expectations and to involve the new staff in the success of the Company.



Areas discussed will include, but are not limited to:

- Company culture
- Goals
- Benefits
- The correctional environment
- Deliberate indifference
- Correctional health care standards
- Governance
- Correctional nursing role
- Forensic information
- Informed consent
- Grievance mechanisms
- Emergency services
- Interacting with inmates
- Safety and security
- Universal and Standard precautions
- Segregation
- Biohazards
- CQI
- Infection control
- Inmate Medical Services
- Mental health assessments
- Client/customer service
- The Prison Rape Elimination Act
- Medication administration training and preventing medication errors
- Appropriate medical documentation utilizing the SOAP format
- Suicide risk reduction
- Emergency procedures
- Compliance with facility security regulations, policies and procedures
- Notification procedures for staff discharges and resignations
- Facility-required sign-in and sign-out procedures

New hires are also expected to complete the following:

- New Hire Orientation Training
- New employee site orientation checklist
- Nursing/med tech medication exam
- Health care provider competency checklist
- Nursing skills tests
- Mandatory CEUs and Training
- Prison Rape Elimination Act of 2003
- Suicide risk reduction and risk assessment
- Preventing medication errors
- Harassment in the workplace
- HIPAA

We have provided a New Hire Welcome/Orientation Package in the rear binder pocket of this proposal for your reference.

On-boarding Step 2: On-the-Job Training (OJT)

On-the-Job training is guided by standards, detailed checklists, and a qualified preceptor. While there are time schedules with expected milestones, the preceptors will work with the new



employees to ensure that the expected knowledge is transferred. This portion will not be considered complete until the new employee feels capable and comfortable to perform the job and satisfactorily passes the post-test.

On-boarding Step 3: Follow-Up

Follow-up is the last component of the on-boarding process. During this component, the new employee has an opportunity to provide feedback about his or her experience with the Health Services Administrator. During this discussion, the Health Services Administrator also shares information about her or his leadership style and performance expectations.

Phase 2: Performance Enhancement

Performance enhancement training consists of skills labs and webinars. On a scheduled basis the training team will conduct learning labs at a central location for the staff to learn and to practice the skills identified by the nurse educator and the operations leaders. These skills have been determined to be either an annual skills check, an area of deficiency, or a new practice with the staff. In addition, webinars and DVDs which interface with a variety of Subject Matter Experts (SME) will be offered to the appropriate staff members (attendees are based on covered topics).

Phase 3: Leadership Development

CCS uses Leadership Development training to invest in the continued growth of our employees in order to develop leaders from within. Each training session varies in delivery and duration, and is designed to strengthen the leadership competencies of all of our staff members. For example, Foundations of Leadership is designed for our emerging leaders; Managing the Operation is designed for our mid-managers; and The Business Behind the Business is designed for our top leaders. The Leadership Development training sessions are a collaborative effort between our Home Office and on-site leaders. In addition, we have a Leadership Academy designed to further develop our top performers. Each series is run with the collaboration of our Home and Regional office as well as the site leaders.

Health care professionals receive specialized training in addition to the initial orientation phase of onboarding. This training is designed and conducted through the collaborative efforts of our Chief Medical Director, Chief of Psychiatry, Chief of Behavioral Health, Human Resources and CQI teams, and the site leaders.

CCS Leadership Development Approach

The continued success of any organization is its leaders' abilities to lead their people, maximize customer and client experience, and make sound business decisions. CCS is committed to enabling its leaders to be the best in their current roles and to preparing them for future opportunities within the company.

CCS Leadership Development combines five leadership competency themes to create a complete leader:

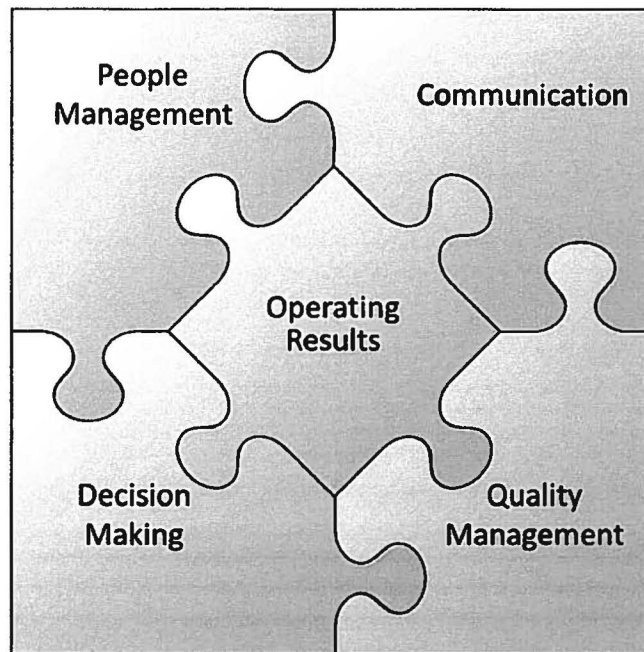


Figure 6: The Five Leadership Competency Themes. The five themes of the CCS Leadership Development Approach guide performance assessment, development initiatives and promotional selection.

2.2.6 Continuing Education

The CCS continuing education and training program builds on the foundation established in the orientation process and is in accordance with professional and legal standards. The CCS Human Resources Department establishes self-study continuing education and training programs on a monthly basis. CCS maintains a continuing education provider license that provides nursing personnel with continuing education credits, as an employee benefit. CCS distributes the self-study training programs electronically, and participants who successfully complete the program receive a certificate of completion. All employees are expected to complete the following trainings annually:

- Prison Rape Elimination Act
- Suicide Risk Reduction and Risk Assessment (Manual Post-Test)
- Preventing Medication Errors
- Bloodborne Pathogens and Standard Precautions
- CCSO's ADA Policy
- Harassment in the Workplace
- Safety (IIPP)
- Detoxification and Withdrawal
- CPR Certification
- HIPAA



In addition to the training listed above for all staff, nursing staff must complete the following training:

- Suicide Risk Reduction
- MH Screening upon intake
- Oral Screening upon intake
- Nursing Pathways
- Timely Initiation of medications

All full time qualified Health Care Professionals must obtain 12 hours of continuing education per year. Part time is pro-rated. The HSAs are responsible for ensuring that health care professionals receive, at a minimum, one hour of continuing education per month.

Following is a sample copy of a self-study continuing education and training schedule. Continuing professional development serves to improve the quality of service and helps reduce risk and grievances for the CCSO.

Sample CCS Self-Study Schedule		
Month	Title	Credit
January	Prison Rape Elimination	1.0
February	EPS Training	1.0
March	The Process of Recovery in Depression: From the Initial Treatment to a Successful Outcome	1.0
April	OSHA Update	1.0
May	Preventing Medication Errors	1.0
June	Annual Fit testing and Treatment Decision-Making in Patients with Metastatic Cancer	1.0
July	Improving Outcomes in Excessive Sleepiness & Obstructive Sleep Apnea: Early Recognition & Intervention	2.0
August	Annual Protocol Training	1.0
September	Assessing Risks & Enhancing Response in Patients with coronary Artery Disease: The Role of Genetics	1.5
October	Annual Suicide Training	2.0
November	Hepatitis C Infection – Diagnosis in Pediatric & Adult Patients	1.0
December	Harassment in the Workplace	1.0

Figure 7: Sample Self-Study Continuing Education Schedule.

Correct Care Solutions is committed to the development of our team members. As part of this commitment, CCS has also arranged for its members to have access and receive Continuing Education Credit (CNE credits) from Medscape. Medscape is an on-line resource depository of



clinical information and education. It includes medical articles, recaps from conferences, research links and CNEs.

While it is the responsibility of each nurse to secure her/his own development, CCS provides tools to further the success of its team members. A sample Medscape continuing education schedule for January through June 2015 follows:

Sample CCS Continuing Education Schedule		
Month	Title	Credit
January	Participatory Medicine: Provider-Patient Communication	.50 hours
	Cleveland Clinic Perspectives in Multiple Sclerosis Care: Challenges and Best Practices	.50 hours
February	Live from Utah: Advances in Cystic Fibrosis	.75 hours
	The Nurse View: Nursing Support for Patients with Metastatic Breast Cancer	.50 hours
March	Oncology Exchange: Emerging Strategies in the Management of Multiple Myeloma	1.0 hours
April	Efficacy, Symptoms, and Side Effects in MDD Treatment: Fatigue, Sleep and Cognitive Disorders	.50 hours
	Efficacy, Symptoms, and Side Effects in MDD Treatment: Sexual Dysfunction and Weight Gain	.50 hours
May	Severe Hypercholesterolemia: Better Patient Outcomes Through Early Diagnosis and Therapeutic Advances	1.0 hours
June	Moderate to Severe Psoriasis: A Patient-Centered Approach	.50 hours
	How to Communicate Risk of Sudden Cardiac Arrest to Your Patient	.50 hours

Figure 8: Medscape Continuing Education Schedule.

Additionally, on-site CCS health care personnel will complete in-service training and education programs on topics and issues specific to the CCSO. CCS identifies new topics on an on-going basis through the Quality Improvement Program. CCS maintains a video library and other reference materials that sites can use to facilitate their site-specific training programs. CCS also utilizes community resources when available and appropriate. The CCS Training Department provides technical assistance.

The HSA is responsible for ensuring that health care personnel receive, at a minimum, one hour of continuing education per month. Additionally, all health care staff will maintain current CPR/AED certification and attend appropriate workshops to maintain their licensure. The HSA maintains documentation of completed training in an individualized training record for each employee.



2.2.7 In-service Training

CCS employees will be trained in compliance with NCCHC guidelines. On-going training is very important to CCS both for personal development and for accreditation standards.

2.2.8 Prison Rape Elimination Act (PREA) of 2003

CCS is committed to ensuring that all our contracted facilities are in compliance with the standards and relations of the Prison Rape Elimination Act of 2003 (PREA), as adopted by the Attorney General in May 2012. CCS has an established policy for responding to allegations of sexual assault of inmates, provides training to our health care staff in accordance with PREA, and maintains records to memorialize that appropriate training has been delivered.

CCS provides training related to the ability to assess when physical trauma reflects that an incident has occurred, the preservation of evidence, chain of custody, and mental health counseling for victims of sexual assault.

All reports of sexual assault, either at admission or during incarceration, are referred immediately to the CCSO for investigation. CCS ensures that all reported incidents are fully documented, as required. CCS provides all required follow-up screenings, as needed. CCS health care staff will not participate in specimen collection or forensic evaluations.

2.3 Background Investigations

CCS realizes the critical importance of security in the correctional environment and of carefully selecting team members who have been properly vetted with background investigations and criminal history checks. As such CCS routinely conducts its own due diligence background/criminal record investigation on all new employees. CCS will continue to comply with the requirement for all healthcare personnel to submit to a comprehensive background check and criminal history checks and security clearance from the CCSO prior to hiring. CCS understands the CCSO's right to disallow entry to any employee who is deemed unsuitable to work at the Jail.

2.4 Employee Benefits

CCS offers competitive salaries and benefits to all employees with a focus on hiring and retaining qualified staff. We have conducted salary surveys in Clark County and surrounding area, and based on our contracts nearby, we are confident that the salaries for our staff at the CCSO are consistent with the local expectations. Additionally, CCS continues to offer our eligible employees a very competitive benefits package. Although benefits may vary slightly by region, the typical CCS benefits package includes:

- Paid Vacations
- Paid Holidays
- Extended Sick Leave
- Bereavement Leave
- Jury Duty
- MetLife Insurance (auto/home)
- AFLAC (supplemental health)
- Retirement 401(k) Plan
- Company Paid Life Insurance
- Supplemental Life Insurance



- Military Leave
- Holiday Pay
- Health Insurance
- Prescription Drug Plan
- Dental Insurance
- Vision Insurance
- Short-Term Disability
- Long-Term Disability
- Tuition Reimbursement
- Employee Assistance Program (EAP)
- Referral Bonus
- Employee Recognition Program

2.5 Schedules

The CCS staffing matrices on the following pages address the specific program workings within the Clark County facilities. We have utilized our understanding of the current patient population and its acuity levels to ensure our proposal can meet the quality and efficiency expected by CCSO.

Both staffing options include the following changes from the current staffing plan, based on our analysis of appropriate program need:

- Additional 2 hours per week of Physician
- Additional 8 hours per week of Psychiatric ARNP
- Additional 17 hours per week of Mental Health Professional

Option One also allows for the replacement of CNAs in intake with RNs during the day and LPNs at night. We strongly believe in this model, as it allows for better delivery on best care practices.

However, understanding that the County also has a fiduciary responsibility to its taxpayers, we have presented Option Two, which leaves the intake process as it currently stands, with CNAs.

Both matrices are built to provide care for up to 800 inmates, allowing for approximately 14 percent population increase from the bidding ADP of 700. If the population exceeds 800 for three consecutive months, CCS would request the opportunity to discuss staffing modifications with CCSO, in order to continue meeting both agencies' standards of service.

Options One and Two are presented on the following pages.



2.5.1 Staffing Schedule - Option One

Consolidated Staffing Plan

POSITION	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Hrs/WK	FTE
DAY SHIFT									
H.S.A.	8	8	8	8	8			40	1
Administrative Assistant	8	8	8	8	8			40	1
Medical Records Clerk	8	8	8	8	8			40	1
Medical Director -	2		2		4			8	0.2
Mid-Level (PA/NP)	8	8	8	8	8			40	1
Dentist		8						8	0.2
Dental Assistant		8						8	0.2
Psychiatrist			3					3	0.075
Psychiatric ARNP	10	10	10	10	0			40	1
Mental Health Professional	24	24	29	24	24	6	6	137	3.425
DON, IC/CQI Nurse	8	8	8	8	8			40	1
RN Intake	12	12	12	12	12	12	12	84	2.1
Clinic Nurse (RN)	22	22	22	22	22	22	22	154	3.85
Clinic Nurse (LPN)/Med Pass	12	12	12	12	12	12	12	84	2.10
TOTAL HOURS/FTE-Day								726	18.15
NIGHT SHIFT									
Clinic Nurse (RN)	12	12	12	12	12	12	12	84	2.1
LPN - Intake	12	12	12	12	12	12	12	84	2.1
Clinic Nurse (LPN)/Med Pass	12	12	12	12	12	12	12	84	2.1
Total Hours/FTE - Night								252	6.30
TOTAL HOURS/FTE per week								978	24.45

*Hours may be worked on various days; total weekly hours will match matrix.



RFP# 695 - Medical Services for Inmates
Vancouver, Washington



Clark County Jail

POSITION	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Hrs/WK	FTE
DAY SHIFT									
H.S.A.	8	8	8	8	8			40	1
Administrative Assistant	8	8	8	8	8			40	1
Medical Records Clerk	8	8	8	8	8			40	1
Medical Director - Main	2		2		3			7	0.175
Mid-Level (PA/NP - Main)	7	7	7	7	7			35	0.875
Dentist		8						8	0.2
Dental Assistant		8						8	0.2
Psychiatrist			3					3	0.075
Psychiatric ARNP	10	10	10	10				40	1
Mental Health Professional	24	24	29	24	24	6	6	137	3.425
DON, IC/CQI Nurse	8	8	8	8	8			40	1
RN Intake	12	12	12	12	12	12	12	84	2.1
Clinic Nurse (RN)	12	12	12	12	12	12	12	84	2.1
Clinic Nurse (LPN)/Med Pass	11	11	11	11	11	11	11	77	1.93
TOTAL HOURS/FTE-Day								643	16.08
NIGHT SHIFT									
Clinic Nurse (RN)	12	12	12	12	12	12	12	84	2.1
LPN - Intake	12	12	12	12	12	12	12	84	2.1
Clinic Nurse (LPN)/Med Pass	12	12	12	12	12	12	12	84	2.1
C.N.A. Intake Booking								0	0
Total Hours/FTE - Night								252	6.30
TOTAL HOURS/FTE per week								895	22.38

*Hours may be worked on various days; total weekly hours will match matrix.

Clark County Jail Work Center

POSITION	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Hrs/WK	FTE
DAY SHIFT									
Clinic Nurse (LPN)/Med Pass	1	1	1	1	1	1	1	7	0.18
TOTAL HOURS/FTE-Day								7	0.18
TOTAL HOURS/FTE per week								7	0.18

*Hours may be worked on various days; total weekly hours will match matrix.

Juvenile Detention Center

POSITION	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Hrs/WK	FTE
DAY SHIFT									
Medical Director					1			1	0.025
Mid-Level (PA/NP)	1	1	1	1	1			5	0.125
Clinic Nurse (RN)	10	10	10	10	10	10	10	70	1.75
TOTAL HOURS/FTE-Day								76	1.90
TOTAL HOURS/FTE per week								76	1.90

*Hours may be worked on various days; total weekly hours will match matrix.



2.5.2 Staffing Schedule – Option Two

Consolidated Staffing Plan

POSITION	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Hrs/WK	FTE
DAY SHIFT									
H.S.A.	8	8	8	8	8			40	1
Administrative Assistant	8	8	8	8	8			40	1
Medical Records Clerk	8	8	8	8	8			40	1
Medical Director - Main	2		2		4			8	0.2
Mid-Level (PA/NP - Main)	8	8	8	8	8			40	1
Dentist		8						8	0.2
Dental Assistant		8						8	0.2
Psychiatrist			3					3	0.075
Psychiatric ARNP	10	10	10	10				40	1
Mental Health Professional	24	24	29	24	24	6	6	137	3.425
DON, IC/CQI Nurse	8	8	8	8	8	0	0	40	1
Clinic Nurse (RN)	22	22	22	22	22	22	22	154	3.85
Clinic Nurse (LPN)/Med Pass	12	12	12	12	12	12	12	84	2.10
C.N.A. Intake Booking	12	12	12	12	12	12	12	84	2.1
TOTAL HOURS/FTE-Day								726	18.15
NIGHT SHIFT									
Clinic Nurse (RN)	12	12	12	12	12	12	12	84	2.1
Clinic Nurse (LPN)/Med Pass	12	12	12	12	12	12	12	84	2.1
C.N.A. Intake Booking	12	12	12	12	12	12	12	84	2.1
Total Hours/FTE - Night								252	6.30
TOTAL HOURS/FTE per week								978	24.45

*Hours may be worked on various days; total weekly hours will match matrix.



Clark County Jail

POSITION	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Hrs/WK	FTE
DAY SHIFT									
H.S.A.	8	8	8	8	8			40	1
Administrative Assistant	8	8	8	8	8			40	1
Medical Records Clerk	8	8	8	8	8			40	1
Medical Director	2		2		3			7	0.175
Mid-Level (PA/NP)	7	7	7	7	7			35	0.875
Dentist		8						8	0.2
Dental Assistant		8						8	0.2
Psychiatrist			3					3	0.075
Psychiatric ARNP	10	10	10	10				40	1
Mental Health Professional	24	24	29	24	24	6	6	137	3.425
DON, IC/CQI Nurse	8	8	8	8	8			40	1
Clinic Nurse (RN)	12	12	12	12	12	12	12	84	2.1
Clinic Nurse (LPN)/Med Pass	11	11	11	11	11	11	11	77	1.93
C.N.A. Intake Booking	12	12	12	12	12	12	12	84	2.1
TOTAL HOURS/FTE-Day								643	16.08
NIGHT SHIFT									
Clinic Nurse (RN)	12	12	12	12	12	12	12	84	2.1
Clinic Nurse (LPN)/Med Pass	12	12	12	12	12	12	12	84	2.1
C.N.A. Intake Booking	12	12	12	12	12	12	12	84	2.1
Total Hours/FTE - Night								252	6.30
TOTAL HOURS/FTE per week								895	22.38

*Hours may be worked on various days; total weekly hours will match matrix.

Clark County Jail Work Center

POSITION	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Hrs/WK	FTE
DAY SHIFT									
Clinic Nurse (LPN)/Med Pass	1	1	1	1	1	1	1	7	0.18
TOTAL HOURS/FTE-Day								7	0.18
TOTAL HOURS/FTE per week								7	0.18

*Hours may be worked on various days; total weekly hours will match matrix.

Juvenile Detention Center

POSITION	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Hrs/WK	FTE
DAY SHIFT									
Medical Director					1			1	0.025
Mid-Level (PA/NP)	1	1	1	1	1			5	0.125
Clinic Nurse (RN)	10	10	10	10	10	10	10	70	1.75
TOTAL HOURS/FTE-Day								76	1.90
TOTAL HOURS/FTE per week								76	1.90

*Hours may be worked on various days; total weekly hours will match matrix.



2.6 Security

All CCS personnel shall continue to be subject to all CCSO security regulations and procedures. CCS staff will also continue to receive security training as stipulated by the CCSO.

2.7 Referrals

2.7.1 Healthcare Specialists

CCS will continue to make off-site referrals for specialist care. For more information about Specialty Care and Referrals, please see **Section 4.12** of this proposal.

2.7.2 Emergency Care

CCS will continue to make arrangements for emergency transportation, and shall continue to pay for all emergency care for patients who are not admitted into the hospital, or who are admitted for less than 24 hours.

2.7.3 Medicaid Coverage

CCS will continue to make use of the CCSO's agreement with the Health Care Authority to pursue Medicaid coverage.

2.8 Quality Assurance/Action Programs

2.8.1 Medical Education for Sheriff's Office Staff

Relevant medical information will be shared annually as necessary or requested with CCSO correctional officers to educate them on pertinent medical issues. CCS will collaborate with the Sheriff to develop and schedule the training. CCS presents health related training for jail staff at many of our facilities, and we have developed a variety of training curricula for this purpose, including but not limited to:

- Emergency response
- Symptom recognition (shortness of breath, choking, bleeding, etc.)
- First Aid administration
- CPR
- Recognizing signs and symptoms of mental illness
- Change of mental status
- Psychological trauma
- Recognizing suicidal behavior
- Procedures/protocols for suicide prevention
- MRSA
- Airborne and Bloodborne pathogens
- Urgent and emergent medical conditions
- Recognizing acute manifestations of chronic illnesses
- Recognizing chronic medical and disabling conditions
- Acute and chronic serious functional impairments
- Signs and symptoms of chemical dependency
- Management issues related to substance abuse
- Infectious and communicable diseases
- Handling of inmates with AIDS/HIV
- BLS/AED resuscitation



2.8.2 Quality Assurance Program

CCS has introduced proven performance monitoring techniques at the CCSO facilities, including our Continuous Quality Improvement Program (CQIP), which includes audit and medical chart review procedures to ensure compliance with contract requirements, as well as NCCHC and ACA standards. In addition to the CQIP, CCS will conduct Medical Audit Committee (MAC) meetings to evaluate the CCSO medical program. Please see **Section 4.27.1** for more information about the CCS CQIP.

2.8.3 Monthly Meetings

CCS will continue to conduct monthly meetings between detention officials, facility staff and CCS personnel to review significant issues and changes and to provide feedback relative to the CQIP program, so that any deficiencies or recommendations may be acted upon. Also, when requested by the CCSO, Contractor will provide appropriate personnel to participate in department meetings.

2.8.4 Weekly or Bi-Weekly Meetings

CCS will continue to conduct weekly or bi-weekly interdisciplinary meetings shall be held to discuss inmates of high liability or high risk.

2.9 Security of Detainee Files

CCS employees will only access inmate files as needed for their duties related to the contract. CCS maintains all medical records in accordance with HIPAA. CCS acknowledges that it is a healthcare provider to which HIPAA applies, and that it has a responsibility to ensure that clinical and administrative staff understands their legal obligations under the statute and regulations. Accordingly, CCS has established the HIPAA Privacy and Security Policies and Procedures in an effort to avoid improper uses or disclosures of Protected Health Information, to identify when and how uses and disclosures of Protected Health information may be made, and to initiate corrective action when necessary.

2.10 Public Information

CCS understands that neither CCS nor the County shall publish any findings based on data obtained from the operation of the contract without prior written consent of the other party, consistent with applicable public records/disclosure local, state and federal statutes.

2.11 Liability

CCS will continue to assume responsibility for any liability arising from our actions administering and delivering services to Clark County. CCS shall not be responsible for failure to perform duties and responsibilities imposed by the contract due to occurrences beyond the control of the CCS.

CCS maintains arguably the strongest and most successful litigation history in our industry. We feel this is directly reflective of not only the high standard of care we provide, but also the



emphasis CCS places upon quality and effective risk management. Utilizing a collaborative and cross-functional team approach, CCS proactively identifies areas of risk before they develop into serious problems, then works to eliminate and mitigate those risks. This, coupled with a stringent quality assurance and patient safety program, enables CCS and its partner clients to avoid negative outcomes and costly litigation. We view this as a major differentiator between CCS and other companies that sets us apart in our industry.

We are pleased that CCS has never had a judgment entered with regard to any trials with any patient, client, hospital, government entity, or vendor. We have never received a judgment against us by a jury, nor have we ever received an adverse jury ruling. Unlike our competitors, when litigation does arise, the overwhelming majority of all CCS lawsuits result in early case dismissals via aggressive litigation defense strategies carried out by an experienced in-house litigation and risk management team. As our references can attest, CCS has dramatically decreased or eliminated litigation for each of our clients. This is one of the many extraordinary value-added services that CCS offers our partners.

CCS will continue to carry adequate insurance for all necessary professional and malpractice liability claims, in accordance with the requirements of the RFP.

2.12 Notification of Deficiencies

CCS understands the CCSO's system of progressive disciplinary letters. CCS will respond to any Alert, Warning, or Notice of Intent to Take Action letter within 10 calendar days. The response will include a corrective action plan with timetables acceptable to CCSO, and CCS's plans to take action to remedy any pattern of problems or compliance issues raised in the letter.

2.13 Contract Monitor

CCS will continue to allow the County's contract monitor to have unfettered access to all medical records, statistical reports, quality assurance reviews, personnel files, personnel training records, databases and attendance at quarterly CQI meetings, as the contract monitor deems necessary to fulfill his/her duty. CCS will continue to be responsible for payment of \$50,000 annually to cover the expenses of the contract monitor.

2.14 Accreditation

CCS understands that the Clark County Jail is currently not accredited. CCS will not obtain accreditation, unless directed by the CCSO. However, CCS will continue to operate the program in accordance with NCCHC standards.



3 Respondent's Capabilities

As the incumbent provider, CCS has been very successful providing services to the CCSO facilities and is familiar with all of the unique challenges associated with providing services to your inmate and juvenile populations. We are the only company that can ensure zero transition risk, while continuing to provide uninterrupted services to the inmates of the Clark County Jail and Work Center and the juveniles housed in the Juvenile Detention Center.

