EXHIBIT D

PROPOSAL

See Attached

ATTACHMENT B

TECHNICAL PROPOSAL COVER SHEET

Sign and Submit with Proposal

In submitting and signing this Proposal, we also certify that we have not, either directly or indirectly, entered into any agreement or participated in any collusion or otherwise taken any action in restraint of free trade or competition; that no attempt has been made to induce any other person or firm to submit or not to submit a Proposal; that this Proposal has been independently arrived at without collusion with any other vendor, competitor, or potential competitor; that this Proposal has not knowingly been disclosed prior to the opening of the Proposals to any other vendor or competitor; that the above statement is accurate under penalty of perjury.

In submitting and signing this Proposal, we represent that we have thoroughly read and reviewed this Request for Proposal and are submitting this response in good faith. We understand the requirements of the program and have provided the required information listed within the Request for Proposal.

The undersigned certifies and represents that all data, pricing, representations, and other information of any sort or type, contained in this response, is true, complete, accurate, and correct. Further, the undersigned acknowledges that Milwaukee County is, in part, relying on the information contained in this Proposal in order to evaluate and compare all responses to **RFP # 98180020 – Correctional Medical Services.**

Proposing Vendor Name: Correct Care Solutions, LLC

Representative Name: Patrick Cummiskey

Representative Title: President & Chief Strategy Officer

Signature:

House of Correction & Office of the Sheriff

Milwaukee, Wisconsin

Correctional Medical Services
RFP # 98180020

Technical Proposal

September 14, 2018
3:00 p.m. CST

Respectfully Submitted to:

Erin Schaffer
Department of Administrative Services
Procurement Division
633 West Wisconsin Avenue, Suite 901
414-278-4129

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 & Chief Strategy Officer
P: 615-324-5777
F: 615-324-5798
Patrick@correctcaresolutions.com

This submission includes the following required copies:
Technical Proposal – Submitted electronically via Bonfire website

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Attachments

***CONFIDENTIAL/TRADE SECRET INFORMATION**

In accordance with Wis. Stat. Ann. § 19.36(5) concerning trade secret protection (as defined by Wis. Stat. Ann. § 134.90(1)(c)), CCS respectfully requests that the items labeled CONFIDENTIAL/TRADE SECRET be redacted from any distribution of this proposal pursuant to requests under the Wisconsin Public Records Law, or for any other reason.

1 Experience and Credentials

Provide information regarding the background, expertise, qualifications, and philosophy of your organization in providing the services requested by this RFP. The Respondent should answer questions below in the following format: indicate for each response the number of the request that it addresses, including section number (e.g., Section 21.2, Question 1); indicate the question number, re-type the question, and provide your response.

1.1 Executive Summary

Response to Section 21.1, Question 1

1. Provide an Executive Summary that describes your organization's proposed solution, core competencies, business approach, mission, vision, and goals, and indicate what differentiates your organization from your competitors. This response should not exceed two (2) pages and should clearly describe the proposed solution. The summary should contain as little technical jargon as possible, and should be oriented toward nontechnical personnel.

We have provided our Executive Summary on the following two pages as required.

Ms. Schaffer and members of the Milwaukee County Evaluation Committee:

Correct Care Solutions, LLC (CCS) appreciates the opportunity to submit our proposal to provide medical, dental, and mental health services to all inmates residing in the Milwaukee County Jail (MCJ) and House of Corrections (HOC). We are enthusiastic about telling you our story and introducing you to our capabilities and our culture. Throughout our proposal, we will demonstrate our experience and our commitment to providing a comprehensive, high-quality program while ensuring community connectivity, creating program efficiencies, containing costs, and reducing risk for Milwaukee County.

For 15 years, our business model has been consistent. We seek to determine if we have the capability and resources to make a difference for our potential clients and patients, and we only pursue opportunities if we can form a sustainable and beneficial partnership. In 2005, we made that determination in Waukesha County, Wisconsin, where the Sheriff's Department became one of our first clients in the country, a partnership we have maintained ever since. The Dane County, Wisconsin Sheriff's Office has also been a CCS partner for more than 10 years.

After our review of the RFP, information obtained from the Pre-Bid Conference and Site Tour, and speaking with many community caregivers, we believe Milwaukee County is the right client partner for CCS. Beyond the technical framework of your request and our response, the foundation for a sustainable partnership exists. Milwaukee County and CCS both support a culture of excellence in care and a community-connected solution. We have the desire, resources, and ability to be a TRUE PARTNER with Milwaukee County, the House of Correction, and the Office of the Sheriff.

Why Choose CCS? As you read our proposal, you will discover that our program provides comprehensive and cost-effective patient care with positive clinical outcomes. We have built our program on a foundation of compassionate care that follows industry best practices, adheres to national standards, and ensures adequate staffing. Our program includes transparent reporting, continuous quality improvement, and risk mitigation. CCS will ensure reliable results while managing your risk and controlling your costs. Our proposal highlights several of our program strengths, including:

Relevant Experience: In the correctional health care industry, *experience is paramount*. We do not expect Milwaukee County to take us on our word that we can operate a successful program. Instead, we expect the County to evaluate our experience providing care in similar facilities throughout the country. CCS has established a company-wide culture of excellence as evidenced by the following facts:

- CCS operates 201 healthcare programs that are accredited by NCCHC, ACA, and/or other national agencies. Our accreditation history is well-documented: ***CCS has never failed to obtain nor lost accreditation status at any of our client facilities***, and we have never been denied for continued accreditation.
- CCS provides services in 22 facilities with 2,000 or more beds and we provide programs for 23 clients in the State of Wisconsin
- CCS has helped three of our clients exit Consent Decrees, and we are on track to do the same for two more; Shelby County, TN had been under a Consent Decree for 15 years and within 2 years of transitioning to CCS, the Consent Decree was lifted

The Right People Doing the Right Things: A successful program starts with a qualified and motivated professional health care team. Continuity of care is enhanced when there is minimal turnover in the medical team.

Therefore, hiring, training, and retaining the right people is a core focus of every CCS program. CCS has developed industry-leading employee retention programs, including competitive benefits programs and opportunities for professional development. By showing our employees that they are a valued part of our company, CCS is able to save our clients unnecessary operational expense created by turnover.

Regional Support: Milwaukee County will enjoy an on-site leadership team that has the authority to make important clinical and operational decisions. We empower our on-site teams to operate with a great deal of autonomy; however, we also understand that they cannot operate effectively without the proper level of support. Our on-site team will receive resources and support from our experienced Regional Management team dedicated to supporting our clients.

Superior Technology: CCS is a leader in electronic health record (EHR) technology for corrections. We designed our Electronic Records Management Application (ERMA) specifically for health care delivery systems inside correctional facilities. More than 100 CCS clients use ERMA as their EHR solution. ERMA interfaces with the ProPhoenix Corrections Management System (CMS) to give health care and custody staff instant access to important health care information for each inmate. ERMA is a powerful tool that allows CCS to provide care management, utilization review, pharmacy management, and medical records all in one easy-to-use program. ERMA enhances our ability to make sound clinical, operational, and financial decisions while giving clients insight into our operations to hold us accountable for our performance.

Community Connection: To be a TRUE partner, we look beyond our role in operating a program inside our client facilities, and we partner with local organizations to maximize continuity of care for each patient. Doing our part inside the facility and connecting with community resources when the patient is released sustains continuity of care and reduces recidivism. CCS maintains a special focus on mental health and will support the Milwaukee Stepping Up Initiative. Milwaukee County has an abundance of resources to create a network of care, and CCS will create lines of access to these resources to reduce barriers to success after release. As part of this important responsibility, CCS will work with local agencies to develop training programs for nursing students and new custody staff. We will also seek out local charities to allow us to give back and strengthen our ties to the local community.

Cost Containment: Our objective is to uncover all possible areas of savings without sacrificing quality or increasing your risk. Using our experience and best practices from similar clients, we will maximize savings through effective team deployment and technology-aided operations, reduce unnecessary off-site trips, utilize our national buying power, and practice critical pharmaceutical management. This focus will address the most costly budget escalators: staffing, off-site care, and pharmacy.

Thank you for your consideration. We look forward to the opportunity to discuss the details of our program and address any concerns or questions you may have. All of our programs are customized for each client and we look forward to hearing your feedback as we design the optimal program for the MCJ and HOC and your patient population.

Sincerely,

Patrick Cummiskey, President & Chief Strategy Officer

1.2 Organizational History & Current Operations

Response to Section 21.1, Question 2

2. Describe the history of your organization and current operations. At a minimum, include the following:

    a. Your organizational chart, including affiliated entities.
    b. A list of all states in which each entity in your organization conducts business.
    c. A description of your organization's current leadership structure.

Correct Care Solutions (CCS), a Limited Liability Company (LLC), was founded in August 2003 to meet a growing industry need for a correctional health care provider with an innovative approach. 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 Milwaukee County.

Now in our 15th year of operation, CCS is specifically organized to provide comprehensive correctional health care services to facilities similar to the Milwaukee County Jail (MCJ) and House of Corrections (HOC). 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 work with the House of Correction and Office of the Sheriff, we will provide the same dedicated level of service that our clients have come to expect from CCS.

CCS prides itself on being a public health company. We view our corrections business as a very diverse public health setting. Today, nearly 13,000 CCS employees care for nearly 270,000 patients in 37 states, with more than 60,000,000 patient encounters each year. To expand our public health footprint, CCS acquired GEO Care, now Correct Care Recovery Solutions (CCRS), which greatly enhanced our mental health offerings.

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 health care 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.

CCS at a Glance

- Established in August 2003
- Privately owned—We answer to our clients, not shareholders
- Nearly 13,000 CCS employees provide health care services for nearly 270,000 patients in 37 states
- More than 60,000,000 patient encounters each year
- Clients include state and federal prison systems, county/regional jails, detention centers, and juvenile facilities
- Annual sales = $1 billion
- Financially strong and stable
- Impeccable litigation record
- 100% success in our accreditation efforts

Our Mission

Our mission is to be the premier public health solutions provider for governmental agencies and the premier provider of effective and efficient health care to specialized populations.

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.

CCS is committed to being a true solutions provider in the health care industry and in the communities we serve. We concentrate on establishing partnerships with county, state, or federal agencies that are experiencing challenges meeting their health care delivery needs in a fiscally responsible way. With a constant focus on patient care, we will offer innovative solutions to Milwaukee County and efficiently execute our operational plans in coordination with your program objectives, and national, State of Wisconsin, and Milwaukee County standards.

CCS will continue to recruit and retain only the best personnel in the industry. We strive to hire individuals who possess the qualities that we value most in ourselves, our employees, and in others. These attributes are known among the CCS family as *The Five Hs*.

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 our 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.

Services Provided

CCS provides a wide range of health care services, ancillary services, and products for our clients:

- Medical care
- Dental care
- Optical care
- Mental health care
- On-site care
- Receiving screenings
- Triage and sick call
- Suicide prevention/intervention
- Substance abuse/detox programs
- Comprehensive health appraisals
- 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
- Recruitment/retention plans
- Inmate health education and awareness programs
- Facility/custody/law enforcement staff training programs
- Emergency and hospitalization arrangements
- Utilization management
- Pharmaceutical supply and medication management
- 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
- Medication Assisted Treatment (MAT)
- Jail-based Restoration to Competency

Core Competencies and Strengths

CCS is committed to maintaining a mutually beneficial partnership with Milwaukee County based on continued communication that will create cost savings while helping you meet your program objectives.

Cost Containment

In all programs we design and operate, our objective is to uncover all possible areas of savings without sacrificing quality. As your partner, CCS will negotiate contracts for goods and services that benefit the HOC and MCJ medical program. We will work to create efficiencies in staffing, pharmacy, and off-site costs for the County. Our vendor contracts commonly offer an economy of scale to generate savings that we are able to pass on to our clients. Because we care for nearly 270,000 patients nationwide, we have significant buying power and will negotiate to secure the best possible rates with all on-site and off-site providers.

Hands-on Approach

The CCS Executive Team is closely involved with the implementation and operation of services for our clients. Continuous communication helps minimize surprises and ensures a mutual understanding of decisions and protocols. To ease the transition of services, CCS prefers to meet with new clients and valued medical personnel within 48-72 hours of notice of contract award; the members of our proposed Regional Management Team will become familiar faces as they provide guidance and insight to members of the on-site medical team at the HOC and MCJ.

Employee Advocates

Our employees are our most valued assets, and we are committed to equipping CCS team members with the necessary tools for success. CCS provides our site leaders with management training that allows them to foster the proper culture for working in a challenging environment. It is our belief that in order to be the company that clients want to work *with*, we must be the company that employees want to work *for*.

Upon notification of award, CCS will work closely with the House of Correction and Office of the Sheriff to retain any valued current members of your health care team. Prior to contract start-up, our team will personally meet with current staff to address any questions and concerns. We believe this respect and consideration initiates a positive relationship to sustain a long-term commitment in a productive environment.

Advanced Utilization Management

CCS is prepared to implement our Care Management system, a browser-based web application designed to manage inmate off-site medical services. The CCS Care Management system allows us to track off-site care, ensure timely return to the facility, manage claims, and provide reports to assist with cost containment and budget preparation. The Care Management system will be ***operational on Day One*** and will function along with your Jail Management System (JMS) to create more clinical control and cost efficiencies for on-site and off-site medical, dental, and mental health activities.

Superior Technology

CCS will implement our Electronic Record Management Application (ERMA) at the HOC and MCJ. ERMA is a web-based application designed to operate as part of the health care delivery system inside correctional facilities, making implementation simple so clients can start benefitting from the solution right away. Our advanced technology creates operational efficiencies by giving clients the information they need to better manage patient care. CCS will also implement online pharmaceutical ordering and administration through the eRx and eMAR modules of ERMA.

Proven Success Managing Chronic Care

CCS has successfully established many on-site programs and specialty care clinics for our current clients. Our continued focus on the identification, referral, and treatment of inmates with chronic conditions allows CCS to manage our patients' needs before they escalate and require off-site consultation, or result in grievances or litigation.

Community Connection

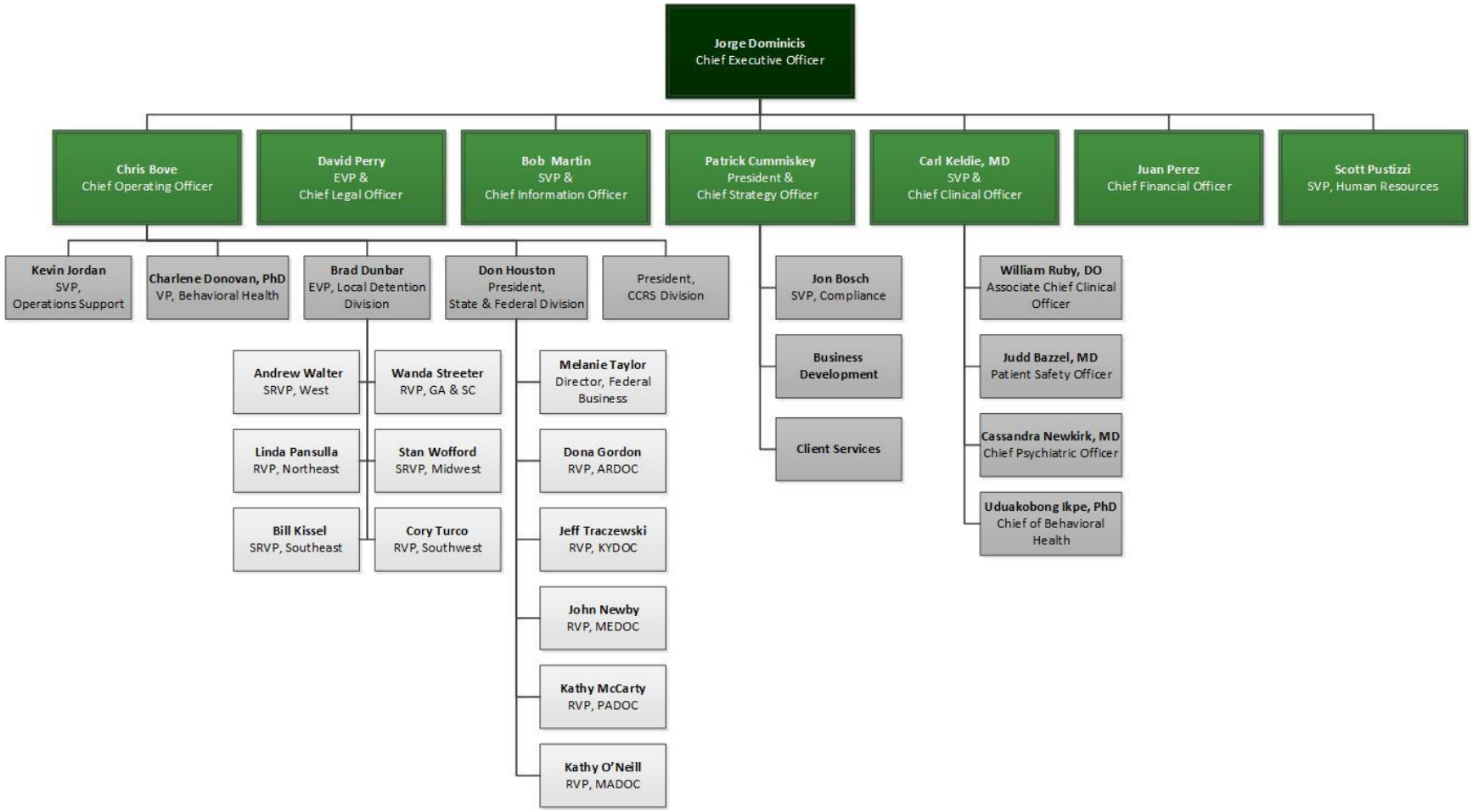
A successful medical program has a positive community impact and CCS is dedicated to establishing relationships within the communities we serve. We partner with local organizations to maximize continuity of care for each patient; we work with local agencies to develop training programs for nursing students and new custody staff; and we seek out local charities that allow us to give back to the community. CCS will extend continuity of care by helping connect patients with community resources and having an impact on recidivism. As we perform due diligence for the HOC and MCJ medical program, we will continue to communicate with area providers to form partnerships and enhance the continuity of care for your inmate population.

Organizational Chart

CCS is focused on a strategic plan that allows our organization to work efficiently and promotes success through enhanced communication. All CCS employees function as a team, and every team member expects to be part of the solution. Our corporate organizational structure is simple, effective, and functional by design. It ensures that everyone, from the highest level of management to each member of our line staff, understands accountability and responsibility for all actions. As such, the full extent of our company resources will be available to you as we serve the House of Correction and Office of the Sheriff. We have provided our company organizational chart on the following page.

In **Attachment A**, we have provided an additional organizational chart with all affiliated entities of CCS. ***Please note that this information is confidential/trade secret pursuant to Wis. Stat. § 19.36(5).***

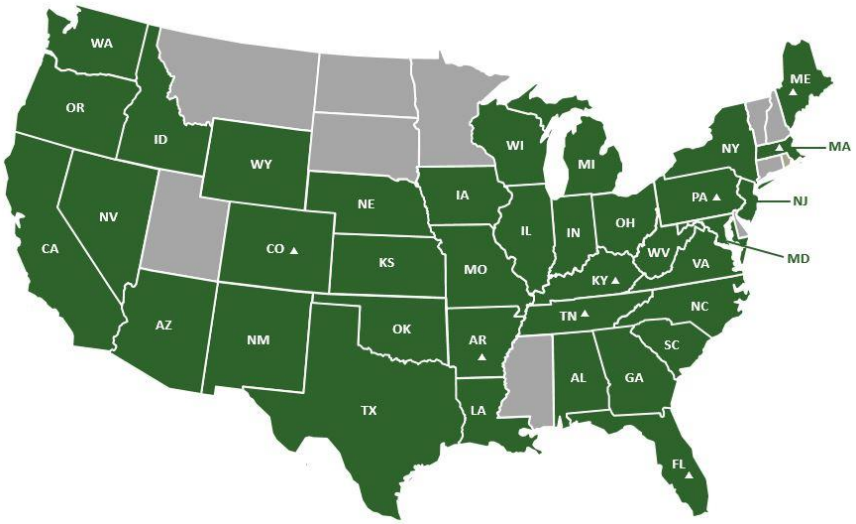
Organizational Chart – Correct Care Solutions, LLC



National Presence

CCS currently conducts business in the following 37 states, including Wisconsin:

1. Alabama
2. Arizona
3. Arkansas
4. California
5. Colorado
6. Florida
7. Georgia
8. Idaho
9. Illinois
10. Indiana
11. Iowa
12. Kansas
13. Kentucky
14. Louisiana
15. Maine
16. Maryland
17. Massachusetts
18. Michigan
19. Missouri
20. Nebraska
21. Nevada
22. New Jersey
23. New Mexico
24. New York
25. North Carolina
26. Ohio
27. Oklahoma
28. Oregon
29. Pennsylvania
30. South Carolina
31. Tennessee
32. Texas
33. Virginia
34. Washington
35. West Virginia
36. Wisconsin
37. Wyoming



Home Office*
1283 Murfreesboro Rd., Ste. 500
Nashville, TN 37217

Florida Office
Deerfield Beach, Florida

Mountain States Office
Centennial, Colorado

Pennsylvania Regional Office
Lemoyne, Pennsylvania

Maine Regional Office
Augusta, Maine

Arkansas Regional Office
Pine Bluff, Arkansas

Kentucky Regional Office
Louisville, Kentucky

Massachusetts Regional Office
Westborough, Massachusetts

**The CCS Home Office will be responsible for supporting this contract.*

Leadership Structure

CCS is a limited liability company that is member managed. Presently, these managers consist of Gerald Boyle, Jorge Dominicis, and Juan Perez. Additionally, CCS has elected officers to serve in certain positions. These officers and their respective positions are as follows: Jorge Dominicis, Chief Executive Officer; Patrick Cummiskey, President; Juan Perez, Treasurer; and David Perry, Secretary.

Innovative Solutions

Throughout this proposal, you will notice the blue icon to the right of this paragraph. This icon is a way for us to highlight innovative solutions and other differentiators that are ***unique to a partnership with CCS***.

Additionally, in other locations, you will see the green icon to the right of this paragraph. This icon will clearly identify areas within our proposal where cost savings advantages are to be gained by partnering with CCS.

1.3 Wisconsin Office

Response to Section 21.1, Question 3

3. If you currently have an office in the State of Wisconsin, state the address, general functions of the office, and the number of full-time employees located at that office.

CCS does not currently have a corporate office in the State of Wisconsin. However, we provide services in 27 Wisconsin facilities and we operate administrative offices at many of them. Additionally, Client Services Director Jack Jadin (former Jail Administrator for Brown County), Regional Behavioral Health Manager Michelle Reed, and Operations Manager Jessica Jones are all based in Wisconsin.

Wisconsin Presence

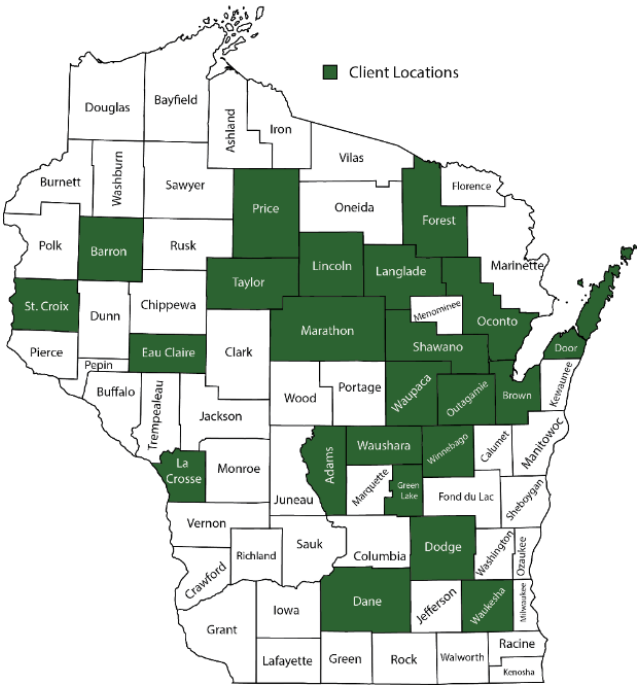
In the State of Wisconsin, CCS provides services for **27 facilities** across **23 counties** (including neighboring Waukesha County), where we care for nearly **5,000 patients** every day. As a testament to our operations in the State, ***21 of our Wisconsin clients have been with us for 10 years or more***.

CCS has served the State of Wisconsin since our partnership with Waukesha County began in January 2005. ***We are proud to count Waukesha County among our top five oldest clients***. Our affiliated company, CHC, has operated in Wisconsin since 2000. Our current Wisconsin sites include:

- Adams County Jail (client since 2001)
- Barron County Jail (since 2012)
- Brown County Jail (since 2007)
- Dane County Jail (since 2008)
- Dodge County Detention Facility (since 2000)
- Door County Jail (since 2005)
- Eau Claire County Jail (since 2006)
- Eau Claire County – Northwest Regional Juvenile Detention Center (since 2008)
- Forest County Jail (since 2006)
- Green Lake County Correctional Facility (since 2006)
- La Crosse County Sheriff's Office Jail (since 2004)
- La Crosse County Juvenile Detention Center (since 2004)
- Langlade County Jail (since 2011)
- Lincoln County Jail (since 2002)
- Marathon County Jail (since 2015)
- Oconto County Jail (since 2007)
- Outagamie County Sheriff's Office Jail (since 2009)
- Price County Jail (since 2007)
- Shawano County Jail (since 2003)
- St. Croix County Jail (since 2006)
- Taylor County Jail (since 2006)
- Waukesha County Jail & Huber Facility (since 2005)
- Waupaca County Jail (since 2001)
- Waushara County Jail (since 2003)
- Winnebago County Jail (since 2001)

While CCS serves clients nationwide, understanding the regional differences from state to state gives our company a competitive edge. With more than **200 employees** actively serving our Wisconsin clients, company knowledge, best practices, and local resources will be readily available to support the success of Milwaukee County's medical program.