The services and products that CCS provides include, but are not limited to:

- Medical care
- Dental care
- Optical care
- Mental health care
- On-site care
- Intake screenings
- Triage and sick call
- Suicide risk reduction/intervention
- Substance abuse/detox programs
- Health assessments
- Radiology and laboratory services
- Medically necessary diet programs
- Special needs and chronic care
- Continuity of care and discharge planning
- Telemedicine services
- Collaboration with community services agencies
- Network development
- Hiring/staffing
- Inmate health education and awareness programs
- Facility/custody/law enforcement staff training programs
- Emergency and hospitalization arrangements
- Utilization management
- Pharmaceutical supply and medication management
- Recruitment/retention plans
- Third-party reimbursement follow-up and processing
- Co-pay programs
- Cost recovery programs
- Catastrophic re-insurance coverage
- Continuous Quality Improvement Program (CQIP)
- Electronic Record Management Application (ERMA)
- National Accreditation – NCCHC/ACA/CALEA

3.1 List of Jail Medical Services Clients

CCS has provided a comprehensive client list in **Tabbed Attachment A** of this proposal.



3.2 Experience in the Pacific Northwest

CCS is proud to be the current medical services provider for many clients within the Pacific Northwest, including:

- Columbia County, OR
- Coos County, OR
- Douglas County, OR
- Jackson County, OR
- Josephine County, OR
- Umatilla County, OR
- Benton County, WA
- Clallam County, WA (adult)
- Clallam County, WA (juvenile)
- Clark County, WA
- Cowlitz County, WA
- Kitsap County, WA
- South Correctional Entity (SCORE), WA
- Yakima County, WA (adult)
- Yakima County, WA (juvenile)

3.2.1 Local References

The following local clients can best articulate our strengths and our ability to meet and exceed the requirements and expectations of the RFP. We have also provided our complete client list in **Tabbed Attachment A**, and encourage you to contact our clients and ask them why they chose CCS as their provider.

Kitsap County Sheriff's Office
Ned Newlin, Chief of Corrections
4 Division St. Port Orchard, WA 98366
360-337-7003
nnewlin@co.kitsap.wa.us

Yakima County Detention Center
Ed Campbell, Jail Dir.
111 N Front St.
Yakima, WA 98902
509-574-1628
ed.campbell@co.yakima.wa.us

Columbia County Jail
Sarah Hanson
901 Port Ave.
St. Helens, OR 97051
503-397-
3839Sarah.Hanson@co.columbia.or.us

Benton County Jail
Lt. Josh Shelton
7122 W Okanogan Pl., Bldg. B
Kennewick, WA 99336
509-735-6555
x3297joshua.shelton@co.benton.wa.us



4 Project Approach and Understanding

4.1 Scope of Services

As the incumbent provider of medical and mental health services in Clark County, CCS is in the unique position to understand the scope of services required by the RFP and will continue to provide a comprehensive health care program seven days per week. Our comprehensive health care program, policies and procedures, and clinical and nursing protocols at the Jail, Work Center, and Juvenile Detention Center will continue to comply with all federal, state and local laws, statutes and ordinances governing medical care service delivery and performance under the contract, in addition to all court orders and directives. All CCS health care providers will be properly trained, qualified, credentialed, and licensed to practice within their scope of practice in the State of Washington.

CCS recognizes the unique nature of the correctional setting, and we are aware of the challenges of providing medical and mental health services within this environment. We understand a correctional environment's particular stressors, risk factors, and barriers to effective management, and we have developed our health care program to excel within this environment.

Our programs provide integration of the services we deliver, open communications, and transparency and accountability to our clients. This approach results in improved outcomes for our patients and cost savings for our clients. CCS healthcare services are focused on the identification, referral, and treatment of patients with chronic conditions that allows us to manage our patients' needs before they escalate and require off-site consultation, or result in grievances or litigation. Through our Continuous Quality Improvement (CQI) team, we diligently review, assess and monitor all processes, accept the best practices, and make changes where needed to enhance the opportunities for improved health care and outcomes for our patients. Our customized statistical reports for the CCSO continue to provide all the required data to track our program, its outcomes, and cost savings.

4.2 Receiving Screening

CCS intake screenings emphasize the identification, referral, and treatment of inmates with acute and chronic health care conditions, including behavioral health disorders, suicide risk, detoxification, and dental issues, as well as inmates who require medication, isolation, or close observation. CCS understands the

Suicide attempts within correctional facilities predominantly occur within the first 48 hours of incarceration, so identifying this risk is a crucial aspect of the CCS intake screening process.

importance of maintaining a timely and proper admissions process. We will allocate properly trained and authorized medical personnel to manage intake and admissions screenings.

CCS will provide for the screening of inmates upon admission to the facility, 24 hours a day, 7 days a week, including holidays. Our recommended staffing plan includes dedicated intake RNs for the day shift and an LPN for the evening shift. CCS will conduct intake and admissions screenings in accordance with NCCHC standards, as well as federal and state laws and the operating procedures of the CCSO.



In an effort to provide additional guidance and standardization for the intake process, CCS uses an intake screening form, which the site Medical Director will review and approve prior to utilization. Nursing personnel will use the physician-approved form to guide the evaluation of inmates admitted with health care needs. If the intake nurse determines that an inmate may be in need of immediate assessment or treatment, the nurse will refer the inmate to medical, dental, or mental health personnel as applicable. The appropriate medical professional will use the intake screening documentation to gather disease-specific health information and formulate a consistent treatment plan. If an inmate's need for care exceeds the scope of services provided on-site, the intake nurse will refer the inmate for off-site emergency care and medical clearance. CCS will perform retroactive quality reviews on all intake deferrals and utilization reviews on all emergency room and hospital-direct admissions/pre-booking injuries/illnesses to ensure that inmates return to the facility as soon as is clinically indicated.

In addition to basic medical questions, the CCS program will include training for both medical and correctional staff so they are prepared to ask about and be alert for inmates who are at risk of self-harming behavior or who are in need of emergent mental healthcare. CCS has developed a comprehensive suicide prevention program that is a mandatory part of the new employee orientation. We will share this program with the CCSO and provide training to corrections personnel upon request. The admission screening process will include, at a minimum:

Inquiry into current illnesses, health problems, and conditions

- Current illnesses and health problems including medical, mental health and dental problems and allergies
- Any past history of tuberculosis or other infectious or communicable diseases or symptoms including chronic cough, hemoptysis, lethargy, weakness, weight loss, loss of appetite, fever and night sweats
- Mental health problems including suicidal ideation, psychosis and hospitalizations
- Medications and special health needs (Non-formulary medications may be provided on a "bridge" prescription for up to seven days. During that timeframe, a practitioner will assess the patient's need to continue on non-formulary medications or provide a prescription for a therapeutically appropriate alternative.)
- For women, date of last menstrual cycle, current gynecological problems, and current or recent pregnancy
- Use of alcohol and other drugs, including types, methods, date and time of last use, and problems associated with ceasing use
- Notation of personal physician and any medical risk



Inquiry into current illnesses, health problems, and conditions (continued)

- Other health problems as designated by the responsible physician
- History of or present suicidal and/or self-destructive behavior or ideations
- Inquiry into insurance coverage

Observation of the following

- Appearance, which includes state of consciousness, mental status, conduct, tremors, and sweating
- Behavior such as disorderly, appropriate or insensible
- Body deformities and ease of movement, trauma markings, bruises, lesions, eye movement, and/or jaundice
- Identification of disabilities and special equipment needed
- Persistent cough or lethargy
- Condition of skin including trauma markings, scars, tattoos, bruises, lesions, jaundice, rashes and infestations, and needle marks or other indications of substance abuse

Notation of the disposition based on the information obtained in the admission screening process will include one of the following

- General population, with or without referral for appropriate healthcare services
- Emergency referral to appropriate healthcare services
- Medical and Mental Health isolation and observation

Notification to the CCSO staff regarding inmates with critical conditions and/or those requiring extraordinary oversight, treatment, and/or management including, but not limited to the following

- Need for emergency room referral
- Urgent need for medication
- Suicidal ideation
- Diabetes
- Potential for detox/withdrawal
- Heart Conditions
- Seizures
- New/Recent injuries
- Mental conditions or personality disorders (potential for violence)
- Any contagious illness/disease that would be considered an immediate threat to the inmate population or CCSO staff
- Any other issues deemed urgent or emergent



- Other**
- Verification of current medication in a timely manner
 - Recording of vital signs as indicated
 - All incoming inmates will be screened for symptoms of pulmonary tuberculosis (TB) and a Purified Protein Derivative (PPD) will be planted by appropriate medical personnel
 - STD testing for Syphilis; Gonorrhea and Chlamydia if clinically indicated by symptoms
 - Pregnancy testing for females
 - Oral screening; instruction in oral hygiene and oral health education will be conducted
 - Initial mental health evaluations
 - Initiation of pathways as indicated by the inmate's health condition
 - Inform the inmate, verbally and in writing, of the grievance process and right to healthcare and how to access medical, mental health and dental services while at the Jail. CCS provides this information in a language that the inmate understands (e.g. Spanish). The responsible physician will approve the medical information sheet
 - Referrals for special housing, emergency care, or specialty care as necessary, including consultations with medical and administration and documentation of the date and time when referral/placement actually takes place. In cases with inmates having physical handicaps or disabilities, the CCS physician will make a determination as to the existence of a condition and the need for any medical treatment
-
- Verification of medically necessary special diets

CCS will obtain a Release of Medical Records from any inmate with a history of serious health care conditions, including mental illness, those undergoing treatment, or currently prescribed medications. CCS will fax Consents for Release of Information signed by the inmate to providers and pharmacies within 24 hours, in order to expedite the receipt of health care information. Copies of both forms and received information will be included in the inmate specific health care record. CCS works to establish working relationships with community mental health agencies so that information for this population can be expedited.

CCS has established a physician-approved intake health screening form and our Intake Nursing Interventions to guide the assessment, treatment, and referral process of inmates admitted with health care needs. The CCS health care staff uses the Intake Nursing Interventions to gather disease-specific health information in order to formulate a consistent plan of care. If the screener



determines that an incoming inmate may be in need of urgent or emergency health care services, and the inmate's need for care exceeds the scope of services provided on-site, the screener will refer the patient to the local emergency room or approved hospital. CCS will perform Quality Improvement (QI) reviews on all admission deferrals and utilization review of all emergency room and hospital-direct admissions/pre-booking injuries/illnesses to ensure that the inmate returns to the facility as soon as is clinically indicated. All procedures will be in accordance with the most current industry guidelines and federal, state, and local directives.

4.2.1 Medication Verification

In accordance with NCCHC standards, CCS has an established process to verify an inmate's active prescriptions from an outside prescriber. CCS verifies prescriptions by calling the prescribing physician's office and by obtaining current pharmacy records. Once CCS verifies the validity of a prescription, and confirms that the patient has been compliant in filling and taking the medication, CCS policy allows for the continuation of medication until the initially prescribed end date. All medication verifications include following information at a minimum:

- Patient identification
- Prescriber identification
- Medication name and dosage dispensed
- Directions for use of the medication
- Expiration date for the prescription
- Date on which the prescription was last filled and quantity dispensed

The medication verification process identifies medications that may be continued, but does not require that all verified medications be continued. For example, excessive opioid medication may be discontinued even if verified. Similarly, medication verification does not authorize use of substitutes without the development of a new order.

Routine medication provision

CCS generally initiates routine medications prescribed for daily use within 24 hours of intake. During this period, CCS verifies the medication and obtains an adequate supply through stock medications, Diamond, or a local backup pharmacy. CCS physicians generally provide medications within 24 hours, however, they maintain the authority to discontinue the medications, or prescribe an alternative. When CCS physicians make a decision to decline continuing medications, the reason for the declination is documented in the patient's record.

In addition to verifying routine medications, CCS has established a list of "no-miss" medications to facilitate this process. CCS makes every effort to verify and dispense these medications so that the patient does not miss any doses.



4.2.2 Receiving Screening and Intake Nursing Interventions

CCS medical personnel use the Intake Nursing Interventions to gather disease-specific health information in order to formulate a consistent plan of care. Intake Nursing Interventions include, but are not limited to:

- Diabetes
- Amenorrhea
- Asthma/COPD
- Cardiovascular
- Alcohol Withdrawal
- Opiate Withdrawal
- Medical Devices
- Hemophilia
- Hepatitis or Jaundice
- Hypertension
- Hypoglycemia
- Seizures
- Sickle Cell
- Wound Care

If the screener determines that an incoming inmate may be in need of urgent or emergency health care services, and the need for care exceeds the scope of services provided on-site, the screener refers the patient to the local emergency room or approved hospital.

CCS will continue to perform Quality Improvement reviews on all admission deferrals, as well as utilization review on all emergency room and hospital-direct admissions/pre-booking injuries/illnesses, to ensure that inmates return to the Clark County Jail as soon as is clinically indicated. All procedures are conducted in accordance with the most current industry guidelines and federal, state, and local directives.

4.2.3 Suicide Risk Identification Screening

CCS recognizes the importance of an integrated approach to mental and behavioral health care that includes, at its heart, a solid suicide risk identification, management and reduction program. There are periods of time during incarceration that pose a higher risk of suicide, such as (i) within the first 48 hours of incarceration, (ii) following the imposition of a major sentence, or (iii) after learning of a significant loss. Although all suicides cannot be predicted or prevented, we do believe that both the risk and the prevalence can be significantly reduced through proper screening, training, management, follow-up and treatment.

CCS employs a “no tolerance” policy when it comes to suicidal threats/gestures; thus, we treat all of them like the word “bomb” in an airport – all threats and behaviors are taken seriously and acted upon immediately. CCS utilizes “Best Practices” and continuously reviews the available literature to maximize the effectiveness of the deterrent training we provide, to update our policies and modify our procedures.

Effective mental health screening of all intakes is a critical piece of any Suicide Risk Identification and Reduction Program. Positive screens, defined as those that reflect acute symptoms of mental illness or an ideation of danger to self or others, trigger an immediate referral to CCS mental health staff. Those inmates with a history of mental illness/mental health treatment also trigger a referral to the CCS on-call Mental Health Provider utilizing established methods of communication and documenting the request on the proper Referral for Mental Health Services form.



4.3 Intoxication and Withdrawal

CCS will continue to provide medically supervised on-site detoxification services in accordance with all applicable standards of treatment. When medically indicated, inmates undergo a complete detoxification program, minimizing risk of adverse symptoms and the need for off-site treatment. The CCS Withdrawal/Detoxification Program is comprised of the following steps.

4.3.1 Intake Screening

Many inmates arrive in the correctional setting under the influence of drugs or alcohol, or both, and significant histories of substance abuse increase the possibility that they will experience some degree of withdrawal. During the intake screening, medical personnel use a standardized form to evaluate all inmates for signs and symptoms of withdrawal, including:

- Anxiety and agitation
- Disorientation
- Visual and auditory disturbances
- Nausea and headache
- Tremors
- Paroxysmal sweats
- Elevated pulse, respiratory rate, and blood pressure

Inmates who report alcohol and/or drug dependence or who are identified as being at risk for withdrawal receive a more in-depth assessment. The intake screen includes questions for the inmate regarding types of substances used, time of last usage, frequency and amount of usage, how long the detainee has been using, and side effects experienced when ceasing use in the past. CCS completes the evaluation using the Addiction Research Foundation Clinical Institute Withdrawal Assessment – Alcohol (CIWA-Ar) or the Clinical Opioid Withdrawal Scale – (COWS). These tools have been extensively researched and shown to be viable methods for assessing the severity of withdrawal symptoms based on observation of the inmate’s behavior or response to questioning.

4.3.2 Observation and Monitoring

Inmates determined to be at risk for alcohol or other drug withdrawal are placed on a detoxification watch. CCS medical personnel use the CIWA-Ar/COWS tools and information gathered during the intake screening to classify inmates as being in mild, moderate, or severe detoxification.

- **Mild Detoxification:** When possible, CCS houses inmates undergoing mild to moderate detoxification in an observation cell until the completion of detoxification.
- **Moderate Detoxification:** CCS houses inmates experiencing more advanced cases of detoxification in medical housing under close watch.
- **Severe Detoxification:** Inmates diagnosed with delirium tremens (characterized by profound confusion, hallucinations, and severe autonomic nervous system over-activity) who cannot be safely managed in the detention environment may need to be transferred



to an inpatient setting. Any hospitalizations will be by the order of the CCS physician and in consultation with the Clark County Jail Administration. CCS employees are trained to ensure that inmates do not progress to this stage of detoxification. Any hospitalization for delirium tremens is considered a critical incident and requires retroactive review.

Nursing staff contact the practitioner on duty or on call when monitoring results are outside the established parameters of mild withdrawal. If medical personnel determine that an inmate is at risk for moderate to severe withdrawal, or if an inmate indicates a history of complications from past periods of abstinence, CCS recommends placing them in medical observation status at Clark County Jail. These inmates are assessed by medical personnel three times daily and anytime requested by facility staff. Inmates experiencing withdrawal from alcohol, opiates, or benzodiazepines are monitored for as long as they are symptomatic.

4.3.3 Treatment

CCS establishes a physician treatment plan as soon as we assess the potential for withdrawal from alcohol or sedative-hypnotics. Medical personnel establish an individualized treatment plan based on their assessment of the patient's condition. Our Regional Medical Director orients clinicians regarding effective management of care based on specific criteria. The treatment plan may include prescribed pharmaceutical therapy, as indicated. Due to variability both in the severity of withdrawal symptoms and in the metabolism of therapeutic agents, it is difficult to establish standard or routine dosage schedules. Treatment plans generally include a benzodiazepine during the acute withdrawal period, which is then tapered off if there are no other indications. Lower dosages might be anticipated in inmates with significant liver disease.

CCS has comprehensive Practitioner Clinical Guidelines for Detoxification of Chemically Dependent Inmates, used by clinical providers to manage and treat the symptoms of withdrawal. Specific guidelines are provided for withdrawal from Alcohol, Opioids, Benzodiazepine, and Sedative Hypnotics other than Benzodiazepines.

Following detoxification, inmates receive substance abuse counseling by CCS mental health staff, and at release they are directed to the appropriate community resources.

4.4 Health Appraisal

CCS will continue to complete a comprehensive health appraisal for each inmate in accordance with NCCHC standards. A CCS RN, Mid-level provider, or Physician will complete the health assessments on all detainees and juveniles prior to their being in custody for 14 calendar days. CCS typically tries to conduct health assessments at intake. However, if an inmate does not receive a health assessment at intake, CCS ensures its completion within the 14-day period required by the NCCHC. Inmates with urgent health issues will receive a health assessment within 24 hours; emergent health issues will be managed immediately. The health assessment physical examination includes, but is not limited to:

- A review of the receiving screening/intake forms and results
- Review of health history and any additional data needed to complete the standard health history



- Recording of vital signs, i.e., height, weight, pulse, blood pressure, temperature, pulse oximetry, etc.
- Mental health appraisal
- Dental screening
- The collection of additional health data to complete the medical, dental, mental health and immunization histories
- A physical examination (including breast, rectal, and testicular exams as indicated by the patient's gender, age, and risk factors). These physical exams are performed by a provider or RN in a chaperoned setting
- For female inmates, inquiry into menstrual cycle and unusual bleeding, current use of contraceptives and medications, breast masses and nipple discharge, and pregnancy tests will be conducted
- Vision screening and hearing screening
- Skin testing for tuberculosis (PPD)
- Work detail screenings
- Other tests and examinations as required or clinically indicated (diagnostic panel, urinalysis, EKG, etc.)
- The initiation of therapy and immunizations as indicated
- Any court-ordered testing or mandates with appropriate records and interpretations sent to the requesting agency
- Date and time of the health assessment will be recorded
- Title and signature of the individual performing the assessment
- Immunization history (for juveniles)

All findings are recorded on gender-specific forms that have been approved by the CCS site Medical Director and the Clark County Jail. Following the assessment, a CCS physician reviews, signs, and dates the assessment findings, which are then entered into the inmate's electronic medical record. All health assessments conducted by a Registered Nurse are reviewed and signed by the Physician to verify that appropriate dispositions have occurred. CCS staff record the number of inmates who refuse physicals, as well as the reasons for refusal.

4.5 Non-English Speaking Inmates

CCS currently provides for communication facilitation through the use of the Language Line telephone translation services. CCS also provides all forms and signage in Spanish.

CCS understands the CCSO use of a third party telephone interpreter service, which will continue to be available to be used by CCS if CCS is unable to locate interpreter services after positive effort has been documented as expended toward that goal.



4.6 Periodic Health Appraisals

CCS will continue to provide health maintenance examinations for inmates and juveniles who will be under the custody of the CCSO for a prolonged period of time in order to manage any existing conditions and identify any new conditions or illnesses that may develop. This managed care approach allows us to keep down costs for medical services while improving the overall health of our patients.

A Qualified Health Care Professional (QHCP) performs an annual health assessment, including tuberculosis testing (PPD), for all inmates remaining at a CCS facility for one (1) year, and a log is maintained of annual PPDs and their results. This annual examination occurs as close as possible to the 365th day of detention, and does not exceed 14 days from the 365th day of incarceration.

4.7 Non-Emergency Health Care Requests and Services

A responsible Nursing Triage/Sick Call program is one of several critical operating systems designed to adequately and expeditiously care for patients with onset of acute or semi-chronic symptoms, other than those requiring emergency care.

During the intake screening process, CCS advises all inmates of their right to access care and the process for requesting health care services. Inmates have immediate access to sick call request forms that meet all standards and guidelines. Detention staff can also make referrals if they have concerns for the health status of an inmate. Should the need arise outside the scheduled sick call, inmates who require urgent or emergent medical attention are seen on the same day they request such services.

Sick call triage is conducted by a CCS Registered Nurse (RN), at least once daily, seven (7) days a week, including holidays. Timely sick call triage is conducted within 24 hours of request and access to Physician sick call consultation is provided, as appropriate. The CCS site Medical Director determines the appropriate triage mechanism to be utilized for specific categories of complaints. Emergency sick call is available 24 hours per day.

CCS will provide timely sick call triage by a qualified health care professional and access to sick call consultation within 24 hours of patient request. During the intake screening process, CCS advises all inmates of their right to access care and explains the process for requesting health care services.

The CCS sick call process will ensure timely access to medically necessary health care services, and uses combinations of nurses, mid-level providers, and physicians for sick call services as defined within their scopes of practice. CCS makes sick call request slips available in the housing units for inmates to submit. CCSO staff can also make referrals if they have concerns for an inmate's health status. CCS will collect the sick call slips and will triage them at least once daily seven (7) days a week, including holidays, in accordance with NCCHC standards. CCS will also conduct nurse and/or doctor/midlevel sick call clinics five (5) days a week, with emergency sick call available upon need, 24/7/365. CCS will allocate sufficient health care staff to the sick call process to allow all inmates to be seen in a timely manner in an appropriate location.



Should the need arise outside the scheduled sick call, inmates needing urgent or emergent medical services will be seen on the same day as they request such services. When an inmate is unable to attend a sick call session due to custody status or physical condition, CCS will arrange to conduct sick call services at the inmate's cell (e.g. segregation patients).

CCS will provide:

- A nurse to triage all non-emergency patient requests for care within 24 hours. Triage will occur on the floors in the program rooms seven (7) days a week including weekends and holidays. The responsible physician will determine the appropriate triage mechanism to be utilized for specific categories of complaints
- Sick call visits conducted by a nurse five (5) days a week
- A sick call log to track all requests and dispositions to include dates and times
- All health care providers will be properly trained, qualified, credentialed, and licensed to practice in the State of Washington

The Health Care Services Program will also include a means for identifying, assessing, treating and/or referring any inmate who appears to be in need of medical, mental health or developmental disability treatment at any time during his/her incarceration subsequent to the admission screening.

CCS will conduct sick call services and clinical encounters in a private setting in accordance with appropriate security considerations. When indicated, a chaperone will be present. CCS will schedule timely consultations for inmates requiring a physician, dentist, mental health professional or psychiatrist.

4.7.1 Co-Pay Program

CCS is adept at inmate co-pay processing. The CCS healthcare staff at the CCSO facilities will report inmate self-initiated sick call visits and will provide weekly billable expenses that inmates may pay in accordance with the CCSO's existing co-payment program. CCS will not deny access to medically necessary care based upon an inmate's inability to pay for such services. Funds collected under this program shall remain under the control of the CCSO.

CCS will not charge co-pays to juveniles.

4.8 Urinalysis (UA)

CCS acknowledges the requirement to pay for up to 1,200 urinalysis (UA) drug tests per year. Any UA performed in excess of 1,200 will not be the responsibility of CCS.

4.9 Sick Call/Segregation Unit (Intake, A and B Pods)

CCS will arrange to provide the same level of sick call for inmates who are unable to attend a sick call session due to custody status. At the Jail, CCS will conduct sick call in segregation housing units and provide appropriate follow-up care for all inmates in special housing. CCS medical or mental health personnel will conduct daily rounds in the segregation unit, and shall



record patient vital signs and weight on a weekly basis. CCS nurses will continue to document segregation rounds on individual cell logs and in the inmate's medical record.

4.10 Clinician Clinics

Clinician sick call will be conducted in medical by a Physician, Nurse Practitioner, or Physician's Assistant and will occur five (5) days a week with on-call 24/7 for emergencies. Inmates will be scheduled for clinics based on clinical priority.

4.11 Hospital Care

CCS will continue to coordinate inpatient care with Peace Health Southwest Medical Center or Legacy – Salmon Creek when an acute care setting is deemed necessary or in emergency situations. CCS will provide the Jail Administrator or designee with a daily inpatient report, which can be accessed directly through the CCS Care Management system. We will communicate frequently with the CCSO to provide the most complete evaluation and treatment of your patient population.

In the event that a patient requires hospitalization, CCS will authorize, schedule, and coordinate the provision of all inpatient services. Any hospitalizations will be authorized by the CCS Medical Director. CCS staff will make referrals for inpatient care through the CCS Care Management system, which also contains information on payment responsibility for inpatient treatment costs. If a patient has third-party insurance or other payment options available, CCS will notify the hospital of the appropriate agency to invoice.

4.11.1 Cigna Partnership

CCS has entered into an agreement with Cigna to utilize their provider networks throughout the United States. This agreement gives CCS access to Cigna's network of specialty providers and established hospital agreements for all of our client facilities across the country. Our relationship with Cigna also allows us to partner with their subsidiary, Allegiance Benefit Plan Management, Inc. (Allegiance), to adjudicate the medical claims for outpatient health care services to inmate patients under the Cigna Open Access Plus (OAP) Network. Allegiance will coordinate inmate eligibility with CCS and provide customer service support for claims submitted to Cigna.

This program will ensure that the inmate population at the CCJ has ready access to the Cigna-participating provider networks and facilities and will be treated like any other patients covered under the Cigna network. In the event the Cigna network is used for an inmate, CCS will give the network provider a letter of authorization containing the inmate's information so the provider can submit the claim to Cigna. All claim submissions and payments will be made the same manner as any other Cigna claims, and no co-payments or co-insurance will be required for the inmate patient.

4.11.2 Medicaid Enrollment

The CCS Care Management team assists the CCSO by identifying patients who satisfy the current Medicaid eligibility requirements, enrolling them accordingly, and billing Medicaid directly for inpatient hospitalizations when possible. We have each inmate sign an authorized



representative agreement at intake, so if a patient without health insurance requires hospitalization and is not enrolled in Medicaid, CCS has the ability to complete a Medicaid application on the patient’s behalf. Following acceptance of their Medicaid application, the hospital bills the patient’s expenses directly to Medicaid for reimbursement.