CCS already has a stable, knowledgeable Regional Management team in place, along with Wisconsin-licensed staff who are ready to support our operations in Milwaukee County. We have a strong PRN pool of providers who are prepared and trained to fill positions at the HOC and MCJ if needed.



1.4 Correctional Health Care Clients

Response to Section 21.1, Question 4

4. List **all** clients for whom you have provided correctional healthcare services within the last three years, including entity name, address, facility size(s), and number of years served.

CCS currently serves 265 clients nationwide across 444 facilities. To illustrate our extensive experience in the field of correctional health care, and to give Milwaukee County the opportunity to review and validate our credentials, CCS has provided our comprehensive Client List with detailed contract information in **Attachment B**. ***Please note that this information is confidential/trade secret pursuant to Wis. Stat. § 19.36(5).***

In **Attachment C**, we have provided a list of former clients from the past three years. ***Please note that this information is confidential/trade secret pursuant to Wis. Stat. § 19.36(5).*** This list includes explanations of why each contract ended. There have been contracts that terminated early that were accumulated with the purchase of other companies. The reasons for terminated contracts typically and historically revolve around smaller contracts that we have elected to not continue due to risk, and we have exited consistent with contract terms.

CCS has responsibly completed all projects under which we have been contracted. In any instance where a contract exit was made prior to the original concluding date, we have worked diligently to ensure a transition to the new service provider. We recognize our responsibility to patient care in any such transition, and we faithfully perform to meet that commitment.

1.5 Experience with Similar Sites

Response to Section 21.1, Question 5

5. Describe the experience your organization has in providing correctional health care services for a corrections population of comparable size to the Milwaukee County HOC and MCJ combined ADP (approximately 2,300 for 2019).

CCS is the industry leader in designing and operating medical programs in facilities similar to the HOC and MCJ. The significant difference with CCS is that we have a proven history of success with similar sites, and our nationwide experience allows us to focus on trends, technology, and best practices. Many of our clients are the same size or larger than the HOC and MCJ. We have developed proven best practices for these sites that will translate to continued success in Milwaukee County.

CCS currently serves 22 clients with 2,000 or more beds. Ten of those clients are jails in major metropolitan areas like Louisville, KY; New Orleans, LA; Atlanta, GA; Memphis, TN; Charlotte, NC; and Detroit, MI. Our experience managing health care services for large metropolitan jails gives us unique insight and ability that we will use to ensure effective operations in Milwaukee County. Following is a list of several CCS clients with Average Daily Populations (ADPs) similar to Milwaukee County's, nearly all of which are accredited by the NCCHC. Two—DeKalb County, GA and Shelby County, TN—have Triple Crown accreditation (NCCHC, ACA, CALEA).

- Louisville, KY (ADP: 2000)*
- New Orleans, LA (ADP: 2100)*
- Gwinnett County, GA (ADP: 2500)*
- Shelby County, TN (ADP: 2500)*
- Mecklenburg County, NC (ADP: 2800)*
- Wayne County, MI (ADP: 2866)
- DeKalb County, GA (ADP: 3400)*

NCCHC accredited

Additionally CCS has 67 current clients with 1,000 or more beds, the majority of which are local detention clients. These clients include several members of the Major County Sheriffs' Association (of which Milwaukee County is also a member):

- Arapahoe County, CO
- Bernalillo County, NM
- Jefferson County, CO
- Wayne County, MI
- Macomb County, MI
- Oakland County, MI
- Shelby County, TN
- Davidson County, TN
- Marion County, IN
- DeKalb County, GA
- Gwinnett County, GA
- Mecklenburg County, NC
- Richland County, SC
- Johnson County, KS
- Pasco County, FL

2 Past Performance Evaluation & Supplier Qualifier Report

Response to Section 21.2

Please note that this request is a TIME CRITICAL ELEMENT OF YOUR PROPOSAL REQUIRING YOUR IMMEDIATE ACTION.

Milwaukee County will be using Open Ratings, a Dun & Bradstreet (D&B) Company to provide both *a* ***Past Performance Evaluation (PPE) and Supplier Qualifier Report.***

It is Respondent's responsibility to request (order) each report at: www.ppereports.com on a timely basis.

Open Ratings states, *"The order fulfillment process generally takes 14-21 days, but can take up to 35-45 days depending on the responsiveness of the customer references provided with the order."*

Respondent must submit (upload) color copies (original PDF images) of the Open Ratings Past Performance Evaluation Report and Supplier Qualifier Report, as part of their proposal.

Frequently Asked Questions (FAQ) can be found at:

https://www.supplierriskmanager.com/ppe-order/static/layout/include/PPE_FAQs.pdf

CCS has provided a Past Performance Evaluation (PPE) and Supplier Qualifier Report separately from our Technical Proposal, as required.

3 Obligations, Standards & Objectives

Respondents should use this section to describe how they will meet the general obligations, standards, and objectives of the comprehensive health care program for the HOC and MCJ as listed in Section 3: Obligations, Standards, and Objectives. Provide information regarding the background, expertise, qualifications, and philosophy of your organization in providing the services requested by this RFP.

The Respondent should answer questions below in the following format: indicate for each response the number of the request that it addresses, including section number (e.g., Section response.

3.1 General Obligations

Response to Section 21.3, Question 1

1. How will you meet the general obligations listed in Section 3.1: General Obligations? Demonstrate how you will incorporate best practices and provide services in a manner that promotes safety in the facility and the community, and how you will encourage collaboration with County staff.

CCS will provide a health care delivery system that is specifically tailored to the RFP's requirements. We will implement a managed care system that will promote efficiency and reduce cost by eliminating unnecessary services and encouraging preventive health measures in the inmate population. CCS will be responsible for identifying all inmate health care needs and scheduling appropriate treatment, as well as coordinating all emergency and non-emergency on-site and off-site medical services. Our goal will be to improve health care outcomes in the inmate population in preparation for success upon release from custody. Discharge planning services will start on Day One of the inmate's stay, with a continued focus on reducing recidivism.

CCS will implement a written health care plan with clear objectives and site-specific policies and procedures for the HOC and MCJ. All services will be evidence-based and incorporate best practices from our experience providing correctional health care services in Wisconsin and nationwide. Services will be provided in a manner that promotes maintenance of safety in the facility and in the community. Our goal will be to reduce risk for the House of Correction and Office of the Sheriff, avoid unnecessary transportation and security costs for off-site care, and lower litigation claims and grievances while improving patient care. Our significant experience in these areas will help CCS achieve these benchmarks in Milwaukee County.

Standards of Care

CCS will perform our obligations hereunder in compliance with all applicable local, state, or federal laws, rules, regulations, and orders. The CCS program for the HOC and MCJ will meet or exceed community standards of care, as well as standards established by the National Commission on Correctional Health Care (NCCHC), the American Correctional Association (ACA), and the Prison Rape Elimination Act of 2003 (PREA). CCS operates all of our programs at an appropriate level of care consistent with national standards for correctional health care. Our internal quality improvement programs guarantee that all CCS clients meet or exceed these standards.

CCS will provide all services in compliance with regulations of the State of Wisconsin Department of Public Health, Wisconsin Board of Nursing, State of Wisconsin Medical Examining Board, Dentistry Examining Board, Pharmacy Examining Board, and other Wisconsin licensing boards and agencies as applicable, as well as regulations and policies of the Milwaukee County Jail and House of Correction.

CCS will provide inmates with health care services that are consistent with care available in the community. Our focus is operating a humane, legally defensible health care program for Milwaukee County. While acknowledging our responsibility to avoid unnecessary costs, CCS also ensures that patients receive the most appropriate care. We believe each decision related to a patient's care should include asking ourselves, *"What if this were my family member?"*

Collaboration with County Personnel

CCS will maintain a collaborative and open relationship with County administrative personnel at each facility. We will work closely with the Jail Administrator, HOC Superintendent, and County Contract Monitor in the provision of services and operations, day-to-day activities, future planning, and evaluation of services. CCS will work to improve communication between health care and custody staff. Ongoing communication will ensure that all parties are fully aware of any special needs or concerns within the inmate population.

CCS will provide data necessary for the classification, security, and control of inmates to the appropriate HOC and MCJ staff. We will notify custody staff whenever an inmate has a significant illness that will affect his or her housing or program assignment, disciplinary sanctions, or transfer to another institution. For instance, CCS staff will share special needs treatment plans with appropriate MCJ/HOC staff as needed to facilitate housing in the appropriate area of the MCJ or HOC, and to ensure proper treatment of inmates with long-term and individualized health care needs.

Educational Initiatives

CCS will provide appropriate orientation and training for all health care personnel. The lives and health of our patients depend on the knowledge, practical skills, and competencies of the professionals who care for them. Caring for and respecting patients in correctional facilities requires hiring ethical and competent professionals, and then building upon their skills through continued training initiatives. Detailed information regarding orientation and ongoing education for health care staff is provided in sections **12.12 Contractor Personnel Orientation** and **12.13 Contractor Training and Documentation**.

CCS will also extend appropriate educational offerings to County personnel and train custody staff in medical issues as requested. We routinely educate custody staff on the importance of recognizing and responding to specific medical and mental health concerns. Because correctional officers are often the first to respond to problems, CCS offers training for correctional staff on responding to potential emergency situations, handling life-threatening situations, and their responsibility for the early detection of illness and injury. For detailed information regarding health training for custody staff, please see section **4.12 Education for Custody Staff and Personnel**.

CCS will collaborate with the House of Correction and Office of the Sheriff in developing a comprehensive inmate health education program for the HOC and MCJ. Health care staff will provide inmates with complete education information upon orientation and admittance to the facility and additional information during any health care encounter as determined by the provider in the course of his or her examination. CCS will provide detailed information on health issues that assist inmates in self-care strategies, including but not limited to personal hygiene, healthy lifestyle choices, getting better sleep, and ways to maintain optimal health. For detailed information, please see section **4.11 Inmate Health Education**.

Records of Care

CCS will maintain complete and accurate records of care in accordance with all applicable standards. Following the receiving screening, health care staff will initiate a comprehensive health record that will be the single source of medical, dental, and mental health information for each inmate. CCS staff will be responsible for the entry of patient information in the individual health record. Each record will contain an accurate account of the inmate's health status at the time of admission, patient-provider encounters, and on-site and off-site services provided. For detailed information, please see section **10 Health Records and Data**.

Health Care Statistics

CCS will collect and analyze health care statistics on a regular basis for review by the Superintendent and the Sheriff, or their designees. We will use our advanced Care Management system to track all health care services provided, manage claims, and provide reports to assist with cost containment and budget preparation. These reports include information related to all medical, dental, and mental health services and associated costs, including laboratory, radiology, and other ancillary services; specialty services; pharmaceuticals; and medical supplies. CCS will analyze utilization statistics to contain costs and evaluate the potential benefits of establishing on-site clinics. For detailed information, please see section **8.3 Performance Measures**.

Coordinating Services and Operations

CCS will coordinate services and operations as required by the RFP. For detailed information, please see section **3.2 Coordination of Services**.

Provision of Required Services

CCS will provide all services required by the RFP and any resulting contract with no exclusions and at no additional cost to Milwaukee County. Detailed information regarding the cost of the proposed services can be found in the separate Cost Proposal that accompanies this document.

Consent Decree and Court Monitor

CCS will abide by all requirements stated in the Consent Decree and will work cooperatively with the court-appointed monitor at all times while the Consent Decree is in force. CCS has experience and demonstrable success working with facilities under Consent Decrees, including the Wicomico County Detention Center in Maryland, the Shelby County Detention Center in Tennessee, and the Delaware Department of Corrections; ***each of these sites had their Consent Decrees lifted under CCS***. We will bring the same commitment to Milwaukee County, as we have in other facilities, to adhering to the stipulations and conditions of the Consent Decree.

CCS currently provides services to the Bernalillo County Metropolitan Detention Center in New Mexico the Orleans Parish Prison in Louisiana, and four facilities in Wayne County, Michigan, where we are adhering to the DOJ directives and successfully working with our client partners to provide the required staffing and services to address problems that existed prior to our arrival at these facilities.

We are also experienced in tracking compliance with Consent Decree requirements and adherence to established performance measures, which we have detailed in section **12.10 Experience with Consent Decrees**. ***This experience makes CCS uniquely qualified to ensure compliance with the Consent Decree in Milwaukee County***.

3.2 Coordination of Services

Response to Section 21.3, Question 2

2. Describe how you will provide oversight and coordinate services between facilities as requested in Section 3.2: Coordination of Services.

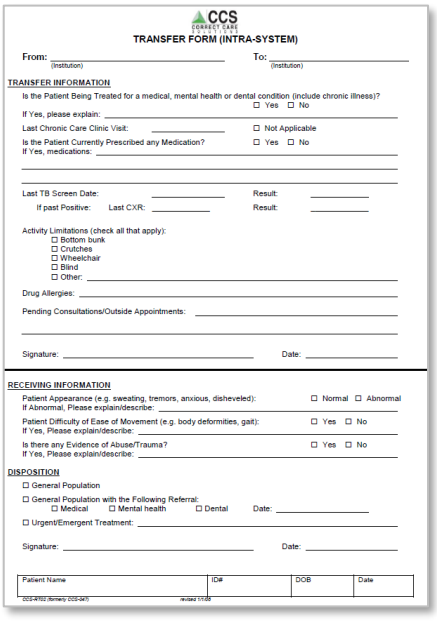
CCS will provide oversight and coordinate all services between the HOC and MCJ to ensure appropriate staffing levels and continuity of health care, regardless of an inmate's classification or housing location.

All on-duty, on-site staff will be immediately available for emergencies interchangeably, both within their assigned facility and by assignment to other facilities. We understand that the County's security clearance will allow CCS staff the ability to rotate between the MCJ and HOC as needed.

Both the MCJ and HOC will have a Director of Nursing (DON), who will work under the direction and guidance of the Health Services Administrator (HSA). Additionally, during all hours that the DON is not on site, a Registered Nurse (RN) Supervisor will be scheduled at each site to ensure that assignments are adjusted as needed so that all services are provided to Standards of Care and during peak hours, holidays, and emergencies.

Intra-System Transfers

A qualified health care professional will perform a transfer screening on all intra-system transfers, per NCCHC standards. When an inmate transfers between facilities, CCS will screen them for acute or chronic conditions and communicable diseases. We will also assess their mental health status and record their current medications. All findings will be documented in the inmate's health record. Our EHR system, ERMA, will provide health care staff at both facilities with immediate access to the inmate's previous and scheduled treatment to ensure continuation of care without interruption.


CCS
CORRECT CARE SOLUTIONS

TRANSFER FORM (INTRA-SYSTEM)

From: _____ (Institution) To: _____ (Institution)

TRANSFER INFORMATION

Is the Patient Being Treated for a medical, mental health or dental condition (include chronic illness)? ☐ Yes ☐ No

If Yes, please explain: _____

Last Chronic Care Clinic Visit: _____ ☐ Not Applicable

Is the Patient Currently Prescribed any Medication? ☐ Yes ☐ No

If Yes, medications: _____

Last TB Screen Date: _____ Result: _____

If past Positive: Last CXR: _____ Result: _____

Activity Limitations (check all that apply):
☐ Bottom bunk
☐ Crutches
☐ Wheelchair
☐ Blind
☐ Other: _____

Drug Allergies: _____

Pending Consultations/Outside Appointments: _____

Signature: _____ Date: _____

RECEIVING INFORMATION

Patient Appearance (e.g. sweating, tremors, anxious, disheveled): ☐ Normal ☐ Abnormal
If Abnormal, Please explain/describe: _____

Patient Difficulty of Ease of Movement (e.g. body deformities, gait): ☐ Yes ☐ No
If Yes, Please explain/describe: _____

Is there any Evidence of Abuse/Trauma? ☐ Yes ☐ No
If Yes, Please explain/describe: _____

DISPOSITION

☐ General Population

☐ General Population with the Following Referral:
☐ Medical ☐ Mental health ☐ Dental Date: _____

☐ Urgent/Emergent Treatment: _____

Signature: _____ Date: _____

Patient Name	ID#	DOB	Date

CCS-#702 (formerly CCS-047) revised 1/1/08

CCS mental health staff will perform a transfer screening on all intra-system transfers, per NCCHC guidelines. Mental health staff will review each transferred inmate's mental health record or summary within 12 hours of arrival at the facility to ensure continuity of care. Inmates transferred from the MCJ to the HOC who do not have a completed initial mental health assessment will be evaluated by mental health staff in a timely manner.

CCS will also conduct an inmate transfer screening for inmates transferring from the HOC or MCJ to another facility outside the County correctional system. If a seriously mentally ill inmate is transferred from the MCJ or HOC, CCS mental health staff will inform mental health staff at the receiving institution to alert them about any condition that requires special and immediate attention, such as special medication and treatment needs. CCS staff will obtain written authorization from the inmate prior to transferring their health record or health information outside the County correctional system, unless otherwise provided for by law.

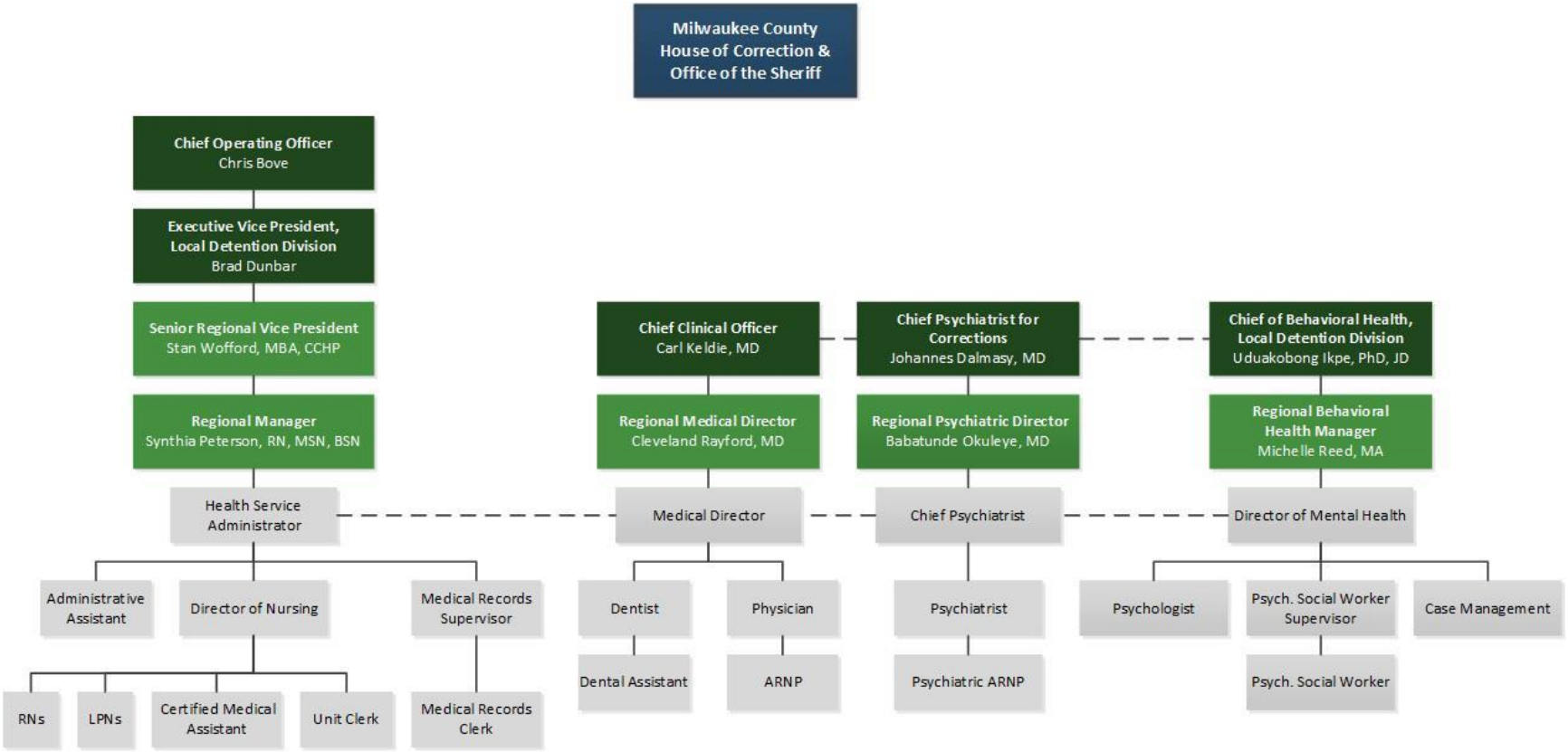
Clinical Oversight

CCS will assign a site Medical Director to be the designated Responsible Physician for clinical services. The Medical Director will provide clinical oversight to the site medical program in accordance with NCCHC and ACA standards. This singularly designated physician health authority will work to ensure the appropriateness and adequacy of the health care program for the incarcerated population. The Medical Director will be overseen by our Regional Management Team, who will work with site medical personnel to ensure standards-compliant programming as well as consistency of care and continuous quality improvement.

The CCS staffing plan also envisions a supervising Lead Advanced Registered Nurse Practitioner (ARNP) to assist the Medical Director with recruiting, onboarding, peer review, formulary control, and off-site event management.

Clinical oversight will be provided by the CCS Medical Director, who will report directly to Regional Medical Director, Dr. Cleveland Rayford. Regional Behavioral Health Manager, Michelle Reed, will oversee our mental health program. Operational oversight will be the responsibility of Regional Manager, Synthia Peterson, and Senior Regional Vice President, Stan Wofford, who reports directly to the Executive Vice President of the CCS Local Detention Division, Brad Dunbar. Our leadership team will ensure that our programming follows the tenets of the contract between Milwaukee County and CCS, as well as CCS protocols and industry standards. We have provided an organizational chart illustrating clinical oversight on the following page.

CCS Organizational Chart for Milwaukee County



Routine Communication and Meetings

CCS will develop a schedule of routine communication and meetings between health care and facility administration. Meetings will occur at least weekly and will include key staff, including the Medical Director. CCS will also coordinate with facility administration to facilitate monthly administrative meetings for the purpose of evaluating statistics, program needs, problems, and coordination between correctional, medical, and mental health staff. Additionally, health care leads will conduct monthly staff meetings with mini breakout sessions by shift and lead.

CCS believes that active, open, and honest communication is an essential component to a successful health care program. The HSA will focus on maintaining open communication and a good working relationship with the County Contract Monitor, facility administration, custody staff, contracted providers, and outside agencies. As part of this focus, the HSA will serve as a liaison between health care and custody staff, and will hold interdisciplinary meetings to facilitate continued communication and cooperation between custody and care providers.

Cooperation with Court-Appointed Monitor

CCS will fully cooperate with the court-appointed monitor under the Christensen Consent Decree and will provide all required documents as requested. We have unique experience working with court-appointed monitors and sites under Consent Decrees, having helped multiple clients navigate the requirements of their respective Decrees. In fact, ***three of our client sites have had their Consent Decrees lifted under CCS***. CCS will bring the same commitment to Milwaukee County, as we have in other facilities, to adhering to the stipulations and conditions of the Consent Decree. For additional information, please see section **12.10 Experience with Consent Decrees**.

CCS is also experienced in tracking compliance with Consent Decree requirements and adherence to established performance measures. We will use our proven reporting methods, described in section **8.3 Performance Measures**, to supply the Court Monitor with the data needed to measure the County's compliance with the Consent Decree.

Coordinating Transportation of Inmates

CCS will work with the Milwaukee County custody and transportation team to coordinate the transportation of inmates. Health care staff will work cooperatively with custody staff to ensure that transportation services are provided in a timely and safe manner. CCS will use our proven Care Management Program to ensure that patients receive medically necessary health care services in the most appropriate setting, while being conscious of the cost of off-site transportation and security. The CCS Care Management Program, which is described in section **7.1 Utilization Management: General**, uses evidence-based guidelines to determine medical necessity as part of our approval process.

Transfer of Medical Information for Continuity of Care

CCS will communicate information regarding the inmate's health to local specialty providers upon referral. Pertinent medical information will be prepared to accompany all inmates when traveling off site to a specialty appointment or emergency room. Upon release from the facility, a discharge plan will accompany the inmate that will contain all necessary information required for the continuation of treatment.

Coordinating with Other County Vendors

CCS will coordinate with other Milwaukee County vendors to facilitate the provision of services with the treatment provided by other Contractors, including alcohol and substance disorder treatment services.

CCS is committed to being an active partner with Milwaukee County and with community stakeholders. Upon transition of the contract, CCS plans to implement community stakeholder meetings that will include members of our team and community providers. The purpose of these meetings will be to discuss care needs in the community, find solutions to existing gaps in care, and facilitate more effective discharge planning, all with a mutual goal of reducing recidivism. The CCS medical and mental health program is community-oriented and these stakeholder meetings will provide an avenue for local resources to provide input.

Continuity of Care

A successful medical program has a positive community impact and CCS is dedicated to establishing relationships within the communities we serve. CCS will ensure complete care coordination of medical and mental health care needs of inmates, from incarceration to release. We view ourselves as part of the community health continuum, and we are dedicated to working with community providers when their clients are admitted to the jail setting.

CCS will partner with community providers to enhance continuity of care for the County's inmate population. We are committed to being active in connecting our programs with community efforts, which allows us to obtain information regarding community treatment regimens and refer patients before release to appropriate community programming. CCS will establish and maintain relationships with community organizations to obtain previous treatment information, including medical and mental health records, to ensure continuity of care for all inmates. For additional information, please see section **5.6 Linkages and Coordination with Community Services**.

Substance Disorder Treatment

CCS will coordinate with community providers in the treatment of inmates with substance use disorders to ensure participation of program providers appropriate to the inmate population. We will be involved in the Programs Provider Meeting along with custody staff and facility administration to ensure collaborative care. For additional information regarding the provision of substance abuse treatment, please see section **4.18 Medically Supervised Withdrawal and Substance Treatment**.

When inmates are pending release, CCS will coordinate with community providers to arrange post-release treatment for individuals with substance use disorder. Collaboration with community stakeholders will be a key component of the discharge planning process in order to link individuals with SUD to continued treatment and to coordinate mental health and primary care services upon discharge. For detailed information regarding discharge planning, please see section **5.6 Linkages and Coordination with Community Services**.

Response to Surveys and Inquiries

CCS will actively participate with the Jail Administrator, Sheriff, Superintendent(s), and/or their designees in responding to surveys and inquiries. We will also maintain records and will be prepared for external reviews, inspections, and audits as requested. CCS will participate in the preparation of responses to critiques, and will develop and implement plans to address/correct identified deficiencies.

We will also use the audit findings to address areas needing improvement during staff meetings and trainings. For additional information, please see section **12.17 Management Methodology**.

3.3 Transition Plan

Response to Section 21.3, Question 3

3. Submit your proposed transition plan, addressing all requests in Section 3.3: Transition Plan.

CCS is prepared to implement a comprehensive turnkey program for Milwaukee County. We have the necessary experience, capabilities, and resources for a successful partnership with the House of Corrections and Office of the Sheriff, and we are confident that our business plan will ensure a smooth transition and will meet or exceed your program objectives and requirements.

CCS will not make change 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 Milwaukee County. We will work cooperatively with on-site staff, County-contracted providers, and facility administration to encourage a fully integrated program that is seen as a success throughout the State of Wisconsin.

Transition Team

Accomplishing a successful transition and implementation means looking beyond the tasks themselves and placing experienced CCS team members on site, working hand-in-hand with our new staff. The members of our Regional Management team will become familiar faces as they provide guidance and insight to the medical and mental health teams at the MCJ and HOC. The CCS Executive Team will also be closely involved with the implementation and operation of services for Milwaukee County.

CCS has assembled a strong leadership team to manage the start-up and implementation process at the HOC and MCJ. The following individuals will support the transition and operation of the Milwaukee County medical program, in collaboration with the Superintendent, the Sheriff, and the County Contract Monitor:

On-site Transition Team Members

- **Senior Regional Vice President:** Stan Wofford, MBA, CCHP
- **Regional Manager:** Synthia Peterson, RN, MSN, BSN
- **Regional Medical Director:** Cleveland Rayford, MD
- **Regional Behavioral Health Manager:** Michelle Reed, MA
- **Director of Behavioral Health for Local Detention:** Uduakobong Ikpe, PhD, JD
- **Director of Business Development:** Rich Field
- **Business Development Operational Specialist:** Kelly Werner, RN, MOL/MSM, CCHP
- **Information Technology:** Richard Lee and Joel Jensen
- **Human Resources:** Patricia Rice
- **Operations Support:** Megan Pratt and Mallory Rogers
- **Wisconsin-licensed RN and LPN Transition Team Members:** TBD

Additional Corporate Support

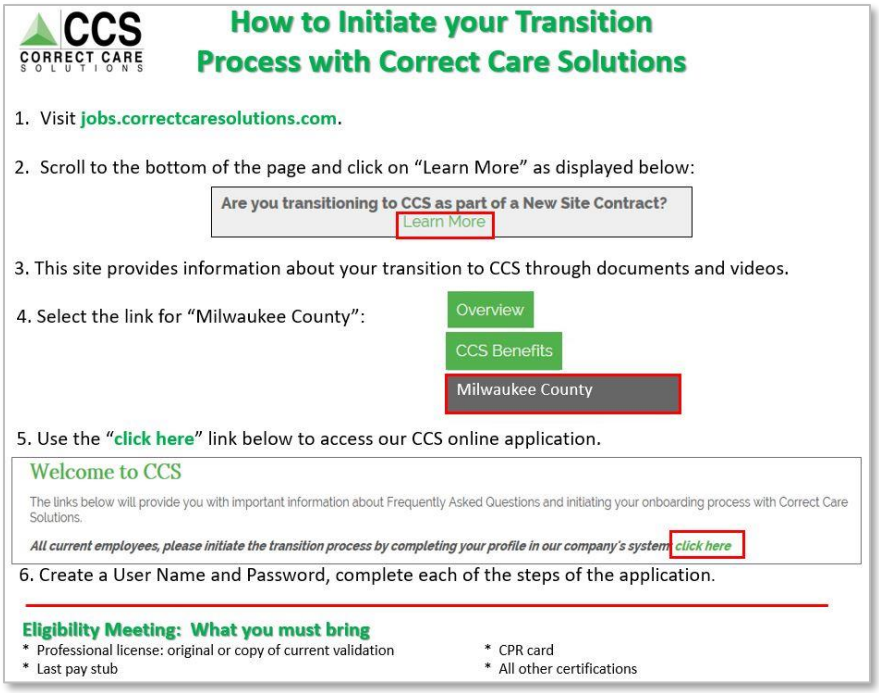
- **Director of Client Services:** Jack Jadin
- **Vice President of Business Development:** Kim Christie, RN, BSN, CCHP, CCN/M
- **Vice President of Behavioral Health for Corrections:** Charlene Donovan, PhD, JD
- **Chief Psychiatrist for Corrections:** Johannes Dalmasy, MD
- **Chief Psychiatric Officer:** Cassandra Newkirk, MD
- **Chief Clinical Officer:** Carl Keldie, MD
- **Chief Operating Officer:** Chris Bove
- **Vice President of Care Management:** Pablo Viteri, MS, MHP, CCHP
- **Operations Support Manager:** Terri Campbell
- **Executive Vice President, Local Detention Division:** Brad Dunbar
- **Director of CQI:** Dawn Ducote, LCSW, CCHP, CPHQ
- **Recruiting:** Evan Jones, Lynette Perry, Dejin Numan
- **Legal:** Lori Schwartzmiller
- **Finance:** Brian Bettendorf

Each of these team members will be responsible for ensuring that programming follows the tenets of the contract between CCS and Milwaukee County, as well as CCS protocols and industry standards. CCS also has nearly 400 additional Home Office team members prepared to support the Milwaukee County medical program. Our **local support** includes Wisconsin-based Client Services Director Jack Jadin (former Jail Administrator for Brown County), Regional Behavioral Health Manager Michelle Reed, and Operations Manager Jessica Jones, along with more than 200 employees throughout the state, including local nurses, mental health professionals, and health services administrators licensed in Wisconsin who will be available to assist with training, mentoring, and resource management as needed.

Immediate Steps

To ease the transition of services, CCS prefers to meet with new clients and valued medical personnel ***within 48-72 hours of notice of contract award***. We will provide informational sessions to medical personnel and distribute applications and paperwork to all on-site staff. CCS uses an automated process to make the transition easier for current employees. We will distribute a “How to Apply” document that will guide them through the application process in six easy steps.

Immediately upon notification of award, we will set up a “startup portal” website for Milwaukee County employees that will be the repository for all information related to the hiring, orientation, and transition process. An example web address would be: http://newccs.recruiting.com/Milwaukee-County.



How to Initiate your Transition Process with Correct Care Solutions

1. Visit jobs.correctcaresolutions.com.

2. Scroll to the bottom of the page and click on "Learn More" as displayed below:

Are you transitioning to CCS as part of a New Site Contract?
Learn More

3. This site provides information about your transition to CCS through documents and videos.

4. Select the link for "Milwaukee County":

Overview
CCS Benefits
Milwaukee County

5. Use the "click here" link below to access our CCS online application.

Welcome to CCS

The links below will provide you with important information about Frequently Asked Questions and initiating your onboarding process with Correct Care Solutions.

All current employees, please initiate the transition process by completing your profile in our company's system click here

6. Create a User Name and Password, complete each of the steps of the application.

Eligibility Meeting: What you must bring

* Professional license: original or copy of current validation
* Last pay stub
* CPR card
* All other certifications

Current Employees

Upon notification of award, CCS will work closely with the Superintendent and Jail Administrator to retain all valued current members of your health care team. CCS will conduct meetings with HOC and MCJ command staff to identify valued health care staff and to ensure a clear understanding of expectations and channels of communication.

CCS will ensure the compensation offered to these employees is at least equivalent to what they are currently receiving—***no one will go backwards in pay***. We will also provide ***full benefits on Day One*** for employees who qualify in their current position. Our goal is to retain all qualified, properly credentialed individuals who have the attributes to succeed as a part of our team, with the input and approval of the Superintendent and Jail Administrator.

Prior to contract start-up, our team will personally meet with current staff to address any questions and concerns. We believe this respect and consideration initiates a positive relationship to sustain a long-term commitment in a productive environment.

Transition Plan

Once we receive notification of intent to award the contract, we will immediately begin the transition process. CCS will develop a detailed transition plan to ensure proper delegation of responsibility and to ensure that our program meets all tenets of the contract. We will use this transition plan to communicate responsibilities and to ensure the completion of all required tasks. Continuous communication helps minimize surprises and ensures a mutual understanding of decisions and protocols.

Recruitment/Retention of Current and New Staff

CCS will actively begin recruiting efforts on the day we are given notice of award. Recruitment and hiring efforts will be directed by the CCS Recruiting Manager with the support of our corporate Human Resources department. We will have discussions with facility administration to identify the high-performing members of the current medical and mental health teams so that we may focus our recruitment efforts. Upon extending an offer to candidates, CCS will begin the credentialing process for providers.

Subcontractors and Specialists

At the direction of Milwaukee County, the CCS Network Development team will contact on-site and off-site subcontractors and specialists to develop and finalize agreements on behalf of the House of Correction and Office of the Sheriff. Throughout the transition period, we will continue reaching out to these providers and others recommended in order to establish a strong provider network and the best possible on-site programs.

Hospital Services

The CCS Network Development department will establish partnerships with local hospitals and will provide copies of clearly defined written agreements of understanding for approval by the County. They will work to negotiate the best rates for 24-hour service with hospitals, physicians, ambulance companies, and other local providers of ancillary services.

Pharmaceutical, Laboratory, Radiology, and Dental Services and Supplies

CCS will work with our subcontractors and facility administration to ensure that necessary pharmaceutical, laboratory, radiology, dental, and other medical supplies are available at start-up. We have par level ordering guidelines and will order the supplies necessary and have them delivered prior to the start-up to ensure the continuation of proper care at the HOC and MCJ. CCS will determine a secure place in the HOC and MCJ where all packages can be delivered and kept secure until the transition of services occurs. Following transition, we will ensure the continued availability of supplies needed to provide on-site care and treatment of the inmate population.

Identification and Plan for Assuming Existing Medical Care Cases

CCS will communicate throughout the transition process with the County's medical and mental health teams. We will require knowledge of any inmates currently hospitalized, those in need of specialized chronic care (e.g., chemotherapy, dialysis, etc.), those with off-site appointments scheduled for the next 30 days, and those on suicide watch. CCS will communicate with facility administration and the current medical and mental health teams throughout the transition process to identify and care for those inmates requiring medical attention.

Equipment and Inventory

CCS will be responsible for all associated office equipment, as well as medical equipment under $1,500, required for the efficient operation of the medical program. We will work with facility administration to ensure that all necessary equipment is available for start-up, and we will maintain adequate equipment to perform all services required under our contract with Milwaukee County. All equipment and materials will comply with standards promulgated by the American National Standards Institute (ANSI) or with the rules of the Food and Drug Administration under the Safe Medical Devices Act.

CCS will also coordinate the timely maintenance, repair, and replacement of all equipment necessary due to reasonable and expected wear and tear. We will provide general scheduled maintenance and inspections for X-ray and other medical equipment in accordance with the manufacturer's suggested maintenance schedule.

Medical Record Management

CCS will maintain patient health records using our Electronic Record Management Application (ERMA), the implementation of which is included in our transition plan for the HOC and MCJ. We have experience transitioning records from the County's current system, CorEMR, and will ensure a seamless transition. CCS will complete interfaces between ERMA and Clinical Solutions, LabCorp, and Mobilex during the transition period. For additional information, please see section **10 Health Records and Data**.

Health records will comply with state and federal regulations pertaining to access, disclosure, and/or use of health information. CCS will retain inactive health records in accordance with NCCHC and ACA standards, as well as laws of the State of Wisconsin and requirements of the American Medical Association. If an inmate returns to the system, CCS will identify and reactivate the inactive record. CCS will store inactive paper health records as required, and will establish a reasonable access timeframe for any records archived off site. We will retain inmate health records for the required timeframe and will provide for their subsequent disposal in keeping with established policies and the County's approval.

Orientation of New Staff

All new employees will participate in training that includes an introduction to CCS, security parameters at the HOC and MCJ, and information regarding NCCHC and ACA standards and certification. Each employee hired by CCS during the transition period will undergo specific training regarding the expectations CCS has for our program, as well as their specific role in that program. County team members are welcome to join in these training sessions, which are conducted outside of regular working hours and are paid on the first CCS paycheck.

Coordination of Transition

CCS will develop a comprehensive Contract Implementation Plan (CIP) describing our approach for transitioning the Milwaukee County medical program, including specifications for the recruitment of current and new staff; on-site medical services; pharmaceutical, laboratory, radiology, and medical supplies; equipment and inventory; and health records management. The final site-specific CIP will be revised as needed to meet the specific needs of the HOC and MCJ and will be updated weekly.

The CIP will provide a comprehensive listing of tasks, the individuals responsible, and the projected dates for completion. CCS will use the CIP to ensure timely progress and to redirect additional resources as needed. We will assign a Transition Coordinator to provide a single point of contact and hierarchy of delegation.

The CCS transition team will begin holding weekly conference calls upon notice of intent to award, guided by the CIP, and will engage every department within CCS that will interact with Milwaukee County. This allows us to hit the ground running on the first day of transition with no interruption in patient care. CIP meetings will include various members of the Nashville-based Regional Support departments to ensure that all transition planning activities are efficient and effective.

Collection and Maintenance of Specified Reports and Documentation for Accreditation

CCS has obtained first-time NCCHC accreditation for many clients (and we have never lost accreditation). Upon contract transition, we will collect and maintain reports, records, and other documentation needed for accreditation audits. CCS will analyze this data and will use it to address areas needing improvement. Our internal quality improvement programs guarantee that our clients meet and maintain all applicable standards. For additional information, please see section **9.1 Achieving Initial NCCHC Accreditation**.

The CCS Compliance and Accreditation department will initiate a binder system that will be used to collect and file information. The binder system will include a guide for acquiring and logging information as proof of each NCCHC standard. A separate binder is created for essential categories, including Administration, Policies and Procedures, and Quality Improvement. We can provide an example of a binder guide showing the types of documents typically collected upon request.

Prior Credentialing, Training Data, and Peer Reviews of All Retained Staff

CCS will ensure that all applicable licensure requirements are met prior to the start of the agreement. During the transition phase, we will provide a written list with names, years of experience, and types of license and/or certifications held for staff who will be providing services to the County. CCS will also create a credentialing log to ensure all credentialing is kept up to date. For detailed information regarding credentialing requirements and processes, please see section **13 Licensure, Credentialing and Qualifications of Medical Staff**.

When a provider is hired, they will be placed on a peer review schedule consistent with NCCHC standards. They will also receive orientation and ongoing training consistent with NCCHC standards, which will be documented. For additional information, please see sections **12.12 Contractor Personnel Orientation** and **12.13 Contractor Training and Documentation**.

[redacted]

Transition Experience and Cooperation with Current Provider

CCS will cooperate fully with Milwaukee County's current medical provider in effecting a smooth transition. We are uniquely qualified to facilitate this transition, having recently transitioned three Monroe County Sheriff's Office facilities in Florida from your incumbent provider. We have provided a success story from the transition in this section, and we invite you to contact our partner in Monroe County; ask them to tell you about their experience transitioning from your current provider to CCS.

CCS also has significant experience transitioning contracts from other companies in our industry, including 12 current clients we transitioned from the other companies present at your pre-proposal conference. Seven of those clients have 1,000 or more beds, and one is the Massachusetts Department of Correction, where we just had an extremely successful transition and are now providing outstanding care for nearly 9,000 patients across 15 facilities.

Moreover, CCS is accustomed and well equipped to implement comprehensive health care services for the number of inmates in the County's custody, based on our experience and success in other large jails (described in section **1.5 Experience with Similar Sites**). With our vast experience, CCS stands ready to complete a smooth and successful transition in Milwaukee County. We have provided the following client testimonials for your review and we encourage you to contact our client references. Ask them why they chose CCS and how our operations are different from their previous provider.

Client Testimonials – The CCS Difference	
Transition Ability	*"While the partnership between the DeKalb County Sheriff's Office and CCS is new, the transition has been smooth and consistent with the goals and objectives set forth in their proposal. CCS immediately hired additional nursing, mid-level clinicians and doctors to meet the growing population of inmates with chronic and acute illnesses. To facilitate a smooth transition, CCS identified and dedicated two members of the corporate office to acclimate on-site staff with CCS systems, processes, and policies and procedures."* Xernia L. Fortson, Esq. Retired Director of Administration & Legal Affairs, DeKalb County Sheriff's Office, GA
Measurable Results	*"Since switching to CCS, every single objective measure of our medical services has improved, and in some cases, dramatically…Now when I'm in the housing units, fewer inmates by far are approaching me to complain about their medical concerns, which means CCS is taking care of business…The response of CCS' regional and corporate representatives to any question I may have is immediate and sustained – they don't go away until I'm satisfied."* Randy Demory Jail Director, Berkeley County, SC
Communication	*"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."* Sheriff Daron Hall Davidson County Sheriff's Office, TN
Creativity	*"CCS was able to creatively structure a contract that managed skyrocketing inmate healthcare costs in a manner that was consistent with our philosophy of care. This was an amazing feat….I recommend CCS as a service provider without reservations."* Gayle Harris Director, Durham County Health Department, NC

Transition Success Stories

Monroe County, Florida

At midnight on Sunday, October 1, 2017, CCS successfully transitioned services at three facilities in Monroe County, Florida, with a combined ADP of over 450, from Milwaukee County's current medical provider. The transition took place during and immediately following Hurricane Irma. The facilities had evacuated a few days prior, and no one knew what condition they were in or what kind of supplies would be available to provide care once the inmates returned. The week before the transition, CCS began ordering computers, stock meds, and lab and other supplies so they would be on hand for the startup. CCS also had new Policies and Procedures manuals and patient care forms shipped in advance so our team was ready to begin training nurses at midnight on the start date.

CCS had a crew on site over the weekend to prepare for the transition. Since the facilities had been evacuated, no one was sure how much of the existing staff would be able to return for the transition. CCS enlisted a much larger transition team than normal, including staff from our other Florida sites. We had Florida-licensed nurses, a Florida-licensed mid-level provider, and a Florida-licensed mental health professional on hand to give staff the opportunity to rest when needed. The evening before the transition, the CCS transition team arranged a dinner with our new client to introduce everyone in a relaxed environment and to initiate a camaraderie that would carry throughout the transition and continues to this day.

Despite the recruiting challenges created by the hurricane and remote location of Key West, CCS had key positions filled with permanent staff within 30-60 days of startup. We promoted the former DON to HSA; having worked for the previous provider and now CCS, she has seen a marked improvement in the quality of care provided to the patients in Monroe County. Specific noted improvements include withdrawal management protocols (CIWAs/COWs) that have led to a drastic decrease in detox-related seizures since transition. CCS also increased safety and accountability with an improved count process for sharps and controlled substances, including the introduction of red books; under the previous provider, controlled substance counts were maintained only in an Excel spreadsheet printed and inserted in a binder. (For details regarding the benefits of CCS red books, please see section **6.6 Medication Control and Accountability, Pharmacy Inspections**.)

Our HSA also remarked that "CCS has a lot more to offer on their training," and "the support from CCS versus [the previous provider] has been phenomenal." She is especially grateful for the support she receives from the Regional Management team, which is much improved under CCS. She has weekly calls with the Regional Manager and Regional Medical Director to review hospitalizations and ER trips from the previous week, as well as patients with more complex medical or mental health needs or newly diagnosed infectious diseases. Her staff received face-to-face onboarding from the Regional Medical Director and Regional Behavioral Health Manager, something she had never seen before CCS arrived. This has led to a better understanding of protocols and more clinically sound care for patients. "I'm more confident in the care we provide," she said.

Monroe County Sheriff Rick Ramsay has made himself available to personally speak with Milwaukee County representatives about the positive changes his facilities have experienced since transitioning to CCS. Sheriff Ramsay may be contacted at 305-292-7001.

Jefferson County, Texas

CCS has verifiable experience where we have successfully transitioned services within 30 days, but in the case of Jefferson County, Texas (transitioned from NaphCare), we did so in just *under two weeks*. The previous provider was asked to extend their contract month-to-month when the RFP process ran long. 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 our Electronic Record Management Application (ERMA) 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.

Worcester County, Massachusetts

CCS transitioned services in Worcester County, Massachusetts (transitioned from NaphCare) on October 5, 2015. Following a meeting with the Superintendent, CCS was asked to submit a proposal; within two weeks of submitting our proposal, we were awarded the contract. CCS transitioned the two facilities in less than 30 days following notice of award. We implemented our Electronic Record Management Application (ERMA) and Care Management system on *Day One* of the contract. As a result of CCS taking over this contract, Worcester County will experience an annual savings of approximately $600,000 per year, in addition to a 50% return of any unspent portion of the annual capitation for off-site expenses.

4 Inmate Care and Treatment: General and Specific

Respondents should use this section to describe the approach they will take to delivering the required medical services as described in the RFP in the following Sections:

- Section 4 – Inmate Care and Treatment: General
- Section 5 – Inmate Care and Treatment: Specific Requirements
- Section 8 – Inmate Care and Treatment: Programs
- Section 9 – Inmate Care and Treatment: Exclusions

It is important that the Contractor understand and incorporate the health care services values and philosophy described in the RFP. If a Respondent intends to exceed minimal standards, it should describe how it will do so. Use of evidence-based practices is highly encouraged, and should be described throughout this section of the Proposal.

The Respondent should answer questions below in the following format: indicate for each response the number of the request that it addresses, including section number; indicate the question number, re-type the question, and provide your response.

4.1 Priorities of Care

Response to Section 21.4, Question 1

1. Describe how you intend to provide unimpeded access to care as requested in Section 4.1: Priorities of Care.

Clinical Decisions

CCS will be solely responsible for all clinical decisions with respect to the type, timing, and level of services needed by inmates covered by the program. This includes, without limitation, the determination of an inmate's clinical needs, inpatient hospitalization, and/or referral to an outside specialist or other specialized care determined to be clinically necessary. Except as otherwise provided in the RFP, CCS will be the sole supplier and/or coordinator of all medical, mental health, and dental services constituting the program under the RFP and any Contract, and, as such, will have the sole authority and responsibility for the implementation, modification, and continuation of health care for inmates.

Unimpeded Access to Care

CCS will ensure that inmates have unimpeded access to both emergency and routine care, regardless of their location, custody level, or status, at all times. During the receiving screening, CCS staff will advise all inmates of their right to access care and the process for requesting health care services. Inmates will have immediate access to health care request forms that meet all standards and guidelines.

Following the collection of health care request forms, CCS nursing staff will triage sick call requests within 24 hours of receipt. Sick call requests will be assigned a disposition of Urgent, Priority, or Routine and will be addressed within the appropriate timeframe. For additional information regarding the CCS sick call process, please see section **4.3 Sick Call and Daily Non-Emergent Health Care Requests**.

Scheduling and Priority of Services

CCS will be responsible for identifying all inmate health care needs and scheduling appropriate treatment, as well as coordinating all emergency and non-emergency on-site and off-site medical services.

CCS will ensure appropriate and timely access to specialty care, and will schedule referrals for specialty care providers according to clinical priority. We will strive to ensure that specialty services with urgent priorities occur as quickly as possible within 7 days of referral. CCS will review and revise schedules on a daily basis to ensure timely access to care for emergent and urgent medical needs. Routine specialty services will occur as soon as possible within 30 days of referral. If services do not occur within this timeframe, the medical practitioner will re-evaluate the patient to determine and document the level of need.

CCS staff will schedule appointments for specialty services through our powerful Care Management system, which allows us to track and prioritize specialty appointments to ensure they take place within the required timeframe. In the event that a patient requires specialty services that cannot be provided on site, CCS will authorize, schedule, and coordinate the provision of such services with local providers. For additional information regarding the provision of on-site and off-site specialty services, please see section **4.22 Specialty Clinics**.

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.

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.