4.12 Specialty Care and Referrals

CCS recognizes the fact that there are many inmates with special healthcare needs. It is always our goal to provide special needs inmates with services that promote health maintenance and health improvement. If awarded the contract to continue providing services for the CCSO, CCS will continue to evaluate statistics regarding off-site specialists and determine what services could be provided on-site. Services brought on-site would be charged against the off-site aggregate cap but would also typically result in a cost savings to the CCSO with clinic (rather than per patient) rates and decreased officer transportation expenditures.

At our sites, CCS has successfully establishes many on-site care programs and specialty provider clinics for our current clients. CCS will arrange with these specialists for the treatment of patients with healthcare problems beyond the scope of primary care provided on-site.

In addition to Infectious Disease, Mental Health, OB/GYN, dental and other specialty care, CCS will be responsible for arranging the following specialty services either on- or off-site:

- Cardiology
- Dermatology
- ENT
- Orthopedics
- Neurology
- General Surgery
- Urology
- Other Services As Needed

CCS will continue to coordinate with the CCSO to arrange for the transportation and security for all off-site specialty care. Whenever possible, CCS will continue to ensure that all off-site locations are within the jurisdiction of Clark County.

4.13 Chronic Care Patients

The CCS Special Needs Program focuses on the identification, referral, and treatment of inmates with special needs. CCS screens inmates for special needs during the intake process and again at the time of the health appraisal. CCS refers inmates identified as having special health care needs to the Medical Director or appropriate designee. CCS will perform an initial special needs evaluation and document the evaluation in the inmate’s health record.

Triage	The special needs protocol will address orientation and on-going training for the special needs population. CCS will also provide intake personnel with receiving pathways that define the process that newly admitted inmates with special health care needs should follow. The protocol will address housing, monitoring and follow-up.
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Classification and Housing	The receiving pathways will address housing for inmates with special health care needs, those who require monitoring, and those who may be in danger of harming themselves or others. CCS personnel will inform correctional personnel of all inmates with special needs that affect classification and housing.
Referrals	Medical staff will work with the mental health team to ensure patients who our staff believes are in need of mental health services get properly referred.
Special Conditions	In the event an inmate requires enhanced monitoring and no space is available in the medical housing unit, the HSA or Medical Director will be contacted.
Special Needs Treatment Plans	<p>Based on the inmate's history and physical assessment findings, a special needs treatment plan will be established. The treatment plan will include short and long term goals and the methods by which the goals will be pursued, as well as patient education to encourage compliance both during and following incarceration.</p> <p>The treatment plan will provide instructions to health care personnel regarding monitoring and treatment activities, special diets, pharmaceutical therapy, and inmate education. The treatment plan acts as a reference for health care personnel involved in the inmate's care. Special needs treatment plans are individualized and inmate-specific.</p>

CCS on-site specialty services and control of off-site costs begin with effective Special Needs/Chronic Care program.

CCS on-site specialty services and control of off-site costs begin with an effective Special Needs/Chronic Care Program

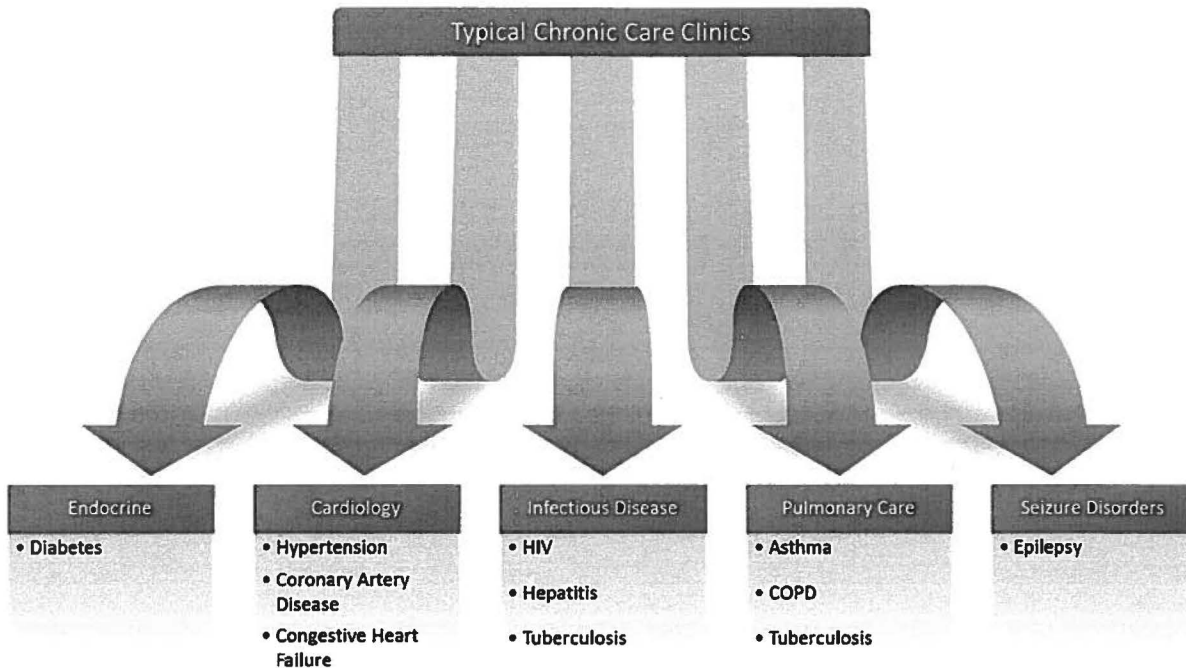


Figure 9: Typical Chronic Care Clinics. It is our goal to provide special needs inmates with services that promote health maintenance and health improvement.

CCS has established special needs guidelines to reduce variability in the care provided to groups of inmates with similar health care needs. CCS bases the guidelines on the recommendations of professional organizations.

4.13.1 Special Needs Guidelines

Chronic Care Special Needs Guideline	Professional Reference
Diabetes	American Diabetes Association – http://care.diabetesjournals.org/
Hypertension	National Institute of Health – www.nhlbi.nih.gov/guidelines/hypertension
Hepatitis C	American Association for the Study of Liver Diseases
Seizure Disorder	NCCHC Clinical Guidelines
HIV	Dept. of Health & Human Services – www.hivatis.org
Asthma	National Heart, Lung and Blood Institute – www.nhlbi.nih.gov/guidelines/asthma/index.htm



Chronic Care Special Needs Guideline	Professional Reference
Tuberculosis	Department of Health & Environment Centers for Disease Control – http://www.cdc.gov/tb/
Dialysis	2012 Kidney Disease: Improving Global Outcomes
Substance abuse and withdrawal	American Psychiatric Association, American Society of Addiction Medicine, Substance Abuse and Mental Health Services Administration
Food allergies	Federal Bureau of Prisons, National Institute of Allergy and Infectious Diseases
MRSA	Federal Bureau of Prisons, The Medical Letter
COPD	National Heart, Lung, and Blood Institute
Coronary artery disease	American College of Cardiology
Chronic Non-Cancer Pain	World Health Organization, Institute for Clinical Systems Improvement, Cochrane Database

Figure 10: Professional References. These are some of the references that CCS uses to determine the latest guidelines for chronic care special needs.

Special Needs Treatment Plans

CCS will establish a written individual treatment plan for all special needs inmates, including inmates who are chronically ill, mentally ill or mentally retarded/developmentally disabled, terminally ill or disabled physically, those with infectious diseases and the frail and elderly. When feasible, treatment plans will maintain connections between inmates and the community agencies that have been or will be serving them.

This individual treatment plan shall minimally include information regarding medications, therapeutic diet, specialty appointments and consults, any ordered diagnostic work-up, housing assignment disposition, impact on ability to function in general population, impact on programming and school, and frequency of follow-up indicated. CCS shall initiate these treatment plans in conjunction with the health assessment and initial physical examination.

The individualized inmate-specific treatment plan will include:

- Short and long term goals
- Method to accomplish goals
- Instructions monitoring and treatment activities
- Special therapeutic diets
- Pharmaceutical therapy
- Inmate education
- Custody staff coordination
- After release referral
- Specialty appointments and consults
- Diagnostic work-ups that are ordered
- Housing assignment disposition
- Impact on programming
- Frequency of follow-up indicated



When the admission screening identifies an inmate as having special medical needs, an initial chronic care visit shall occur in conjunction with the initial health assessment and follow-ups will occur through regular chronic care clinics.

A physician or midlevel provider will provide chronic care patients with a consultation/review every three (3) months, or at other intervals as medically indicated. CCS shall not write orders for a period of longer than 90 days without an encounter with a provider. CCS uses standardized forms and all materials to enter the health record shall contain the provider's name, title and date (may include time). CCS will communicate the treatment plans of special-needs patients as needed to facilitate their housing in the appropriate area of the Jail.

4.14 Emergency Care

The CCS program for the Clark County Main Jail includes medical personnel on-site 24/7 to manage urgent and emergent issues. CCS staff will follow CCSO policy and procedure regarding emergency transportation for care that cannot be managed in-house. Unless within the best judgment of nursing personnel there is a 911 emergency, the decision to transfer an inmate to an inpatient facility is made only upon consultation with the Medical Director or his designee. The Medical Director, Nurse Practitioner, and Dentist are on call 24/7.

4.14.1 Emergency Transportation

CCS will be responsible for coordinating all emergency ambulance services for inmates at the Clark County Jail, Jail Work Center, or Juvenile Detention Center.

4.14.2 Emergency Treatment of Visitors, Staff, Employees, and Contractors

CCS will provide emergency treatment to stabilize any visitors, staff, employees, or subcontractors of the CCSO who become ill or injured and require emergency care while on the premises of the Jail, Work Center, or Juvenile Detention Center. Once CCS healthcare staff has stabilized the patient, they will refer the patient to a personal physician or local hospital. Follow up hospital or physician services for these patients will not be the financial responsibility of CCS.

4.15 Medical Observation Unit

CCS will continue to utilize Med One, the CCSO's six-cell medical observation unit, to house patients requiring medical observation. CCS designates observation beds for medical or mental observation for specific purposes, such as watching the patient's response to a change in medication regimen. CCS may also place patients in observation beds to prevent them from eating or drinking before a medical test that requires such restriction, to allow patients to recover from day surgeries or medical procedures, or to watch the general behavior of patients whose mental stability appears questionable.

CCS understands that the CCSO may house people in Med One that do not have medical problems.



4.16 Oral Care

The CCS program will follow a written dental classification and priority treatment program. The program uses the date of the inmate’s incarceration as a basis for placement on the dental treatment lists.

The Classification and Priority Treatment program shall give priority scheduling to:

- Inmates who need emergency dental treatment including but not limited to those with abscessed teeth, trauma, and facial swelling
- Inmates who have chronic medical conditions such as diabetes, heart conditions, immune compromised
- Inmates who do not have sufficient teeth to masticate the food provided by CCSO

Dental personnel licensed to practice in the State of Washington will provide dental services including exams and treatment (emergency fillings and extractions). A dentist will perform dental assessments on inmates who request dental services and will provide services as soon as possible when the health of the inmate would otherwise be adversely affected. The timing of services will be dictated by the severity of the need, and in no case be longer than three months. The CCS Dental Program includes prevention of dental disease, oral hygiene education and dental specialist referrals, if needed.

The CCS Dental Program includes:

Oral screening by a qualified professional upon admission	<ul style="list-style-type: none"> • Prevention of dental disease and oral hygiene education
Dental examination by a dentist within 30 calendar days of admission	<ul style="list-style-type: none"> • Charting of decayed, missing and filled teeth • Taking dental history • Keeping a dental record for each patient • Dental specialist referrals, if needed • Provision of all dental prosthetics and lab services as required • X-rays • Provision of maxillofacial surgery services when indicated
Dental treatment	<ul style="list-style-type: none"> • Extractions • Fillings • Oral Surgery
Dental Treatment Priority	<ul style="list-style-type: none"> • Emergency (care available 24/7) • Limited restorative care • Prophylactic care (long term inmates)



4.17 Ancillary Services

4.17.1 Laboratory Services

CCS will continue providing all diagnostic laboratory services to the Clark County Jail utilizing **Laboratory Corporation of America (LabCorp)**. CCS has a national contract with LabCorp which provides leading-edge medical laboratory tests and services through a national network of primary clinical laboratories and specialized centers.

The laboratory program for CCSO includes all necessary supplies and a dedicated fax/printer to provide results and for use for timely pickup and delivery, and accurate reporting within 24 hours on most labs. A diagnostic procedure manual that includes reporting on STAT and critical values guides laboratory services provided on-site. CCS and LabCorp maintain a lab formulary to direct providers to cost effective ways of bundling testing and prevent ordering costly testing without approval. CCS trains all staff on our laboratory policies. On-site services are in accordance with the Clinical Laboratories Inspection Act (CLIA) and comply with the Clinical Laboratory Improvement Amendments of 1988. The laboratory program for CCSO complies with all standards set forth by the American College of Pathology and State of Washington requirements for medical pathology, as well as specimen handling, testing, and reporting.

CCS performs as many of the lab services on-site, to the greatest degree possible, which include but not limited to:

- Blood collection for special chemistry and toxicology analysis
- Provision of laboratory supplies
- Printer or computer interface to provide test results
- Crisis levels will be reported to the physician or his/her designee immediately
- Accurate reporting within a reasonable time frame
- Stat lab services

On-site services include, but are not limited to:

- Dipstick urinalysis
- Blood collection
- Cultures sample collection
- Finger stick blood glucose
- Peak flow monitoring
- Pregnancy testing
- Stool blood testing

Providers review all laboratory results within a clinically appropriate time frame and are notified immediately to review abnormal test results. If test results indicate a critical situation, the provider will also receive an alert via telephone. The medical Provider will be notified



immediately of all STAT lab test reports. Where preliminary results are available, they will also be presented for medical review. The provider reviews and signs off on all test results. All diagnostic laboratory reports are made part of the inmate's electronic medical record

4.17.2 Radiological Services

CCS will coordinate to provide on-site radiology services to the Clark County Jail. CCS will work with the CCSO administration and Schryver Medical to establish a routine schedule for on-site radiology services at least three times weekly. In addition, urgent or "stat" services will be available in order to prevent the need for emergency room or urgent care transfer.

The CCS Medical Director, or physician designee, will review, initial and date all x-ray reports in a timely manner. A plan of care will be established as appropriate. All x-rays and radiology special studies will be read by a board-certified radiologist, to include a typed and/or automated report. Reports will be provided to the institution as soon as read and no later than 24 hours after the reading. The radiologist will call the institution with any report requiring immediate intervention. The Medical Director or physician/mid-level designee will meet with the patient to discuss their results and will establish a plan of care as appropriate.

When possible, on-site services will include:

- Ultrasounds
- Sonograms
- Doppler Studies
- Mammograms
- Mobile x-ray services
- Pulmonary Function Tests
- Holter Monitor Studies
- Upper GI x-rays

CCS will document and store radiology reports in the patient's medical record. Results can be received via fax or manually on paper. Any follow-up with the patient will be noted in the medical record. CCS will also maintain a log to document the type and number of X-rays completed and the results received. CCS medical personnel will review the log on a daily basis to determine if any test results are outstanding. This process will ensure that test results are reported in a timely manner.

4.18 Therapeutic Diet Program

In compliance with NCCHC and ACA standards, and the Manual of Clinical Dietetics, CCS will continue to work with the food service provider and the County to develop therapeutic diet orders and recommendation of diet plans sufficient to meet the medical needs of inmates.

CCS will continue to be responsible for communicating with the food service provider on all therapeutic diets that a practitioner orders. The CCS physician will periodically review diet orders and patient records to determine if a special diet remains medically necessary for individual inmates. In such cases where a therapeutic diet is deemed no longer required, CCS staff will notify the inmate and the food services provider.

CCS prescribes therapeutic diets to benefit patient health, and modifies them when necessary to meet specific requirements related to clinical conditions. When medically indicated, the



physician will order a specific diet for the inmate relative to the inmate’s medical condition, such as diabetes, hypertension, pregnancy, et cetera. CCS will work with the food service provider in the development of a diet plan sufficient to meet the chronic medical needs of the affected inmate population. CCS will not make dietary recommendations for religious or preference diets.

CCS will request food service staff to notify CCS personnel of inmates who are non-compliant with prescribed special diets. CCS personnel counsel inmates who refuse special diets on the importance of diet compliance. If the inmate continues to be non-complaint, CCS will discontinue the special diet order. Inmates have the right to refuse a special diet. If an inmate continues to be noncompliant after receiving counseling, CCS will request they sign a refusal.

4.19 Pharmacy Services

CCS plans to subcontract the CCSO’s pharmaceutical services to Diamond Pharmacy Services. Diamond is the United States’ largest provider of pharmaceuticals to correctional institutions. As our pharmacy vendor, Diamond will maintain all pharmaceutical licenses in accordance with state and federal regulations. CCS and Diamond work together to provide medication for tens of thousands of patients in jail, prison, and detention facilities nationwide. Our strong partnership with Diamond allows us to receive the industry’s most cost-effective and competitive pricing for pharmaceutical services.

CCS Pharmacy Management Process	
Feature	Description
Direct Observed Therapy	CCS personnel are trained to provide direct observed therapy for medications subject to abuse, psychotropic medications, and those related to the treatment of communicable and infectious diseases.
Keep-on-Person (KOP) Program	CCS has established a spectrum of KOP programs intended to assist in educating inmates about their medications and to promote inmate responsibility for their own continuing state of health. A KOP program serves a dual role in that it typically reduces the amount of healthcare professional time devoted to medication distribution. CCS has established a KOP program for Clark County Jail for Work Center inmates. However, the KOP program is used only in special circumstances.
Medication Renewals	CCS maintains a system for medication renewals to ensure that required medications are continuously available for all patients who require them.
Medication Renewals for Patients at Risk	The psychiatrist evaluates patients prior to the renewal of psychotropic medications. The evaluation and re-order will be documented in the patient’s health record.
Medication Education	CCS staff are instructed to educate patients on prescribed pharmacotherapy at the time the therapy is ordered. The education will be documented in the patient’s health record.



CCS Pharmacy Management Process	
Feature	Description
Release Planning	CCS processes facilitate release planning to ensure a patient's continuity of care, especially in patients with mental illnesses. CCS works hard to provide as many resources as possible to enable released patients to continue their treatment plans, hopefully enhancing their state of health and reducing the likelihood of recidivism. Upon transfer to another facility, a medical transfer form will accompany the patient. This form provides all necessary information required for the continuation of treatment. CCS staff will continue to provide discharged medication as outlined in County policy and state regulations.
House Stock Supply	CCS only uses in-house stock medications as appropriate and as allowable within state guidelines.
Safety and Security	CCS stores controlled substances, syringes, needles, and surgical instruments under secure conditions. Items subject to abuse are inventoried on a regular schedule and stored securely according to AMA and NCCHC guidelines. Regular audits will be conducted to remove discontinued or expired medications.
Returns	CCS has a written returns policy with Diamond that allows for credit on full or partial blister cards of medication. Returns are refunded for 100% credit, assuming that the medications are still within blister cards, less a \$1.00 return fee.
Formulary Management	CCS has established an effective correctional facility formulary for Clark County Jail.
Administration of Non-formulary Medications	Non-formulary medications may be provided for up to seven days. A medical provider will assess each patient's need for non-formulary medications within seven days of intake.



CCS Pharmacy Management Process	
Feature	Description
Formulary Implementation	<p>Barriers to the use of individual medications vary depending upon the nature of the medication. The following two examples illustrate how CCS utilizes our formulary to deliver appropriate, cost-effective pharmacologic care.</p> <p>Example 1: Sulfasalazine (Azulfidine) and mesalamine (Asacol, others) are two medications commonly used in the treatment of inflammatory bowel disease. Mesalamine (5-aminosalicylic acid) is the active component of sulfasalazine, and both medications have extremely similar if not identical efficacies. Sulfasalazine is an older, inexpensive drug; mesalamine is a newer and thus more expensive drug. The major difference is that a small percentage of patients, perhaps as much as a third, experience gastrointestinal symptoms with sulfasalazine and require mesalamine instead. In our formulary process, we request that patients try sulfasalazine first, then if a patient develops gastrointestinal symptoms, we will dispense mesalamine. In doing so, CCS encourages cost-effective choices while promoting effective treatment for our patients.</p> <p>Example 2: NSAID therapy (ibuprofen and similar medications) is both common and effective. Because so many of these medications are available over the counter, many patients (and some practitioners) forget that long-term use of NSAIDs can lead to dangerous side effects. In our formulary process, short-term NSAID usage is permitted without special permission, but long-term NSAID usage requires approval from a clinician. This allows the practitioner to weigh the benefits of long-term NSAID treatment against the risk of possible side effects before choosing a treatment plan.</p>

4.19.1 Delivery Schedule

CCS will provide pharmacy services seven (7) days a week, with scheduled shipment of medications six (6) days a week and local backup pharmacy services (provided by RiteAid) available on Sundays, holidays, and in urgent or emergent situations. All prescription orders will be logged in the inmate’s medical record, and medications will be administered in a timely manner by trained medical personnel following the ordering of the pharmacotherapy by the responsible clinician. If there is an immediate need to initiate medication, the medication will be obtained from the backup pharmacy. Medications for life-threatening or mental illnesses or serious chronic care will not be delayed upon admission. CCS has established a list of “no-miss” medications to facilitate this process. CCS makes every effort to verify and dispense these medications within six (6) hours after presentation to the medical staff. In all other instances, CCS will assure the availability of prescribed medications within eight (8) hours of the order of



issue being written for all formulary approved medications and twenty-four (24) hours for all non-formulary medications except where such medications are not readily available in the local community.

4.19.2 Emergency Medications

Medications for life threatening or mental illnesses or serious chronic diseases are not be delayed upon admission. CCS has established a list of “no-miss” medications to facilitate this process. All efforts are made to verify and dispense these medications prior to the next schedule dose once the medical staff is aware, and within 24 hours for all other medications. If there is an immediate need to initiate medication, the medication is obtained from the backup pharmacy within two hours.

4.19.3 Stock Medications

CCS only uses in-house stock medications as appropriate and as allowable within state guidelines. Diamond realizes that receiving emergency medications in a timely fashion is important, and they will continue to do everything in their power to expedite processing, filling, and delivery. They also realize that emergencies are costly in terms of the patient’s well-being and the expense of providing emergency care. Consequently, Diamond will continually collaborate with the CCS Medical Director to determine which medications need to be added to the emergency stock supply list to help minimize future emergency orders. Emergency medications not found in the emergency medication kit or the starter packs and unavailable from Diamond in sufficient time will be provided in a minimum quantity by the backup RiteAid pharmacy.

4.19.4 Formulary Management

CCS has established a formulary to better manage pharmaceutical costs for Clark County Jail. We prescribe generic medications whenever possible unless the clinician provides justification for a brand name request. We track the percentage of generic versus non-generic use and will provide statistical reports on all areas of pharmaceutical management. CCS will continue to provide a wide range of statistical reports for pharmaceutical management. In accordance with CCS policy, providers will be instructed to use sleep and pain medications only when clinically necessary.

4.19.5 Pharmacy and Therapeutics (P&T) Committee

CCS has established a Pharmacy and Therapeutics (P&T) Committee that is responsible for monitoring pharmaceutical processes and utilization practices. The P&T Committee will continue to be responsible for managing the CCS formulary and is chaired by the CCS Medical Director. Throughout the formulary process, the P&T Committee helps balance efficacy, safety, and cost of certain medications by requiring prior approval. The P&T Committee is multidisciplinary and meets on a quarterly basis.

4.19.6 Quality Improvement

A consulting pharmacist will continue to review the on-site pharmaceutical program on a quarterly basis. The pharmacist’s review will be documented and a report will be provided to the CCS Medical Director and the Clark County Jail Chief of Corrections, or designee. The Quality



Improvement Committee (QIC) will continue to review the report and establish action plans for identified problem areas. The consulting pharmacist will perform the following duties:

- On-site audits consistent with NCCHC guidelines
- Quality assurance reviews on a quarterly basis
- Written reports identifying any areas of concern and/or recommendations for improving pharmacy services
- Quarterly inspections of stock medication storage areas
- Assure that all medications are stored under proper conditions
- Remove and replace all compromised or expired medications
- Participate in quarterly meetings of the Pharmacy and Therapeutics Committee

4.19.7 Over-the-Counter Medications

CCS established a protocol to provide OTC medications to inmates upon consultation with the CCS Medical Director and the Clark County Jail Administration. When inmates have non-prescription medications available outside of health services, the items and access to them will be approved jointly by the CCS Medical Director and Clark County Jail Administration. These items are reviewed annually.

4.19.8 KOP Program

As part of the CCSO's limited Keep-on-Person (KOP) program, inmates in the Jail Work Center will continue to be permitted to carry rescue inhalers, antifungal cream, hydrocortisone cream, and other certain prescriptions for the management of a properly identified medical condition when ordered by a clinician and approved by Jail Work Center Administration. Distribution is in accordance with the practitioner's orders regarding time of day, dosage, and frequency.

Nursing staff will continue to instruct the inmates on usage of medication, as needed, and medication compliance is monitored. Inmate non-compliance with this policy is cause for revocation of the KOP privilege. Discovery of an inmate's contraband medication may result in revocation of KOP privileges and is subject to the CCSO's disciplinary process.

4.19.9 Inventory Control

Medication, supplies, and equipment are stored in locked areas and signed out to individuals when in use. Bulk supplies are kept separate and inventoried weekly or when accessed. Records are maintained to ensure adequate control.

Security of Medication

The medication room and all cabinets are locked at all times when health care staff is not present. CCS staff is responsible for ensuring that all medications are kept secure. No inmate will have access to any medication other than those administered by a qualified staff member.

Controlled Substances

A limited supply of controlled drugs is kept in the facility. These drugs are under the control of the responsible physician. These medications are monitored and accounted for by the HSA, or



designee. Class II, III, and IV drugs are counted at the end of every shift by a staff member going off duty and one coming on duty. Any discrepancies in the count must be reported immediately, and resolved prior to the present staff going off duty. All controlled substances must be signed out to the inmate receiving them at the time they are administered. As an additional level of control, CCS treats certain medications that are not controlled but have the potential for misuse or abuse as controlled substances (e.g., tramadol).

Disposal and Destruction of Medications

CCS has an established process to destroy and dispose of medications including patient-specific dispensed medications, stock medications, controlled substances (whether stock or dispensed), and psychotropic medications. For example, CCS uses RX Destroyer for the safe and effective destruction of narcotics. CCS purges routinely so that the on-site quantity does not build up. CCS thorough and completely documents the destruction and disposal of all medications and makes them available to the CCSO for review upon request.