Once the referral is approved, CCS staff will schedule an appointment through the CCS Care Management system, which allows health care personnel to easily schedule appointments for both on- and off-site specialty services. Appointment scheduling through the Care Management system is a valuable tool for medical staff as they prioritize specialty appointments. For additional information, please see section **7.3 Specialty Services Utilization Management**.

4.2 Consent to Treat and Refusal Documentation

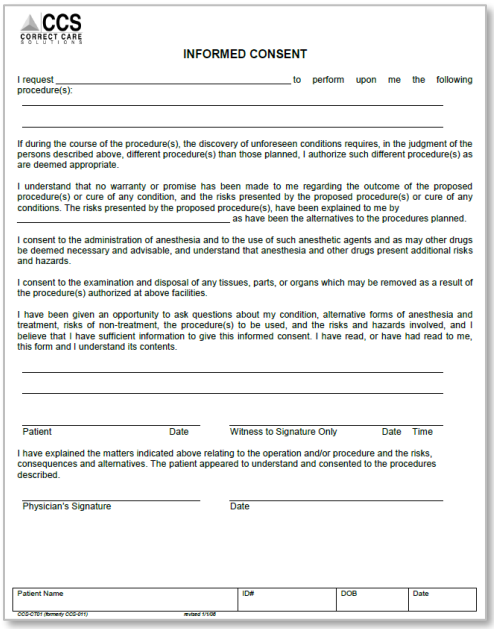
Response to Section 21.4, Question 2

2. Describe how your method for ensuring informed consent and tracking / documenting informed consent and refusals of care. Describe the method you will use to meet requirements pertaining to informed consent and refusal documentation as listed in Section 4.2: Consent to Treat and Section 4.3: Refusal Documentation.

The CCS Policies and Procedures Manual (which will be customized as needed for the Milwaukee County facilities) contains a policy on Informed Consent and Right to Refuse, which complies with NCCHC and ACA standards. The policy is intended to ensure that patients have the right to make informed decisions regarding health care, including the right to refuse. All CCS staff engaged in patient care are responsible for becoming familiar with and adhering to this policy. The DON will be responsible for overseeing the process regarding the documentation required, forms utilized, and criteria applied for informed consent.

Consent to Treat

Examinations, treatments, and procedures are governed by informed consent practices applicable in the jurisdiction. For procedures, medications, or any treatment where there is some risk to the patient, informed consent is documented on a written form containing the signatures of the patient and health care staff witness. Informed consent is obtained and documented in the patient's health record prior to the performance of any procedures and treatment.



CCS CORRECT CARE SOLUTIONS

INFORMED CONSENT

I request _____ to perform upon me the following procedure(s):

_____

_____

If during the course of the procedure(s), the discovery of unforeseen conditions requires, in the judgment of the persons described above, different procedure(s) than those planned, I authorize such different procedure(s) as are deemed appropriate.

I understand that no warranty or promise has been made to me regarding the outcome of the proposed procedure(s) or cure of any condition, and the risks presented by the proposed procedure(s) or cure of any conditions. The risks presented by the proposed procedure(s), have been explained to me by _____ as have been the alternatives to the procedures planned.

I consent to the administration of anesthesia and to the use of such anesthetic agents and as may other drugs be deemed necessary and advisable, and understand that anesthesia and other drugs present additional risks and hazards.

I consent to the examination and disposal of any tissues, parts, or organs which may be removed as a result of the procedure(s) authorized at above facilities.

I have been given an opportunity to ask questions about my condition, alternative forms of anesthesia and treatment, risks of non-treatment, the procedure(s) to be used, and the risks and hazards involved, and I believe that I have sufficient information to give this informed consent. I have read, or have had read to me, this form and I understand its contents.

_____

_____

Patient Date Witness to Signature Only Date Time

I have explained the matters indicated above relating to the operation and/or procedure and the risks, consequences and alternatives. The patient appeared to understand and consented to the procedures described.

Physician's Signature Date

Patient Name	ID#	DOB	Date

CCS-CF01 (formerly CCS-011) revised 1/1/08

The informed consent process includes informing the patient of the benefits and risks associated with having and not having the procedure. Special procedures, including the use of a translation service, ensure that patients who have difficulty communicating understand how to access health care services. Exceptions to consent are life-threatening conditions that require immediate medical intervention and emergency care of patients who do not have the capacity to understand the information given.

Refusal Documentation

Refusal documentation is also part of the CCS informed consent policy, which addresses the various scenarios of refusal and potential exceptions. The inmate's right to refuse treatment will be clearly delineated and defined according to Wisconsin statute and CCS standards, which adhere to NCCHC standards. Refusal for any health evaluation, treatment, or medication is documented with an explanation and the patient's signature. No blanket refusals or refusal of care upon admission shall be acceptable. Inmates who fail to present for an appointment shall not be assumed to be refusing care.

The cause of any refusal will be determined and documented, with records retained for the appropriate period of time as determined by professional standards and by law. Documentation must include:

- Description of the nature of the service being refused
- Evidence that the patient has been made aware of any adverse consequences to health that may occur as a result of the refusal
- The signature of the patient
- The signature of a health services staff witness

If the patient refuses to sign the refusal form, it will be signed by two witnesses, at least one being qualified health care staff. If there is concern regarding the patient's decision-making capability, the patient will be referred to mental health for an evaluation, especially if the refusal is for critical or acute care.

In the case of medication refusals, documentation on the MAR will indicate the patient refused the medication. If a patient misses four doses in a seven-day period, or establishes a pattern of refusal, the patient will be referred to the prescribing provider after the fourth missed dose.

Health care staff will make documented contact with a patient on a High-Priority Medication who does not show to medication pass in order to check patient status and obtain a refusal. The patient will be educated on the dangers of missed medication. If a patient refuses or misses a High-Priority Medication, the patient will be referred to the prescribing provider for chart review and to determine the need for a face-to-face encounter.

4.3 Sick Call and Daily Non-Emergent Health Care Requests

Response to Section 21.4, Question 3

3. Describe how you intend to provide sick call and respond to non-emergent health care as requested in Section 4.5: Sick Call and Daily Non-Emergent Health Care Requests. In particular, provide:
    a. Your organization's experience managing sick call services in a correctional facility. How many inmates per day do you see in sick call at any given facility?
    b. How will triage be conducted? Who will conduct triage? Is triage face-to-face, or by paper review? Will triage occur on weekends and holidays? Is evening sick call available?
    c. What procedures do you have in place to ensure you will meet and document compliance with sick call deadlines listed in Section 4.5?

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. The CCS sick call process ensures that inmates have access to medically necessary health care services, and uses a combination of nurses, mid-level providers, and physicians for sick call services as defined within their scope of practice. CCS will allocate sufficient health care staff for the sick call process to allow all inmates to be seen in a timely manner in accordance with NCCHC and ACA standards.

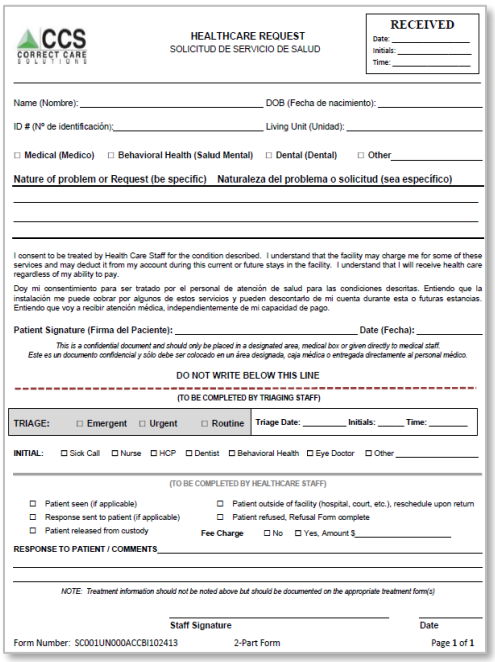
Sick Call Requests and appointments are based on the acuity of the population and the prioritization of health care services within the facility. There are many factors that affect the volume of patients seen, which can follow trends with ADP and seasons. Sick call services can range widely by facility based on ADP, patient demographics, average length of stay, and regional health concerns. CCS has seen averages of 18% to over 100% of the patient population requesting services in any given month.

Access to Care

During the receiving screening process, CCS staff will advise all inmates of their right to access care and the process for requesting health care services. Information regarding access to health care will be communicated to inmates both verbally and in writing in a language the inmate comprehends upon arrival at the MCJ or HOC.

Provisions will be made to ensure that non-English speaking inmates understand how to obtain health care. For additional information regarding translation services, please see section **4.16 Intake Services**.

Inmates will have immediate access to sick call request forms that meet all standards and guidelines. Custody staff can also make referrals if they have concerns for the health status of an inmate. All medical complaints will be recorded, along with a recommended intervention and referral to appropriate health care staff.



CCS CORRECT CARE SOLUTIONS

HEALTHCARE REQUEST
SOLICITUD DE SERVICIO DE SALUD

RECEIVED
Date: _____
Initials: _____
Time: _____

Name (Nombre): _____ DOB (Fecha de nacimiento): _____

ID # (Nº de identificación): _____ Living Unit (Unidad): _____

☐ Medical (Medico) ☐ Behavioral Health (Salud Mental) ☐ Dental (Dental) ☐ Other _____

Nature of problem or Request (be specific) Naturaleza del problema o solicitud (sea especifico)

I consent to be treated by Health Care Staff for the condition described. I understand that the facility may charge me for some of these services and may deduct it from my account during this current or future stays in the facility. I understand that I will receive health care regardless of my ability to pay.

Doy mi consentimiento para ser tratado por el personal de atención de salud para las condiciones descritas. Entiendo que la instalación me puede cobrar por algunos de estos servicios y pueden descontarlo de mi cuenta durante esta o futuras estancias. Entiendo que voy a recibir atención médica, independientemente de mi capacidad de pago.

Patient Signature (Firma del Paciente): _____ Date (Fecha): _____

This is a confidential document and should only be placed in a designated area, medical box or given directly to medical staff.
Este es un documento confidencial y sólo debe ser colocado en un área designada, caja médica o entregada directamente al personal médico.

DO NOT WRITE BELOW THIS LINE

(TO BE COMPLETED BY TRIAGING STAFF)

TRIAGE: ☐ Emergent ☐ Urgent ☐ Routine | Triage Date: _____ Initials: _____ Time: _____

INITIAL: ☐ Sick Call ☐ Nurse ☐ HCP ☐ Dentist ☐ Behavioral Health ☐ Eye Doctor ☐ Other _____

(TO BE COMPLETED BY HEALTHCARE STAFF)

☐ Patient seen (if applicable) ☐ Patient outside of facility (hospital, court, etc.), reschedule upon return
☐ Response sent to patient (if applicable) ☐ Patient refused, Refusal Form complete
☐ Patient released from custody Fee Charge ☐ No ☐ Yes, Amount $_____

RESPONSE TO PATIENT / COMMENTS _____

NOTE: Treatment information should not be noted above but should be documented on the appropriate treatment form(s)

Staff Signature Date

Form Number: SC001UN000ACCBI102413 2-Part Form Page 1 of 1

Inmates will have unimpeded access to both emergency and routine care, regardless of their location, custody level, or status, at all times. If an inmate is unable to attend a sick call session due to custody status (e.g., segregated inmates) or as a result of physical condition, CCS will arrange to conduct sick call services at the inmate's cell.

Health care services will be provided in a manner that complies with state and federal privacy mandates. CCS understands the importance of decentralized services in order to minimize inmate movement and will conduct sick call services and nursing encounters in the inmate housing units to the fullest extent possible.

Nurse Triage and Treatment

Qualified nursing personnel will conduct sick call triage at least once daily, seven days a week, including holidays. Following the collection of health care request forms, nursing staff will triage sick call requests within 24 hours of receipt. Sick call requests will be signed, dated, and timed at the time of collection.

Any manual collection of sick call requests can be documented on a sick call log, or tracked via entry of the sick call appointment related to the request. The sick call request log will indicate the urgency of the request, as well as the initial date and time of receipt of the request.

The triage nurse will use ERMA to schedule the inmate to be seen at sick call based on priority. Requests will be assigned a disposition of Urgent, Priority, or Routine and will be addressed within the appropriate timeframe. Timelines for response to clinical and non-emergent mental health requests are typically as follows: Emergent within 4 hours; Urgent within 24 hours; routine within 72 hours.

Inmates will receive a face-to-face consultation at the next scheduled nurse sick call (within 24 hours of triage for routine requests), which will also take place seven days per week. Should the need arise outside the scheduled sick call, inmates who require urgent or emergent medical attention will be seen on the same day they request such services. Evening sick call will also be available as needed.

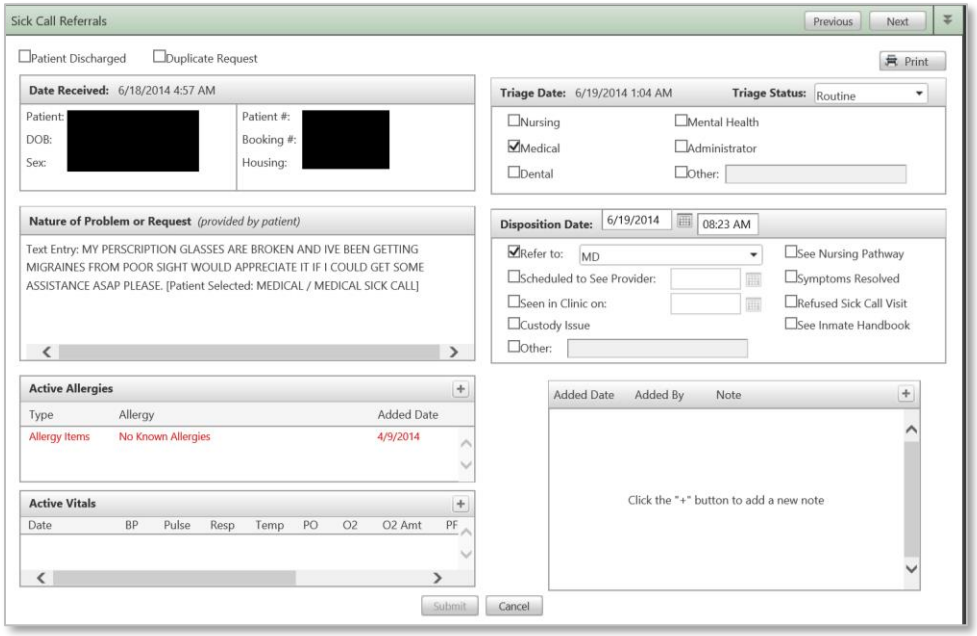
At the time of triage, the nurse will initiate referrals for patients in need of consultation with the medical provider. If multiple areas of interest (i.e., medical, dental, and/or mental health) are requested, additional referrals will be sent to the area of request. The nurse will document the area of interest on the request form and will sign, date, and time the form.

Immediacy of need will be determined by the triage nurse. Inmates referred to the psychiatrist will be seen within 10 working days of the referral. Dental appointments will be made in accordance with a priority system approved by the dentist.

Innovative Solution: Electronic Sick Call Requests and Referrals

CCS has experience interfacing with electronic kiosks for the collection and triage of sick call requests. Our EHR system, ERMA, can collect sick call requests electronically from vendor-provided kiosks, inmate tablets, or other systems. Once sick call requests are collected, they are transmitted to ERMA, where they are triaged, scheduled, and documented.

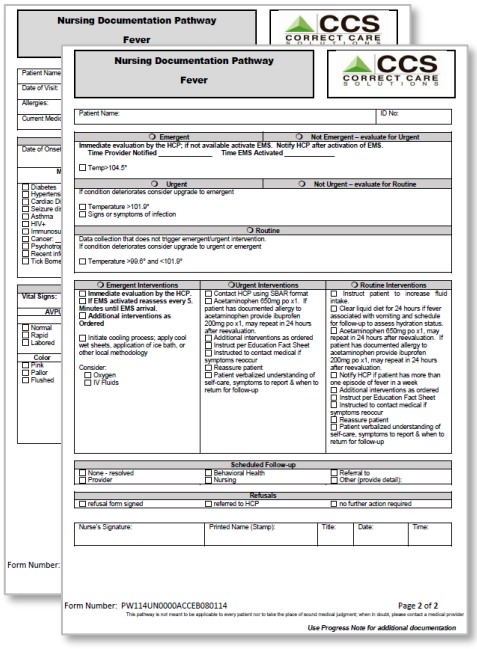
Sample Sick Call Referral in ERMA



Nursing Documentation Pathways

CCS nurses conduct sick call using Nursing Documentation Pathways (NDPs), which represent a standard of care to be provided to patients in a variety of situations. The NDPs were developed by CCS physicians to assist nurses with diagnoses and to ensure consistency of care.

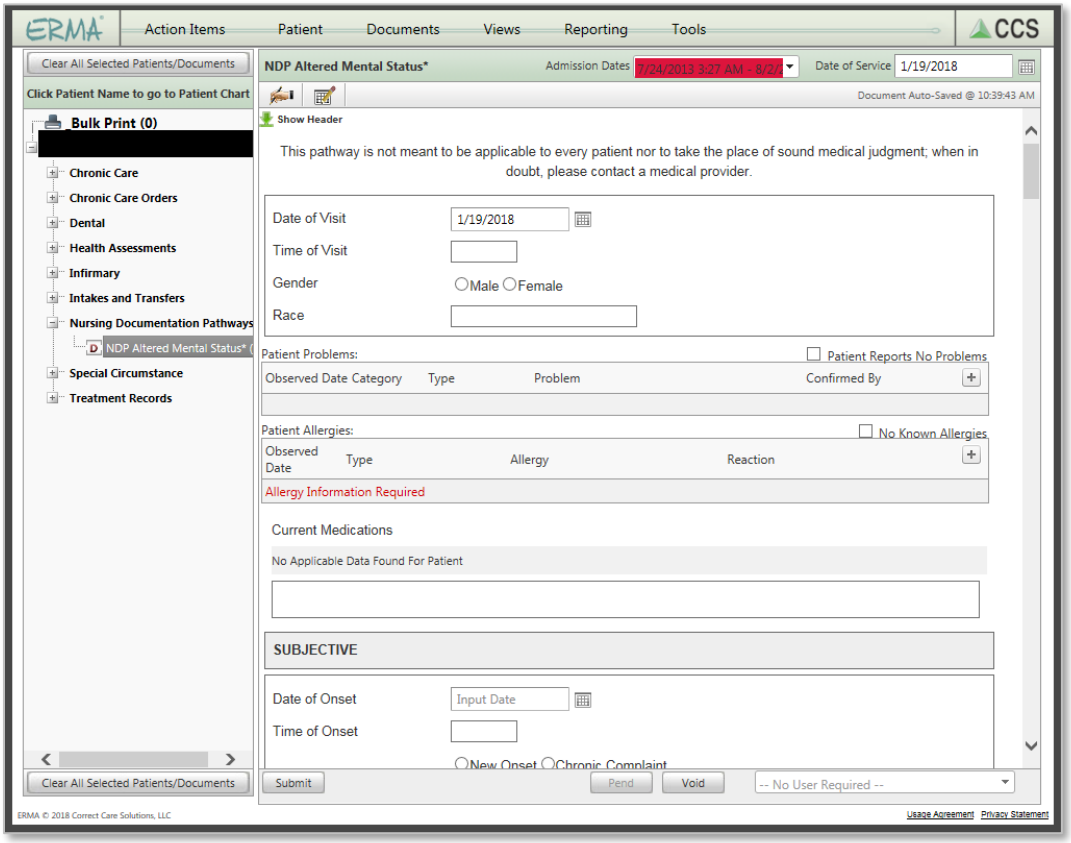
The NDPs provide a ***consistent structure for patient care, justification for actions, and a set of interventions specific to the patient's presenting condition***. Their purpose is to provide facts and information regarding specific health conditions or complaints and, thereby, facilitate the nurse's ability to draw logical conclusions from observations, then provide appropriate intervention and follow-up for a particular health condition.



In its simplest form, a Nursing Documentation Pathway is a decision-tree process for nurses to follow, which also improves ease of training and ***maximizes practitioners' time***. All CCS nursing staff are trained in the use of the NDPs.

The CCS Nursing Documentation Pathways manual for the HOC and MCJ will be subject to approval by the Superintendent or Jail Administrator. The manual will be reviewed annually by the site Medical Director and will be updated as required by the CCS Nursing Department. As part of the annual review process, the HSA and/or DON will instruct all nursing staff on revised NDPs as applicable.

Sample Nursing Documentation Pathway in ERMA



Provider Clinics

Patients referred for provider consultation will be seen during the next scheduled provider clinic, which will take place no less than five days per week. Providers will be available seven days a week to manage emergent and urgent issues. A physician or mid-level provider will also be available on call 24/7 for emergencies.

The medical provider will assess the patient and provide the appropriate treatment and follow-up. CCS practitioners use evidence-based practices to make clinical decisions regarding patient treatment. CCS has developed Clinical Monographs that represent best practices our practitioners should use when treating both episodic and chronic medical needs. CCS practitioners also receive training from the CCS Clinical Department on clinical decision making in the correctional environment.

Compliance with Sick Call Deadlines

CCS will keep a sick call log to ensure compliance with sick call deadlines. We will submit regular compliance reports to the Superintendent, the Sheriff, and the Contract Monitor. The customized monthly reports for Milwaukee County will reflect the previous month/term workload, with data including but not limited to:

- Average number of days between the receipt of routine requests to initial face-to-face evaluation by RN or physician
- Number of requests for urgent medical, dental, or behavioral health service that are evaluated by a provider within 24 hours
- Number of inmates who missed receiving screening
- Number of inmates with chronic illness who received their medications within a day of incarceration

Co-payment Program

CCS will document inmate-initiated requests for medical, dental, pharmaceutical, and other services as called for under the co-payment program implemented by Milwaukee County. We will follow the guidelines of the County co-payment program, and will provide required information to the County in accordance with its internal process and co-pay policy. CCS will always remain responsible for all medical, mental health, and dental care provided to such inmates; no inmate will be refused health care services due to indigent status or inability to pay.

4.4 Emergency Medical Services and Ambulance Transport

Response to Section 21.4, Question 4

4. Describe how you intend to meet the requirements in Section 4.6: Emergency Medical Services. Describe how you will work with the County to minimize the number of off-site transports and coordinate the scheduling of medically necessary off-site health care transports stated in Section 4.6.2.1: Ambulance Transport.

CCS staff are trained to ensure pre-screening of any incoming inmate whose clinical status suggests a need for immediate health services beyond the scope of care available of the facility, including those with obvious signs of illness or injury and all those involved in a motor vehicle accident, to ensure that emergency treatment and hospital clearance is appropriately obtained. This is of importance not only for the health and welfare of the population, but also to ensure that invoices for detainees who are not yet in County custody are appropriately paid by other agencies.

Emergency Access

CCS will provide emergency medical services 24 hours a day for any person accepted into the HOC or MCJ, pursuant to Wisconsin law. The patient will be stabilized on site, then transferred to an appropriate health care facility if necessary. Health care staff will work in tandem with custody staff to provide first aid/CPR when indicated, until such time that health care professionals arrive on the scene.

Correctional health care personnel are trained to respond to emergencies within four minutes. A CCS staff member will respond to all emergencies upon notification by reporting to the area of the emergency with necessary emergency equipment and supplies.

Emergency care may be delivered in the housing unit(s) or other location(s) within the facilities, or inmates may be brought to the health services area, depending upon the need. The appropriate wheelchair or gurney will be used to transport the inmate to the clinic, if the inmate cannot walk to the health services area.

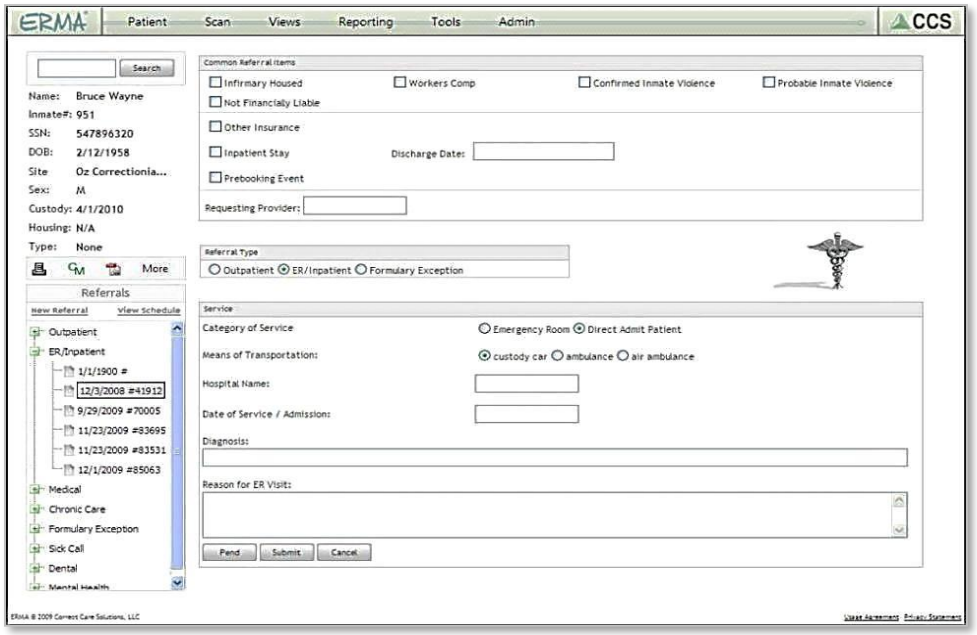
All medical staff will be Basic Life Support (BLS) or Advanced Cardiac Life Support (ACLS) certified. A qualified health care provider trained in the use of the AED will be present at the facility 24/7. Health care personnel will maintain current first aid and CPR/AED certification and attend appropriate workshops to maintain their licensure. CCS will maintain proof of initial and annual CPR certification and will ensure that all employees complete any annual training necessary to maintain their licenses and/or certifications.