Sharps and Supplies

During orientation, each employee receives instruction on how to handle sharp instruments, utensils, and supplies. Needles, syringes, and other high-risk items are stored in locked areas and signed out to the individuals when they are used. Sharps are never to be left in any area when not in use. Sharps are inventoried at each change of shift, and each employee is responsible for ensuring that the sharp count is correct. Employees are instructed to never take the word of co-workers when conducting sharp counts. Used sharps are considered biomedical waste, and are discarded directly into leak-proof, puncture resistant containers that have been designed for this purpose.

CCS CORRECT CARE SOLUTIONS		Sharps Inventory Sheet																							
Date	Patient Name	Nurse Signature	Time	Inaith Syringe	18 Syringe	21g Butterfly	23g Butterfly	21g Veedrew	22g Veudrew	18g Intraeath	20g Intraeath	22g Intraeath	24g Intraeath	Huber Needle	3cc syringe 25g X 1/2"	3cc syringe 22g X 1-1/2"	18g 1" Needle	20g 1" Needle	23g 1" Needle	Razors	#10 Scalpel	#11 Scalpel	#12 Scalpel	Suture Removal Kit	Staple Removal Kit

4.19.10 Intake Medications

CCS has an established policy for handling medications that enter into the Clark County Jail with inmates upon intake. If utilized in any way for that specific individual inmate, a CCS nurse verifies that the medication received is the medication described/prescribed. CCS makes every effort to verify existing orders from outside sources if the inmate comes in with a current medication prescription. If not utilized, CCS seizes these medications during intake and stores them in a secure area until they are picked up by family or destroyed.

Inmates arriving at intake who are currently on psychoactive drugs are continued on the same medications as verified, even if non-formulary, until such time as seen by the psychiatrist and



evaluated for a change to a formulary medication. CCS completes a non-formulary request in the event of the intake continuation of a verified community prescription that is not on the current formulary.

4.19.11 Order Procedures

CCS will continue to ensure that medications are only administered according to a legitimate order by a practitioner including physician, psychiatrist, mid-level provider or dentist and are received by the inmate within 24 hours of the order initiation. CCS understands that protocols for legend drugs to be administered by nursing personnel are acceptable and may require a telephone order by a licensed provider. CCS will continue to ensure that all telephone or verbal orders are countersigned within the time allotted by law within Washington.

4.19.12 Dispensing Guidelines

CCS will continue to dispense medications using blister pack packaging except during specific cases where liquid medication is ordered by the Medical Director.

4.19.13 Discharge Medications

CCS currently provides 14 days' worth of medications in a blister pack. However, CCS has developed a method for providing discharge medications that can be instituted in Clark County by working in conjunction with an agency called InMedRx. Inmates in need of discharge medications are given a prescription and a pharmacy card, specific to their individual medications and for one-time use only. The InMedRx card allows filling of up to a 30-day prescription at any pharmacy, increasing the number of patients who are able to obtain discharge medications and improving continuity of care. CCS plans to provide a prescription card for all inmates in need of discharge medications, including those in need of psychotropic medications. When a prescription is filled, CCS will absorb the costs, which will be included in the pricing for our CCS pharmacy program.

4.19.14 Order Automation

CCS will continue to use the current process for ordering medications, which minimizes the amount of work by nursing staff required to process the order to the pharmacy.

4.19.15 Medication Delivery

All medications delivered to the facilities will continue to be secured in a manner that makes tampering readily evident. A nurse will be present if any of the packages are opened by security upon delivery. All deliveries include a detailed manifest for ease of check-off by nursing as to orders placed versus the orders actually received.

4.19.16 Pharmacist Availability

A pharmacist will continue to be available to the providers if a question arises about medication or the choice of medication. Diamond will continue to provide an on-call pharmacist.



4.19.17 Statistical Reporting

CCS will continue to provide monthly statistics with year-to-date information and an annual summary regarding pharmaceutical utilization as specified by the Clark County Jail. CCS has included a copy of our sample reports in **Tabbed Attachment C**.

4.19.18 Medication Administration

CCS has provided written systems and processes for the delivery and administration of medications. All medications, including over-the-counter medications, will continue to be administered by nurses appropriately licensed in the State of Washington, or by CMTs during the D and E shifts. The CCS staffing plan includes nurses to provide medication pass using medication carts, per physician’s orders, at 0400, 1100, 1500, and 2200 for inmates in general population, and more frequently as medically necessary. As the incumbent, CCS knows the layout and procedures at the Clark County Jail to administer medications in the most efficient manner to ensure the timeliness and accuracy of the process. CCS coordinates with security staffing and meal times to ensure accurate and effective medication administration.

Healthcare staff document medication administration and missed doses in an inmate-specific Medication Administration Record (MAR). These records are a permanent part of the inmate’s health record. The MAR includes non-administered medication reason codes as well as instructions, injection site codes, and result codes. All information relative to a patient’s prescription are recorded in the MAR. In the event that an inmate misses or refuses doses on three consecutive days, or if a pattern is noted, the inmate is referred to the provider and the medication refusal is documented.

CCS Medication Administration Protocols	
Feature	Description
“Off-Label” Use	CCS policy discourages the dispensing of medication (prescription or OTC) for any off-label use.
Medication Refusals	In the event that a patient misses or refuses doses on three consecutive days, or if a pattern of refusal is noted, the patient will be referred to a prescribing provider and a medication refusal will be documented.
Medication Education	CCS providers are instructed to educate patients on prescribed pharmacotherapy at the time the therapy is ordered. The education will be documented in the patient’s health record.
Standards Compliance	CCS does not permit pre-pouring of medications and will monitor the medication delivery process to ensure that this is not occurring. CCS staff will receive orientation training in addition to a mandatory CEU regarding medication administration and the prevention of medication errors.

Medication Administration Training

CCS will continue to ensure that all staff members involved in the distribution of medication receive medication administration training. CCS has an established curriculum and training is currently conducted by Fran Thompkins, the CCS nurse educator. This training is reviewed and



updated at least annually to ensure the availability of current information, and contains documentation guidelines as a component of the training.

4.20 Mental Health

CCS believes in taking a proactive approach to the mental health needs of our client populations. Mental health issues are a growing concern for all correctional facilities and a key focus in all CCS sites. Our mental health programming is evidence-based, targeted to specific presenting issues, and is designed to address recidivism risk factors. The CCS Mental Health Program, which emphasizes identification, referral, and treatment, is based on documented policies and procedures addressing the provision of mental health services, including inmate assessment and evaluation, suicide risk reduction, special needs treatment plans, referrals for care, ongoing care, and discharge planning.

We recognize that Mental Health presents a challenge for most jails. In the current climate in Clark County, the CCSO and CCS have a great opportunity to make a significant impact on the community. We are very proactive in our approach and our focus to connect our program with community services and resources to make a difference.

The CCS Mental Health Program is overseen by Marc Quillen, Ph.D., and Johannes Dalmasy, MD, who will work directly with the on-site mental health and psychiatric staff. Our corporate and regional mental health teams will coordinate with local providers to deliver a mental health program that is fully standards-compliant and designed to meet the needs of the incarcerated population. Fully licensed mental health professionals will provide psychiatric care, including in-house emergency crisis evaluations, psychiatric assessments/referrals, medication checks, and any required follow-up/discharge planning. A mental health professional will provide on-site assessments of patients with clinical symptoms. Additionally, a licensed psychiatrist will be on-call 24/7.

A CCS Turnaround Success – Mental Healthcare in Richland County Jail

Under its previous healthcare provider, the Alvin S. Glenn Detention Center was unaccredited, had no Mental Health screening in place at intake, and had a troubling history of suicides and other sentinel events.

Within two years of taking over as the healthcare provider at Richland County, CCS managed a significant turnaround for the Detention Center and with it a positive impact for its mentally ill incarcerated patients, and ultimately the community at large.

With our oversight and commitment to standards and quality of care, the Center is now NCHC accredited, Mental Health screenings have been implemented at intake, and the Mental Health program has received recognition for its improvement and quality.



4.20.1 Mental Health Program Features

Special Observation	Inmates with suicidal tendencies and other conditions are placed on special observation status as determined by the mental health staff. Mental health personnel will perform scheduled rounds and evaluations when inmates are placed in observation or isolation.
Special Needs Program	CCS will identify those inmates who present with serious mental health issues likely to impact their ability to function independently. These inmates will receive an individualized treatment plan and the level of mental health service required to enable them to function adequately.
Individual and Group Counseling	CCS will utilize a program of individual and/or group counseling services designed to address the mental health needs of the jail population. As part of the intake and health assessment process, those inmates identified with significant mental health needs will be evaluated by a member of the mental health staff for appropriateness in enrollment in group or individual counseling services.
Multidisciplinary Communications	CCS conducts interdisciplinary meetings to foster strong communication between nursing personnel, mental health workers, and correctional personnel.
Psychotropic Medications	The psychiatric clinician will perform a health record review prior to prescribing psychotropic medications and will provide inmates with education on treatment and medication therapy and obtain informed consent. Inmates on psychotropic medications will be monitored for medication compliance and drug toxicity. CCS has an established psychotropic medications protocol for emergent and non-emergent use of psychotropic medications.
Reporting and Recordkeeping	CCS will keep current and accurate health records, service delivery logs and other reports related to Mental Health services.
Administrative and QIP Meetings	CCS will participate in periodic, scheduled administrative and quality improvement program meetings regarding Mental Health services.

4.20.2 Initial Mental Health Screening

CCS will perform an initial mental health screening during intake and refer patients to mental health staff as needed. Urgent referrals will be managed by mental health staff immediately, with follow-up by the CCS psychiatric practitioner as needed. Medical staff will address urgent



referrals received after hours and contact the on-call psychiatrist as needed to manage these cases. CCS will provide adequate staffing to allow for the timely evaluation of intake orders and inmates in need of mental health evaluations so that inmates with medical and mental health issues can be stabilized as quickly as possible and medications can be initiated.

4.20.3 Mental Health Evaluations

Unless an emergent concern is identified during the intake screening, inmates referred to the Mental Health Program will receive a complete evaluation by qualified mental health personnel within 24-72 hours of intake. Mental health evaluations will follow NCCHC and ACA standards for Mental Health Screenings and Evaluations and will include:

- History of psychiatric treatment and outpatient treatment
- Current psychotropic medication
- Suicidal indication and history of suicidal behavior
- Drug and alcohol usage
- History of sexual offenses
- History of expressively violent behavior
- History of victimization due to criminal violence
- History of cerebral trauma or seizures
- Emotional response to incarceration
- Documentation of informed consent

When it is determined that an inmate received mental health care prior to incarceration, efforts will be made by the nursing staff to obtain treatment information and verify medications from community providers to facilitate continuity of care. Individuals who report current psychotropic medication use at intake are asked to complete a Release of Information (ROI) so that the medication verification process can begin. Medications that are verified are reviewed by a psychiatric prescriber and continued as clinically indicated.

4.20.4 Crisis Intervention

CCS medical staff will work with the CCSO to determine our role in a site-specific policy for the management of mental health emergencies. Designated mental health housing will be used as a protective environment for inmates exhibiting behavior serious enough to require notification of the mental health staff. Inmates demonstrating self-injurious behaviors and those identified with suicide potential will be placed under constant observation until a comprehensive mental health evaluation can be completed and an appropriate disposition determined. Upon notification that an inmate will be placed in segregation, a qualified healthcare professional will conduct a chart review to ensure there is not a contraindication to the placement. The chart review will be documented. Inmates isolated for psychiatric purposes will be examined by the physician or designee within 48 hours after initial confinement.



4.20.5 Suicide Risk Reduction

Suicide is a leading cause of death in jails, and CCS takes suicide awareness and risk reduction very seriously. The CCS Suicide Risk Reduction Program is based on written, defined policies and procedures that address education, screening, on-site intervention, special needs treatment plans, and scheduled ongoing care. CCS has had considerable success preventing suicides in our facilities. The average rate of suicides in CCS jails in 2014 was 37% lower than the national averages published by the Department of Justice’s Bureau of Justice Statistics. While CCS is proud of our success in reducing suicides in our facilities, we deem the only acceptable number of suicides to be zero, and we continually improve our efforts towards suicide awareness and prevention.

Risk of inmate suicide is highest during the first 48 hours of incarceration, so it is crucial that such risk is identified immediately. Suicide Risk Reduction training is a mandatory part of CCS new employee orientation and is also required annually for all CCS employees and subcontractors. The program educates medical and security staff to recognize when an inmate is in need of emergency mental health care, based on questions asked during the receiving screening and any warning signs of self-harming behavior. Any inmate who is determined to be a suicide risk will be placed on suicide watch until they are evaluated by the mental health staff and ultimately cleared by the psychiatrist.

CCS Suicide Risk Reduction Program	
Feature	Description
Identification	The receiving screening and health evaluation processes include an assessment for suicide risk.
Training	Medical and security personnel are trained on suicide risk reduction during new employee orientation and annually after that.
Assessment and Housing	If it is determined that an inmate poses a suicide risk, he or she will be immediately assessed by mental health personnel and placed in an observation cell for monitoring.
Treatment	Treatment plans addressing suicidal ideation and its re-occurrence are developed and patient follow-up occurs as clinically indicated.
Monitoring	CCS suggests the following options for security observation of suicide/special observation watch: Continuous Watch: Constant observation of the inmate. 15 Minute Watch: Full sight of the inmate at least every 15 minutes on an irregular schedule.
Referrals and Follow-Up	Inmates demonstrating self-harming behaviors and those identified as suicide risks will be referred to mental health personnel for evaluation. These inmates will be placed under constant observation until the mental health evaluation can be completed and an appropriate disposition determined.
Community Referral	The Jail Administrator or designee will be notified if an inmate identified as a suicide risk is scheduled for release.



CCS Suicide Risk Reduction Program	
Feature	Description
Communication	An inmate may report suicidal ideation to medical, mental health, or security staff. Concerns expressed by family members and/or security staff will prompt follow-up from CCS staff.
Intervention	Suicide gestures and attempts are taken very seriously and CCS personnel are trained to respond appropriately.
Notification	The Health Services Administrator (HSA) will be informed when there has been a suicide attempt or if an inmate has been placed on suicide watch.
Reporting	The HSA, Medical Director, and the Jail Administrator or designee will be informed of suicide attempts.
Review	Suicide attempts are considered a significant event and therefore a retrospective review is completed.
Support	Mental health personnel will be available to help support anyone who may have been affected by a suicide and may need help adjusting to the situation.

4.20.6 Psychotropic Medications

CCS has an established Psychotropic Medications Protocol for emergent and non-emergent use of psychotropic medications. The right to refuse mental health treatment is inherent in informed consent; however, psychiatric emergencies do occur. In accordance with NCHC standards, CCS has developed an emergency medication protocol for patients determined by a physician to be dangerous to themselves or others due to acute psychiatric symptoms. The emergency administration process complies with applicable laws and regulations governing emergency use of forced psychotropic medications. Emergency psychotropic medications are prescribed only when clinically indicated, and are not used for disciplinary reasons or for the management of negative behaviors associated with personality disorders. CCS has a Quality Improvement screen covering emergency administration of psychotropic medications that will be completed after such an event occurs.

When an emergency medication is administered, the patient is placed on continuous observation watch for no less than one hour to monitor vital signs, including respiratory status. The patient must then remain on continuous observation watch until a mental health staff member, through a face-to-face evaluation and consultation with a psychiatric practitioner, determines that the patient no longer poses an imminent threat to self or others. If a second dosage of emergency psychotropic medication is considered, the psychiatrist must reconsider the entire course of care during the immediate event. In no case may a psychiatrist order a third dose of emergency psychotropic medication without a face-to-face evaluation of the patient. Additionally in these cases, the psychiatrist will consider the need to petition for commitment to an inpatient psychiatric unit if the patient is determined to present a need for this level of care.



4.21 Health Education of Inmates

CCS health care providers understand the importance of education as an inherent part of a comprehensive health care services program. CCS personnel provide health education during each encounter. Additionally, personnel are required to document the topics reviewed, written information provided and a statement indicating the inmate's understanding of the information reviewed. The CCS CQI program includes a monitoring tool that evaluates medical record documentation addressing inmate education.

CCS will continue to monitor and report quarterly on the delivery and documentation of inmate health improvement and disease prevention, including topics reviewed and any reference materials provided through our CQI program process. As specific populations are identified, educational programs are established that address health care needs in culturally appropriate group settings.

CCS will continue to coordinate health improvement and disease prevention activities with the County. Instructional methods include classes, audiotapes, videotapes, brochures, and/or pamphlets. CCS will ensure that the CCSO staff have the opportunity to review and approve educational materials. As emerging issues are identified, new prevention topics and activities shall be added.

As appropriate, CCS will also coordinate inmate education programs with educators from the community. Additionally, CCS will act as a consultant for facility staff in the development of health education/promotion groups or classes. Inmate Education consists of the following:

- Nurse education during individual health encounters, (also hand out information sheets when appropriate)
- Provider education during individual Health encounters, (also hand out information sheets when appropriate)
- Mental health groups and mental health education

4.21.1 Partnership with Seamar Health Educators

CCS is in the process of establishing a partnership with Seamar health educators to provide health education classes at the Clark County Jail. This partnership was facilitated by the re-entry social workers. The CCS medical staff will review the curriculum for the classes and will assist in identifying the patients that would benefit from the classes. The initial classes will focus on diabetes and hypertension.

4.21.2 CCS Medical Minute

CCS has established an educational program geared toward inmate education. The program is called "Medical Minute." Medical Minute is a collection of short educational spots written at the 5th-8th grade level. Each one contains information on a specific topic. To date, a total of 6 topics have been covered to include:

- The Importance of Exercise
- Using Antibiotics Wisely



- Diabetes
- Hepatitis C
- Interacting with Your Provider
- Personal Hygiene

4.21.3 UpToDate

CCS gives healthcare providers access to UpToDate, our on-line reference materials for patient education. Patient information is available on multiple topics for the provider to print and discuss with the patient while they are together.

Monthly educational programs can be presented to groups of patients with similar health conditions such as diabetic care, asthma, sexually transmitted diseases, HIV and hypertension. Health care personnel are instructed to provide health education during each encounter. Personnel will document the topics reviewed, written information provided and a statement indicating the inmate's understanding of the information reviewed. The CCS CQI program includes a monitoring tool that evaluates medical record documentation addressing patient education. CCS has a comprehensive library of course content for preventative health education that can be customized for a readily available training agenda and scheduled delivery to meet the needs of the entire inmate population.

4.22 Transfer of Medical Information

CCS will continue to screen all detainee and juvenile transfers received from other agencies or transferred to Clark County facilities in accordance with the standard receiving screening protocols.

Pertinent medical information will be prepared to accompany all inmates when traveling off-site to a specialty appointment or emergency room, or when transferring to another detention/correctional facility. Upon transfer to another facility, a medical transfer form will accompany the inmate. The form will contain all necessary information required for the continuation of treatment.

4.23 Medical Records

The CCS Medical Services Program for the Clark County facilities includes a medical record being developed for each inmate at the intake screening. If the patient has been previously incarcerated by the CCSO, CCS will integrate previous medical information with the current file. CCS will incorporate information from all providers and the medical record will be the single source for all medical, dental, and mental health information for each inmate. CCS staff maintains up-to-date inmate medical records at all times. CCS personnel are responsible for all transcribing and filing of information in the medical record. CCS maintains medical records in accordance with applicable laws, NCCHC and ACA standards and County policies, and the requirements of the State of Washington. Each medical record complies with the problem-oriented medical record format and standards.



CCS maintains comprehensive medical records separate from the inmate's confinement record. CCS will continue to secure medical records as required by law and the applicable statutes of the State of Washington. The HSA controls access to the records to ensure medical record confidentiality. CCS provides data necessary for the classification, security, and control of inmates to the appropriate Clark County Jail personnel.

The CCS Medical Director approves medical record policies and procedures and defines the format and handling of the medical records. Each record contains an accurate account of the health status at the time of admission, all patient-provider encounters, and the services provided while incarcerated.

CCS maintains all medical records in accordance with HIPAA. CCS acknowledges that it is a healthcare provider to which HIPAA applies, and that it has a responsibility to ensure that clinical and administrative staff understands their legal obligations under the statute and regulations. Accordingly, CCS has established the HIPAA Privacy and Security Policies and Procedures in an effort to avoid improper uses or disclosures of Protected Health Information, to identify when and how uses and disclosures of Protected Health information may be made, and to initiate corrective action when necessary.

Dental and Mental Health records are considered a part of the Medical Record. The Mental Health Professionals will be responsible for ensuring that confidential documents that should not be released or discussed in accordance HIPAA.

4.23.1 Medical Records Format and Contents

The inmate medical record will include at a minimum:

- Intake/Transfer screening form
- Health appraisal form
- Physician orders/treatment plans
- Prescribed medications administered or not administered to include the date, time and by whom
- Complaints of illness or injury
- Findings, diagnoses, treatments and dispositions
- Health Service Reports
- Consent and refusal forms
- Release of information forms
- Laboratory, radiology and diagnostic studies
- Consultation, emergency room and hospital reports and discharge summaries
- Each documentation includes the date, time, signature and title of the documenter
- Medications and/or future medical referrals/appointments for the inmate provided to the inmate at the time of release from the Jail
- A separate inpatient medical record section for any infirmary admissions



- Inmate medical request forms
- Medical grievance forms
- Pre-release form

While CCS is the custodian of medical records, they are the property of the Clark County Jail. Upon conclusion of the contract, medical records will remain the property of the Clark County Jail and CCS will work to ensure a smooth transition of records.

4.23.2 Intra-system Transfers

A complete legible copy of the applicable medical record accompanies each inmate who transfers between Clark County facilities and another location for off-site services or to another institution.

4.23.3 Electronic Medical Records

CCS proposes to continue using CorEMR to electronically store medical records at the Clark County facilities. CCS has considerable experience with CorEMR. CCS operates CorEMR at 29 of our facilities throughout the country. Additionally, CorEMR works well with our Care Management module of ERMA.



CorEMR was founded in 2004 with the purpose of creating an Electronic Health Record System specifically built and designed for the correctional industry. Based upon principles of affordability, usability, customer support and flexibility, the company has emerged as the national leader in this sector of the correctional healthcare industry. CorEMR has more than 90 correctional facility customers throughout the country. CorEMR has also teamed with national pharmacies as well as regional and national correctional medical groups to serve the correctional market. More than 60,000 inmates currently have their medical records kept within the CorEMR system. CorEMR received meaningful use Stage 1 certification in December of 2012.

CorEMR began in Utah and has expanded to include counties in Idaho, Arizona, Colorado, Michigan, Pennsylvania, California, Virginia, Texas, New York, and others. Founders and employees bring a depth of experience with software development, education/training, business, web hosting, server and network administration, and corrections management to the company.

Company representatives have been invited to give EMR presentations to various national and state jail organizations throughout the country. CorEMR's early entry into this market has given the company an edge in development and implementation. CorEMR pioneered many of the features that are commonly used in correctional EMRs, such as the eMAR and MedPass.

CorEMR has been selected by several correctional healthcare groups and other management companies to be the EMR of choice in their current facilities as well as with potential customers. CorEMR has also been identified by some facilities as the required EMR when a new healthcare company begins operations.



Services Offered

CorEMR offers both the Electronic Medical Record (EMR) software product and Electronic Medication Administration Record (eMAR) as a SAAS (Software As A Service – hosted off-site) or as a Core model (hosted on-site).

CorEMR Product Features and Highlights

Product Feature/Highlight	Benefit to CCSO
Certification	<ul style="list-style-type: none"> • CorEMR v5.0 received ONC Staging 1 Meaningful Use certification in December 2012.
JMS, Pharmacy and Lab Integrations	<ul style="list-style-type: none"> • Imports patient data from existing Offender Management Systems (OMS). This integration creates an automatic electronic patient chart. Patient photo and basic demographic information is automatically captured. • Send medication orders to your pharmacy provider for shipment or delivery. • Receive lab results as an optional integration.
Technology	<ul style="list-style-type: none"> • Simultaneous access allowed for multiple terminals and users within the facility. • Web-based structure that runs on the facility's local network or by a server running at one central location for facilities with multiple locations. • Built on a SQL back end and is compatible with SQL Server 2005, 2008 and MySQL 5.0+. • Optional SAAS (Software As A Service) model, an off-site server location for small facilities.
Medical Forms	<ul style="list-style-type: none"> • Recreates current applicable medical, mental health and dental forms to an electronic format. Forms can be configured with "triggers" that automatically create actions. (Such as creating an active problem for a diabetic or scheduling a task for the nurse on duty to review that intake form). • Configurable transfer and release forms can be configured with triggers that automatically retrieve information from the patient's medical chart such as active problem list, current medications and most recent PPD test results. • Allows facilities to easily create and modify their own forms using our form creation tool.



Product Feature/Highlight	Benefit to CCSO
<p>Patient Charts</p>	<ul style="list-style-type: none"> • Search for a patient’s chart by booking number, last name, Social Security number or other identifiers. • Scan and upload patient requests, outside provider visits, or any other non-system documents to the patient’s chart. • Includes a complete historical summary of every action recorded for each patient. • Flow sheets for vital signs and blood sugar levels can be recorded and logged. Other flow sheets include: neuro checks, Coumadin log, nebulizer treatments and more. • Record progress and chart notes for each patient. • Create “Patient Alerts,” such as suicide watch or recreation restriction, on the patient chart, which also displays on the dashboard for high visibility to other users. Alerts are fully configurable.
<p>Scheduler</p>	<ul style="list-style-type: none"> • Includes a robust appointment scheduler that can be filtered by task category (doctor, dentist, nurse, social worker etc.), priority and housing location. • Tasks and appointments can be viewed by day, week or by month.
<p>Sick Call (SOAPE Notes)</p>	<ul style="list-style-type: none"> • Uses the standard SOAPE note format for Sick Call examination. • Displays patient summary information such as current medical problems and current medication compliance on the Sick Call. • Gives users access to the Subjective, Objective, Action, Plan and Education sections directly from the Sick Call module, allowing doctors to record orders for later note off or complete the actions themselves. • Available actions include completing interview or exam forms, scheduling future appointments, ordering lab work, and ordering medications. • Receive and store scanned documents and electronic files directly into sick calls. • Allows users to note if Sick Calls (clinic) or medications are billable.



Product Feature/Highlight	Benefit to CCSO
MedPass / Pill Call	<ul style="list-style-type: none"> • MedPass times are configured by day and MedPass Prep List is generated accordingly. • MedPass lists can be grouped by housing unit or alphabetically by last name. • Patient's acceptance or refusal of each dose is recorded. Graphical and detailed MAR reports can be viewed at any time. • The system easily accommodates KOP, PRN, injections and stat dosing. • Automatically highlights medication expiration dates and refill notifications. • Body image shows on Med Pass to indicate injection sites. • Med Pass prep list to show all meds scheduled for the day in an easy to read view.
Pharmacy Module	<ul style="list-style-type: none"> • Send orders to and receive confirmations from your pharmacy provider. • Includes a pharmacy module for ordering, making MedPass assignments and scheduling refills. • Imports your drug list and identifies formulary medication. • Allows filtering of the drug list by name, analgesic category, form and other criteria. • Inventory check-in screen when Meds are received from the pharmacy.
Reports	<ul style="list-style-type: none"> • Reports include: task reports, prescription (drug by name and patient), prescriptions ordered by date range, Medication compliance, refusal, and dosing summary reports, missed doses, infirmary reports and more. • Captures a large amount of information on each patient to generate Management Reports and other patient demographic information. • Includes a User Definable Report Builder that allows facilities to retrieve information for unlimited customized reports from defined data elements.