On-site health care staff may make emergency off-site referrals based on established guidelines and their professional interpretation of a patient's need. CCS staff will determine if a patient needs to be transported to a local emergency room for treatment. We will coordinate with local hospitals as appropriate in emergency situations, and will arrange emergency transport and ambulance services with custody staff as needed.

A medical and psychiatric provider will be on call 24/7; the on-call provider will be notified as soon as the situation allows. The CCS Medical Director will conduct a retrospective review following an ER referral to ensure that the action was appropriate and to identify any additional staff training needed.

CCS will customize monthly reports of emergency room visits, with data including each patient's name and identification number, the date of emergency service, the patient's disposition, and the emergency treatment received. We have provided a sample ER Trips Report in section **8.3 Performance Measures**.

Retrospective Review Form for Emergency Services – Care Management System



Emergency Equipment and Mass Disaster Supplies

CCS will ensure that adequate emergency equipment and mass disaster supplies are regularly maintained at the HOC and MCJ. The CCS Emergency Preparedness Plan (discussed in section **4.5 Disaster Plan**) will ensure the presence and proper use of emergency equipment and supplies, including but not limited to crash cart equipment and disaster bag/mobile equipment, as well as a disaster kit for larger needs encompassing the entire facility. All CCS staff will be trained on the proper use of emergency equipment and supplies.

To ensure the constant availability of emergency response bag supplies, CCS staff will use an Emergency Response Bag Contents List and Verification Log, a sample of which is provided in **Attachment D**. If unopened, the tags/locks will be checked daily. Bags are also checked and restocked when opened. The emergency response bag will contain doses of Narcan for known or suspected opioid overdose. For additional information regarding Narcan, please see section **4.18 Medically Supervised Withdrawal and Substance Treatment**.

CCS is committed to ensuring all personnel are adequately trained to respond to a crisis situation. We offer periodic proficiency training for medical personnel on emergency response and other integral components of our program using established Core Competency Checklists. Core Competency is assessed at least annually dependent upon an individual's needs or responsibilities. Staff members are also trained on the implementation of an Incident Command System (ICS). We have provided a sample of our Health Care Provider Emergency Equipment/Response Competency Checklist in **Attachment D**.

Emergency Medical Care for Personnel, County Employees, and County Visitors

CCS will provide emergency medical treatment and first aid to stabilize any staff, visitors, employees, or subcontractors of the HOC and MCJ who become ill or injured and require emergency care while on the premises. Once the individual's condition is stabilized, he or she will be referred to a personal physician or to a local hospital. CCS will document any services provided. In the event of a communicable disease event at either facility, CCS will provide exposure follow-up, contact tracing, coordination with the Department of Public Health, and roll call education.

Emergency Transportation

CCS will enter into a written agreement with local emergency services for the provision of ambulance service for all levels of care and different types of transportation (i.e., ambulance ACLS, care car, wheelchair van). We will provide, and bear all expenses associated with, emergency and medically necessary transport by ambulance, including airborne (aircraft and helicopter). Such transport shall include transport to off-site facilities and transport between off-site facilities. CCS will review all transportation costs for potential insurance payment.

CCS will utilize the custody transportation team when ambulance and chair car transport is not medically necessary. We understand that custody staff will provide in a timely manner all regular transport services for the transport of inmates to clinics and hospitals, at the County's cost and expense. CCS will coordinate and manage inter-hospital transport with the hospitals.

Ambulance Transport

All inmates experiencing urgent and life-threatening emergencies will be transported to the nearest hospital by EMS. Activation of the local EMS service is to be requested either through health care staff or the facility staff in accordance with policy. CCS will coordinate with ambulance providers in emergency situations. We have provided Letters of Intent from four local ambulance providers in **Attachment E**.

CCS will coordinate with custody staff to arrange emergency transport and ambulance services when needed. Health care staff will work cooperatively with custody staff to ensure that transportation services are provided in a timely and safe manner.

Minimizing Off-site Transports

CCS is confident we can reduce off-site trips from the HOC and MCJ by maximizing on-site services and providing on-call services. The CCS staffing plan assumes 24/7 coverage by a physician or mid-level practitioner for urgent or emergent medical needs at the MCJ. We will also establish a physician/mid-level provider "call back" schedule at the HOC, which will allow for urgent but non-emergent services such as suturing to be provided on site during off hours. We will ensure that any provider subject to on-call for a health care emergency procedure or evaluation will be able to arrive at the facility within 60 minutes.

CCS will also provide properly trained nurses with guidance for applying Steri-Strips or Dermabond to lacerations/wounds and assessing sprains for temporary splinting/immobilization until the patient can be seen by a provider, which should reduce the need for call-back services. ***By training our nurses in emergency response and offering call-back provider services, CCS expects to reduce off-site/ER trips and hospital stays for Milwaukee County.***

For information regarding the provision of on-site services, including specialty services, please see section **4.22 Specialty Clinics**.

Routine Transport

CCS will coordinate and cooperate with County staff when scheduling all required non-urgent health care transports. We will utilize the County transportation team when ambulance and chair car transport is not medically necessary. CCS understands the County will, at its cost and expense, provide in a timely manner all regular transport services for the transport of inmates to clinics, hospitals, physician offices, or other locations, including, without limitation, other facilities in connection with the program.

4.5 Disaster Plan

Response to Section 21.4, Question 5

5. Provide an example of your Disaster Plan and describe efforts for specialized response training and activities for County facilities (see Section 4.7: Disaster Plan).

CCS prides itself on being a solutions-oriented company that considers all aspects of our clients' needs. We have an effective disaster plan for our contracted facilities with detailed procedures for handling emergency situations.

Our Emergency Preparedness policies, protocols, and procedures focus on preparing for the worst, while hoping for the best. We have continually strengthened our emergency plan to address disasters faced by our client facilities. To find out how we transitioned the Monroe County Sheriff's Office facilities in Key West in the aftermath of Hurricane Irma, please see section **3.3 Transition Plan**.

CCS team members jump into action and do what needs to be done for our valued partners in the face of a disaster or impending disaster. Following is an example of how CCS stepped up to help our valued partner, the Richland County Sheriff's Department, during the devastating flooding in South Carolina in early October 2015.

Columbia, South Carolina

In 2015, when we learned that our client facility, the Alvin S. Glenn Detention Center in Columbia, South Carolina, was without drinking water as a result of severe flooding, Senior Regional Vice President, Bill Kissel, borrowed a truck and labor from the Mecklenburg County Sheriff's Office, our valued partner in Charlotte, North Carolina, and purchased every bottle of water in stock at the local Walmart. He and the Mecklenburg Deputy transported the water the 90 miles to Columbia, where the flooding had crippled the city.

Photograph courtesy of the Mecklenburg County Sheriff's Office

CCS will work collaboratively with facility administration to define the roles of health care staff in the event of a disaster. We have established contingency and emergency procedures to ensure continuity of care during unexpected events, disruptions, and natural or man-made disasters. CCS will act quickly throughout and following the transition period to develop a comprehensive plan that addresses all aspects of these possible emergencies.

CCS will develop a cooperative Emergency Preparedness Plan to ensure proper staff recall and allocation, patient movement to designated safe areas, and presence of emergency equipment and supplies. We will coordinate with facility administration to incorporate our CCS Emergency Preparedness Plan into the overall emergency plan for the HOC and MCJ. We also have more than 200 Wisconsin-based employees ready to rapidly respond in an emergency situation.

CCS Staff's Commitment During Disaster

"Your staff during Hurricane Harvey was stellar during the challenging circumstances they faced during this event. Your staff had to work under very uncomfortable conditions, mostly related to the loss of electrical power and even the loss of generator power. Your staff under the very competent leadership of [HSA] Mr. Jason Rankin is to be commended for providing the best medical care to the inmates of the Nueces County Jail."

Asst. Chief Deputy Abel B. Carreon
Nueces County Sheriff's Office, TX

The CCS Emergency Preparedness Plan, which will comply with NCCHC and ACA standards, will be thoroughly outlined in the CCS Policies and Procedures Manual developed for the HOC and MCJ within 60 days of contract award. The Emergency Preparedness Plan will be approved by facility administration and will minimally include:

- Establishment of a command post
- Responsibilities of health staff during an emergency
- Triage procedures
- Use of emergency equipment and supplies
- Establishment of primary and secondary triage areas and sites for care
- Continuity of care and safety of patients
- Prevention of interruption in medication
- Contingency pharmacy and medical supplies plan
- The protection and accessibility of patient care data at predetermined locations
- Training modules
- Disaster bag/mobile equipment contents, breakaway seal system
- Crash cart equipment
- Contact list for recall of key health care staff and community emergency response system
- Evacuation procedures in coordination with security personnel
- Evacuation routes and means of transport out of the institution for injured, ill, disabled, or restrained individuals
- Emergency treatment documentation
- Medical staff participation in facility emergency procedure drills
- Procedure for conducting man down and emergency drills
- Backup assignments for each of the contingency elements

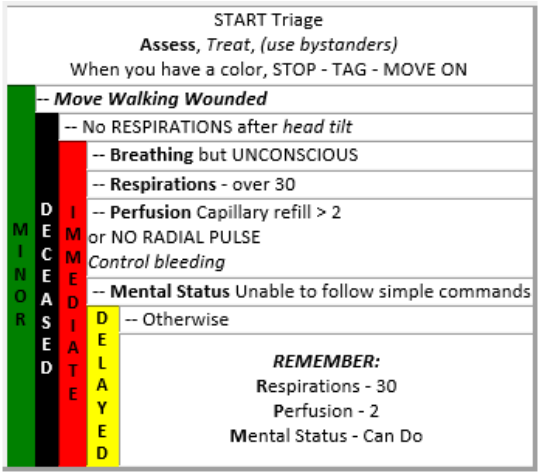
CCS recognizes unique problems and situations, including severe weather and other adverse conditions. The CCS Emergency Response Plan will cover the four major phases of emergency preparedness management—Mitigation, Preparedness, Response, and Recovery—as illustrated in the following graphic.

All CCS personnel will be aware of and familiar with the CCS Emergency Preparedness Plan, which will also cover "man down" incidents, fires, and hostage situations. New employees will be trained on the health aspects of the plan during orientation, and all health care staff will review the plan annually. A health emergency "man down" drill will be practiced no less than once a year at each facility on each shift, to cover all shifts over a three-year period, in accordance with applicable standards. CCS will also participate in disaster drill planning programs as requested by facility administration and will perform a critique of the drills on an annual basis.

CCS is committed to ensuring all personnel are adequately trained to respond to a crisis situation. Correctional health care personnel are trained to respond to emergencies within four minutes. We offer periodic proficiency training for medical personnel on emergency response and other integral components of our program using established Core Competency Checklists. Core Competency is assessed at least annually dependent upon an individual's needs or responsibilities. Staff members are also trained on the implementation of an Incident Command System (ICS). We have provided a sample of the CCS Disaster Plan in **Attachment F**. ***Please note that this information is confidential/trade secret pursuant to Wis. Stat. § 19.36(5).***

CCS uses the START (Simple Triage and Rapid Treatment) system, established by the Hoag Hospital and Newport Beach Fire Department, to train 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 life-threatening injuries, and assigning each patient to one of four categories so that when rescuers arrive at the scene, they can immediately be directed to those patients with the best chance of surviving.



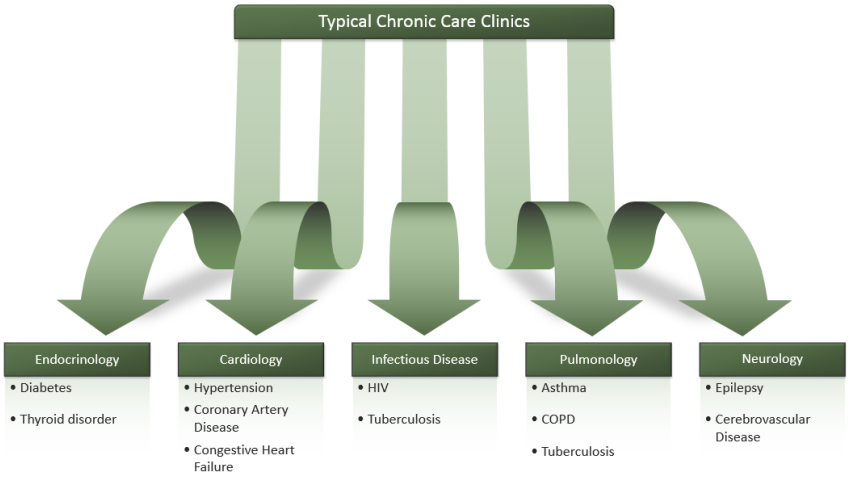
4.6 Chronic Disease Management and Special Needs: General

Response to Section 21.4, Question 6

6. Provide your plan for patients with special needs who require close medical supervision and/or multidisciplinary care as requested in Section 4.8.1: Chronic Disease Management and Special Needs: General Requirement.

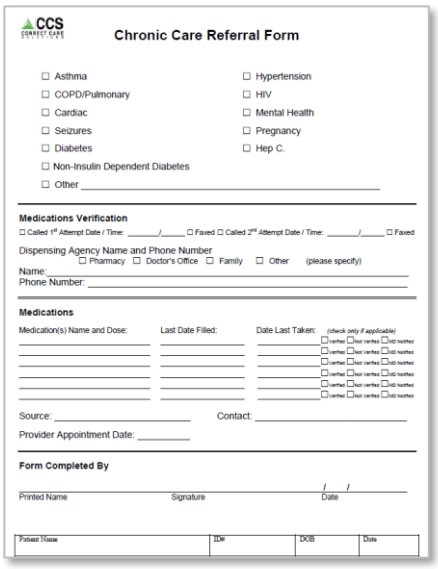
CCS recognizes that there are many inmates with special health care needs requiring ongoing medical supervision and/or multidisciplinary care. We consider any patient with long-term health care needs related to chronic conditions or acute medical and/or mental health problems to be a special needs patient. Special needs patients include those that are mentally ill and/or developmentally disabled. It is our goal to provide special needs patients with services that promote health maintenance and health improvement. The CCS Special Needs Program also emphasizes patient education to encourage compliance with treatment plans both during and following incarceration.

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



Special Needs Screening

CCS staff will perform a special needs screening during the initial intake process and again during the 14-day health assessment. The screening will address housing, monitoring, and follow-up for special needs patients. The results of the special needs screening will be documented on a Chronic Care Referral form, which will be placed in the inmate's health record.


CCS
Chronic Care Referral Form

☐ Asthma ☐ Hypertension
☐ COPD/Pulmonary ☐ HIV
☐ Cardiac ☐ Mental Health
☐ Seizures ☐ Pregnancy
☐ Diabetes ☐ Hep C.
☐ Non-Insulin Dependent Diabetes
☐ Other _____

Medications Verification
☐ Called 1st Attempt Date / Time: _____/_____ ☐ Faxed ☐ Called 2nd Attempt Date / Time: _____/_____ ☐ Faxed
Dispensing Agency Name and Phone Number
☐ Pharmacy ☐ Doctor's Office ☐ Family ☐ Other (please specify)
Name: _____
Phone Number: _____

Medications
Medication(s) Name and Dose: | Last Date Filled: | Date Last Taken: (check only if applicable)
☐ Verified ☐ Not Verified ☐ MD Notified

Source: _____ Contact: _____
Provider Appointment Date: _____

Form Completed By
Printed Name | Signature | Date

Patient Name | ID# | DOB | Date

CCS staff receive focused training and guidance regarding appropriate interventions based on the special needs screening. If it is determined that an inmate requires ongoing care, CCS staff will make recommendations for specialty health care services, appropriate housing, work assignments, and program participation.

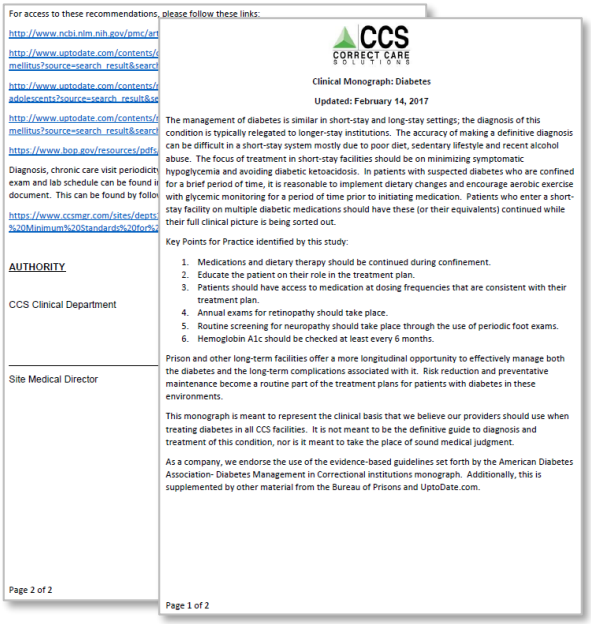
Patients with special needs may also be identified through self-report, during a provider encounter, or by custody staff. Self-reported conditions will be entered in the patient's health record and verified by the medical provider. Referrals from custody staff will be managed in the same manner as if the report had been made directly to medical or mental health staff by the inmate.

4.7 Chronic Disease Management and Special Needs

Response to Section 21.4, Question 7

7. Describe the experience your organization has in providing chronic care clinics in a correctional facility. Identify the types of chronic care clinics and approximate number of inmates served (Section 4.8: Chronic Disease Management and Special Needs).

CCS has established a Special Needs Program focused on the identification, referral, and treatment of inmates with special needs, including chronic conditions (e.g., diabetes, hypertension, asthma, seizures, etc.) and communicable diseases (e.g., HIV, tuberculosis, etc.). Our continued focus on the identification, referral, and treatment of inmates with chronic conditions allows us to manage our patients' needs before they escalate and require off-site consultation, or result in grievances or litigation.


For access to these recommendations, please follow these links:

http://www.ncbi.nlm.nih.gov/pmc/art

http://www.uptodate.com/contents/c
mellitus?source=search_result&searc

http://www.uptodate.com/contents/
adolescents?source=search_result&se

http://www.uptodate.com/contents/
mellitus?source=search_result&searc

https://www.bop.gov/resources/pdfs

Diagnosis, chronic care visit periodicity
exam and lab schedule can be found i
document. This can be found by follo

https://www.ccsmgr.com/sites/depts/
%20Minimum%20Standards%20for%2

AUTHORITY

CCS Clinical Department

Site Medical Director

Page 2 of 2

CCS CORRECT CARE SOLUTIONS

Clinical Monograph: Diabetes

Updated: February 14, 2017

The management of diabetes is similar in short-stay and long-stay settings; the diagnosis of this condition is typically relegated to longer-stay institutions. The accuracy of making a definitive diagnosis can be difficult in a short-stay system mostly due to poor diet, sedentary lifestyle and recent alcohol abuse. The focus of treatment in short-stay facilities should be on minimizing symptomatic hypoglycemia and avoiding diabetic ketoacidosis. In patients with suspected diabetes who are confined for a brief period of time, it is reasonable to implement dietary changes and encourage aerobic exercise with glycemic monitoring for a period of time prior to initiating medication. Patients who enter a short-stay facility on multiple diabetic medications should have these (or their equivalents) continued while their full clinical picture is being sorted out.

Key Points for Practice identified by this study:

1. Medications and dietary therapy should be continued during confinement.
2. Educate the patient on their role in the treatment plan.
3. Patients should have access to medication at dosing frequencies that are consistent with their treatment plan.
4. Annual exams for retinopathy should take place.
5. Routine screening for neuropathy should take place through the use of periodic foot exams.
6. Hemoglobin A1c should be checked at least every 6 months.

Prison and other long-term facilities offer a more longitudinal opportunity to effectively manage both the diabetes and the long-term complications associated with it. Risk reduction and preventative maintenance become a routine part of the treatment plans for patients with diabetes in these environments.

This monograph is meant to represent the clinical basis that we believe our providers should use when treating diabetes in all CCS facilities. It is not meant to be the definitive guide to diagnosis and treatment of this condition, nor is it meant to take the place of sound medical judgment.

As a company, we endorse the use of the evidence-based guidelines set forth by the American Diabetes Association- Diabetes Management in Correctional institutions monograph. Additionally, this is supplemented by other material from the Bureau of Prisons and UptoDate.com.

Page 1 of 2

Chronic care is based on the acuity of the population within the facility. It can range widely by facility based on ADP, patient demographics, average length of stay, and regional health concerns. CCS has seen averages of anywhere from 8% to 40% of patients in various facilities monitored and followed in the chronic care program.

Chronic Care Guidelines

CCS practitioners follow disease-specific, evidence-based clinical decision support protocols to ensure continuity of disease management at the initial and follow-up patient encounters. Practitioners also use a set of established Minimum Standards for Care of Chronic Disease, based on recommendations from professional organizations, to guide their treatment decisions.

CCS has developed Clinical Monographs that represent best practices our practitioners should use when treating specific conditions. The purpose of the Clinical Monographs is to reduce variability in the care provided to groups of patients with similar health care needs. Topics include:

- Asthma
- Benzodiazepine Use
- Cataracts
- Cirrhosis
- COPD
- Diabetes
- Emergency Contraception
- GERD
- HIV
- Hyperlipidemia
- Hypertension
- Kidney Disease
- Measles
- Seizures
- Sickle Cell Anemia
- Thyroid Disease
- Tuberculosis
- URI
- Withdrawal from Alcohol and Benzodiazepines
- Wound Closure

The CCS Continuous Quality Improvement Program (CQIP) includes CQI screens such as Continuity of Care – Chronic Disease, Patients with Special Health Needs, and Special Needs Treatment Planning to ensure that appropriate chronic care guidelines are followed at all CCS sites.

CCS also offers access to UpToDate® Clinical Knowledgebase and Support Tools, an online medical resource for provider evidence-based clinical reference and patient education materials. UpToDate includes treatment recommendations based on the latest and best medical evidence. Recommendations are kept current as new studies are released and practices change. For more information on UpToDate, please see section **4.11 Inmate Health Education**.

Specialty Referrals

CCS will ensure appropriate and timely access to specialty care, and will schedule referrals for specialty care providers according to clinical priority. We will strive to ensure that specialty services with urgent priorities occur as quickly as possible within 7 days of referral; routine specialty services will occur as soon as possible within 30 days of referral. If services do not occur within this timeframe, the medical practitioner will re-evaluate the patient to determine and document the level of need.

CCS staff will schedule appointments for specialty services through our powerful Care Management system, which allows us to track and prioritize specialty appointments to ensure they take place within the required timeframe. In the event that a patient requires specialty services that cannot be provided on site, CCS will authorize, schedule, and coordinate the provision of such services with local providers.

Individualized Treatment Plans

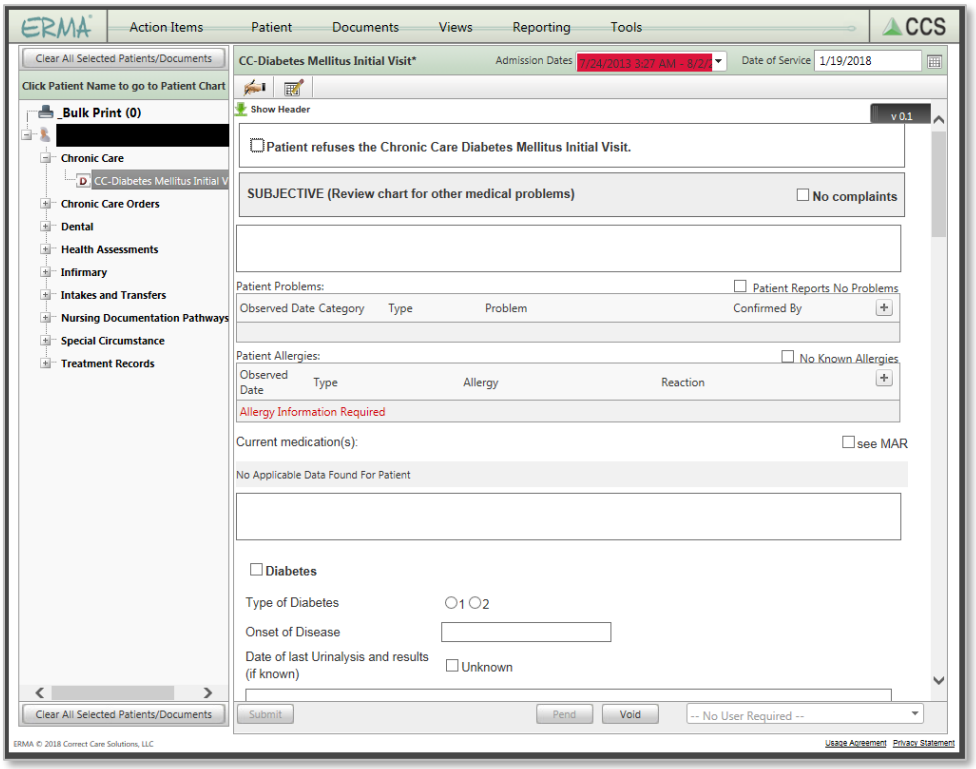
CCS staff will coordinate with the Medical Director to establish individualized treatment plans for special needs patients based on their medical history and physical examination findings. Special needs treatment plans act as a reference for health care personnel involved in the inmate's care by providing instructions regarding diagnostic and therapeutic interventions, special diets, pharmaceutical therapy, and patient education. They also include short- and long-term goals and the methods by which the goals will be pursued.

Special needs treatment plans include information regarding the patient's disposition, scheduled appointments, housing assignment, ability to function in general population, impact on programming, and frequency of follow-up indicated. CCS will share these plans with facility administration as needed to facilitate housing in the appropriate area of the HOC or MCJ and to ensure proper treatment of inmates with long-term and individualized health care needs.

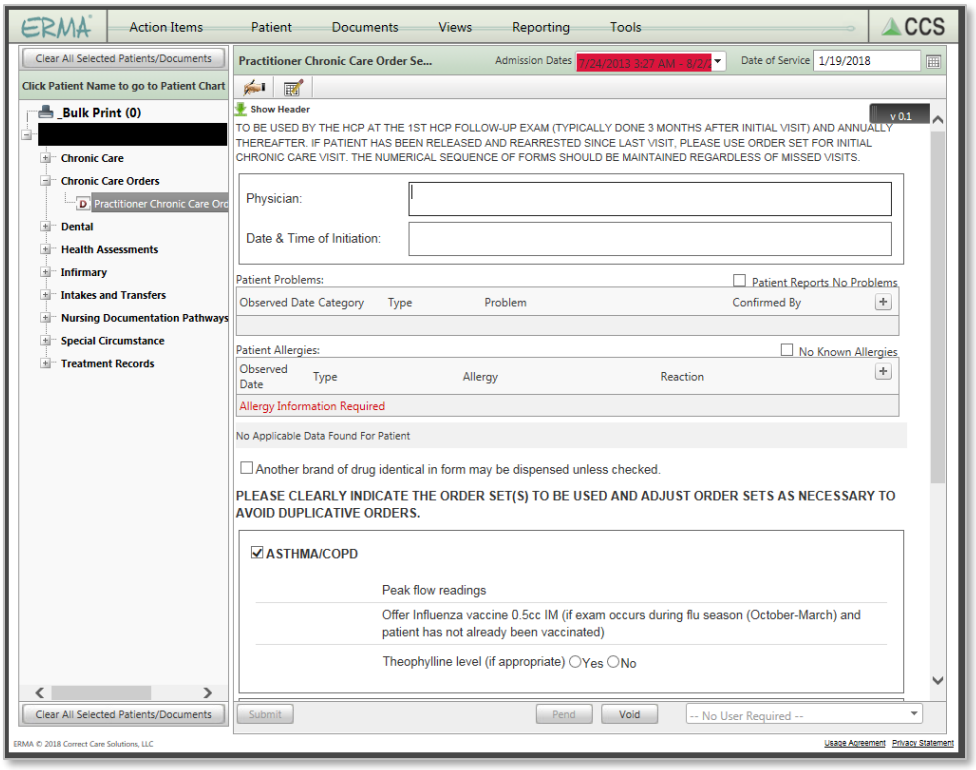
Special needs patients will typically be reviewed by a mid-level provider or physician every 90 days when in good control, or at other intervals when medically indicated for those with poor or fair control. This consultation will be documented in the patient's health record and will contain the date and time of the consultation, the provider's name and title, and any new orders for the patient's treatment.

When feasible, treatment plans maintain connections between inmates and the community agencies that have been or will be serving them. Our company has a long history of establishing connections with local resources so there are providers ready and willing to accept patients from incarcerated settings.

Sample Initial Chronic Care Visit in ERMA



Sample Practitioner Chronic Care Order Set in ERMA



Health Care Proxies

As deemed necessary, appropriate health care personnel will assist inmates with understanding, counseling, and implementation of health care proxies and advanced directives when medically appropriate. Written policy and defined procedure will protect patient rights, including a plan for terminally ill patients and palliative care.

Patients approaching the end of life will be permitted to execute advance directives, including living wills, health care proxies, and do not resuscitate (DNR) orders. These directives will be signed only after the patient receives appropriate information regarding the meaning and impact of such decisions. In the event a patient shows interest or desires to execute an advance directive, the patient will be informed about the diagnosis, prognosis, care options, the consequences of choosing an advance directive, and the availability of palliative care and hospice services.

Patients desiring to execute advance directives will be referred to mental health staff for an evaluation of individual competency to make such decisions. Those determined to be incompetent to make end-of-life decisions will be referred to the Superintendent and Jail Administrator, or their designees, as to the notification of the inmate's next of kin.

Before a health care proxy or living will is used as the basis for withholding or withdrawing care, there will be an independent review, by a physician not directly involved in the patient's treatment, of the patient's course of care and prognosis. DNR orders will be reviewed by a medical professional not directly involved in the patient's treatment.

Nutrition and Therapeutic Diets

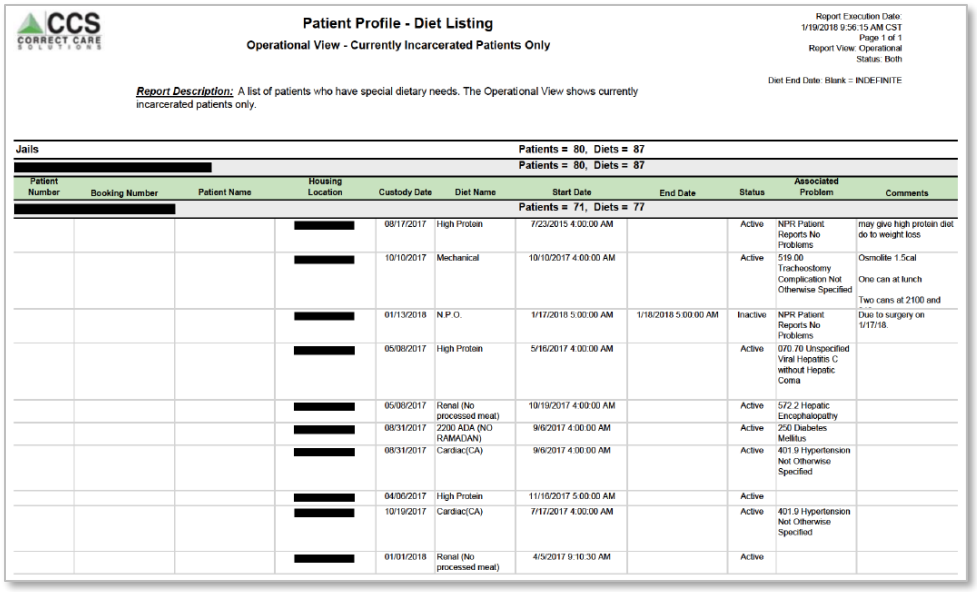
CCS will order therapeutic diets developed by a registered dietician, registered dietician nutritionist, or licensed dietician (as permitted by state scope of practice laws) and in compliance with national standards developed by the American Dietetic Association (ADA), as well as NCCHC Standard J-D-05. We will order the approved therapeutic diet with the HOC's food services provider (which serves both the MCJ and HOC). Diets will consist primarily of portion control ADA diets for prenatal care, diabetic management, and mechanical diets such as ground, pureed, soft, or clear liquids.

The special needs screening performed at intake will include verification of medically necessary special diets. Based on the patient's medical history and physical evaluation, CCS staff will make recommendations regarding any special dietary needs. CCS will only prescribe therapeutic and not preferential diets. Therapeutic diets will be ordered and reviewed by a physician, advanced practitioner, or dentist. Patients have the right to refuse this aspect of care, consistent with their options for participation in care within the community. If a patient refuses a special diet, CCS will document the refusal in the patient's health record.

CCS staff will review inmates with special dietary needs every 90 days. Standard and therapeutic diet menus will be reviewed for nutritional adequacy, adjusted and approved by a registered dietitian, registered dietitian nutritionist, or licensed dietitian (as permitted by state scope of practice laws). If after a review CCS deems that a special diet is no longer required, we will notify the patient and the Food Services Supervisor.

CCS staff will work closely with the facility's Food Services Supervisor to communicate special dietary needs and to ensure that any documented food allergies are medically indicated. We have recommended diets that we can offer as suggestions to the Food Services Supervisor. If desired, the Food Service Division can receive a daily email with special diets as auto-generated from the electronic health record.

Sample Diet Listing in ERMA



CCS CORRECT CARE SOLUTIONS

Patient Profile - Diet Listing

Operational View - Currently Incarcerated Patients Only

Report Execution Date: 1/19/2018 9:56:15 AM CST
Page 1 of 1
Report View: Operational
Status: Both

Diet End Date: Blank = INDEFINITE

Report Description: A list of patients who have special dietary needs. The Operational View shows currently incarcerated patients only.

Jails — Patients = 80, Diets = 87

[redacted] — Patients = 80, Diets = 87

Patient Number	Booking Number	Patient Name	Housing Location	Custody Date	Diet Name	Start Date	End Date	Status	Associated Problem	Comments
[redacted] — Patients = 71, Diets = 77										
			[redacted]	08/17/2017	High Protein	7/23/2015 4:00:00 AM		Active	NPR Patient Reports No Problems	may give high protein diet do to weight loss
			[redacted]	10/10/2017	Mechanical	10/10/2017 4:00:00 AM		Active	519.00 Tracheostomy Complication Not Otherwise Specified	Osmolite 1.5cal One can at lunch Two cans at 2100 and
			[redacted]	01/13/2018	N.P.O.	1/17/2018 5:00:00 AM	1/18/2018 5:00:00 AM	Inactive	NPR Patient Reports No Problems	Due to surgery on 1/17/18.
			[redacted]	05/08/2017	High Protein	5/16/2017 4:00:00 AM		Active	070.70 Unspecified Viral Hepatitis C without Hepatic Coma	
			[redacted]	05/08/2017	Renal (No processed meat)	10/19/2017 4:00:00 AM		Active	572.2 Hepatic Encephalopathy	
			[redacted]	08/31/2017	2200 ADA (NO RAMADAN)	9/6/2017 4:00:00 AM		Active	250 Diabetes Mellitus	
			[redacted]	08/31/2017	Cardiac(CA)	9/6/2017 4:00:00 AM		Active	401.9 Hypertension Not Otherwise Specified	
			[redacted]	04/06/2017	High Protein	11/16/2017 5:00:00 AM		Active		
			[redacted]	10/19/2017	Cardiac(CA)	7/17/2017 4:00:00 AM		Active	401.9 Hypertension Not Otherwise Specified	
			[redacted]	01/01/2018	Renal (No processed meat)	4/5/2017 9:10:30 AM		Active		

4.8 Chronic Illness Data

Response to Section 21.4, Question 8

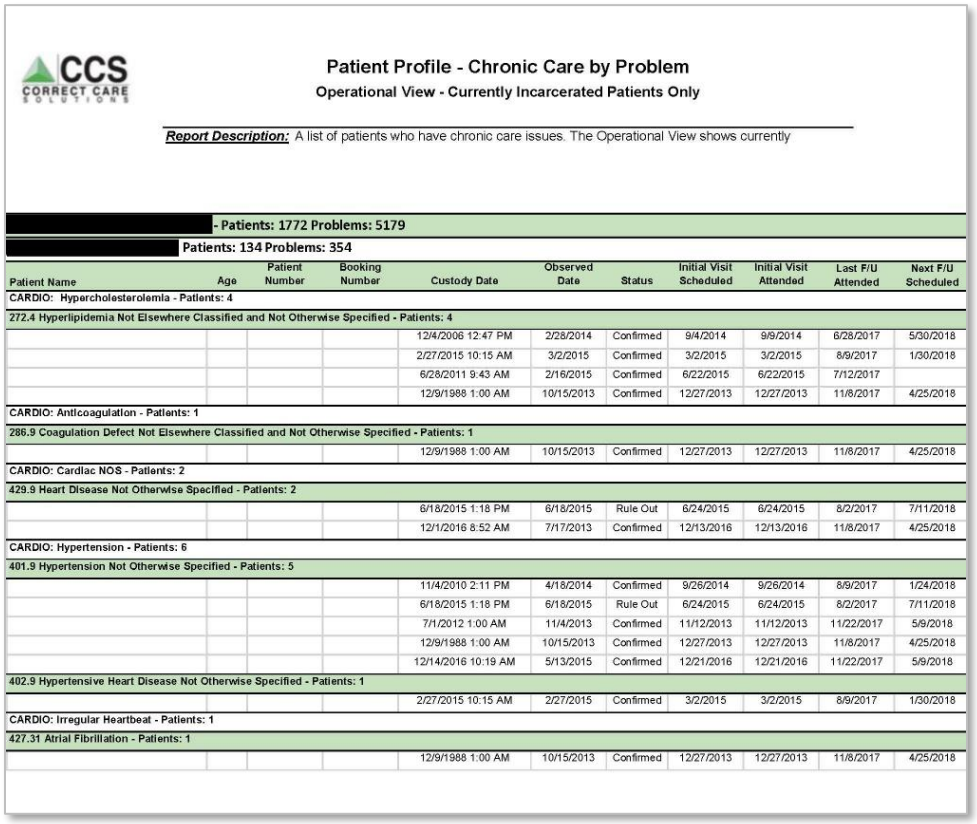
8. Describe how you intend to provide monthly chronic illness data from both the HOC and MCJ facilities as stated in Section 4.8.4: Chronic Illness Data.

CCS will track all inmates with chronic illnesses on a chronic care roster and will report these inmates to the Superintendent and Jail Administrator, or their designees, on a monthly basis. We will maintain a list of chronic care patients that includes the date of intake, date referred to the chronic care program, date of most recent visit, and date of next scheduled visit. Monthly Medical Audit Committee (MAC) meetings will include discussion of statistics such as number of patients by chronic care diagnosis and number of chronic care patients seen in the clinic by the providers.

The frequency of chronic care visits will be determined by the medical provider based on the patient's condition(s). CCS clinicians will consult the CCS Minimum Standards for Care of Chronic Disease, which include recommendations for chronic care visit periodicity.

ERMA can generate statistical reports and identify any outliers beyond agreed-upon time periods for time between chronic care visits. Reports can be set up to run automatically or on demand. For additional information on tracking and compliance reports, please see section **8.3 Performance Measures**.

Chronic Care List by Problem



Patient Profile - Chronic Care by Problem
Operational View - Currently Incarcerated Patients Only

Report Description: A list of patients who have chronic care issues. The Operational View shows currently

[redacted] - Patients: 1772 Problems: 5179
[redacted] Patients: 134 Problems: 354

Patient Name	Age	Patient Number	Booking Number	Custody Date	Observed Date	Status	Initial Visit Scheduled	Initial Visit Attended	Last F/U Attended	Next F/U Scheduled
CARDIO: Hypercholesterolemia - Patients: 4										
272.4 Hyperlipidemia Not Elsewhere Classified and Not Otherwise Specified - Patients: 4										
				12/4/2006 12:47 PM	2/28/2014	Confirmed	9/4/2014	9/9/2014	6/28/2017	5/30/2018
				2/27/2015 10:15 AM	3/2/2015	Confirmed	3/2/2015	3/2/2015	8/9/2017	1/30/2018
				6/28/2011 9:43 AM	2/16/2015	Confirmed	6/22/2015	6/22/2015	7/12/2017	
				12/9/1988 1:00 AM	10/15/2013	Confirmed	12/27/2013	12/27/2013	11/8/2017	4/25/2018
CARDIO: Anticoagulation - Patients: 1										
286.9 Coagulation Defect Not Elsewhere Classified and Not Otherwise Specified - Patients: 1										
				12/9/1988 1:00 AM	10/15/2013	Confirmed	12/27/2013	12/27/2013	11/8/2017	4/25/2018
CARDIO: Cardiac NOS - Patients: 2										
429.9 Heart Disease Not Otherwise Specified - Patients: 2										
				6/18/2015 1:18 PM	6/18/2015	Rule Out	6/24/2015	6/24/2015	8/2/2017	7/11/2018
				12/1/2016 8:52 AM	7/17/2013	Confirmed	12/13/2016	12/13/2016	11/8/2017	4/25/2018
CARDIO: Hypertension - Patients: 6										
401.9 Hypertension Not Otherwise Specified - Patients: 5										
				11/4/2010 2:11 PM	4/18/2014	Confirmed	9/26/2014	9/26/2014	8/9/2017	1/24/2018
				6/18/2015 1:18 PM	6/18/2015	Rule Out	6/24/2015	6/24/2015	8/2/2017	7/11/2018
				7/1/2012 1:00 AM	11/4/2013	Confirmed	11/12/2013	11/12/2013	11/22/2017	5/9/2018
				12/9/1988 1:00 AM	10/15/2013	Confirmed	12/27/2013	12/27/2013	11/8/2017	4/25/2018
				12/14/2016 10:19 AM	5/13/2015	Confirmed	12/21/2016	12/21/2016	11/22/2017	5/9/2018
402.9 Hypertensive Heart Disease Not Otherwise Specified - Patients: 1										
				2/27/2015 10:15 AM	2/27/2015	Confirmed	3/2/2015	3/2/2015	8/9/2017	1/30/2018
CARDIO: Irregular Heartbeat - Patients: 1										
427.31 Atrial Fibrillation - Patients: 1										
				12/9/1988 1:00 AM	10/15/2013	Confirmed	12/27/2013	12/27/2013	11/8/2017	4/25/2018

CCS will enter all chronic conditions into the patient's problem list in their electronic health record. The list will be updated at chronic care visits and labeled appropriately. ERMA allows for automated tracking of chronic problems in the Master Problem List by combining problem (for nurses) and diagnosis (ICD9/10 for providers) codes. Problems are typically identified by nurses and are later confirmed by a provider. For additional information on problem lists, please see section **10 Health Records and Data**.

4.9 Infectious Disease Services, HIV/AIDS Services

Response to Section 21.4, Question 9

9. Describe how you will provide and document a comprehensive institutional and effective infection control program at the HOC and MCJ as requested in Section 4.8.4.2: Infectious Disease Services, HIV/AIDs Services. Indicate your capability to ensure safe collection and storage of medical hazardous wastes, and provide your plan for disposal and how it will comply with Federal and State regulations and guidelines. Identify the individual staff member responsible for the monitoring of infectious disease and provide his or her bio and CV, or provide your method of selecting that staff member if he or she is not already selected. Further infectious disease control responsibilities are outlined in Section 4.8 of the RFP. Describe your organization's experience providing infectious disease services in correctional facilities as well as other health care settings.

CCS will provide infectious disease management services that meet professional standards consistent with the NCCHC, County, and State public health requirements. We have a written infection control policy that will promote the creation and maintenance of a safe and healthy environment for the inmates, staff, and visitors of the HOC and MCJ. The policy includes recommendations from the Centers for Disease Control and Prevention (CDC) as they relate to infectious disease diagnosis and treatment. Oversight will include medical care to those with HIV/AIDS, hepatitis C (HCV), and other infectious diseases, as well as monitoring and case management of inmates. CCS will ensure proper notification and appropriate documentation of services and recordkeeping as required.

The primary drivers of effective infection control policies, procedures, and guidelines include: **Identification, Prevention, Diagnosis, and Treatment**. The CCS Infection Control Program aims to effectively control the occurrence and spread of communicable diseases by maintaining compliance with universal precaution procedures. The program ensures the provision of appropriate cleaning and personal protective equipment, and includes training on general sanitation issues and preventing the transmission of blood borne pathogens. The goals of the CCS Infection Control Program are:

- To identify those individuals who are at risk for infectious diseases
- To monitor and report the incidence of infectious diseases among staff and inmates
- To promote a safe and healthy environment through the use of regular inspections, education, communication, and role modeling
- To survey patients from the time of their entry into the facility
- To provide timely, effective treatment when an infectious disease is identified
- To administer vaccinations to minimize the spread of infectious diseases
- To protect the health and safety of staff and inmates by use of appropriate isolation precautions
- To establish effective decontamination techniques for cleaning of medical equipment and contaminated reusable items
- To provide safe means of disposing of biohazardous waste and used needles and sharps
- To implement and use strict Standard Precautions to minimize the risk of exposure to blood and bodily fluids
- To file required reports in a manner that is consistent with local, state, and federal laws and regulations
- To establish and maintain a good working relationship with the Health Department, the community, and the facility in matters that relate to the prevention of infectious diseases
- To train staff during their orientation and on an ongoing basis regarding each facet of the Infection Control Program
- To monitor the effectiveness of the Infection Control Program through ongoing Quality Improvement data collection and statistical reporting

It is our expectation to reach these goals through a commitment to early identification from surveillance of potential and actual occurrences of infectious disease. As part of the receiving screening process, CCS staff will inquire into any past history of infectious or communicable diseases, and will ensure complete clearance for the inmate's assignment to general population. Those at risk for spreading a communicable disease will be segregated from the general population.

CCS will designate an Infection Control RN who will be responsible for managing weekly infectious disease clinics, monitoring infectious diseases, and reporting to the State and County health departments as required. We have provided a job description for this position in **Attachment G**. ***Please note that this information is confidential/trade secret pursuant to Wis. Stat. § 19.36(5).***

The designated Infection Control Nurse will be a member of the Continuous Quality Improvement Committee, which will also include representation from the facility's administration, physician or designee, mental health, nursing, dental services, and other appropriate personnel involved in sanitation or disease control. For additional information, please see section **8.1 General CQI Expectations**.

Collaboration with Health Department

CCS will immediately report all highly infectious communicable diseases to the Health Department, in accordance with local regulations. We will work with the Health Department concerning communicable disease screening, continuing medical surveillance, case management, reporting, and inmate referral in the community. The Infection Control Nurse, in conjunction with the HAS, will be responsible for reporting incidents to public health officials; however, all CCS staff will be trained on the notification process to ensure timely reporting in cases of unexpected absence or scheduled time off.

CCS will use our Care Management system to customize a monthly report of all inmates diagnosed with an infectious disease for the Superintendent and Jail Administrator. Data will include each patient's name and identification number, the date of service, the patient's disposition, and the infectious disease diagnosis. All clinic logs and statistical data will be maintained by the designated Infection Control Nurse and stored electronically on the CCS intranet. All appointments will be scheduled and completed in the Care Management system through the Infection Control Nurse.

Our on-site health care team will closely monitor and promptly transmit to facility administration, the Health Department, and necessary outside hospitals and health care delivery facilities information regarding the presence or incidence of communicable diseases in a patient that was recently treated or will be treated at their location. The Infection Control Nurse, in conjunction with the HSA, will be responsible for managing, reporting, and recording these cases and implementing appropriate educational programs to prevent future occurrences of these incidents.

Tuberculosis

As part of the receiving screening process, CCS personnel routinely inquire into any past history of tuberculosis and ask specific symptom screening questions. CCS typically administers a Tuberculin Skin Test (TST) during the receiving screening. If documentation of a positive test is in the record or if the inmate indicates such, CCS will follow the CDC guidelines of annual symptom screening and will perform a chest X-ray if symptoms indicate the clinical necessity. The results of Tuberculin Skin Tests will be read and documented within 48-72 hours.

HIV/AIDS

CCS will provide Human Immunodeficiency Virus (HIV) testing and counseling on a confidential, case-by-case basis to those inmates who request it. We will report all confirmed cases of HIV to the Health Department. Medical staff will evaluate inmates identified as having HIV, and will work to ensure that these inmates have access to practitioners trained in the care of HIV disease and HIV medications as medically necessary.

Housing for HIV-positive inmates will be determined by the physician's evaluation of acuity of symptoms, and the inmate's behavior to prevent risk of transmission, or if the inmate would be at risk of physical harm from other inmates.

Dr. William Ruby, Associate Chief Clinical Officer for CCS, has specialized experience in preventing the transmission of infectious disease and is a Diplomate of the American Academy of HIV Medicine.

Vaccinations

During the comprehensive health assessment, CCS staff will gather information regarding immunization history and will initiate any needed immunizations and therapy. We will coordinate with medical providers as needed to obtain vaccination records and initiate a treatment plan to complete the required vaccinations on schedule.

CCS follows CDC recommendations for vaccinations and will also follow the Health Officer's instruction for vaccine recommendations from the Advisory Committee on Immunization Practices (ACIP). Clinical priority will be given to patients who are chronically ill, immunocompromised, frail, elderly, etc. Pneumonia immunization vaccination will be provided according to physician order and protocol.

Biohazardous Waste

CCS has a national contract with Stericycle for the disposal of all bio-hazardous and infectious waste. Stericycle is a leader in the medical waste industry and specializes in biohazardous waste disposal. Through the services of Stericycle, CCS will make provisions for the collection, storage, and removal of all infectious waste and sharps containers in accordance with state and federal regulations. The scheduling and frequency of the removal will be approved by the Superintendent and Jail Administrator. We have provided a Letter of Intent from Stericycle in **Attachment E**.

Biomedical waste disposal at each CCS location is governed by policy and procedure and includes the proper containment, housing, and disposal of waste. Stericycle provides CCS with red biohazard bags for waste disposal and biohazard boxes for bundling and disposal. Proper disposal of sharps is controlled through the purchase of sharps disposal containers through the medical supplier. Pickup frequency is typically based on volume and the space available for housing. Pick up manifest tracking forms will be maintained on site by the HSA. Health care staff will follow standard precautions to minimize the risk of exposure to blood and body fluids of potentially infected patients.