Product Feature/Highlight	Benefit to CCSO
Administration	<ul style="list-style-type: none"> • Permissions Grid restricts access by user type. • Ability to manage and edit all forms and form triggers. Includes the ability to create event triggers (such as automatically create a specific task when a question on a form is answered a certain way). • Ability to create Medication Sets—multiple medications configured to be ordered as a group, for situations like alcohol withdrawal protocols.

4.24 Infectious Waste Disposal

CCS understands that Clark County currently provides for the collection, storage, and disposal of medical waste through a third-party vendor. In accordance with the requirements of the RFP, CCS is prepared to make provision for and cover the cost of these services under any future contracts.

CCS has an established national contractual relationship with Stericycle for the disposal of all bio-hazardous and infectious waste. Stericycle is a leader in the medical waste industry and specializes in biohazard waste disposal. Through the services of Stericycle, CCS will continue to make provision for collection, storage and removal of all infectious waste and sharps containers in accordance with state and federal regulations. CCS will be responsible for the cost of removal and disposal including all necessary supplies and Clark County Jail approved sharps containers. All certificates of disposal are maintained and copies provided to the Clark County Jail. The scheduling and frequency of the removal will be in accordance with the current schedule approved by the Jail.

4.25 Facility and Security Responsibilities

CCS understands the CCSO will continue to provide the following:

- Office space, examination rooms, and utilities, except for long-distance phone services, to enable CCS to continue to perform our obligations and duties under the contract
- Security staff for off-site supervision and transportation of inmates for medical services
- Housekeeping, cleaning supplies and laundry services on existing normal schedules.

CCS also understands the County may also provide security services for the medical personnel, and that the Clark County Juvenile Detention Center will be responsible for any security measures at that site.

4.26 Disaster Plan

CCS has established contingency and emergency procedures in case of an unexpected event, disruption, or man-made or natural disaster. CCS coordinates the plan with the Clark County Jail



policies and the institution plans and incorporates it into the overall emergency plan. All CCS personnel are aware of and familiar with the disaster plan. A review of the health aspects of the disaster plan is part of the initial orientation of new personnel and drilled bi-annually with all health care staff. CCS participates in disaster and man-down drills in accordance with applicable standards. CCS performs a critique of the disaster drill and man-down drills on an annual basis.

CCS prides itself on being a solution-oriented company who looks at all aspects of our clients' needs. We believe in anticipating and recognizing unique problems and situations. As the incumbent provider, CCS has an established Emergency Preparedness Plan (EPP) that addresses all aspects of emergencies including "man down" incidents, fires, earthquakes, floods, hostage situations, pandemic events and severe weather preparedness. Crises can be local, state or nationwide and the impact of the crisis is not always immediately known. CCS understands that there are four major phases of emergency preparedness and management. Those phases are described in the following graphic.

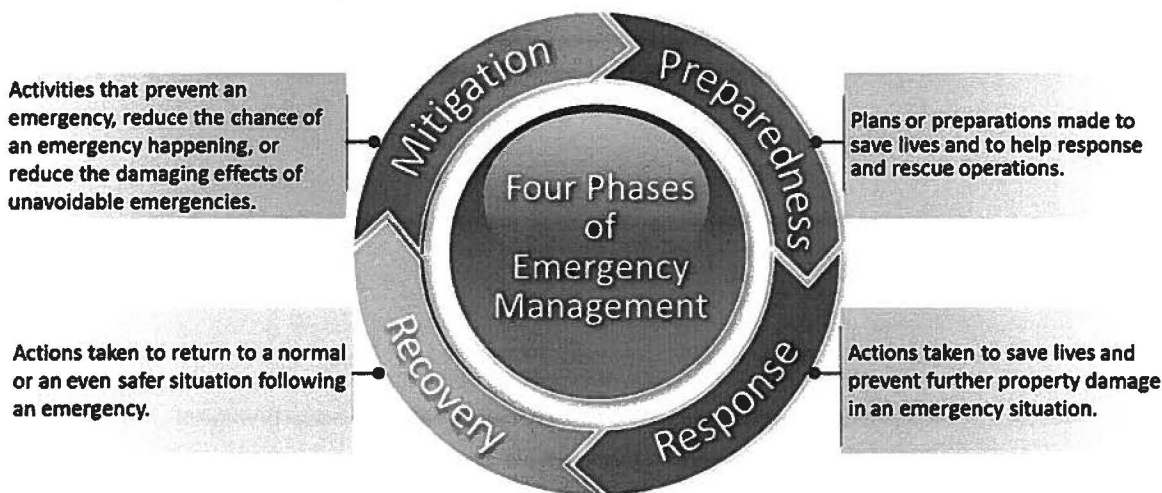


Figure 11: The CCS Emergency Management Plan. The CCS plan covers mitigation, preparedness, response, and recovery from a disaster or other emergency.

4.26.1 Pandemic Flu Plan

CCS understands that unlike other potential catastrophes, a pandemic flu outbreak may result in dramatically reduced staffing levels. In the event of a pandemic situation, CCS works to ensure key employees are available to carry out essential functions by establishing Work Rest Cycles and curtailing services as indicated. All staff would be notified of the need to remain on call and in the event of a significant shortage of staff or communications failure, implementation of the Incident Command System (ICS). Staff would be pulled from other facilities to provide coverage as needed and potential alternative staffing plans are developed to include the use of non-health care personnel and volunteers.



Prioritized care may be necessary and is given to patients with serious medical needs and to the following:

- Infirmary operations for seriously ill patients
- Chronic Care
- Life sustaining medication distribution such as:
 - Diabetes
 - Renal Dialysis
 - Hypertension
 - Heart Disease
- Treatment of serious Mental Health issues

The CCS Medical Director in consultation with the Clark County Jail will determine guidelines for prioritizing delivery of health care based on the severity of the outbreak and rates of absenteeism. CCS partners with the jail to stay abreast of developing crises in our community.

Example: Nation responds to H1N1, which affected ability to obtain adequate supplies of flu vaccine.

CCS was proactive and able to obtain through our pharmaceutical provider and local DOH, the vaccines necessary to appropriately take care of our at risk population per CDC guidelines (health care personnel, chronic care patients, immunocompromised, offenders 50 years of age or older, pregnant, morbidly obese etc.)

Sick call services in a crisis would be curtailed so urgent medical needs are assessed and treated and patients with less urgent medical needs are treated with available resources or deferred.

The pandemic flu plan includes the following elements:

- Transmission prevention guidelines
- Surveillance and tracking guidelines
- Social Distancing
- Preparation/ Response and Recovery guidelines
- Housing locations that may be used to isolate or quarantine ill inmates/residents
- Procurement of supplies
- Plan for delivery of health care
- Plan for notification of staff
- Screening forms
- Implementation of the Incident Command System (ICS) in the event of a significant staff reduction or communications failure



4.26.2 Continuity during a Disaster

In an effort to ensure continuity of care during adverse conditions such as natural and man-made disasters, CCS coordinates with the Clark County Jail's emergency preparedness team and administrative staff to develop a comprehensive plan to address all aspects of these possible emergencies.

The CCS Emergency Preparedness Plan contains the following aspects:

- Evacuation routes and means of transport for injured, ill, disabled, or restrained individuals out of the institution
- Triaging plan
- Outline of where care will be provided, including alternative sites
- Location of community resources
- Continuity of care and safety of patients
- The protection of patient care information (EMR data) and accessibility to patient information at predetermined locations
- Prevention of interruption in medication administration
- Contingency pharmacy and medical supplies plan

The CCS Emergency Preparedness Plan addresses:

- Training modules
- Disaster Bag/Mobile Equipment contents, breakaway seals system
- Crash Cart Equipment
- A communications system and procedures
- Recall process for medical personnel
- Emergency assignment of health services staff
- Establishment of a command post
- A method to ensure safety and security of the patient and staff areas
- Use of emergency equipment and supplies
- Establishment of primary and secondary triage areas
- Triage procedures
- Transportation Guidelines
- Evacuation procedures in coordination with security personnel
- Procedure for conducting man-down and emergency drills
- Back-up assignments for each of the contingency elements
- Emergency treatment documentation

CCS is committed to ensuring all staff are adequately trained to respond to a crisis situation. Staff members are trained on the implementation of an Incident Command System (ICS). We also utilize the START (Simple Triage and Rapid Treatment) system established by the Hoag Hospital and Newport Beach Fire Department for the purpose of training CCS staff on the process for handling multi-casualty events. The triage portion of START, which is the focus of our training program, allows for rapid assessment of every patient, identifying those who have immediate life-threatening injuries and assigning each patient one of four categories so when



rescuers arrive at the scene, they can very easily be directed to those patients with the best chance of surviving.

CCS staff are introduced to the Disaster Plan during initial orientation and again annually during “disaster drills.” CCS will work with the Facility Training Coordinator in planning for these drills and will involve outside responders so that plans can be put through a full test. Medical staff should be included in any facility emergency procedure drills. An example of the Simple Triage and Rapid Treatment (START) triage system is shown in the following figure:

START Triage Assess and Treat (Use Bystanders) When You Have a Color STOP – TAG – MOVE ON			
Move Walking Wounded			
No Respirations after Head Tilt			
BREATHING but Unconscious			
M I N O R	D E C E A S E D	I M M E D I A T E	RESPIRATIONS > 30
			PERFUSION Capillary Refill > 2 or No Radial Pulse Control Bleeding
			Mental Status Unable to Follow Simple Commands
			DELAYED Otherwise
			REMEMBER: Respirations – 30 Perfusion – 2 Mental Status – Can Do

Figure 12: START Triage System. The START triage system is an easy to remember rapid approach to triaging large numbers of casualties.

Additionally, CCS conducts periodic training on emergency response using established Core Competency Checklists. Core Competency is assessed at least annually dependent upon an individual’s needs or responsibilities. The CCS Emergency Response Plan is thoroughly outlined in the CCS Policies and Procedures Manual. Correctional health care personnel are trained to respond to emergencies within a four-minute response time.

4.26.3 On-Call Availability

CCS will continue to ensure that physician coverage is available through an on-call system using pager, cell phone or other appropriate communication device. CCS understands that if response



time exceeds 20 minutes, the inmate whom the call was regarding will be sent to the local emergency room or urgent care center at our expense. Nursing personnel have the autonomy to send an inmate out if deemed necessary, with a retroactive review to be performed afterward by the Medical Director and HSA.

4.26.4 Emergency Kits

CCS will continue to ensure the location and contents of emergency response kits are identified, standardized and provided throughout the facilities. CCS will remain responsible for checking the containers for security or usage; monitor dates of items included in the kits for current use, and shall train staff as to the management of the process for documentation, use and restocking.

4.26.5 Automatic External Defibrillators

CCS staff are trained and certified in AED use and documentation. CCS understands that AED devices will continue to be provided by Clark County.

4.27 Program Support Services

4.27.1 Continuous Quality Improvement

CCS has introduced proven performance monitoring techniques at the CCSO facilities, including our Continuous Quality Improvement Program (CQIP), which includes audit and medical chart review procedures to ensure compliance with contract requirements, as well as NCCHC and ACA standards. In addition to the CQIP, CCS will conduct Medical Audit Committee (MAC) meetings to evaluate the CCSO medical program.

The CCS Continuous Quality Improvement Program (CQIP) ensures that all on-site operations are run in accordance with our high expectations, as well as NCCHC and ACA standards. CCS uses established techniques like electronic CQI screens and advanced technology to make our programs even better. The CQIP is defined by written policies and defined procedures, with the goal of ensuring that systems and programs work effectively to guarantee that our patients receive quality healthcare services. The CQIP includes audit and medical chart review procedures that comply with NCCHC and ACA standards.

CCS Continuous Quality Improvement Program	
Feature	Description
CQIP Manual	The CCS CQIP is defined by written policy and defined procedures. CCS uses our CQIP to establish site-specific Quality Improvement (QI) Plans for our client facilities, including the development of the Medical Audit Committee (MAC). CQI Plans address healthcare services provided on- and off-site for quality, appropriateness, and continuity. The plans allow CCS to review and define the scope of care provided within the system. The CQIP also defines the multidisciplinary QI Committee (QIC), meeting format, and the QI review process. The committee performs QI monitoring activities, discusses the results, and implements corrective actions as indicated.



CCS Continuous Quality Improvement Program	
Feature	Description
CQIP Compliance	The CCS CQIP complies with national standards and includes audit and medical chart review procedures. A multidisciplinary committee directs CQIP activities. The site Medical Director serves as the designated CQIP chairperson. Generally, the multi-disciplinary committee meets once per quarter and consists of the Medical Director, mental health representative, dentist, HSA, DON, and appropriate County representative(s). The committee reviews significant issues and changes and provides feedback for the purpose of correcting any deficiencies or improving processes. CCS marks all CQIP activity records as CONFIDENTIAL. Discussions, data collection, meeting minutes, problem monitoring, peer review, and information collected as a result of the CQIP are not for duplication or outside review.
High-risk Items	<p>The CCS CQIP addresses many forms of risk management, including clinical and environmental risk management tools that work to identify and reduce variability, as well as reducing liability when adverse events occur. The QIC addresses the following risk management items:</p> <p>Critical Clinical Event (CCE) Reviews: The QIC monitors, reviews, and reports on the health staff's response to critical incidents. The committee uses the root cause analysis problem solving methodology to review the CCE.</p> <p>Emergency Drill Reviews: The QIC monitors, reviews, and reports on the health staff's response to emergency drills.</p> <p>Environmental Inspection Reports: CCS participates in monthly facility environmental inspections to ensure that inmates live, work, recreate, and eat in a safe and healthy environment.</p> <p>Resolution Tracking: The QIC tracks deficiencies identified during routine environmental inspections through resolution.</p> <p>Utilization Management: CCS monitors the provision of care to ensure that medically necessary healthcare services are provided in the most appropriate setting.</p> <p>Grievances: The CCS grievance process is consistent with national standards and internal client policies. The QIC reviews and categorizes grievances to identify potential issues and determine if patterns exist or develop. Patient satisfaction surveys are completed on topics relevant to the inmate population.</p> <p>Pharmacy: CCS ensures quality pharmacy programming through regularly scheduled on-site inspections performed by a consulting State-licensed pharmacist. We document inspection reports and maintain them on file, and the consulting pharmacist reports a summary of these discussions and actions to the QIC.</p> <p>Pharmacy Reports: CCS uses pharmacy reports to identify outliers and trends, then evaluates and addresses all outliers. The Chief Medical Officer reviews pharmacy utilization data on a regular basis.</p>



Scope of CQIP

CCS will use our CQIP to establish a site-specific quality assurance plan for the CCSO, based on the scope of care provided. Within 90 days of contract implementation, CCS will develop written, site-specific plans that will define the QI review process and meeting format. CCS will coordinate with the CCSO to integrate our program with any quality assurance initiatives currently in place. We will be responsible for monitoring relevant areas for quality improvement, including accreditations, credentialing, environmental inspections, emergency drills, nursing, intake, medication management, special housing, and ancillary services.

Routine CQI studies examine areas where overlap or hand-off occurs, as well as other problem-prone, high frequency/volume, and risk management processes, including but not limited to: Informed Consent, Receiving Screenings, Screening and Evaluation at Health Assessment, Special Needs, Segregation, Treatment Planning, Suicide Risk Reduction, Medication Administration, Initiating Medication at Intake, as well as processes exclusive to the client facility. Each site will complete monthly CQI screens as outlined in the CCS CQI Calendar, plus at least one ad hoc screen per quarter to evaluate a site-specific issue presenting challenges. Examples of ad hoc screens include:

- Health Trained Correctional Officers Performing Intakes
- Missed Medication (investigative study)
- TB Screening
- Health Assessment – Periodic
- Grievances
- Communication with Custody
- Initiating Essential Medications – Return from Hospital
- Prenatal and Postpartum Care – HEDIS and Outcome Study

Please see the following sample CQI Calendar, with monthly CQI screens broken out by responsible party.

Sample CQI Calendar 2015			
Month	Nursing	Site Medical Director	Mental Health
Jan.	Continuity of Care—Chronic Disease Seizure Disorders Initiating Essential Meds—Intake Copy of Narcotics Logs for 1/1/15	Physician Chart Review	
Feb.	Alcohol Withdrawal Return from Hospital Asthma		Suicide Risk Reduction
March	Health Record Documentation Dietary Services		MH Return from Hospital— HEDIS
April	Medication Administration Controlled Substance Monitoring	Physician Chart Review	Psychiatric Services



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Sample CQI Calendar 2015			
Month	Nursing	Site Medical Director	Mental Health
May	Dental Care Infection Control Monitoring--Annual Checklist	HIV	
June	Nursing Documentation Sick Call		MH Special Needs & Treatment Planning
July	Initiating Essential Meds--Intake Return from Off-site Appointments	Physician Chart Review	
Aug.	Refusal of Services Alcohol Withdrawal Intra-System Transfer (Prison Only)	Infirmiry Care	Segregation
Sept.	Diabetes Diabetes--HEDIS		Discharge Planning
Oct.	Receiving Screen & Med Verification Controlled Substance Monitoring	Physician Chart Review	Suicide Risk Reduction
Nov.	Hypertension Hypertension--HEDIS Health Assessments--Initial & Problem List	Treatment Planning	
Dec.	Annual Review of CQI Program Ancillary Services		

Quality Improvement Committee

The CCS Continuous Quality Improvement Program (CQIP) will define the multidisciplinary Quality Improvement Committee (QIC), which will direct quality improvement activities. The QIC will perform monitoring activities, discuss the results, and implement corrective actions as indicated. The QIC will be led by the CCS Medical Director, and will include the site's designated mental health representative, dentist, HSA, and appropriate CCSO representative(s). Generally, the QIC will meet quarterly to review significant issues and changes and provide feedback for the purpose of improving processes or correcting any deficiencies.

The CQI team from the CCS Home Office, led by CQI Director Dawn Ducote, will conduct monthly conference calls with the sites and will ensure that an annual process and outcome study is conducted at each site. Please see the following sample CQI Conference Call topics for 2015.

CQI Conference Call Topics 2015	
Session	Topic
January	Annual Update and CQI Plan
February	New CQI Calendar
March	Process and Outcome Studies
April	Improvement Plans
May	CQI Committee and Legal Issues with CQI
June	Peer Review
July	Grievances
August	Mortality Review



CQI Conference Call Topics 2015	
Session	Topic
September	HEDIS
October	Medication Errors
November	Critical Clinical Events
December	Annual Review of the CQI Program

4.27.2 Medical Audit Committee

CCS has a Medical Audit Committee (MAC) that oversees all healthcare functions. We will conduct quarterly MAC meetings on a scheduled basis with distributed agendas. The purpose of the MAC meetings is to evaluate the healthcare program, ensuring that high-quality medical, dental, and mental health services are available to the entire inmate population. Discussions will include monthly health services statistics by category of care, current status of the healthcare program, costs of services, coordination between security and health services, and identified issues and program needs. The MAC will also review and categorize grievances to identify potential issues and to determine whether patterns exist or develop.

CCS will conduct MAC meetings in coordination with CCSO administration to discuss medical care services. Meeting minutes will be documented, distributed to attendees and CCSO administration, and maintained for reference. CCS will provide the CCSO with monthly and quarterly reports regarding the clinical operation of the healthcare program, in accordance with NCCHC, ACA, and MAG standards. We will regularly confer with the CCSO regarding any issues deemed appropriate, including existing procedures and any proposed changes to procedure. The MAC will typically include:

- Health Services Administrator (HSA)
- Nursing Supervisor
- Medical Director
- Psychiatrist/Mental Health representative
- Designated CCSO representative(s)

4.27.3 Infection Control

The CCS Infection Control Program falls under the direction of the HSA, and includes at a minimum: committee meetings; concurrent surveillance of patients and staff; prevention techniques training for the Clark County Jail staff, inmates, and CCS staff; and treatment and reporting of infections in accordance with guidelines of the Centers for Disease Control (CDC) and the local Health Department.

The CCS infection control policies and procedures focus on the prevention, identification, and control of diseases. The infection control program addresses hand washing, housekeeping, decontamination, disinfection and sterilization of equipment and supplies, medical isolation, and infectious waste.

The primary functions of the infection control program include:



- Management of communicable disease surveillance and treatment
- Reporting of communicable diseases and conditions
- Collection, evaluation and reporting of epidemiological data

The CCS Infection Control program includes an infection control resource manual for on-site personnel. The Infection Control program is specifically designed to:

- Develop effective systems for identification, prevention and control of communicable diseases
- Collect data on communicable diseases in a systematic manner for forecasting health and education needs
- Ensure adequate community follow-up and coordination of care after inmates are released
- Develop and implement procedures generic to infectious diseases and specific to Tuberculosis and HIV/AIDS

CCS provides infectious/communicable disease training, testing, immunizations, including Hepatitis B vaccine and Tuberculosis screens, and any necessary counseling to our employees as a part of the initial hire and orientation process, and Tuberculosis screens annually thereafter. CCS maintains Hepatitis B vaccination and TB testing documentation in each CCS employee health record; these records will be available to the Clark County Jail at all times. CCS will also provide a Hepatitis B vaccination program and TB screening for Clark County Jail employees. All positive readings will be reported as established by policy and regulations.

CCS designs its infection control programs to ensure that a safe and healthy environment is created and maintained for the inmates, staff and visitors in the correctional facility.

A. A typical infection control program includes:

- Universal and Standard Precautions
- Transmission Based Precautions
- Environmental Health and Safety
- Regulated Waste
- Inmate Care
- Employee Training
- Reportable Diseases
- Tuberculosis Control
- Blood-borne Pathogens Control Plan
- MRSA- cultures and containment
- HIV diagnosis and treatment
- Sexually Transmitted Disease screening
- Controlling Ectoparasites and Pediculosis
- Quality Improvement Monitoring



B. Infection Control Coordinator – The CCS Staffing Plan includes a healthcare professional to be the designated “Infection Control Coordinator.” The Infection Control Coordinator is responsible for monitoring and maintaining the effectiveness of the Infection Control Program and interacting with the local health department when indicated.

C. Infection Control Committee – The purpose of any infection control program is to provide a safe and healthy environment for employees to work and for inmates to live, recreate and obtain healthcare services. The committee will be tasked with establishing and monitoring environmental and clinical processes as well as the effectiveness of activities related to surveillance, prevention and treatment of communicable and infectious diseases.

The CCS Medical Director chairs the Infection Control Committee. Other members of the Infection Control Committee include:

- Health Service Administrator
- Infection Control Coordinator
- Dentist
- Facility representative
- Other health service staff as deemed appropriate

Meetings: Committee members discuss infection control issues at regularly scheduled meetings at least quarterly and maintain meeting minutes, data collection and other written materials related to infection control on file. CCS considers infection control materials confidential.

D. Program Components

1. Surveillance

- a) Receiving Screening
- b) Health Assessment
- c) Periodic Health Assessments
- d) Sick Call and Referrals
- e) Contact Investigation
- f) Environmental Health and Safety Inspections

2. Identification

Appropriate medical staff evaluates any inmate suspected of having a communicable disease. CCS staff isolates inmates suspected of having dangerous communicable diseases until disease confirmation and the period of communicability is determined.

3. Treatment

- a) CCS provides care consistent with evidence-based medicine and usual care practices. CCS collaborates with local Public Health Departments when appropriate treatment planning so necessitates.
- b) CCS enters complete documentation of the signs, symptoms, diagnostic results, treatment and outcome of care provided to inmates who are suspected or confirmed of having a dangerous communicable disease.



4. Communication

- a) Notification of the Public Health Department of all reportable diseases and conditions. This is done by completing appropriate forms, and if necessary, contacting the Public Health Department directly for those situations of multiple spread occurrences.
- b) The HSA and the Medical Director are kept informed of any incidence of serious communicable disease.
- c) The Facility Director or designee is apprised of any situation that places inmates, correctional officers, or any other staff members at risk.

5. Continuous Quality Improvement

The CCS Continuous Quality Improvement Committee monitors infection control issues and evaluates infection control processes to ensure effectiveness. The committee collects monthly statistics for surveillance activities, disease identification, and cases treated.

6. Training

CCS provides education related to the components of the infection control program and manual.

7. Data Collection & Reporting

CCS provides guidelines for the systematic collection of data, which assist in the identification of problems, epidemics, or clusters of nosocomial infections.

4.27.4 Detainee Grievances/Complaints

CCS recognizes that our first responsibility is to our patients, to allow them access to care and treatment sufficient to meet their medical needs. We expect our staff to operate efficiently and to respect those needs. Our excellent litigation history and our record of reduced grievances are indicative of the exemplary care CCS team members provide.

The CCS grievance process is consistent with national and state standards and Clark County Jail internal policies. CCS informs all inmates of the grievance procedures during intake. CCS responds to inmate grievances, complaints, and inquiries in a formal manner as soon as is practical. CCS typically responds within three (3) business days of receipt of each grievance. CCS defines urgent grievances as those complaints that involve an immediate need on the part of the inmate for healthcare services. The CCS Medical Director or an authorized designee resolves urgent grievances.

CCS has established a mechanism to report on the volume of grievances received, the nature of the grievances, the resolution status and corresponding time frames, and whether or not the grievance is substantiated. CCS maintains a daily log of all grievances. CCS logs the name of the person filing the grievance and the date and nature of the complaint. If the grievance process substantiates a grievance, the HSA, Rhonda Hansen-Boyle, or her designee develops and implements a corrective action plan for that grievance.

CCS categorizes complaints and grievances and reports specifics as a part of the medical services monthly statistical report. CCS submits the monthly report identifying inmate grievances to the Clark County Jail. This report contains a description of the grievance or complaint, an



explanation of the circumstances surrounding the grievance, and all actions taken to investigate and resolve the grievance. CCS resolves concerns and grievances in collaboration with the HSA and mental health services, dental, pharmacy, or other appropriate service providers.

The CCS training program includes grievance resolution. CCS trains medical personnel to address an inmate's concern at the point of contact prior to the inmate initiating a written grievance. The HSA or appropriate designee works with Clark County Jail personnel in the investigation, follow-up, and resolution of complaints in accordance with Clark County Jail policies. When necessary, CCS conducts a face-to-face interview with the inmate. Our CCS QI/MAC Committee reviews and categorizes grievances to identify potential issues and determine if patterns exist or develop.

4.27.5 Detainee Litigation

CCS will continue to immediately notify the Sheriff or his/her designee, when the company is served with potential or actual process regarding detainee litigation. CCS will also continue to cooperate with County Officials in any legal matters relating to correctional health care involving Clark County as a named party.