4.10 Testing and Treatment

Response to Section 21.4, Question 10

10. Describe how you will select early detection and treatment services to be initiated for sexually transmitted infections. Describe how you address infection control in all aspects of the program. See Section 4.8.4.3: Testing and Treatment for additional detail.

As part of the receiving screening process, CCS staff will inquire into any past history of communicable diseases. CCS will screen for STDs as indicated during the receiving screening, health assessment, and any associated sick call encounter, and will ensure complete clearance for the inmate's assignment to general population. HIV testing will be provided as medically indicated or by request of the inmate.

CCS staff will evaluate all patients identified as having HIV or hepatitis and will ensure that these patients have access to infectious disease specialists, as well as appropriate treatment and medications, as clinically necessary. Inmates with a history of intravenous drug use will be screened annually during their incarceration, in accordance with CDC recommendations.

CCS will address infection control in all aspects of the program, including fixed and portable equipment, sterilizing instruments according to manufacturer instructions, and monitoring the sterilization capabilities of the autoclave used through utilization of spore count testing. We will provide autoclave-suitable dental hand pieces and will make other reusable medical instruments readily available and in sufficient quantity to ensure completion of a day's schedule without interruption of services to sterilize equipment.

4.11 Inmate Health Education

Response to Section 21.4, Question 11

11. Describe your proposed inmate health education program and indicate how you will meet and document the requirements in Section 4.9: Inmate Health Education. Please provide any sample materials currently used in your other facilities.

Much of the incarcerated population suffers from poverty, homelessness, lack of health insurance, mental health issues, and ongoing substance abuse; these same groups are often the ones most in need of care. Budget cuts to health and human services in many communities have made accessing necessary health care even harder for many of the underserved patients who need it most. We understand that we may be the only chance that some of our patients have to access quality medical and mental health services, and we take that responsibility seriously.

Most offenders are under our care for a limited time, so we focus on health education and discharge planning from Day One. Beginning at intake, ***CCS strives to make patients aware of ways to manage their conditions and access resources in the community upon release***. Our goal is to educate patients about all resources available to them to help meet the challenges faced in sustaining a healthy and crime-free lifestyle long after they have been released from custody. That is why we work hard to provide as many community resources as possible to enable discharged patients to continue their treatment plans, with the goal of enhancing their physical and mental health and ***reducing the likelihood of recidivism***. For additional information, please see section **5.6 Linkages and Coordination with Community Services**.

Patient Education

CCS emphasizes the importance of patient education at all of our client sites. It is imperative that inmates receive basic, and often critical, knowledge about common health care needs, issues, and diseases. Therefore, CCS staff will provide inmates with complete education information upon orientation and admittance to the HOC or MCJ, and additional information during any health care encounter as determined by the provider in the course of his or her examination.

During the receiving screening process, CCS staff will advise all inmates of their right to access care and the process for requesting health care services. Information regarding access to health care will be communicated to inmates both verbally and in writing in a language the inmate comprehends upon arrival at the HOC or MCJ.

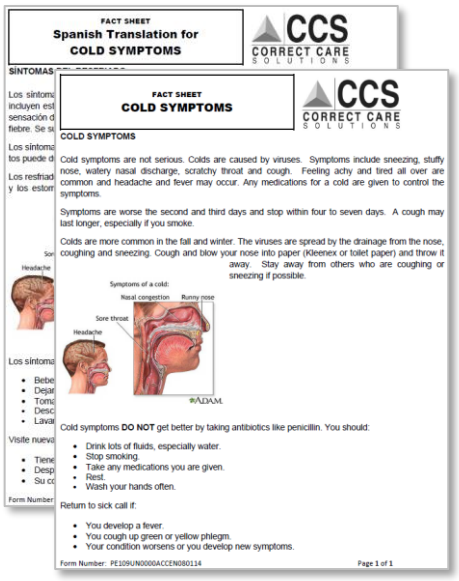
Provisions will be made to ensure that non-English speaking inmates understand how to obtain health care. For detailed information regarding our approach to Culturally and Linguistically Appropriate Services, please see section **4.16 Intake Services**.

CCS will provide detailed information on health issues that assist inmates in self-care strategies, including but not limited to HIV and STD education, smoking cessation, alcohol and substance use, therapeutic diets, personal and oral hygiene, healthy lifestyle choices, getting better sleep, and ways to maintain optimal health. Health education can also be provided through group sessions when applicable for more widespread issues such as MRSA, fitness, and the flu. We have provided sample educational materials for several topics in **Attachment H**.

Inmates with chronic conditions such as asthma, hypertension, or diabetes will receive additional health education stressing the importance of proper health management and nutrition. CCS staff will educate inmates on their conditions, their role in the treatment plan, and the importance of adherence to the plan. Education will also include recommendations for lifestyle modifications and information regarding continuity of care upon release. The education will be documented in the inmate's health record.

Educational Materials

CCS will collaborate with the Superintendent and Jail Administrator in developing a comprehensive health education program for the HOC and MCJ. We offer a variety of health education programs that can be customized to meet the specific needs of the inmate population, including but not limited to chronic diseases prevalent in Milwaukee County, as well as mental health and substance abuse issues.


FACT SHEET
Spanish Translation for
COLD SYMPTOMS

FACT SHEET
COLD SYMPTOMS

COLD SYMPTOMS

Cold symptoms are not serious. Colds are caused by viruses. Symptoms include sneezing, stuffy nose, watery nasal discharge, scratchy throat and cough. Feeling achy and tired all over are common and headache and fever may occur. Any medications for a cold are given to control the symptoms.

Symptoms are worse the second and third days and stop within four to seven days. A cough may last longer, especially if you smoke.

Colds are more common in the fall and winter. The viruses are spread by the drainage from the nose, coughing and sneezing. Cough and blow your nose into paper (Kleenex or toilet paper) and throw it away. Stay away from others who are coughing or sneezing if possible.

Symptoms of a cold:
Nasal congestion
Runny nose
Sore throat
Headache

Cold symptoms **DO NOT** get better by taking antibiotics like penicillin. You should:

- Drink lots of fluids, especially water.
- Stop smoking.
- Take any medications you are given.
- Rest.
- Wash your hands often.

Return to sick call if:

- You develop a fever.
- You cough up green or yellow phlegm.
- Your condition worsens or you develop new symptoms.

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CCS will provide patient health education through multiple means, including oral instructions at times of service delivery and written information through the use of brochures, pamphlets, orientation packets, and instructional posters. Educational materials are available in areas easily accessible to patients, including clinic areas. All patient education materials are available in both English and Spanish and can be translated into other languages as needed.

Medical Reference Library

CCS maintains a comprehensive library of course content for preventive health education that can be customized for a readily available training agenda and scheduled delivery to meet the needs of the entire inmate population. We will provide a medical reference library accessible at all times by health care personnel, with basic reference texts related to diagnosis and treatment in a primary care setting.

UpToDate

CCS also offers access to UpToDate® Clinical Knowledgebase and Support Tools, an online medical resource for provider evidence-based clinical reference and patient education materials. All users are given single-click access to these valuable medical reference and client-specific patient education materials on multiple topics.

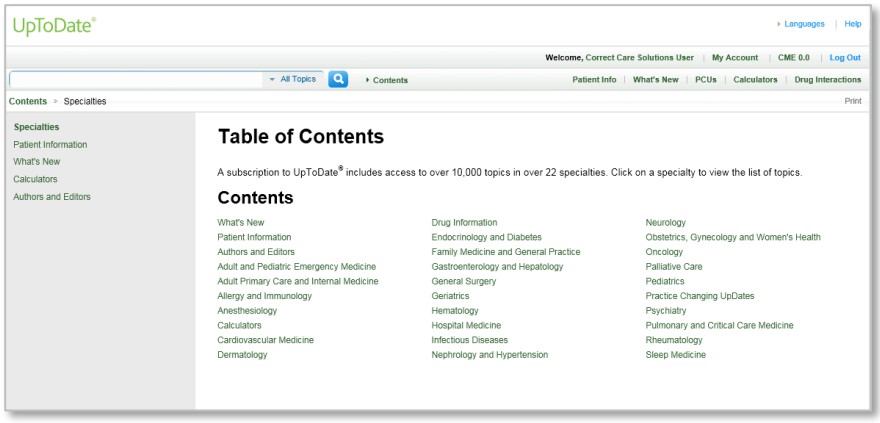
UpToDate helps to increase the quality of patient care by allowing providers to print patient education materials and discuss them with the patient while they are together. UpToDate covers more than 10,000 topics in 22 medical specialties and includes more than 9,000 graded recommendations; 27,000 graphics; and 380,000 Medline abstracts, as well as references and a drug database. Content is reviewed and edited continuously with content updated within UpToDate every weekday.

UpToDate includes treatment recommendations based on the latest and best medical evidence. Recommendations are kept current as new studies are released and practices change. Topics available within medical specialties in UpToDate include:

- Medical Calculators
- Adult Primary Care
- Allergy & Immunology
- Cardiology
- Critical Care
- Drug Information
- Emergency Medicine
- Endocrinology
- Gastroenterology
- Nephrology
- Neurology
- Hematology
- Hepatology
- Infectious Diseases
- Oncology
- Pulmonology
- Rheumatology
- Surgery
- Internal Medicine
- Geriatrics
- Psychiatry
- Dermatology
- Palliative Care

UpToDate is evidence-based and uses a literature-driven updating system. More than 450 journals are monitored by more than 5,700 doctors, editors and authors, and anytime something of importance is published, it is incorporated into the program. The key word is "incorporated"—UpToDate is not a journal watch.

New studies are not simply added, but rather they are placed in the context of what has already been published in that field. This instant availability of continuously updated, evidence-based health care information, accessible from inside the patient record, will aid medical staff in providing the highest quality of care.



UpToDate also includes a Continuing Education feature that allows physicians and nurses to utilize and credit their time in the program for credit of AMA PRA Category 1 CME/CEU credits toward maintaining their licenses and applicable certifications. In one study, 90% of UpToDate users reported that UpToDate makes them a better doctor. UpToDate is recognized as an official educational tool by multiple medical organizations, including:

- The Society of General Internal Medicine
- The American College of Rheumatology
- The American Gastroenterological Association
- The American Thoracic Society
- The Endocrine Society and the Hormone Foundation

4.12 Education for Custody Staff and Personnel

Response to Section 21.4, Question 12

12. Describe how you will coordinate and provide training for medical personnel and Milwaukee County staff on health and mental health care issues as requested in Section 4.11: Education for Custody Staff and Personnel. Indicate how you intend to document your efforts to ensure compliance with your plan.

CCS will coordinate and provide ongoing training to health care and custody staff on health and mental health care issues. We will participate with Milwaukee County in the provision of required training for custody staff at least annually. In accordance with Addendum 12, annual training will include suicide prevention training and Special Management Team (SMT) training, which is provided to officers working in the Mental Health Units. An outline of the training, including course content and length, will be kept on file, along with the person's name, course attended, and number of training hours. CCS understands that Milwaukee County is responsible for defining the number of hours of training and the frequency

CCS will provide certain elements of the health-related training not already provided through the Training Academy. Health-related training for custody staff will minimally include:

- Recognizing the need for emergency care and life-threatening situations
- CPR/AED/first aid
- Procedures for suicide prevention
- Infectious and communicable disease (HIV, Hepatitis B and C, Tuberculosis)
- Acute manifestations of chronic illnesses (e.g., asthma, seizures, diabetes)
- Adverse reactions to medications
- Dental emergencies
- Biohazardous waste
- Identification and treatment of mental illness
- Progressive cognitive diseases
- Substance abuse
- Intoxication and withdrawal
- Management and treatment of special populations
- Effects of long-term segregation
- Precautions and procedures with respect to infectious and communicable diseases
- Procedures for appropriate referral of inmates with medical, dental, and mental health complaints to health staff
- Maintaining patient confidentiality

4.13 Subcontract Process and Payment

Response to Section 21.4, Question 13

13. Provide a list of all hospital(s) with whom you have an intent to negotiate under Section 5.3: Subcontract Process and Payment, and provide copies of all letters of intent to negotiate from contacted hospital(s). For each hospital, provide the hospital's name, contact person, and the medical service(s) it will provide.

CCS has a Network Development department focused on creating correctional provider networks through partnerships with hospital systems and specialty physicians. They will work to establish a strong provider network of local providers to ensure the best possible outpatient and specialty care for the HOC and MCJ. On behalf of the County, the CCS Network Development department will negotiate the best rates for 24-hour service with hospitals, physicians, ambulance companies, and other local providers of ancillary services.

Upon contract award and prior to the commencement date, the CCS Network Development team will negotiate with local hospitals to finalize agreements on behalf of Milwaukee County. CCS and will provide copies of clearly defined written agreements of understanding for approval by the County on or before the contract commencement date. CCS contacted several area hospitals to make introductions and discuss the provision of services for the County's inmate population. We have had preliminary discussions with the following:

Froedtert Hospital Dean Thomas, Vice President of Network Development	Aurora St. Luke's Medical Center Jane Appleby, Associate General Counsel	Ascension St. Joseph Hospital Jeff Squier, Senior Director of Regional Managed Care

Success Versus the Incumbent

When CCS transitioned services in Monroe County, Florida, we learned that the County's two previous medical providers (including Milwaukee County's incumbent provider) were unable to establish a formal written agreement with the local hospital. CCS, however, was able to obtain a written agreement from the hospital in under a year—an agreement which has created *significant* savings for the County.

CCS Partnership with Cigna Provider Network

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.

Through our partnership with Cigna, CCS will ensure that the County's inmate population has ready access to Cigna providers and facilities in Milwaukee County, and will be treated like any other patients covered under the Cigna network. CCS will ensure the best possible rates for the HOC and MCJ; in many cases, the Cigna discount is more financially advantageous than a direct contract between CCS and a hospital. ***CCS has an established contractual relationship with 20 local hospitals—including Froedtert Hospital, St. Luke's Medical Center, and Wheaton Franciscan (St. Francis Hospital)—through our agreement with Cigna***.

CCS recently acquired Health Cost Solutions (HCS), one of the leading third-party administrators in the health care industry. HCS will adjudicate the medical claims for outpatient health care services provided to inmate patients under the Cigna Open Access Plus (OAP) network. HCS will coordinate inmate eligibility with CCS and provide customer service support for claims submitted to Cigna. CCS will give the network provider a letter of authorization containing the patient's information so the provider can submit the claim to Cigna. The claim will be processed and paid in the same manner as any other Cigna claim, and no co-payments or co-insurance will be required from the patient.

By partnering with Cigna and HCS, CCS is able to offer the greatest availability of specialty provider care for our patients and potentially ***significant cost savings*** for Milwaukee County.

4.14 Third Party Reimbursement

Response to Section 21.4, Question 14

14. Describe how you intend to manage the eligibility and enrollment of inmates receiving inpatient services, including all duties listed in Section 5.4.1: Third Party Reimbursement. How will you cooperate with the County to obtain cost savings available under the PPACA and return such savings to the County?

CCS is dedicated to providing medically necessary health care services while also being proper stewards of limited taxpayer resources. As part of this focus, we will properly account for all adjustments and reimbursements from applicable sources, and ensure that hospitals are aware of any third-party payer avenues. ***CCS will assist Milwaukee County in deferring all eligible inpatient hospitalization expenses when possible***. We will obtain prior authorizations and complete co-pay arrangements with hospitals and providers.

CCS staff will ask every inmate at intake if they have insurance; if the inmate has private insurance or other payment options available, CCS will notify the hospital of the appropriate agency to invoice (the inmate is responsible for any co-pays or deductibles). Private insurance carriers have financial responsibility when an inmate leaves the correctional facility for either outpatient or inpatient services, provided that the individual's insurance premium is paid and current. Such coverage typically includes services provided by physicians, hospitals, or other freestanding facilities. After seeking payment from available insurance, CCS will process the remaining claim for payment consideration. We will provide the County with periodic reports when such credits are applied.

Where the inmate has private insurance, CCS will work with the service provider to coordinate private insurance through the specialty care provider. Providers that obtain authorization from the insurer are responsible for billing the insurance carrier. CCS, at the direction of Milwaukee County, will assist in the completion of inmate co-pay arrangements with the service provider. If the inmate is uninsured, CCS will work with the County to identify a willing service provider and negotiate rates.

The CCS Care Management system contains information on payment responsibility for inpatient treatment costs. Our Care Management system interfaces with our claims system, so if such invoices are inadvertently sent to CCS for payment, we will contact the off-site provider and advise them as to the appropriate location to resubmit their invoice for payment.

Affordable Care Act

CCS has been proactive in determining how the Affordable Care Act (ACA) affects the correctional health care industry, and we use this advanced knowledge to assist our clients in deferring inpatient hospitalization expenses when possible. Should there be any changes resulting from Medicaid expansion under the Affordable Care Act and/or any other health reform measures, CCS will inform the County and make any needed adjustments to our services and associated costs (which may require an adjustment of the inpatient cap and result in an overall cost savings).

Although Wisconsin has elected not to expand Medicaid under the Affordable Care Act, the Affordable Care Act still provides potential opportunities to defer expenses related to inpatient health care:

- Enrollment in and use of Medicaid coverage for off-site, inpatient hospitalizations for *previously eligible* Medicaid populations, including pregnant women; elderly, blind, or disabled adults; and juveniles
- Enrollment of *newly eligible* adults between the ages of 19 and 64 upon inpatient hospitalization based on Wisconsin's Section 1115 BadgerCare waiver, which the State has requested to extend beyond 2018

CCS will assist Milwaukee County by identifying patients who satisfy the current Medicaid eligibility requirements and enrolling them accordingly. We will have each inmate sign an authorized representative agreement at intake, so if an inmate without health insurance requires hospitalization and is not enrolled in Medicaid, CCS has the ability to complete a Medicaid application on the inmate's behalf. CCS understands that Medicaid and Medicare may not be available sources, and, to the extent required by law, CCS policies strictly forbid asking about Medicaid/Medicare and providing any Medicaid/Medicare information to any provider where such coverage is not allowed.

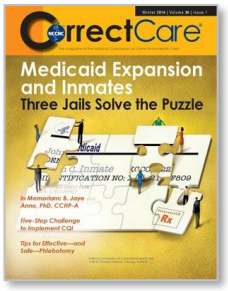
CCS also typically works with hospital navigators to complete Medicaid enrollment as soon as patients are admitted. Our successful analysis and deployment of inmate inpatient business processes ensures that eligible inmates are enrolled for Medicaid benefits. Since implementing this process with our current jail and prison clients, the number one reason for Medicaid denial is that the inmate is not eligible due to exceeding the income requirements; the second most common denial reason is that the inmate does not meet the residency requirements.

Experience with Medicaid Programs

CCS understands that Milwaukee County is seeking a vendor who can assist with billing Medicaid for all eligible inmates and enrolling eligible inmates, while ensuring compliance with all relevant programs. We will use our advanced knowledge of the Affordable Care Act and the ever-changing landscape of health care across the country to help the County meet these goals.

CCS currently participates in 22 separate state Medicaid programs and completes an average of 300 enrollments a month for inmates with inpatient stays. Our enrollment processes cover state and/or county inmates, ensuring that eligible inpatient stays are paid by Medicaid and that the hospital bills Medicaid directly.

CCS has been so successful at implementing these programs for our clients that when the NCCHC included an article about Medicaid expansion in the Winter 2016 edition of their *CorrectCare* publication, two of the three jails profiled as "solving the puzzle" were CCS client sites, with CCS staff leading the Medicaid enrollment programs at these facilities. The author notes that our programs have made "significant strides in securing Medicaid for individuals who previously had no health insurance coverage."



Examples of Client Savings through CCS Initiatives

Since the Affordable Care Act began, CCS has saved our clients millions of dollars as a result of our Medicaid enrollment and commercial coverage verification program. In fact, ***we saved our county jails across the U.S. an estimated $27,855,000 in 2017 alone***. Following are a few examples of these savings:

- Worcester County Sheriff's Office (MA): CCS saved Worcester County an estimated **$4,942,000** for inmate inpatient hospitalization stays from 2016 through 2017.
- Onondaga County Sheriff's Office (NY): CCS saved Onondaga County an estimated **$5,039,500** for inmate inpatient hospitalization stays from 2014 through 2017.
- Arapahoe County Sheriff's Office (CO): CCS saved Arapahoe County and estimated **$2,187,500** for inmate inpatient hospitalization stays from 2014 through 2017.
- Westchester County Dept. of Correction (NY): CCS saved Westchester County an estimated **$4,838,000** for inmate inpatient hospitalization stays from 2014 through 2017.

4.15 Outside Hospital Discharge and Continuity of Care

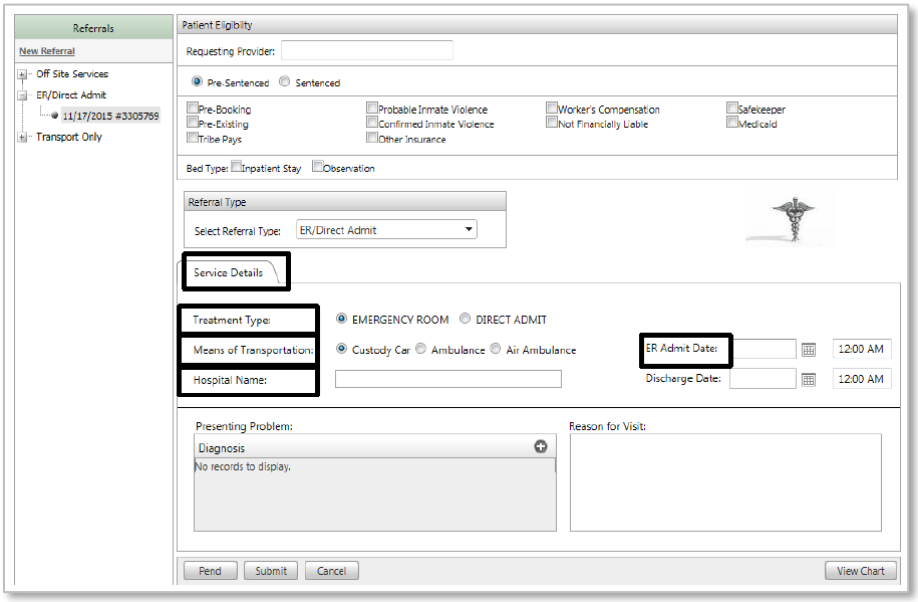
Response to Section 21.4, Question 15

15. Describe how you will meet and document all requirements in Section 5.4.4: Outside Hospital Discharge and Continuity of Care.

In the event that a patient requires hospitalization, CCS will authorize, schedule, and coordinate the provision of all inpatient services. CCS staff will make referrals for inpatient care through the Care Management system. Any hospitalizations will be authorized by the CCS Medical Director.

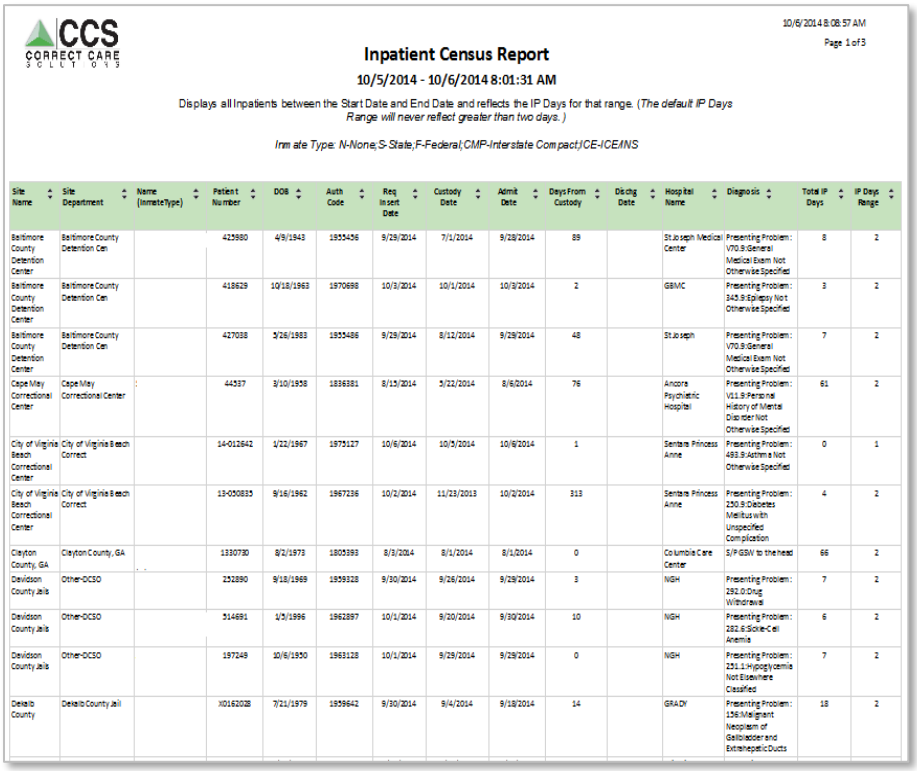
CCS will coordinate inpatient care with local hospitals when an acute care setting is deemed necessary or in emergency situations. We will utilize local hospitals whenever possible for inpatient care, and we will coordinate and collaborate with hospital administrations as needed.

Emergency Room and Inpatient Referral Form – Care Management System



CCS will provide the Superintendent and Jail Administrator, or their designees, with a daily inpatient report, which can also be accessed directly through the CCS Care Management system. We will communicate frequently with facility administration to provide the most complete evaluation and treatment of the patient population.