4.27.6 Policy and Procedure

CCS will continue to operate under the guidance of the Policies and Procedures currently in place and customized to meet the specific program requirements of CCSO. We will review and revise the current Policies and Procedures as needed to ensure standardization of operations, subject to approval by the Jail administration. The CCS Policies and Procedures manual meets or exceeds NCCHC, ACA, and State of Washington standards. CCS reviews and revises the manual to coincide with changes that the Jail makes to its policies. Also, CCS will review the policies and procedures manual at least annually, even if there have been no changes to the CCSO's policies and procedures. Any newly-developed policies and procedures will follow the same review and documentation process and will be provided to the CCSO for review prior to being implemented.

4.27.7 Utilization Review

The CCS Care Management Program uses evidence-based guidelines to determine medical necessity as part of our approval process. The CCS Care Management Program is clinically overseen by Medical Director of Care Management, Tammy Kastre, MD, and is operationally managed by Vice President of Care Management. Dr. Kastre and the Care Management team will work together with the Regional Medical Director and on-site medical personnel to ensure that residents receive medically necessary healthcare services in the most appropriate healthcare setting.

CCS uses our web-based Care Management system at the CCSO facilities to create more clinical control and cost efficiencies for off-site care. This powerful system allows CCS and the County to track off-site care, ensure timely return from off-site visits, and provide reports to assist with cost containment and budget preparation. ***The CCSO will be given login information for the Care Management system in order to access management information and monitor off-site scheduling and inpatient status.*** The Care Management system will function alongside the jail management system (JMS) to ensure accurate reports for CCSO administration. With our robust



Care Management system, CCS can offer the CCSO a level of automation and accuracy in reporting that *none* of our competitors can match.

CCS Care Management Program	
Feature	Description
Prospective Review (Prior Authorization)	CCS requires prior review and authorization of all non-urgent or non-emergent care of our patients. CCS clinicians follow NCCHC standards and correctional guidelines to review and approve services. The CCS Medical Director will initiate a second review if standards are not clearly met. Alternative treatment is only at the discretion and direction of a physician.
Concurrent Review	CCS will assign a Regional Care Manager to manage all off-site inpatient care on a daily basis through daily contact with the hospital. The CCS Care Management team is notified of inpatient admissions at the time of admission. CCS Regional Care Managers and Regional Medical Directors follow NCCHC standards, Interqual criteria, and correctional guidelines to review inpatient services daily. The CCS Medical Director of Care Management holds clinical rounds via telephone twice weekly to ensure inpatient stays are appropriate and meet national guidelines (Interqual Criteria) for continued inpatient stay. The CCS Medical Director, Regional Medical Director, and Regional Care Manager attend the clinical rounds discussion. As a result of this multidisciplinary approach, inpatients are well-managed and appropriate transitions of care are completed with improved accuracy.
Retrospective Review	The Care Management department and site leadership retrospectively review emergency care. CCS uses a retrospective review process to determine appropriateness of care post-delivery and perform focused reviews. Additionally, CCS will perform focused reviews at the request of the provider.
Discharge Planning	CCS manages a robust discharge planning process, which begins at inpatient admission. The CCS Regional Care Manager works collaboratively with site clinical staff and hospital staff to ensure appropriate transitions of care. This partnership helps CCS to ensure that excellent care is continued from discharge through return to the facility.
Chronic Care Management	CCS enrolls chronic care patients in specialized on-site programs designed to ensure the healthiest outcome for individual patients based on their health status. CCS holds chronic care clinics on-site to increase efficiency and reduce costs associated with transporting patients off-site.



CCS Care Management Program	
Feature	Description
Emergency Services	CCS does not require prior authorization for emergent services. Medical personnel may make emergency off-site referrals based on established guidelines and their professional interpretation of a patient's need. Off-site medical services exceeding the scope of the initial emergent episode are not covered. Unrelated, non-emergent diagnostic services or treatment initiated in conjunction with an emergent event requires prior authorization.
Third-party Payment	The CCS Care Management system includes information on payment responsibility for patient treatment costs. If a patient has third-party insurance or other payment options available, CCS will notify the off-site provider of the appropriate agency to invoice. This will be increasingly important as the full impact of the Affordable Care Act is realized.

Following is a summary of the CCS Care Management process:

- When an on-site provider determines that a patient may need community-based services, the provider uses the Care Management system to document and communicate the Consultation Request.
- On a daily basis, our Corporate and/or Regional Medical Director will access the Care Management system to review requests and take one of the following actions:
 - Authorize a specific diagnostic or therapeutic modality
 - Recommend an alternative treatment plan
 - Request additional information
- If it is determined that the requested service is medically necessary, the request is approved and an authorization number is established in the Care Management system, which automatically sends the authorization number to the site and to Administrative Solutions, if so desired.
- Once the site receives an authorization number, an appointment can be scheduled within the system. Authorization numbers are only valid for a specific time period. CCS will communicate service approval to the community provider and to Administrative Solutions to ensure that the CCSO is only billed for the approved services.
- If a patient is released from custody prior to a scheduled appointment, CCS will notify the community provider that the CCSO is no longer financially responsible, and CCS will remove the pending appointment from the system.
- The CCS Medical Director will review and address discharge summaries and medical recommendations that the community provider makes.

A Valuable Utilization Management Tool for Clients

CCS provides our clients with complete access to the easy-to-use Care Management system, including real-time utilization reporting. CCS is fully transparent in our Care Management process, assuring our clients that only necessary off-site trips are being made.



Utilization Review Process

CCS uses an established review process to ensure that off-site referrals are medical necessary. We will coordinate, validate, and track off-site care through the Care Management system, which generates reports that allow us to analyze the utilization of off-site services on behalf of our clients. CCS uses this data to assess the need for additional on-site and off-site services, as well as the potential impact that systems such as telemedicine may have. We will continuously evaluate both the number of cases as well as the costs associated with transporting inmates in determining which clinics are held on-site. Constant evaluation of specialty services will ensure the most cost-effective solution for clinics.

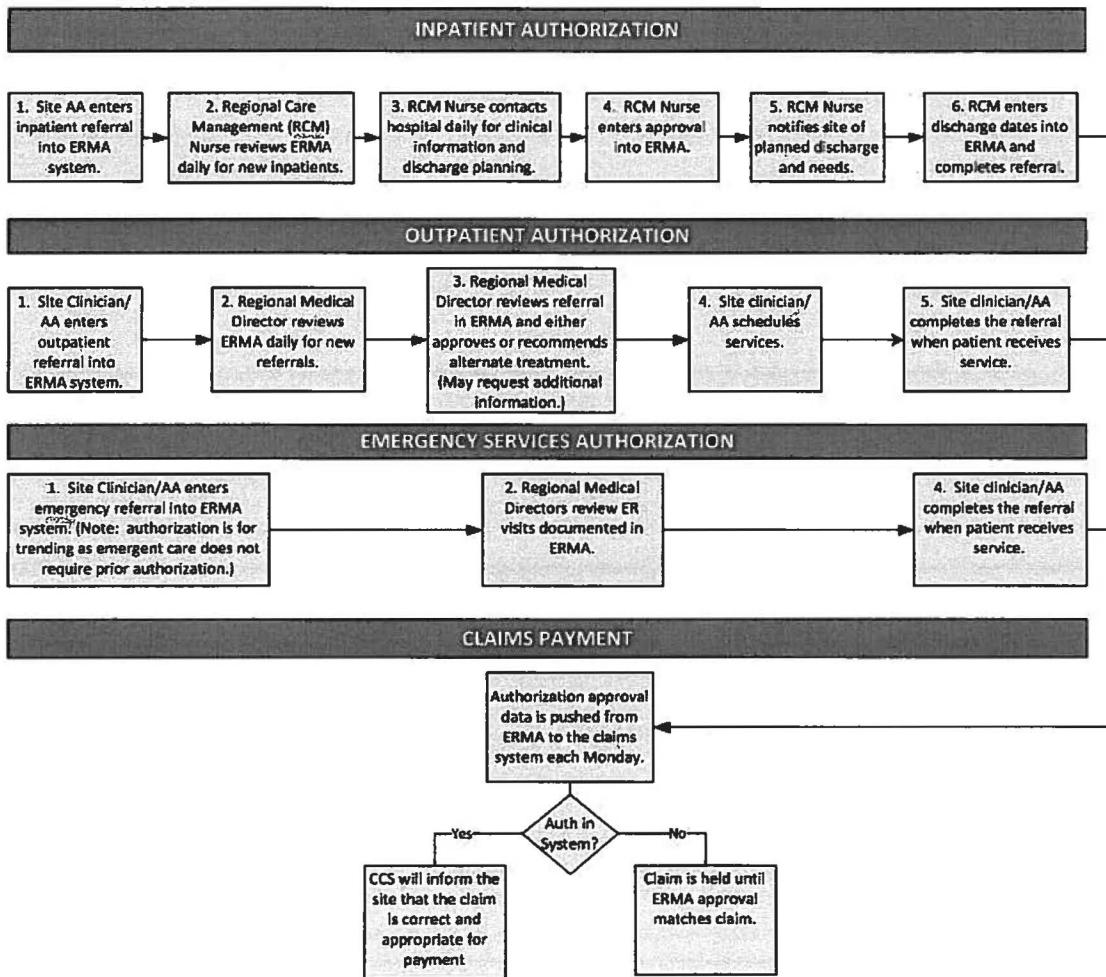


Figure 13: The CCS Review Process.

Utilization Statistics

The CCS Care Management system is capable of producing reports containing detailed data for purposes of cost analysis and cost containment. These reports include information related to all medical, dental, and mental health services, including laboratory, radiology, and other ancillary services; specialty services; pharmaceuticals; and medical supplies. CCS will analyze utilization



statistics and continuously evaluate the potential benefits of establishing on-site clinics. Services brought on-site would typically result in cost savings for the CCSO as a result of clinic (rather than per patient) rates and decreased officer transportation expenditures. Please see the following sample Utilization Management report generated in the CCS Care Management system.

Site Name	Site Department	Name (format:Type)	Period Number	DOB	Auth Code	Req Inset Date	Outstay Date	Admit Date	Days From Outstay	Dischg Date	Hosp Ref Name	Diagnosis	Total IP Days	IP Days Range
Baltimore County Detention Center	Baltimore County Detention Cen		425980	4/9/1943	1853436	9/29/2014	7/1/2014	9/28/2014	88		St Joseph Medical Center	Presenting Problem: V70.9:Sexual Abuse; Medical Exam Not Otherwise Specified	8	2
Baltimore County Detention Center	Baltimore County Detention Cen		418429	10/18/1983	1970893	10/1/2014	10/1/2014	10/9/2014	2		GI/MC	Presenting Problem: R43.8:Epiphyseal Injury Not Otherwise Specified	3	2
Baltimore County Detention Center	Baltimore County Detention Cen		427028	9/28/1992	1853426	9/29/2014	8/12/2014	9/29/2014	48		St Joseph	Presenting Problem: V00.9:Sexual Abuse; Medical Exam Not Otherwise Specified	7	2
Cape May Correctional Center	Cape May Correctional Center		44387	3/10/1928	1836381	3/13/2014	3/23/2014	3/4/2014	76		Anona Psychiatric Hospital	Presenting Problem: V11.9:Personal History of Mental Disorder Not Otherwise Specified	81	2
City of Virginia Beach Correctional Center	City of Virginia Beach Correction		14-012843	3/22/1967	1975127	10/6/2014	10/3/2014	10/6/2014	5		Stennis Princess Anne	Presenting Problem: 483.9:Asymptomatic Not Otherwise Specified	0	1
City of Virginia Beach Correctional Center	City of Virginia Beach Correction		13-030833	9/18/1962	1967286	10/2/2014	11/28/2013	10/2/2014	333		Stennis Princess Anne	Presenting Problem: Z50.9:Chronic Medication Unspecified Complication	6	2
Clayton County, GA	Clayton County, GA		1300730	8/2/1973	1803333	8/3/2014	8/1/2014	8/1/2014	0		Co Lumbia Care Center	S/P/B:SNV to the head	89	2
Division County Jail	Other-DCSO		233890	9/18/1989	1839328	9/30/2014	9/26/2014	9/28/2014	3		WGH	Presenting Problem: 282.0:Drug Withdrawal	7	2
Division County Jail	Other-DCSO		314693	3/5/1996	1962897	10/1/2014	9/20/2014	9/30/2014	10		WGH	Presenting Problem: 282.6:Alcohol-Induced Anxiety	8	2
Division County Jail	Other-DCSO		297249	10/6/1990	1963328	10/1/2014	9/29/2014	9/29/2014	0		WGH	Presenting Problem: 251.1:Hypospadias Not Elsewhere Classified	7	2
DeWitt County	DeWitt County Jail		30182038	7/21/1978	1859642	9/30/2014	8/4/2014	9/18/2014	14		GRADY	Presenting Problem: 136.3:Malingered Negation of Guilt/Innocence and Insipid/Inappropriate	18	2

Figure 14: Sample Utilization Management Report – Care Management System.

CCS has had marked success in reducing off-site medical and security costs for our clients by ensuring the provision of cost-effective, medically necessary healthcare services to our contracted populations. The Care Management system is a powerful tool for tracking, analyzing, and trending data through visual dashboards. Care Management Dashboards will allow the County to compare historical data as well as to analyze, trend, and compare data. Operational and outcome trending can be provided on:

- Admits per 100/1000
- Admits by diagnosis
- Re-admission rates
- ER visits per 100/1000
- ER visits by diagnosis
- ER conversion rates



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- Infection rates
- Non-formulary utilization trends
- Non-formulary lab trends
- Prior authorization turnaround times
- Prior authorization outcome rates
- Standard vs. expedited authorization requests

CM Details
Year Month Date Calendar - February 2014
Org Region VP Name =

Org Region VP													
ADP	14,249	-	2,237	6,873	-	1,650	5,907	-	15,907	10,812	14,488	72,123	
ER Visits YTD	218	0	23.5	32.5	2.5	29.5	84	6	55.5	301	181	933.5	
ER Benchmark	209.17	0	21.83	43.83	5.67	34.58	89.58	4.67	62	326.5	139.75	867	
ER Visits	208	0	14	23	5	39	63	7	49	311	152	871	
Variance	-1.17	0	-7.83	-20.83	-0.67	4.42	-26.58	2.33	13	-15.5	18.25	4	
ERConvert Ratio YTD	24.38%	0.00%	19.26%	37.42%	40.00%	16.35%	10.79%	14.29%	38.31%	12.81%	24.46%	20.37%	
ERConvert Ratio Benchmark	35.00%	35.00%	35.00%	35.00%	35.00%	35.00%	35.00%	35.00%	35.00%	35.00%	35.00%	35.00%	
ERConvert Ratio	25.96%	0.00%	14.29%	39.13%	80.00%	7.69%	11.11%	28.57%	34.69%	12.72%	23.68%	19.75%	
Variance	-25.82%	-100.00%	-59.18%	11.80%	128.57%	-78.02%	-68.25%	-18.37%	-0.87%	-65.09%	-32.33%	-43.58%	
Admits YTD	59	0	7	16	2.5	6	9.5	1	31.5	41.5	56	230	
Admits Benchmark	64.58	0	5.92	20.67	3.33	8.08	16.33	1	32	53.67	46.17	219.17	
Admits	61	0	3	15	4	6	8	2	31	42	44	216	
Variance	-3.58	0	-2.92	-5.67	0.67	-2.08	-8.33	1	-1	-11.67	-2.17	-3.17	
Readmit 7 Day YTD	24.5	0	0	4	0	1	3.5	0.5	21.5	19.5	19.5	75	
Readmit 7 Day Benchmark	28.67	0	0.33	4.58	1	2	6.25	0.67	1	33.67	15.92	91.92	
Readmit 7 Day	19	0	0	5	0	1	3	1	0	23	11	63	
Variance	-9.67	0	0.33	0.42	-1	-1	-3.25	0.33	-1	-10.67	-4.92	-28.92	
IP Days YTD	430	0	93.5	91.5	8.5	17.5	53	5.5	162.5	229.5	597.5	1,689.00	
IP Days Benchmark	420.42	0	36.75	100.92	13.33	40.5	67.58	2.93	166	251.75	498.42	1,434.00	
IP Days	394	0	72	84	12	11	42	11	159	203	533	1,521	
Variance	-26.42	0	35.25	-16.92	-1.33	-29.5	-25.58	8.67	-7	-48.75	34.58	86.92	
ALOS YTD	4.11	0	4.46	2.79	4	3	3.08	2.75	3.66	3.88	3.02	3.61	
ALOS Benchmark	4	4	4	4	4	4	4	4	4	4	4	4	
ALOS	4.22	0	5.2	3.08	3	2	1.57	5.5	3.67	3.56	2.78	3.51	
Variance	0.22	-4	1.2	-0.92	-1	-2	-2.43	1.5	-0.33	-0.44	1.22	-0.49	
Outpatient YTD	477.5	0	104	192.5	7	185.5	139	0	529.5	228	430.5	2,293.50	
Outpatient Benchmark	453.75	0	97.83	234.17	13.33	198.17	139.33	0	520	222.08	327.5	1,719.50	
OP Visits	289	0	47	136	9	74	80	0	254	122	243	1,234	
OP Visits w/Procedures	29	0	23	25	0	2	6	0	33	30	43	191	
Outpatient Total Visits	461	0	102	190	9	173	135	0	539	209	424	2,242	
Variance	7.25	0	4.17	-44.17	-4.33	-25.17	-4.33	0	19	-13.08	96.5	522.5	
OP Surgery YTD	13.5	0	7.5	14	0	3.5	5	0	6	5	4.5	59	
OP Surgery Benchmark	9.75	0	7.5	13.33	0.33	3.67	5.58	0	6	4.25	7.92	52.58	
OP Surgeries	14	0	8	13	0	5	7	0	6	3	5	61	
Variance	4.25	0	0.5	-0.33	0.33	1.33	1.42	0	0	-1.25	-2.92	8.42	

Figure 15: Standard Dashboard – Care Management System.



4.27.8 Strategic Planning and Consultation

CCS intends to continue to act as a partner in the provision of a quality, sustainable, defensible system of care inside Clark County. With this objective in mind, we will be pleased at any time to work in a consultative manner with the CCSO and other members of Clark County sharing our experience and expertise with each other, so that we can best facilitate the achievement of a common goal between medical and security staff.

Other ways in which we often support our clients include:

- Provision of statistics to County Health Departments and to County Commissioners, to facilitate access to grant funds
- Research and development of Grant Requests in order to secure funds for additional staff or programming
- Provision of insight into the development and design of any facility layout changes or additions
- Operational Planning
- Emergency services for security staff and visitors to the facility
- Communication liaisons with members of the community regarding the on-site medical program

4.27.9 Credentialing

All CCS professionals working at the Clark County facilities maintain a current license to practice their discipline in the State of Washington. CCS accepts full responsibility for verifying the credentials, licenses, and qualifications of all professional staff, including contractor staff.

All healthcare practitioners (employees, subcontractors, as well as locum tenens) providing on-site service for CCS must complete the credentialing process prior to starting work. That includes physicians, dentists, optometrists, nurse practitioners, physician assistants, and Master's-level Mental Health Professionals. The credentialing process begins as soon as CCS determines we will be making an offer of employment to the candidate. The CCS Risk Management Department oversees credentialing activities.

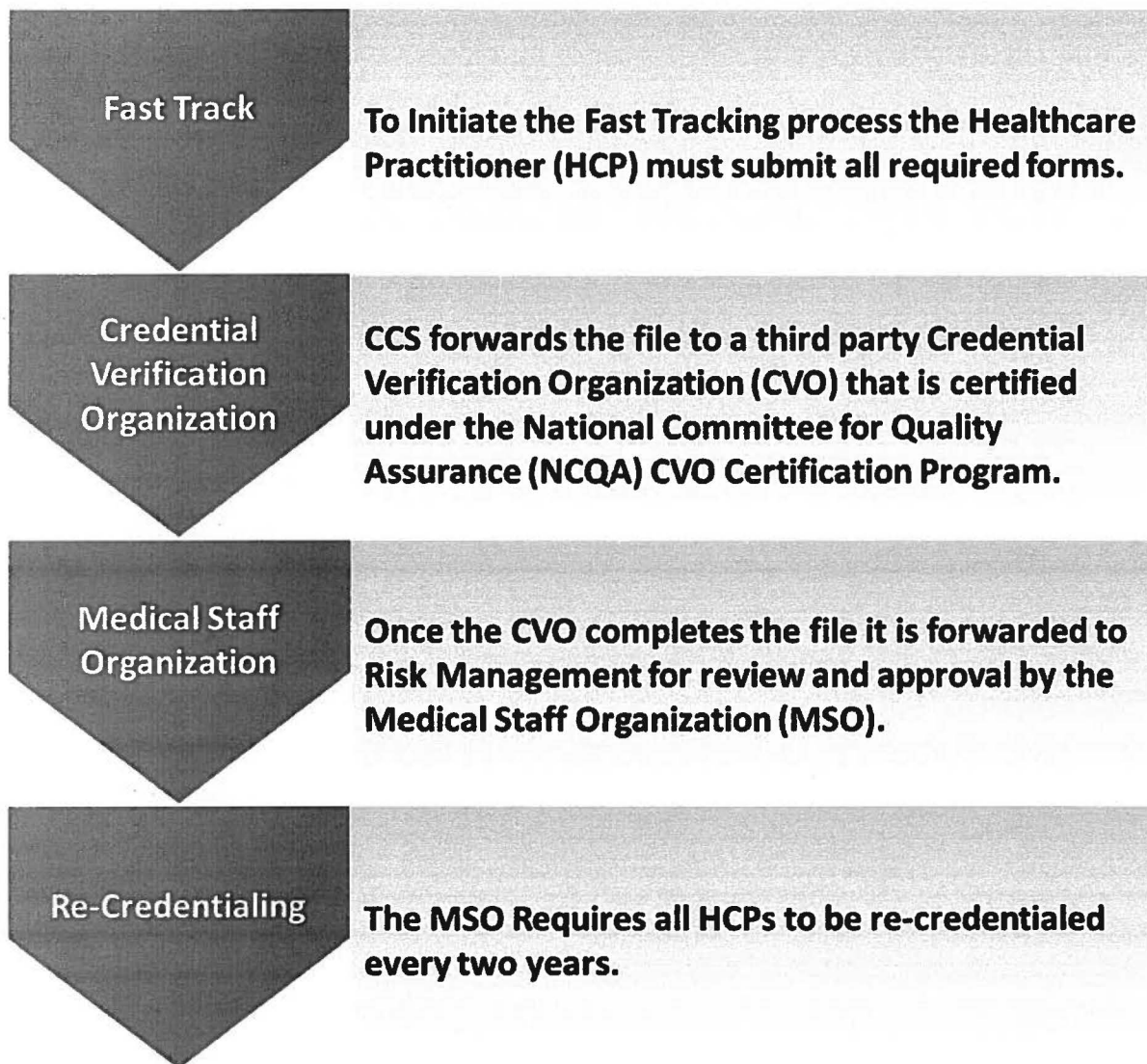


Figure 17: Components of the Licensure and Certification Process. CCS uses this process to ensure that all CCS Clinicians are properly licensed and credentialed.



**Interim Privileges
(Fast Track)**

CCS refers to the process of granting interim privileges as Fast Tracking. To initiate the Fast Tracking process the Health Care Practitioner (HCP) must submit the following:

- Completed credential application
- Copy of license (verified)
- Copy of current malpractice certificate of insurance (Subcontractors must list CCS as an additional insured if providing own coverage)
- Copy of DEA certificate
- Copy of Medical School Diploma/Graduate School Diploma
- Copy of certifications (if applicable)
- Copy of CPR certification
- Completed malpractice application

The Medical Staff Organization (MSO) then grants the HCP privileges as appropriate.

**Credential Verification
Organization (CVO)**

CCS forwards the file to a third party CVO that is certified under the NCQA Certification Verification Certification Program for the following verifications:

- Application Processing
- Education and Training
- DEA Certification
- License to Practice
- Malpractice Claims History
- Medicare/Medicaid Sanctions
- Ongoing Monitoring of Sanctions
- Medical Board Sanctions
- Work History

**Medical Staff
Organization (MSO)**

Once the file is completed by the CVO, it is forwarded to Risk Management for review and approval by the MSO.

Re-credential Process

The MSO requires all HCPs be re-credentialed every two years.



4.27.10 Risk Management and Mortality Review

CCS recognizes that there are inherent risks in correctional healthcare. Our Risk Management team focuses on mitigating those risks with a focus on patient and employee safety, continuous quality improvement, limiting litigation, compliance with regulatory requirements, maintaining proper insurance, eliminating critical clinical events, and disaster planning.

Patient and Employee Safety

Safety is an integrated element of the CCS corporate philosophy and values, and evident from the management level down to the grassroots operations at each facility.

Patient Safety Program

As a part of the Risk Mitigation Program, CCS has a comprehensive patient safety program designed to prevent Critical Clinical Events. This program is a best practice program that requires reporting of:

- All deaths (expected, unexpected, and suicides),
- Suicide attempts,
- Medication errors resulting in negative clinical outcome,
- Hospitalizations resulting from delayed care or inappropriate treatment,
- Offender on offender sexual assault,
- Hospital readmission for the same diagnosis or secondary diagnosis with a 3 day period,
- Hunger strikes that last more than 72 hours,
- Use of therapeutic restraints on a patient,
- Involuntary administration of psychotropic medication, and
- Any significant variance from expected clinical norms at the facility.

CCS requests a root cause analysis of the event if deemed necessary by a multi-disciplinary committee within CCS. These reviews are confidential and hold attorney client privilege, but result in corrective action plans that are working documents at the site, and available for review and input from the Sheriff's Office.

CCS is committed to ensuring that our client populations live, work, recreate, and eat in a safe and healthy environment. We will coordinate with the CCSO to conduct monthly safety and sanitation inspections of food service, housing, and work areas. CCS will make appropriate recommendations for corrections on discrepancies or citations noted. Copies of all inspection reports will be provided to the CCSO.

Employee Injury and Illness Prevention Program

As part of our CCS ongoing commitment to our employees' well-being, we established an Injury and Illness Prevention Program to instill and nurture a culture of safety consciousness, sustain our high level of safety at our all of our client facilities, and to ultimately help ensure the safest possible workplace for our employees, patients and clients.



The Injury and Illness Prevention Program consists of the following elements:

- Responsibility
- Compliance
- Communications
- Hazard Assessment
- Accident/Exposure Investigation
- Hazard Correction
- Training and Instruction
- Recordkeeping

All employees currently receive comprehensive safety, health, and environmental training in accordance with our orientation and continuing education. Safety is integral to all functional area training programs to ensure employee awareness of safe work procedures, thereby helping to promote their personal safety and wellbeing.

Security is an essential part of risk management in the correctional environment. All new employees and subcontractors receive security training.

Throughout the contract, CCS will continue to evaluate performance and assess training requirements to ensure our program remains responsive to changing regulatory and operational requirements, as well as to trends in the provision of care.

Continuous Quality Improvement

It is the position of CCS that Continuous Quality Improvement (CQI) is a fundamental activity in healthcare, and risk mitigation is an integral component of continuous quality improvement. As quality improves, risks are automatically decreased. For more information about the CCS Continuous Quality Improvement Program, please see **Section 4.27.1** of this document.

Minimizing Litigation

CCS maintains arguably the strongest and most successful litigation history in our industry. We feel this is directly reflective of not only the high standard of care we provide, but also the emphasis CCS places upon quality and effective risk management. Utilizing a collaborative and cross-functional team approach, CCS proactively identifies areas of risk before they develop into serious problems, then works to eliminate and mitigate those risks. This, coupled with a stringent quality assurance and patient safety program, enables CCS and its partner clients to avoid negative outcomes and costly litigation. We view this as a major differentiator between CCS and other companies that sets us apart in our industry.

Clinical Pathways

We credit much of our success to our strong operational programs and policies but also to our clinical pathways, which our nurses have used in evaluating patients since late 2005, and which are reviewed regularly by our Clinical Team and Nursing Services Department. These pathways work as "decision trees" and help minimize the potential of human error and provide consistency of treatments and diagnoses.

Monthly Litigation Reports

CCS will continue to provide a monthly litigation report related to any cases regarding a known lawsuit. This report will consist of a spreadsheet which will include Case Name, Date Filed,



Court and Case Number, Defendants, Summary of Allegations, Procedural Status (updates) and Plaintiff Attorney.

Regulatory Compliance

Occupational Safety and Health

CCS has comprehensive safety education program that meets all requirements of the Occupational Safety and Health Administration (OSHA), the American Correctional Association (ACA), the American Medical Association (AMA), the NCCCHC, the Prison Rape Elimination Act (PREA), Immigration and Customs Enforcement (ICE), and other national standards of care.

All CCS employees receive comprehensive safety, health, and environmental training in accordance with our orientation and continuing education programs. Safety is integral to all functional area training programs to ensure employee awareness of safe work procedures, thereby helping to promote their personal safety and wellbeing. Security is an essential part of risk management in the correctional environment; therefore, all new employees and subcontractors also receive training specific to safety and security in a correctional setting.

Safety is an integrated element of the CCS corporate philosophy and values, evident from the management level down to the grassroots operations at each facility. Ms. Hansen-Boyle, the CCS Health Services Administrator will work with the appointed CCS Site Safety Officer (SSO). The designated SSO will ensure that safety/risk management training is adapted to each facility's requirements, as well as any applicable CCSO directives, regulations, and policies. Throughout the contract, CCS will evaluate performance and assess training requirements to ensure that our program is responsive to changing regulatory and operational requirements, as well as trends in the provision of care.

Prison Rape Elimination Act

CCS has an established policy for responding to allegations of sexual assault of inmates. This policy requires prompt and appropriate health intervention, in the event of a sexual assault in an effort to minimize medical and psychological trauma.

CCS ensures that victims of rape are stabilized, and then sent immediately to the Rape Crisis Center or local emergency room, and the area is treated as a crime scene. Superficial injuries are treated prior to transfer. Inmates who are victims of any form of sexual violence are treated according to PREA and CCSO policy.

CCS takes our responsibility in preventing and reporting sexual assault and rape in correctional environments very seriously. CCS requires all of our employees to receive training on PREA and Sexual Harassment in the workplace. This training introduces CCS staff to PREA, its purpose, and its requirements. The training explains issues surrounding prison sexual assault, and the importance of reporting. It also helps CCS staff understand the level of involvement from other government agencies.

CCS tracks and reports medical services provided to inmates that are the result of an assault or other inmates' action, including sexual assaults. In addition, all inmates are screened for a history



of sexual abuse-victimization or sexually predatory behavior during reception screening. The CCS policy concerning PREA covers the following areas:

Reporting

- This Policy and Procedure directs employees, regardless of title, to have a duty to report any sexual contact, sexual abuse, sexual threat or staff voyeurism, or information regarding inappropriate relationships between an employee and an inmate. Such duty to report will include any allegations, knowledge or reasonable belief regarding such conduct.
 - Allegations are to be reported regardless of whether supported by medical evidence.
 - Any employee who fails to report such information may be subject to disciplinary action.
 - An employee who receives an allegation or information that an inmate is the victim of an incident of sexual assault, sexual threats or staff voyeurism must be aware of the sensitive nature of the situation. The inmate must be treated with due consideration for the effects of sexual abuse.
 - No reprisal of any kind will be taken against an inmate or employee for good faith reporting of such an incident.
-



Intervention

- Whenever an employee knows or suspects, or receives an allegation from any source regarding inmate sexual assault, the employee will immediately notify the CCSO designee.
- An Incident Report Form is completed and pertinent information is obtained, noting who, what, where, when and how, name of reporting person, inmates involved (if applicable) and the sexual assault allegedly committed.
- The inmate is immediately escorted to medical for a preliminary evaluation and treatment of any visible injuries.
- This evaluation is to be done without disturbing evidence and afford as much privacy as possible.
- Victims of assault will be referred to a community facility or local emergency room for an assessment and determination whether a forensic evaluation and rape kit is required.
- No statements will be taken from inmates or employees unless otherwise directed by the Superintendent or designee.
- With signed consent, medical information may be obtained from the alleged perpetrator so that appropriate medical intervention can be initiated for the victim.

Mental Health

- After any emergency treatment is provided, health care staff will notify Mental Health staff of the event. An immediate telephone referral, including after hours, is the preferred referral format in case of an assault.
 - If after-hours Mental Health issues are handled by health care staff at the facility, the evaluating health care staff member will assess need for immediate crisis based interventions. The ARNP may be contacted for consultation if such is deemed necessary.
 - If needed, a treatment plan will be developed regarding any additional medical follow-up required.
-



Training/Orientation

- CCS employees will receive in-service training and instruction that relates to the prevention, detection, response and investigation of staff-on-inmate and inmate-on-inmate sexual abuse.
 - Training will include instructions on being alert to signs of potential situations in which sexual abuse might occur, including the fact that sexual abuse can happen anywhere, inside or outside facilities, including housing areas, holding cells, and administrative, food service or program areas.
 - Training will emphasize that practices such as leaving sliders or doors open can be prime contributing factors to a sexual incident, and the importance of staying alert.
 - Training will also include instructions on recognizing the physical, behavioral and emotional signs of sexual victimization.
 - Training will emphasize the security consequences of any inappropriate relationships with inmates, including sexual conduct.
 - Information on sexual assault is typically located in the inmate handbook.
-

Security Regulations

CCS requires that its employees, and those persons with whom the Contractor contracts for services, be subject to the same security regulations applicable to employees of the CCSO.

Background Checks

CCS realizes the critical importance of security in the correctional environment and of carefully selecting team members who have been properly vetted with background investigations and criminal history checks. As such CCS routinely conducts its own due diligence background/criminal record investigation on all new employees. CCS will continue to comply with the requirement for all health care personnel to submit to a comprehensive background check and criminal history checks and security clearance from the CCSO prior to hiring.

Substance Abuse Policy

The CCS Substance Abuse policy includes guidance for pre-employment drug testing, reasonable suspicion testing, post-accident testing, and random testing for contracts that specifically require random testing.

Pre-Employment Drug Testing

Prior to employment, all candidates for regular full-time, part-time, and PRN CCS on-site staff will be screened for illegal substances in accordance with the CCS Substance Abuse policy. CCS uses on-site testing for its Pre-employment substance abuse testing.



Reasonable Suspicion Testing

Employees and subcontractors exhibiting abnormal or unusual behavior (see the **reasons for cause** in the following subsection) and suspected of being under the influence of intoxicating substances, or misuse of drug or other substances, will be taken to a private area to be interviewed. The employee or subcontractor will be asked questions regarding poor performance and asked to explain reasons for poor performance. The employee or subcontractor will be questioned whether poor performance could be due to a 'health' condition. If it is determined that the employee or subcontractor should go for testing, the employee or subcontractor will be told of the concerns regarding performance and behavior and escorted to a CCS designated health care provider who will perform a clinical examination. The health care provider will determine and inform CCS of the medical recommendation for further testing such as blood work, a urine drug test, breathalyzer (BAT), or hair analysis.

Reasons for Cause

CCS will base any request for a medical evaluation on employee behavior that is observed to be erratic or impaired. If an employee or subcontractor is observed to be impaired as evidenced by unusual behavior such as:

- Slurred speech
- Poor coordination
- Unsteady walk
- Sleeping/nodding
- Sudden change in behavior pattern
- Tendency to become confused
- Irritability
- Abnormal fluctuations in mood and energy
- Impairment of job performance
- Poor time-keeping
- Increase in short-term sickness absence
- Deterioration in relationships with other people
- Drug Diversion/missing medications
- Client has requested a test, based on credible concerns

Post-Accident Testing

Employees and subcontractors will be required to submit to substance abuse testing immediately following all reportable work related injuries that require more than basic first aid, that occur while in the course of CCS business.

Random Testing

The CCS Substance Abuse policy provides guidance for random testing. Employees and subcontractors will be selected at random for routine substance abuse testing. CCS Corporate Human Resources will distribute the list of employees to be randomly tested and coordinate the random testing at designated locations.

Insurance

CCS ensures full compliance with all insurance obligations required for all of our contracts. This includes general and professional liability insurance, automobile insurance, and worker's compensation insurance as required.



In the event of an inmate's death, the healthcare professional on duty notifies the Medical Director, HSA and appropriate correctional personnel. The Site CQI committee reviews the death to determine the appropriateness of clinical care, ascertain whether the policies and procedures warrant corrective action, and identify trends that define future studies. In the event of suicide, homicide, accidental or suspicious death, CCS notifies the medical examiner and appropriate law enforcement officials. All mortality reviews include a representative from the CCS home office in Nashville, TN.

Mortality Review

The CCS mortality review process is as follows:

Notification	<p>The health care professional on duty at the time of death will notify the HSA and the Medical Director.</p> <p>The HSA will notify the CCS Regional Manager, send out a critical clinical event (CCE) e-mail and assist in providing information to the Clark County Jail facility administration as needed.</p>
Documentation	<p>The charge nurse on duty at the time of the inmate death will document the witnessed facts concerning the death on the progress notes.</p> <p>Documentation will include time of expiration, circumstances surrounding death, nature of death, treatment(s) rendered, persons notified of death and who notified them.</p> <p>Persons involved in the event management will complete personnel statements for the permanent record.</p>
Initiation of Death Report	<p>The HSA will initiate a Death Report, submit it to the Home Office within one (1) business day, and document it as an occurrence on CQI.</p>
Closing the Medical Record	<p>The health authority will review the inmate's medical record to assure appropriate entries have been made.</p> <p>Within 24 hours of the death, three (3) copies of the medical record will be made. The original will be sealed in an envelope and locked in a secure area. One copy will be retained on-site, and the other copy will be delivered to the CCS Chief Medical Officer. Where electronic records are used, three (3) CDs will meet this requirement.</p>



Incident Report	A CCS Incident Report will be completed and forwarded to the CCS Home Office within 24 hours. A copy will also be retained on-site.
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In Cases of Suicide	In the event of a suspected inmate suicide, the Mental Health personnel will make a report within 24 hours to the CCS Corporate Director of Mental Health Services containing the inmate's known Mental Health history, current Mental Health treatment involvement, and known circumstances surrounding the suicide.
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A qualified Mental Health professional will conduct a psychological autopsy. The psychological autopsy will be a written reconstruction of the individual's life with a focus on factors that may have contributed to the death.

4.27.11 Pharmacy and Therapeutics Committee

CCS has established a Pharmacy and Therapeutics (P&T) Committee that is responsible for monitoring pharmaceutical processes and utilization practices. The P&T Committee will continue to be responsible for managing the CCS formulary and is chaired by the CCS Medical Director. Throughout the formulary process, the P&T Committee helps balance efficacy, safety, and cost of certain medications by requiring prior approval. The P&T Committee is multidisciplinary and meets on a quarterly basis.

4.27.12 Safety and Sanitation Inspections

CCS will continue to coordinate monthly safety and sanitation inspections of the institution food service, housing and work areas with designated County personnel. CCS will also continue to make appropriate recommendations for corrections on discrepancies or citations noted.

4.27.13 Administrative Meetings and Reports

CCS will continue to coordinate with the Jail medical designee to discuss health care services, and will maintain minutes of any meetings between CCS and the medical designee. In addition to meetings with the medical designee, CCS will also continue to conduct the following meetings:

- Monthly management meetings attended by the Jail medical designee and the contract monitor.
- Weekly or bi-weekly interdisciplinary meetings to discuss inmates of high liability or high risk.
- Quarterly infection control meetings as described in **Section 4.27.3**.
- Quarterly CQI meetings as described in **Section 4.27.1**.
- Quarterly Medical Audit Committee meetings as described in **Section 4.27.2**.

CCS will also continue to participate in external reviews, inspections, and audits as requested by the CCSO.



CCS will maintain minutes and reports from all committee meetings and inspections, and will continue to forward them to the Jail medical liaison, contract file, and the independent contract monitor within ten (10) days of the item.

Reporting

Demonstrating accountability through transparent reporting is a CCS core competency. In all medical operations, but especially in the jail environment, it is essential to keep detailed accurate records that are readily available and easily accessed by medical and designated command staff.

To continually review the effectiveness of our program and to improve overall program quality and efficiencies, CCS provides more clinical and operational reports than any other company in the industry today.

The reports for the CCSO will continue to include agency and provider contact information, ancillary services, and data that reflect the previous month's activity at the CCSO facilities. Monthly and quarterly statistical reports regarding the operation of the health care program, utilization of services, grievance statistics, staffing fill rates to demonstrate compliance with the contracted staffing plan, and financial reports to aid the CCSO in future budgeting will all be provided. After determining the report package that best fits the CCSO, CCS will provide customized monthly, quarterly, and annual reports and a statistical report no later than the fifteenth calendar day of each month. A sample of several typical reports is included in **Tabbed Attachment C**.

Quarterly Statistics

CCS will provide a customized Quarterly report package that best fits the needs of the CCSO. The customized reports will reflect the previous quarter workload, with data including but not limited to:

- Inmates seen at scheduled clinics and sick call
- Inmates seen by physician
- Inmates seen by psychiatrist
- Inmates seen by dentist
- Inmates seen by physician extender(s)
- Medical specialty consultation referrals
- Off-site hospital admissions
- Inmates testing positive for TB or STDs
- Inmate injuries
- Emergency room visits
- Ambulance transports
- Intake screenings
- Health assessments
- Inmate worker physicals
- Ancillary services (e.g., lab, X-ray, and ECG)
- Grievances
- Additional statistics as requested

Utilization Tracking and Reporting

CCS will provide a comprehensive customized utilization and tracking report package that includes at a minimum the following statistics:



- Volume trends (visits by Week/Month)
- Volume by visit Type (primary and urgent Care)
- Inmate visit distribution by gender and age group
- Referrals by type (diagnostic, specialty)
- Top 10 medical services and prescribed medications

Daily Statistics

CCS will provide a daily narrative report for the previous 24 hours to the command staff and the watch commanders. The daily report will include, but is not limited to, the following data:

- Number, name, prognosis and projected length of stay for each inmate admitted to the hospital
- Transfers to off-site hospital emergency departments
- Communicable disease reporting
- Suicide attempts and disposition
- Inmate injuries or other incident reports
- Report of status of inmates in held special jail housing units for medical reasons and basis for continuation
- Pregnant females
- Any appointments

Annual Statistical Report

CCS will continue to provide an annual statistical report shall be provided at the end of each calendar year to the Jail Commander.

4.27.14 Statistical Data

CCS uses the Care Management module of our Electronic Records Management Application (ERMA) as a management information system for the process of requesting, scheduling and tracking offsite care. Through the Care Management module, CCS staff can better manage offsite care and track expenses and events related to these events.



4.27.15 Cost Containment Program

In all of the programs we design and operate, the CCS objective is to uncover all possible areas of economy without sacrificing quality. By applying our Savings through Value-Added Efficiency (SAVE) initiative, CCS is continually reviewing “best practices” at all of our sites to share success with all of our clients. Three areas of significant cost in any program are goods and services, staffing, and off-site trips for care. CCS generates efficiencies and savings through contract negotiations with providers, staffing level management, and utilization management.

As your partner, CCS negotiates contracts for goods and services that benefit the program. Our vendor contracts offer an economy of scale to generate savings that we can pass on to the Clark County Jail. Staffing costs continue to challenge operations. CCS focuses on prudent staff deployment and training/retention programs to save the client unnecessary operational expense and added cost created by turnover. With a creative and appropriate staffing mix, we can realize efficiencies in this area as well.



Our Utilization Management approach is efficient in ensuring cost-effective medically necessary health care services for our contracted offender populations. Cost efficiencies are also realized through strong communication with Nashville hospitals. For example, when there are recurring hospitalizations required for a patient, CCS works with the hospital to help coordinate getting the patient released and back to their facility in the most timely and medically responsible manner.

CCS demonstrates value through our cost saving initiatives, timely reporting, and overall improved quality of people, programs and processes. As your continued partner, CCS will continue to negotiate with providers to create a quality, cost-effective health care program that provides medically necessary health care services in the most appropriate health care setting.

CCS is confident we can work with the Clark County Jail to continue effectively containing costs for off-site services. Our passion for doing things the right way has led to phenomenal success not only in the quality of our care programs, but also in cost containment for our clients. By reviewing the specifics of each client’s offender health care needs and maximizing facility and staff capabilities, we create efficiencies and cost savings for our clients.

Expertise in Utilization Management: CCS Care Management

CCS is confident our continued partnership with Clark County will continue to appropriately manage and contain costs for off-site services. Our passion for doing things the right way has led to phenomenal success not only in the quality of our care programs, but also in cost containment for our clients. By reviewing the specifics of each client’s inmate health care needs and maximizing facility and staff capabilities, we create efficiencies and cost savings for our clients.



CCS provides robust utilization management services through our Care Management Program and we will continue to maximize all available cost savings for the Clark County Jail.

Cigna Partnership

CCS has entered into an agreement with Cigna to utilize their provider networks throughout the United States. This agreement gives CCS access to Cigna’s network of specialty providers and established hospital agreements for all of our client facilities across the country. Our relationship with Cigna also allows us to partner with their subsidiary, Allegiance Benefit Plan Management, Inc. (Allegiance), to adjudicate the medical claims for outpatient health care services to inmate patients under the Cigna Open Access Plus (OAP) Network. Allegiance will coordinate inmate eligibility with CCS and provide customer service support for claims submitted to Cigna. Cigna has an extensive network in the State of Washington, and all Washington Hospitals are included in the Cigna Network.

This program will ensure that the inmate population at the Clark County Jail has ready access to the Cigna-participating provider networks and facilities and will be treated like any other patients covered under the Cigna network. In the event the Cigna network is used for an inmate, CCS will give the network provider a letter of authorization containing the inmate’s information so the provider can submit the claim to Cigna. All claim submissions and payments will be made the same manner as any other Cigna claims, and no co-payments or co-insurance will be required for the inmate patient.

Cost Containment Success Stories

The following examples demonstrate some of our success in cost containment in Davidson and a few of our other sites. CCS has expertise in cost containment, and our team always explores ways to expand on-site services while meeting the unique needs of Davidson County. In addition, CCS has a documented history of successfully providing the services detailed in this RFP for inmate programs operated on a nationwide basis.

Cost Containment Success in Oakland County, MI

During the first contract year of our cost plus management fee contract in Oakland County, Michigan, CCS saved the county over a million dollars in total direct expenses compared to their budgeted costs. One significant area where CCS saved Oakland County money was in off-site expenses. CCS saved the county 40% of its off-site budget.

CCS Cost Containment Success in Oakland County				
Type of Expense	Budget	Actual	Variance	%Variance
All Direct Expenses	5,007,998	3,754,218	-1,253,780	-25%
Total Off-Site Expenses	1,709,842	1,025,430	-684,412	-40.0%

Figure 18: Cost Containment Success in Oakland County. CCS saved Oakland County 40% of its off-site budget.



Cost Containment Success in Macomb County, MI

During the past contract year of our cost plus management fee contract in Macomb County, Michigan, CCS saved the county over \$400,000 in total direct expenses compared to their budgeted costs.

CCS Cost Containment Success in Macomb County				
Type of Expense	Budget	Actual	Variance	%Variance
All Direct Expenses	5,258,408	4,831,807	- 426,601	- 8.1%

Figure 19: Cost Containment Success in Macomb County. CCS saved Macomb County 8% of its Direct Expenses budget during the most recent contract year.

Cost Containment Success in Monmouth County, NJ

Early in our partnership, Monmouth County, New Jersey realized a savings of \$1,140,775 with CCS as their health care partner. CCS has dramatically decreased costs and off-site utilization, while increasing care and on-site services for this multi-jurisdictional institution. The county saved over \$1 million after CCS took over. This was done by negotiating a significantly better hospital arrangement, effective utilization management, and bringing additional services on-site.

Cost Containment Success in Shelby County, TN

CCS has also demonstrated great success in containing costs in Shelby County. The following chart demonstrates our ability to control costs consistently, saving Shelby County over \$3.5 million since 2007.

CCS Cost Containment Success In Shelby County				
Fiscal year	Proposed Budget	Actual	Variance	%Variance
FY 2007	\$8,138,212	\$8,033,522	-\$104,690	-1.29%
FY 2008	\$8,847,463	\$8,015,015	-\$832,448	-9.41%
FY 2009	\$9,223,480	\$8,596,933	-\$626,547	-6.79%
FY 2010	\$9,615,478	\$9,183,980	-\$431,498	-4.49%
FY 2011	\$9,615,478	\$9,536,213	-\$79,265	-0.82%
FY 2012	\$10,057,220	\$9,199,554	-\$857,666	-8.53%
FY 2013	\$10,472,166	\$10,164,138	-\$308,028	-2.94%
FY 2014	\$11,516,885	\$11,094,765	-\$422,120	-3.67%
Total	\$77,486,382	\$73,824,120	-\$3,662,262	-4.73%

Figure 20: Cost Containment Success in Shelby County. CCS continues to successfully control costs in Shelby County.



CCS Cost Containment Success in Durham County, NC

CCS has been able to decrease and stabilize health care costs in Durham County, which include keeping the Per Inmate, Per Day (PIPD) costs below what they were paying prior to our partnership. Much of this success is attributable to our determination and creativity in increasing the level and quality of on-site services to save the County in off-site and thereby overall program costs. Six years later, despite national health care costs rising, Durham County is still spending less per inmate per day than pre-CCS.

Cost Containment Success in Will County, IL

In Will County, Illinois, CCS structured the contract to return unused dollars to the County at the end of each year. CCS operating efficiencies have resulted in the refund of budgeted dollars to Will County for each year of the contract. After year three, CCS was under the off-site Cap by \$1.4 million and refunded those dollars to Will County.

Cost Containment Success in Mecklenburg County, NC

CCS made a positive impact on County's bottom line with efficient staffing adjustments immediately following our transition. CCS saved over \$120,000 in staffing costs after our first 90 days on the contract. CCS reimbursed these savings directly to the client.

Cost Containment Success in Dane County, WI

CCS negotiated pharmaceutical acquisition costs, incorporated the CCS formulary, and improved physician-prescribing practices resulting in a savings of 50% per year on pharmaceutical costs.

Cost Containment Success in Wyandotte County, KS

CCS completed our first year in Wyandotte within \$1000 of the budgeted amount for off-site care. Since inception, we have implemented a catastrophic reinsurance program that provides the County protection for any one inmate's off-site costs that exceed \$40,000 over the course of the calendar year.

4.27.16 Medical Billing

CCS understands that all billing and billing communication for off-site care shall be delivered to the CCSO Jail Administration. The CCSO shall continue to be responsible for all off-site care, except for the following, which will continue to be the responsibility fo CCS:

- Diagnostic services
- Emergency department visits that do not result in admission
- Admissions that last less than 24 hours

4.28 Contract Transition

Accomplishing a successful implementation means looking beyond the tasks themselves, and placing experienced CCS team members "on the ground", working hand-in-hand with our staff. As your current provider, CCS has our team fully in place and will continue to be responsible for ensuring that programming follows the tenets of a new contract between the CCSO and CCS.



Our affiliate company, Conmed, has been providing health care services to Clark County since 2010. If given the opportunity to continue our partnership with the County, operations will continue as normal without any disruption in services. For all other bidders, there will be a learning curve the first few months of operations. Because CCS is the current provider of services, a new contract term would eliminate the disruption of transitioning to a new provider, thereby eliminating the inevitable challenges in the road that any new provider would experience. By continuing our well-established relationship, the Clark County Sheriff can be assured that there will be no change in the high-quality service and support that you have come to expect.

Moreover, Conmed's affiliation with CCS gives our companies an exciting opportunity to enhance the health services program while capitalizing on current successes at the Jail, Work Center, and Juvenile Detention Center. With CCS and Conmed actively serving eight clients in the State of Washington, we are prepared to integrate operations in the region and offer an increased level of support for the Clark County Medical Services program to ensure operational efficiency going forward. Our operational teams will work cooperatively with on-site staff, County-contracted providers, and CCSO administration to encourage a fully integrated program successful throughout the State of Washington. CCS will not make changes for the sake of change, nor will we accept the status quo where improvements can be made that will benefit patient care or provide cost savings for Clark County. The same personnel you have come to know, Rhonda Hansen Boyle, Melissa Songer, Dr. Gorecki, Dr. Douglas, Edward Worsman, and the rest of the on-site staff, will remain a vital part of the operations at the Clark County Jail. ***Change under any circumstance is a challenge, and in this case it is absolutely unnecessary.*** The CCSO has the right partner currently in place, and CCS looks forward to continuing our partnership in the future.

Choosing CCS guarantees a new contract transition will be seamless. However, even when it has not been the incumbent, CCS has proven its ability to start-up contracts quickly. For example, in Jefferson County, Texas, the previous provider was asked to extend their contract month-to-month when the RFP process ran behind. Despite a 10-year working relationship, the provider declined. When asked in mid-January to stay on until the end of February to ensure a smooth transition, the provider informed the Sheriff's Office they would be leaving just 12 days later. With only 12 days' lead time, CCS transitioned the Jefferson County contract and implemented an entirely different EMR and eMAR system to be functional on Day One. Our ability to rally the staff and transition services without disruption of care allowed us to reinforce why the Sheriff's Office made the correct decision in awarding the contract to CCS.

4.29 Accreditation Information

The CCS program for CCSO will continue to meet or exceed community standards of care, as well as standards established by the National Commission on Correctional Health Care (NCCHC) and American Correctional Association (ACA). CCS will ensure that the CCSO achieves and maintains full compliance with NCCHC and ACA standards.

CCS operates all of our programs at an appropriate level of care consistent with standards established by the NCCHC and ACA. Our accreditation and licensing history is well-documented: CCS has never failed to obtain nor lost accreditation status at any of our client



facilities. We have never been denied for continued accreditation, and we have never been subject to any fines or penalties from accrediting agencies. We conduct mock NCCHC surveys at each of our facilities prior to the actual on-site audit, and we discuss our findings and recommendations with the on-site staff. Additionally, our internal quality improvement programs guarantee that all CCS clients meet and maintain all NCCHC and ACA standards.

4.29.1 Unique Accreditation Perspective

CCS has strong connections to the NCCHC and ACA. Jon Bosch, who oversees compliance for CCS, is the former Director of Accreditation for the NCCHC. CCS has a unique perspective into the accreditation process due to our employees' participation in the following NCCHC activities:

- Standards development
- Standards interpretation
- Conducting on-site accreditation surveys
- Training NCCHC lead surveyors
- Hosting and conducting Certified Correctional Health Professional (CCHP) exams to encourage advancement and professional certification of our employees

CCS personnel have participated in NCCHC standards development and interpretation; on-site accreditation surveys; and training of lead surveyors. We typically send over 50 staff members to the annual NCCHC conference each year for training. CCS staff members regularly serve as presenters and educational session leaders at the conference. In 2012, CCS hosted a CCHP examination at our Home Office in Nashville, Tennessee. Our employees passed the examination with a 100% success rate. Another exam was conducted in Nashville on August 22, 2015.

CCS is also proud to include current ACA President Mary Livers (Secretary for the Louisiana Office of Juvenile Justice) and ACA Past Presidents Michael Wade (Sheriff for Henrico County, Virginia) and Daron Hall (Sheriff for Davidson County, Tennessee) among our clients.

ACA Past President Endorses CCS

"As advertised, your organization has been extremely responsive to our needs and the proactive manner in which you operate is in stark contrast to our previous provider...While I have been extremely impressed with CCS' responsiveness, I have been even more impressed with the level of excitement and enthusiasm which has been instilled in your line staff. This is refreshing! It gives me great comfort to know that your staff respects your organization and its commitment to quality."

Sheriff Daron Hall
ACA Past President
Davidson County, TN
(Transitioned from Corizon)



4.29.2 NCCHC and ACA Certification

CCS encourages our medical professionals to obtain certification through the NCCHC and ACA. Becoming a Certified Correctional Health Professional (CCHP) through the NCCHC and a Certified Correctional Nurse Manager (CCN-M) through the ACA offers immeasurable benefits and is highly regarded by management, peers, staff, and others. It is a step toward increased knowledge, greater professional recognition, and identification as a leader in the complex and ever-changing field of correctional health care. Health professionals working in correctional settings face unique challenges including working within strict security regulations, dealing with crowded facilities, and understanding the complex legal and public health considerations of providing care to incarcerated populations. Achieving professional certification ensures that our employees possess the skills needed to meet these challenges. CCS reimburses testing fees to employees who pass.

4.29.3 NCCHC Excellence

Each year, the NCCHC presents their prestigious Facility of the Year Award to one facility from the NCCHC national accreditation program. In 2012, they selected the Chittenden Regional Correctional Facility in Vermont, whose health care program has been managed by CCS since 2010. The professional delivery of health care services at the Chittenden facility was recognized in 2012 at the National Conference on Correctional Health Care in Las Vegas, Nevada.

4.29.4 Client Accreditation Status

CCS currently provides correctional healthcare services in 169 accredited facilities. *We have never failed to obtain nor lost accreditation status at any of our client sites.* The following table shows a summary of our current accreditation status. We have provided a detailed list of our accredited facilities on the following pages.

CCS Accreditations by the Numbers	
Accrediting Agency	Number of Facilities
NCCHC, ACA, and CALEA (Triple Crown)	12
NCCHC and ACA	16
NCCHC Only	47
ACA Only	94
TOTAL	169

CCS has enjoyed unparalleled success in our accreditation experience. Many CCS sites have been named 100% compliant during their accreditation surveys. Furthermore, *CCS carries the distinction of counting nearly one-third of the 38 Triple Crown sites in the country among our clients.* A total of 12 CCS sites are accredited by the NCCHC, ACA, and CALEA, making them “Triple Crown” facilities.



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CCS is proud to manage Triple Crown facilities in:

- Arapahoe County, CO
- DeKalb County, GA
- Douglas County, CO
- Jefferson County, CO
- Larimer County, CO
- Marion County, IN
- McHenry County, IL
- Monmouth County, NJ
- Pueblo County, CO
- Shelby County, TN (two Triple Crown facilities)

CCS was responsible for obtaining accreditation at 14 of our accredited facilities, 5 of which have 1,100 inmates or more. For those facilities where CCS was responsible for obtaining accreditation, the average length of time between the initial application and the first successful audit was 12 months, or less in many instances. For example, **CCS has obtained accreditation within 6 months at several sites, including the Douglas County Correctional Center in Nebraska, and Riverside Regional Jail and Western Virginia Regional Jail in the Commonwealth of Virginia.** For those sites that were initially accredited under a previous provider, CCS has maintained accreditation at every site, and has successfully participated in re-accreditation audits in accordance with the accrediting agency's audit cycle.

The following pages contain a list of all accredited CCS sites.



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Site/Facility	State	Facility Type	NCCHC	ACA	CALEA	Last Audit	Next Audit
Alexandria Adult Detention Center	VA	Jail	X	X	X	NCCHC: DEC 2012 ACA: OCT 2013	NCCHC: DEC 2015 ACA: OCT 2016
Arapahoe County Detention Facility TRIPLE CROWN ACCREDITATION	CO	Jail	X	X	X	NCCHC: SEP 2013 ACA: AUG 2013	NCCHC: SEP 2016 ACA: AUG 2016
Arizona DOC – Florence West	AZ	Prison		X		SEP 2012	SEP 2015
Arizona DOC – Phoenix West	AZ	Prison		X		AUG 2012	AUG 2015
Arizona DOC – Central Arizona Correctional Facility	AZ	Prison		X		NOV 2009	NOV 2015
Arkansas DOC – Southeast Center	AR	Prison		X		APR 2013	APR 2016
Arkansas DOC – Northeast Center	AR	Prison		X		APR 2013	APR 2016
Arkansas DOC – McPherson Unit/ Grimes Unit	AR	Prison		X		MAR 2015	MAR 2018
Arkansas DOC – Varner Unit	AR	Prison		X		OCT 2012	OCT 2015
Arkansas DOC – Delta Regional Unit	AR	Prison		X		MAR 2014	MAR 2017
Arkansas DOC – Benton Unit	AR	Prison		X			TBD
Arkansas DOC – Texarkana Regional Correctional Center	AR	Prison		X		APR 2013	APR 2016
Arkansas DOC – Central Arkansas Center	AR	Prison		X		MAY 2013	MAY 2016
Arkansas DOC – Southwest Center	AR	Prison		X		MAY 2013	MAY 2016
Arkansas DOC – North Central Unit	AR	Prison		X		MAR 2014	MAR 2017
Arkansas DOC – Ouachita River Correctional Facility	AR	Prison		X		MAY 2015	MAY 2018
Arkansas DOC – Omega Center	AR	Prison		X		OCT 2012	OCT 2015
Arkansas DOC – East Arkansas Regional Unit	AR	Prison		X		APR 2014	APR 2017
Bay Correctional Facility	FL	Prison		X		APR 2011	TBD
Bernalillo County Metropolitan Detention Center	NM	Jail	X	X		NCCHC: FEB 2015 ACA: JUN 2011	NCCHC: JAN 2018 ACA: JUN 2014
Big Spring Correctional Center	TX	Prison		X		JUN 2012	JUN 2015
Cape May County Correctional Center	NJ	Jail	X			APR 2012	TBD
Chesapeake Correctional Center	VA	Jail	X			OCT 2012	OCT 2015
Collin County Detention Center	TX	Jail	X			APR 2013	APR 2016
Collin County Minimum Security Facility	TX	Jail	X			APR 2013	APR 2016
Corrections Center of Northwest Ohio	OH	Jail		X		MAY 2014	MAY 2017
Corrections Center of Northwest Ohio – Juvenile Detention, Training, and Rehabilitation Center	OH	Juvenile		X		MAR 2013	MAR 2016
Dane County Jail	WI	Jail	X	X		MAR 2014	MAR 2017
Davidson County Sheriff's Office – Correctional Development Center Female	TN	Jail		X		MAR 2014	MAR 2017



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Davidson County Sheriff's Office – Correctional Development Center Male	TN	Jail		X		MAR 2014	MAR 2017
Davidson County Sheriff's Office – Criminal Justice Center	TN	Jail		X		MAR 2014	MAR 2017
Davidson County Sheriff's Office – Hill Detention Center	TN	Jail		X		MAR 2014	MAR 2017
DeKalb County Jail TRIPLE CROWN ACCREDITATION	GA	Jail	X	X	X	NCCHC: FEB 2015 ACA: SEP 2013	NCCHC: NOV 2017 ACA: SEP 2016
Douglas County Correctional Center	NE	Jail	X	X		NCCHC: JUN 2015 ACA: OCT 2014	NCCHC: JUN 2018 ACA: OCT 2017
Douglas County Jail TRIPLE CROWN ACCREDITATION	CO	Jail	X	X	X	NCCHC: AUG 2012 ACA: NOV 2013	NCCHC: AUG 2015 ACA: NOV 2016
Durham County Detention Facility	NC	Jail	X			JUL 2012	JUL 2015
Eagle County Detention Facility	CO	Jail	X			OCT 2012	OCT 2015
El Paso County Criminal Justice Center TRIPLE CROWN ACCREDITATION	CO	Jail	X	X	X	NCCHC: OCT 2014 ACA: AUG 2012	NCCHC: OCT 2017 ACA: AUG 2015
Elkhart County Corrections Center	IN	Jail	X			JAN 2015	JAN 2018
Federal Correctional Complex (FCC) Oklahoma City	OK	Prison		X			
Federal Correctional Complex (FCC) Pollock	LA	Prison		X			
Federal Correctional Institution (FCI) El Reno	OK	Prison		X			
Federal Correctional Institution (FCI) McDowell	WV	Prison		X			
Federal Correctional Institution (FCI) Milan	MI	Prison		X			
Federal Correctional Institution (FCI) Talladega	AL	Prison		X			
Federal Correctional Institution (FCI) Terminal Island	CA	Prison		X			
Federal Prison Camp (FPC) Montgomery	AL	Prison		X			
Metropolitan Correctional Complex (MCC) Chicago	IL	Prison		X			
Forsyth County Detention Center	NC	Jail	X			SEP 2012	SEP 2015
Frederick County Adult Detention Center	MD	Jail	X			OCT 2013	OCT 2016
Graceville Correctional Facility	FL	Prison		X		MAR 2012	TBD
Guilford County Greensboro Detention Center	NC	Jail	X				
Guilford County High Point Detention Center	NC	Jail	X				
Henrico County Regional Jail East	VA	Jail		X		APR 2012	APR 2015
Henrico County Regional Jail West	VA	Jail		X		MAY 2012	MAY 2015
Hocking Valley Community Residential Center	OH	Jail		X		OCT 2014	OCT 2017
Jefferson County Correctional Facility	TX	Jail	X			FEB 2015	FEB 2018



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Jefferson County Detention Facility TRIPLE CROWN ACCREDITATION	CO	Jail	X	X	X	NCCHC: JUN 2014 ACA: DEC 2014	NCCHC: JUN 2017 ACA: DEC 2017
Johnson County Central Booking Center	KS	Jail	X			APR 2013	JUN 2016
Johnson County New Century Adult Detention Center	KS	Jail	X			APR 2013	JUN 2016
Kentucky DOC – Kentucky State Penitentiary	KY	Prison		X		MAY 2013	MAY 2016
Kentucky DOC – Western Kentucky Correctional Complex	KY	Prison		X		MAY 2015	MAY 2018
Kentucky DOC – Green River Correctional Complex	KY	Prison		X		MAY 2015	MAY 2018
Kentucky DOC – Luther Lockett Correctional Complex	KY	Prison		X		SEP 2012	SEP 2015
Kentucky DOC – Roederer Correctional Complex	KY	Prison		X		APR 2014	APR 2017
Kentucky DOC – Kentucky State Reformatory	KY	Prison		X		SEP 2012	SEP 2015
Kentucky DOC – Kentucky Correctional Institute for Women	KY	Prison		X		JUN 2015	JUN 2018
Kentucky DOC – Northpoint Training Center	KY	Prison		X		SEP 2014	SEP 2017
Kentucky DOC – Blackburn Correctional Complex	KY	Prison		X		SEP 2014	SEP 2017
Kentucky DOC – Bell County Forestry Camp	KY	Prison		X		OCT 2013	OCT 2016
Kentucky DOC – Eastern Kentucky Correctional Complex	KY	Prison		X		JUN 2013	JUN 2016
Kentucky DOC – Little Sandy Correctional Complex	KY	Prison		X		JUN 2013	JUN 2016
Larimer County Jail TRIPLE CROWN ACCREDITATION	CO	Jail	X	X	X	NCCHC: SEP 2013 ACA: SEP 2013	NCCHC: SEP 2016 ACA: SEP 2016
Las Vegas Detention Center	NV	Jail	X			JUN 2015	JUN 2018
Lawton Correctional Facility	OK	Jail		X		JUN 2012	JUN 2015
Lexington County Detention Center	SC	Jail	X			DEC 2014	DEC 2017
Louisiana Office of Juvenile Justice – Bridge City Center for Youth	LA	Juvenile		X		DEC 2011	DEC 2015
Louisiana Office of Juvenile Justice – Swanson City Center for Youth	LA	Juvenile		X		JULY 2014	JULY 2017
Louisville Metro Community Correctional Center	KY	Jail	X	X		NCCHC: JAN 2013 ACA: OCT 2014	NCCHC: JAN 2016 ACA: OCT 2017
Louisville Metro Jail Complex	KY	Jail	X	X		NCCHC: JAN 2013 ACA: OCT 2014	NCCHC: JAN 2016 ACA: OCT 2017
Louisville Metro Youth Detention Center	KY	Juvenile		X		OCT 2014	OCT 2017



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Site/Facility	State	Facility Type	NCCHC	ACA	CALEA	Last Audit	Next Audit
Macomb County Jail	MI	Jail	X			JAN 2013	JAN 2016
Mahoning County Justice Center	OH	Jail	X			FEB 2013	FEB 2016
Maine DOC – Bolduc Correctional Center	ME	Prison		X		OCT 2012	OCT 2015
Maine DOC – Charleston Correctional Facility	ME	Prison		X		OCT 2012	OCT 2015
Maine DOC – Long Creek Youth Development Center	ME	Juvenile		X		JUN 2015	JUN 2018
Maine DOC – Maine Correctional Center	ME	Prison		X		OCT 2014	OCT 2017
Maine DOC – Maine State Prison	ME	Prison		X		OCT 2012	OCT 2015
Maine DOC – Mountain View Youth Development Center	ME	Juvenile		X		MAY 2015	MAY 2018
Marion County Jail TRIPLE CROWN ACCREDITATION	IN	Jail	X	X	X	NCCHC: OCT 2012 ACA: JUN 2011	NCCHC: OCT 2015 ACA: JUN 2016
McHenry County Jail TRIPLE CROWN ACCREDITATION	IL	Jail	X	X	X	NCCHC: MAR 2012 ACA: OCT 2013	NCCHC: TBD ACA: OCT 2016
Mecklenburg County Jail-Central	NC	Jail	X	X		NCCHC: MAR 2013 ACA: SEP 2014	NCCHC: MAR 2016 ACA: SEP 2017
Mecklenburg County Jail-North	NC	Jail	X	X		NCCHC: MAR 2013 ACA: SEP 2014	NCCHC: MAR 2016 ACA: SEP 2017
Mecklenburg County Work Release & Restitution Center	NC	Jail	X	X		NCCHC: MAR 2013 ACA: SEP 2014	NCCHC: MAR 2016 ACA: SEP 2017
Mohave County Adult Detention Facility	AZ	Jail	X			NCCHC:	NCCHC:
Monmouth County Correctional Institution TRIPLE CROWN ACCREDITATION	NJ	Jail	X	X	X	NCCHC: AUG 2012 ACA: MAY 2015	NCCHC: AUG 2015 ACA: MAY 2018
Monroe County Jail	NY	Jail	X			JUN 2015	JUN 2018
Monroe Correctional Facility	NY	Jail	X			JUN 2015	JUN 2018
Moore Haven Correctional Facility	FL	Prison		X		JAN 2009	TBD
Nebraska DOC – Tecumseh State Correctional Institution	NE	Jail		X		SEP 2012	SEPT 2015
Norfolk City Jail	VA	Jail	X			MAY 2013	MAY 2016
Northwest Community Corrections Center	OH	Jail		X		MAY 2015	MAY 2018
Oakland County Jail	MI	Jail	X			JAN 2013	JAN 2016
Ocean County Jail	NJ	Jail	X			OCT 2013	OCT 2016
Onondaga County Justice Center	NY	Jail	X			AUG 2014	AUG 2017
Onondaga County Correctional Facility	NY	Jail	X			JUL 2014	JUL 2017
Orleans Parish – Conchetta	LA	Jail	X			AUG 2012	AUG 2015
Orleans Parish – Hunt	LA	Jail	X			AUG 2012	AUG 2015



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Orleans Parish – Intake	LA	Jail	X			AUG 2012	AUG 2015
Orleans Parish – Orleans Parish Prison	LA	Jail	X			AUG 2012	AUG 2015
Orleans Parish – Templeman	LA	Jail	X			AUG 2012	AUG 2015
Orleans Parish – Temporary Detention Center	LA	Jail	X			AUG 2012	AUG 2015
Orleans Parish – Tents	LA	Jail	X			AUG 2012	AUG 2015
Ottawa County Juvenile Detention Center	MI	Juvenile		X		NOV 2012	NOV 2015
Pennsylvania DOC – Albion	PA	Prison		X		SEP 2014	SEP 2017
Pennsylvania DOC – Benner Township	PA	Prison		X		SEP 2012	SEP 2015
Pennsylvania DOC – Cambridge Springs	PA	Prison		X		SEP 2014	SEP 2017
Pennsylvania DOC – Camp Hill	PA	Prison		X		MAY 2012	OCT 2015
Pennsylvania DOC – Chester	PA	Prison		X		AUG 2014	AUG 2017
Pennsylvania DOC – Coal Township	PA	Prison		X		MAY 2013	MAY 2016
Pennsylvania DOC – Dallas	PA	Prison		X		NOV 2013	NOV 2016
Pennsylvania DOC – Fayette	PA	Prison		X		OCT 2013	OCT 2016
Pennsylvania DOC – Forest	PA	Prison		X		JUL 2012	JUL 2015
Pennsylvania DOC – Frackville	PA	Prison		X		JUN 2014	JUN 2017
Pennsylvania DOC – Graterford	PA	Prison		X		OCT 2013	OCT 2016
Pennsylvania DOC – Greene	PA	Prison		X		JUL 2014	JUL 2017
Pennsylvania DOC – Houtzdale	PA	Prison		X		JUN 2013	JUN 2016
Pennsylvania DOC – Huntingdon	PA	Prison		X		OCT 2014	OCT 2017
Pennsylvania DOC – Laurel Highlands	PA	Prison		X		APR 2013	APR 2016
Pennsylvania DOC – Mahanoy	PA	Prison		X		JUN 2014	JUN 2017
Pennsylvania DOC – Mercer	PA	Prison		X		AUG 2014	AUG 2017
Pennsylvania DOC – Muncy	PA	Prison		X		NOV 2012	NOV 2015
Pennsylvania DOC – Pine Grove	PA	Prison		X		SEP 2013	SEP 2016
Pennsylvania DOC – Pittsburgh	PA	Prison		X		OCT 2012	OCT 2015
Pennsylvania DOC – Quehanna Boot Camp	PA	Prison		X		APR 2013	APR 2016
Pennsylvania DOC – Retreat	PA	Prison		X		NOV 2013	NOV 2016
Pennsylvania DOC – Rockview	PA	Prison		X		SEP 2012	SEP 2015
Pennsylvania DOC – Smithfield	PA	Prison		X		OCT 2014	OCT 2017
Pennsylvania DOC – Somerset	PA	Prison		X		APR 2013	APR 2016
Pennsylvania DOC – Waymart	PA	Prison		X		JUL 2012	JUL 2015
Peoria County Jail	IL	Jail	X			DEC 2011	TBD
Peoria County Juvenile Detention Center	IL	Juvenile	X			JUN 2013	JUN 2016



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Pima County Adult Detention Complex	AZ	Jail	X			OCT 2013	OCT 2016
Pima County Juvenile Detention Center	AZ	Juvenile	X			OCT 2013	OCT 2016
Portsmouth City Jail	VA	Jail	X			MAY 2013	MAY 2016
Pueblo County Detention Center TRIPLE CROWN ACCREDITATION	CO	Jail	X	X	X	NCCHC: JUL 2016 ACA: DEC 2013	NCCHC: JUL 2016 ACA: DEC 2016
Reeves County Detention Centers (R1 & R2)	TX	Prison		X		SEP 2014	SEP 2017
Reeves County Detention Center (R3)	TX	Prison		X		SEP 2014	SEP 2017
Richland County Alvin S. Glenn Detention Center	SC	Jail	X	X		NCCHC: AUG 2014 ACA: FEB 2014	NCCHC: AUG 2017 ACA: FEB 2017
Richmond County Charles B. Webster Detention Center	GA	Jail	X			JAN 2013	JAN 2016
Richmond County Jail	GA	Jail	X			JAN 2013	JAN 2016
Riverside Regional Jail	VA	Jail	X	X		NCCHC: JAN 2014 ACA: JAN 2013	NCCHC: JAN 2017 ACA: JAN 2016
Roanoke City Jail	VA	Jail	X	X		NCCHC: OCT 2014 ACA: APR 2015	NCCHC: OCT 2017 ACA: APR 2018
Shelby County East Women's Facility TRIPLE CROWN ACCREDITATION	TN	Jail	X	X	X	NCCHC: MAR 2014 ACA: APR 2015	NCCHC: MAR 2017 ACA: MAR 2018
Shelby County Jail TRIPLE CROWN ACCREDITATION	TN	Jail	X	X	X	NCCHC: MAR 2014 ACA: APR 2015	NCCHC: MAR 2017 ACA: MAR 2018
South Bay Correctional Facility	FL	Prison		X		OCT 2013	OCT 2016
South Correctional Entity (SCORE) Regional Jail	WA	Jail	X			DEC 2013	DEC 2016
Washington County Detention Center	MD	Jail	X			OCT 2013	OCT 2016
Waukesha County Jail	WI	Jail	X			APR 2012	TBD
Waukesha County Huber Facility	WI	Jail	X			APR 2012	TBD
Westchester County Correctional Facility	NY	Jail	X	X		NCCHC: DEC 2012 ACA: OCT 2014	NCCHC: DEC 2015 ACA: OCT 2017
Western Virginia Regional Jail	VA	Jail		X		MAR 2014	MAR 2017
Will County Adult Detention Facility	IL	Jail	X	X		NCCHC: MAR 2012 ACA: OCT 2012	NCCHC: TBD ACA: OCT 2015
Will County River Valley Juvenile Detention Center	IL	Juvenile	X	X		NCCHC: APR 2014 ACA: OCT 2014	NCCHC: APR 2017 ACA: OCT 2017
Wood County – Juvenile Residential Center of Northwest Ohio	OH	Juvenile		X		SEP 2013	SEP 2016



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Site/Facility	State	Facility Type	NCCHC	ACA	CALEA	Last Audit	Next Audit
Wyandotte County Adult Detention Center	KS	Jail	X			JAN 2013	JAN 2016
Wyandotte County Juvenile Detention Center	KS	Juvenile	X			JAN 2013	JAN 2016
York County Jail	ME	Jail	X			JUN 2014	JUN 2017



5 Proposed Cost

CCS has developed our cost proposal for the services required by RFP #695 for Medical Services, for Inmates. Our proposal is based on our extensive experience in Clark County, our perspective on the specific capabilities of the facility and needs of the patient population, information provided in the RFP and accompanying answers to questions, competitive salary surveys for healthcare professionals in Clark County, and our experience at multiple similarly sized facilities. CCS developed our proposal with a focus on efficiency and value. Simply stated, our goal is to provide CCSO with the best healthcare services program that meets or exceeds your requirements. We look forward to discussing our proposal with you.

We have developed our pricing consistent with the requirements of the RFP and have utilized our knowledge of your program and Washington state systems to allow value-add program enhancements for a minimal increase.

We have provided our proposed staffing plan and 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. We will self-report to the County quarterly on these figures and provide any necessary credit to our next monthly invoice.

5.1 Base Costs

Our proposed pricing includes all costs associated with providing the required services identified in the RFP and our proposal. Below is the Base Pricing for both staffing options.

OPTION	Year One Base Price	Salaries/Wages/ Benefits
Option One (RNs/LPNs in Intake)	\$3,341,067	\$2,481,252
Option Two (CNAs in Intake)	\$3,160,703	\$2,300,888

5.1.1 Pharmacy

All costs aside from Salaries/Wages/Benefits remain the same for both options. Pricing includes \$300,000 per year for pharmaceuticals, and CCS will maintain all risk for these costs. Our budget has increased in line with the increase in recent years on HIV patient medications.



5.1.2 Contract Comparison

CCS is pleased to present these two staffing options at only marginal cost to CCSO; if the actual value of the proposed staffing modifications were added to our current contract, the overall program cost would be greater than our proposed pricing. CCS has worked diligently to find efficiency, and to pass the subsequent savings on to CCSO.

	Option One	Option Two
Current Contract	\$3,143,528	\$3,143,528
Additional Staffing Costs	\$263,260	\$103,675
Contract Value with Additional Staffing	\$3,406,788	\$3,247,203
Proposed Contract Pricing	\$3,341,067	\$3,160,703
Savings to Clark County	\$65,721	\$86,500

5.2 Per Diem

CCS acknowledges and agrees that the annual base price is calculated upon an average daily population (ADP) of up to 750 inmates. CCS requests per diem compensation for those months in which the inmate population exceeds 750. We also propose to allow for per diem reimbursement for those months in which the inmate population falls below 650.

The proposed per diem rate is \$2.00 Per Inmate Per Day.

A per diem rate is meant to cover changes in variable cost items such as, but not limited to, pharmacy, X-ray, laboratory, and medical and dental supplies. It is not meant to provide compensation for any change in staffing that might become necessary in the event of a sustained significant change in the inmate population. Should the ADP of the facilities grow to exceed 800 inmates for three consecutive months, CCS requests the opportunity to initiate discussion on adjustments in staffing to ensure we can continue to provide timely and effective services.

5.3 Pricing Assumptions

The proposed prices reflect the scope of care as outlined in our technical proposal, in the RFP requirements, and based on the current community standard of care with regard to correctional healthcare services. Should there be any change in or modification of the local, national, or community standards of care or scope of services, court rulings or interpretation, state or federal law or statute, or interpretation thereof that results in sustained and material increase in costs, coverage of costs related to such changes are not included in this proposal and may need to be negotiated with Clark County.

5.4 Annual Adjustment

CCS agrees to the RFP stated annual increase/decrease based upon the medical component of the Consumer Price Index, not to exceed 5 percent.