Inpatient Census Report – Care Management System



CCS CORRECT CARE SOLUTIONS

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Inpatient Census Report

10/5/2014 - 10/6/2014 8:01:31 AM

Displays all Inpatients between the Start Date and End Date and reflects the IP Days for that range. (*The default IP Days Range will never reflect greater than two days.*)

Inmate Type: N-None;S-State;F-Federal;CMP-Interstate Compact;ICE-ICE/INS

Site Name	Site Department	Name (InmateType)	Patient Number	DOB	Auth Code	Req Insert Date	Custody Date	Admit Date	Days From Custody	Dischg Date	Hospital Name	Diagnosis	Total IP Days	IP Days Range
Baltimore County Detention Center	Baltimore County Detention Cen		425980	4/9/1943	1855456	9/29/2014	7/1/2014	9/28/2014	89		St Joseph Medical Center	Presenting Problem: V70.9:General Medical Exam Not Otherwise Specified	8	2
Baltimore County Detention Center	Baltimore County Detention Cen		418629	10/18/1963	1970698	10/3/2014	10/1/2014	10/3/2014	2		GBMC	Presenting Problem: 345.9:Epilepsy Not Otherwise Specified	3	2
Baltimore County Detention Center	Baltimore County Detention Cen		427038	5/26/1983	1855486	9/29/2014	8/12/2014	9/29/2014	48		St Joseph	Presenting Problem: V70.9:General Medical Exam Not Otherwise Specified	7	2
Cape May Correctional Center	Cape May Correctional Center		44537	3/10/1958	1836381	8/15/2014	5/22/2014	8/6/2014	76		Ancora Psychiatric Hospital	Presenting Problem: V11.9:Personal History of Mental Disorder Not Otherwise Specified	61	2
City of Virginia Beach Correctional Center	City of Virginia Beach Correct		14-012642	1/22/1967	1973127	10/6/2014	10/5/2014	10/6/2014	1		Sentara Princess Anne	Presenting Problem: 493.9:Asthma Not Otherwise Specified	0	1
City of Virginia Beach Correctional Center	City of Virginia Beach Correct		13-050835	9/16/1962	1967236	10/2/2014	11/23/2013	10/2/2014	313		Sentara Princess Anne	Presenting Problem: 250.9:Diabetes Mellitus with Unspecified Complication	4	2
Clayton County, GA	Clayton County, GA		1330730	8/2/1973	1805393	8/3/2014	8/1/2014	8/1/2014	0		Columbia Care Center	S/P GSW to the head	66	2
Davidson County Jails	Other-DCSO		252890	9/18/1969	1959328	9/30/2014	9/26/2014	9/29/2014	3		NSH	Presenting Problem: 292.0:Drug Withdrawal	7	2
Davidson County Jails	Other-DCSO		514691	1/5/1996	1962897	10/1/2014	9/20/2014	9/30/2014	10		NSH	Presenting Problem: 282.6:Sickle-Cell Anemia	6	2
Davidson County Jails	Other-DCSO		197249	10/6/1950	1963128	10/1/2014	9/29/2014	9/29/2014	0		NSH	Presenting Problem: 251.1:Hypoglycemia Not Elsewhere Classified	7	2
Dekalb County	Dekalb County Jail		X0162028	7/21/1979	1959642	9/30/2014	9/4/2014	9/18/2014	14		GRADY	Presenting Problem: 156:Malignant Neoplasm of Gallbladder and Extrahepatic Ducts	18	2

Utilization Management for Hospital Services

CCS will introduce our proven Care Management Program at the HOC and MCJ to ensure effective utilization management for the review and analysis of off-site referrals, including inpatient stays. Utilization management will include pre-approvals, case management, and discharge planning. CCS will conduct utilization reviews to demonstrate that the use of outside service has been appropriate (medically indicated) and the length of stay (if applicable) is neither longer nor shorter than medically indicated. For detailed information regarding the CCS Care Management Program, please see section **7.1 Utilization Management: General**.

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.

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.

Retrospective Review

The Care Management department and site leadership retrospectively review emergency care. CCS uses a retrospective review process to resolve claims issues, determine appropriateness of care post-delivery, and perform focused reviews. Additionally, CCS will perform focused reviews at the request of the provider.

Length of Stay Management

CCS will assign a Regional Care Manager to manage all off-site, inpatient care on a daily basis through 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.

Concurrent Review

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, CCS ensures that inpatient stays are well-managed and appropriate transitions of care are completed with improved accuracy.

InterQual Criteria provide evidence-based clinical decision support guidelines to ensure that care is provided in the most appropriate setting. InterQual helps providers determine the most appropriate level of care based on severity of illness and intensity of care required.

Discharge Planning

CCS manages a robust hospital 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 ensure that excellent care continues from hospital discharge through return to the facility.

Documentation and Follow-up

CCS staff will see patients returning from an off-site medical appointment or hospital stay for follow-up during the next provider sick call clinic, and will document the follow-up in the inmate's health record. All information and documentation returned with the inmate from an off-site provider will be made part of the inmate's health record. This will include a disposition and instruction sheet to indicate actions taken, orders written, findings from consults, treatments performed, and a detailed discharge summary for patients returning from an inpatient hospitalization.

4.16 Intake Services

Response to Section 21.4, Question 16

16. Describe how you will meet and document the requirements of intake screenings as stated in Section 5.6: Intake Services, with particular focus on ensuring that intake screenings will be performed and completed by a nurse within four (4) hours of the initial request. Provide a sample of your intake form and any intake reports.

CCS staff will perform a receiving screening on all arrestees upon their arrival at the MCJ to ensure that emergent and urgent health needs are met. CCS receiving 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. The receiving screening sets the course for the inmate's medical care throughout their entire stay; early identification of problems using a systematic intake evaluation prevents more serious and costly problems from developing later.

Receiving Screening

CCS understands the importance of maintaining a timely and proper booking and admission screening process to ensure the well-being of all inmates and of the overall facility operations. We will ensure that receiving screenings occur within four hours from the time of admission to the MCJ, in accordance with Consent Decree requirements and NCCHC standards. All immediate health needs, medication needs, medical, dental, and mental health will be identified through the screening and will be properly addressed by qualified health care professionals.

CCS will allocate properly trained and authorized RN staff to conduct receiving screenings 24 hours a day, 7 days a week, including holidays. In the event of large intake volumes, screening priority will be given to those inmates exhibiting serious illness. If a Licensed Practical Nurse (LPN) assists and conducts the receiving screening, the screening will be reviewed and signed off on by the RN. An RN will also determine the length of time to be seen for any incoming inmates that require subsequent referral.

Medical Clearance Prior to Admission

Nurses or providers will conduct preliminary screenings of inmates to determine if referral to a hospital and medical clearance is required prior to admission to the MCJ. Admission to the MCJ will be dependent upon clearance for any injuries or medical problems.

Health care staff performing the receiving screening may identify inmates whose clinical status suggests a need for immediate health services beyond the scope of care immediately available at the facility. In such cases, patients will be referred immediately for care to a local emergency room or approved hospital. The inmate's subsequent admission to the MCJ will be predicated on written medical clearance from the hospital.

Most jurisdictions have established a practice of requiring medical clearance from an outside agency when such patients are identified. Reasons for admission deferrals include but are not limited to:

- Trauma/injury upon arrest
- Excessive bleeding
- Chest pain
- Unconscious, semiconscious, or severe confusion
- Active convulsions
- Respiratory distress
- Active labor

CCS will perform Quality Improvement reviews on all admission deferrals to identify any additional staff training needs, as well as a utilization review on all emergency room and hospital-direct admissions/pre-booking injuries/illnesses, to ensure that inmates return to the facility as soon as clinically indicated.

Continuation of Medication and Treatment

CCS will ensure the continuation of ongoing treatment and medication regimens as appropriate for newly admitted inmates. We will provide adequate staffing to allow for the timely evaluation of intake orders and inmates in need of further evaluation so that inmates with medical and mental health issues can be stabilized as quickly as possible and medications can be initiated.

When it is determined that an inmate received medical or mental health care prior to incarceration, nursing staff will attempt to obtain treatment information and verify medications from community providers to facilitate continuity of care. For additional information regarding the CCS medication verification process, please see section **6.2 Intake Assessment**.

Previous Records

CCS staff will work in conjunction with County and/or outside providers to obtain previous medical and mental health records to assure continuity of care is maintained for all inmates. The need for securing Release of Information (ROI) documents is determined as part of the receiving screening, particularly related to reports of current treatment involvement, as these records are an invaluable asset to continuity of care efforts.

CCS will establish and maintain relationships with the local NAMI (National Alliance on Mental Illness) affiliate and other community organizations to obtain previous treatment information for inmates. For instance, we will work with NAMI Greater Milwaukee to make it easy for inmates' family members to share important medical and mental health history with CCS. We will provide contact information for NAMI to post on their website for inmates' family members to call into the medical department and leave a message regarding any medical concerns, history, or medications. Our company is currently setting up a similar program for the City of Las Vegas.

CCS will also utilize WISHIN, the statewide Health Information Exchange (HIE), to facilitate access to and retrieval of clinical data to provide safer and more timely, efficient, effective, and equitable patient-centered care. For additional information, please see section **10.12 Electronic Health Information Exchange: WISHIN**.

Late Screening Penalty

CCS will monitor screening times monthly and will file a monthly report to include name of inmate, arrival time in the booking facility, time of request or notification of intake, time of actual completion of receiving screening, total time between request and completion for each screening, and compliance percentage rate. CCS understands that compliance of less than 95% consistency (based on completing screenings within 4 hours) will require CQI corrective action (allowances will be noted for individual exceptions). We further understand that failure to meet compliance may result in a penalty of up to $2,000 each month, at the discretion of Milwaukee County.

ERMA has customized queues that give health care staff instant access to patient populations, allowing for consistent monitoring. For example, inmates needing receiving screenings, those needing health assessments, and those with special needs can be grouped in queues for single-click access.

ERMA can also generate statistical reports and identify any outliers beyond agreed-upon time periods. For example, ERMA will provide reports showing the amount of time between an inmate's booking and receiving screening. For additional information and sample compliance reports (including a receiving screening statistics report showing rate of compliance with a four-hour timeframe), please see section **8.3 Performance Measures**.

Reducing Backlogs

We understand that the current medical provider has experienced backlogs for both initial and secondary medical screenings. These backlogs are ***not*** compliant with NCCHC recommendations.

CCS, on the other hand, has had proven success reducing backlogs when we have transitioned contracts from other providers. We have provided examples of our success below, and we are confident we can have a similar impact in Milwaukee County.

> *When CCS began providing services for the Kentucky DOC in March 2014, there was a clinical backlog of nearly 4,200 patients who required medical services. By increasing provider staffing and improving provider efficiencies, CCS reduced clinical backlogs to zero within 120 days.*
>
> *When CCS began providing services for the Hampton Roads Regional Jail in Virginia, a multi-jurisdictional facility that services five "feeder" jails, we found that more than 500 sick call requests had not been answered by the incumbent provider. By addressing the understaffing of the former provider, and working with the jail administration, CCS completed these sick calls in less than two months. We also brought more than 175 overdue 14-day health assessments up-to-date within the first month.*

Functional Incapacitation Release

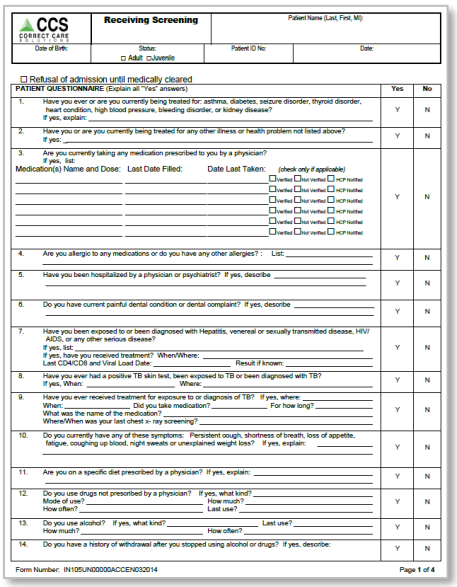
CCS will assist Milwaukee County in coordinating with local arresting agencies and courts regarding inmates that become eligible for release and are deemed functionally incapacitated. We will assist in identifying any inmate with serious medical and/or mental health conditions, where immediate release may reasonably result in further harm and/or risk to the individual. Health staff will assist in monitoring of short-term holds until there is opportunity for transport and assistance to an appropriate level of care. Health staff will assist with law enforcement completion of any necessary Chapter 51 Wis. Stat. emergency detention paperwork, and cooperate if witness testimony is required.

Receiving and Intake Screening

Receiving screenings will be conducted in accordance with NCCHC and ACA standards, as well as the operating procedures of the MCJ, and will include:

Inquiry into current illnesses, health problems, and conditions:

- Illnesses and special health needs, including allergies
- Current medications
- History of hospitalization
- Dental conditions or complaints
- History of tuberculosis or other infectious diseases (or symptoms such as persistent cough, shortness of breath, loss of appetite, fatigue, coughing up blood, night sweats, or unexplained weight loss)
- Medical dietary needs
- Drug and alcohol use, including types, methods, date and time of last use, problems associated with ceasing use, and history of substance abuse treatment
- Tobacco use
- For women, current or recent pregnancy, birth control use, date of last menstrual cycle, current gynecological problems, and methadone use
- Any current pain
- Notation of personal physician and any medical risks



CCS CORRECT CARE SOLUTIONS — **Receiving Screening**

Patient Name (Last, First, MI): | Date of Birth: | Status: ☐ Adult ☐ Juvenile | Patient ID No: | Date:

☐ Refusal of admission until medically cleared

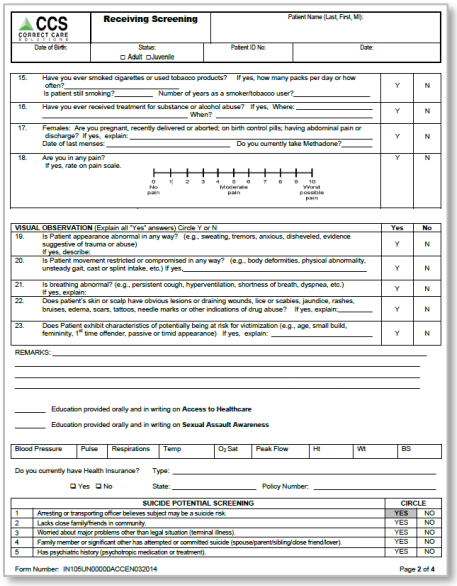
PATIENT QUESTIONNAIRE (Explain all "Yes" answers) — Yes / No

1. Have you ever or are you currently being treated for: asthma, diabetes, seizure disorder, thyroid disorder, heart condition, high blood pressure, bleeding disorder, or kidney disease? If yes, explain: _____ — Y N
2. Have you or are you currently being treated for any other illness or health problem not listed above? If yes: _____ — Y N
3. Are you currently taking any medication prescribed to you by a physician? If yes, list: Medication(s) Name and Dose: Last Date Filled: Date Last Taken: *(check only if applicable)* ☐ Verified ☐ Not Verified ☐ HCP Notified — Y N
4. Are you allergic to any medications or do you have any other allergies? : List: _____ — Y N
5. Have you been hospitalized by a physician or psychiatrist? If yes, describe _____ — Y N
6. Do you have current painful dental condition or dental complaint? If yes, describe _____ — Y N
7. Have you been exposed to or been diagnosed with Hepatitis, venereal or sexually transmitted disease, HIV/AIDS, or any other serious disease? If yes, list: _____ If yes, have you received treatment? When/Where: _____ Last CD4/CD8 and Viral Load Date: _____ Result if known: _____ — Y N
8. Have you ever had a positive TB skin test, been exposed to TB or been diagnosed with TB? If yes, When: _____ Where: _____ — Y N
9. Have you ever received treatment for exposure to or diagnosis of TB? If yes, where: When: _____ Did you take medication? _____ For how long? _____ What was the name of the medication? _____ Where/When was your last chest x- ray screening? _____ — Y N
10. Do you currently have any of these symptoms: Persistent cough, shortness of breath, loss of appetite, fatigue, coughing up blood, night sweats or unexplained weight loss? If yes, explain: _____ — Y N
11. Are you on a specific diet prescribed by a physician? If yes, explain: _____ — Y N
12. Do you use drugs not prescribed by a physician? If yes, what kind? _____ Mode of use? _____ How much? _____ How often? _____ Last use? _____ — Y N
13. Do you use alcohol? If yes, what kind? _____ Last use? _____ How much? _____ How often? _____ — Y N
14. Do you have a history of withdrawal after you stopped using alcohol or drugs? If yes, describe: — Y N

Form Number: IN105UN0000ACCEN032014 — Page 1 of 4

Visual observation of inmate:

- Abnormal appearance (e.g., sweating, tremors, anxious, disheveled, signs of trauma or abuse)
- Restricted or compromised movement (e.g., body deformities, physical abnormality, unsteady gait, cast or splint)
- Abnormal breathing or persistent cough
- Skin conditions, including obvious lesions or wounds, lice, jaundice, rash, bruises, edema, scars, tattoos, and needle marks
- Characteristics of being at risk for victimization (e.g., age, small build, femininity, first-time offender, passive or timid appearance)



CCS CORRECT CARE SOLUTIONS — **Receiving Screening**

Patient Name (Last, First, MI): | Date of Birth: | Status: ☐ Adult ☐ Juvenile | Patient ID No: | Date:

15. Have you ever smoked cigarettes or used tobacco products? If yes, how many packs per day or how often? Is patient still smoking?_____ Number of years as a smoker/tobacco user?_____ — Y N
16. Have you ever received treatment for substance or alcohol abuse? If yes, Where: _____ When? _____ — Y N
17. Females: Are you pregnant, recently delivered or aborted; on birth control pills; having abdominal pain or discharge? If yes, explain: _____ Date of last menses: _____ Do you currently take Methadone?_____ — Y N
18. Are you in any pain? If yes, rate on pain scale. 0 No pain … 5 Moderate pain … 10 Worst possible pain — Y N

VISUAL OBSERVATION (Explain all "Yes" answers) Circle Y or N — Yes / No

19. Is Patient appearance abnormal in any way? (e.g., sweating, tremors, anxious, disheveled, evidence suggestive of trauma or abuse) If yes, describe: — Y N
20. Is Patient movement restricted or compromised in any way? (e.g., body deformities, physical abnormality, unsteady gait, cast or splint intake, etc.) If yes_____ — Y N
21. Is breathing abnormal? (e.g., persistent cough, hyperventilation, shortness of breath, dyspnea, etc.) If yes, explain: — Y N
22. Does patient's skin or scalp have obvious lesions or draining wounds, lice or scabies, jaundice, rashes, bruises, edema, scars, tattoos, needle marks or other indications of drug abuse? If yes, explain;_____ — Y N
23. Does Patient exhibit characteristics of potentially being at risk for victimization (e.g., age, small build, femininity, 1st time offender, passive or timid appearance) If yes, explain: _____ — Y N

REMARKS: _____

_____ Education provided orally and in writing on **Access to Healthcare**

_____ Education provided orally and in writing on **Sexual Assault Awareness**

Blood Pressure	Pulse	Respirations	Temp	O_2 Sat	Peak Flow	Ht	Wt	BS

Do you currently have Health Insurance? Type: _____

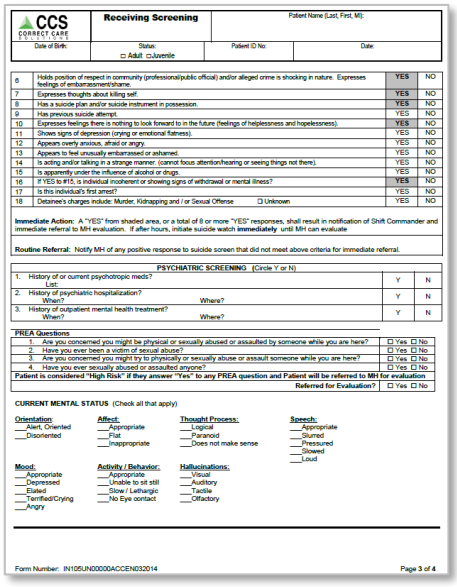
☐ Yes ☐ No State: _____ Policy Number: _____

SUICIDE POTENTIAL SCREENING		CIRCLE
1	Arresting or transporting officer believes subject may be a suicide risk.	YES NO
2	Lacks close family/friends in community.	YES NO
3	Worried about major problems other than legal situation (terminal illness).	YES NO
4	Family member or significant other has attempted or committed suicide (spouse/parent/sibling/close friend/lover).	YES NO
5	Has psychiatric history (psychotropic medication or treatment).	YES NO

Form Number: IN105UN0000ACCEN032014 — Page 2 of 4

Testing and initial assessments:

- Recording of vital signs
- PPD test for tuberculosis
- Oral screening
- Initial mental health screening
- STD testing for syphilis, gonorrhea, chlamydia, and HIV as indicated
- Pregnancy testing for female inmates as indicated



CCS CORRECT CARE SOLUTIONS — Receiving Screening

Patient Name (Last, First, MI): | Date of Birth: | Status: ☐ Adult ☐ Juvenile | Patient ID No: | Date:

6	Holds position of respect in community (professional/public official) and/or alleged crime is shocking in nature. Expresses feelings of embarrassment/shame.	YES	NO
7	Expresses thoughts about killing self.	YES	NO
8	Has a suicide plan and/or suicide instrument in possession.	YES	NO
9	Has previous suicide attempt.	YES	NO
10	Expresses feelings there is nothing to look forward to in the future (feelings of helplessness and hopelessness).	YES	NO
11	Shows signs of depression (crying or emotional flatness).	YES	NO
12	Appears overly anxious, afraid or angry.	YES	NO
13	Appears to feel unusually embarrassed or ashamed.	YES	NO
14	Is acting and/or talking in a strange manner. (cannot focus attention/hearing or seeing things not there).	YES	NO
15	Is apparently under the influence of alcohol or drugs.	YES	NO
16	If YES to #15, is individual incoherent or showing signs of withdrawal or mental illness?	YES	NO
17	Is this individual's first arrest?	YES	NO
18	Detainee's charges include: Murder, Kidnapping and / or Sexual Offense ☐ Unknown	YES	NO

Immediate Action: A "YES" from shaded area, or a total of 8 or more "YES" responses, shall result in notification of Shift Commander and immediate referral to MH evaluation. If after hours, initiate suicide watch **immediately** until MH can evaluate

Routine Referral: Notify MH of any positive response to suicide screen that did not meet above criteria for immediate referral.

PSYCHIATRIC SCREENING (Circle Y or N)

1. History of or current psychotropic meds? List:	Y	N
2. History of psychiatric hospitalization? When? Where?	Y	N
3. History of outpatient mental health treatment? When? Where?	Y	N

PREA Questions

1. Are you concerned you might be physical or sexually abused or assaulted by someone while you are here?	☐ Yes ☐ No
2. Have you ever been a victim of sexual abuse?	☐ Yes ☐ No
3. Are you concerned you might try to physically or sexually abuse or assault someone while you are here?	☐ Yes ☐ No
4. Have you ever sexually abused or assaulted anyone?	☐ Yes ☐ No
Patient is considered "High Risk" if they answer "Yes" to any PREA question and Patient will be referred to MH for evaluation. **Referred for Evaluation?**	☐ Yes ☐ No

CURRENT MENTAL STATUS (Check all that apply)

Orientation: ___Alert, Oriented ___Disoriented

Affect: ___Appropriate ___Flat ___Inappropriate

Thought Process: ___Logical ___Paranoid ___Does not make sense

Speech: ___Appropriate ___Slurred ___Pressured ___Slowed ___Loud

Mood: ___Appropriate ___Depressed ___Elated ___Terrified/Crying ___Angry

Activity / Behavior: ___Appropriate ___Unable to sit still ___Slow / Lethargic ___No Eye contact

Hallucinations: ___Visual ___Auditory ___Tactile ___Olfactory

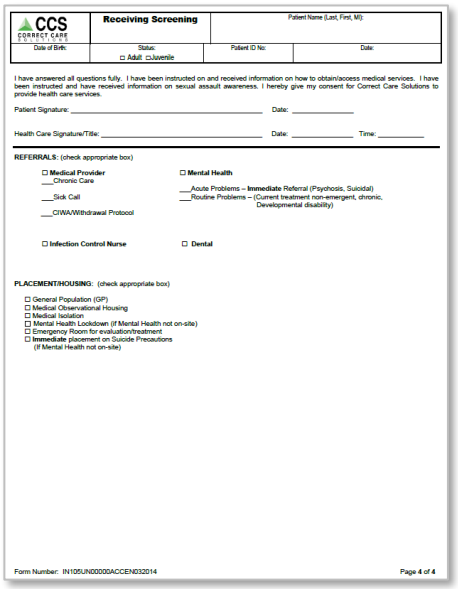
Form Number: IN105UN0000ACCEN032014 Page 3 of 4

Mental health screening:

- History of or present suicidal and/or self-destructive behavior or thoughts
- Mental health problems, including suicidal ideation and psychosis
- Current psychotropic medication use
- History of hospitalization and/or outpatient mental health treatment
- Current mental health status

Information sharing and education:

- Explain right to health care and how to access medical, dental, and mental health services during incarceration
- PREA screening and education regarding sexual assault
- Inform the inmate of the grievance process
- Oral health and hygiene education
- Information on how to access medical, dental, and mental health services, provided both verbally and in writing in a language that the inmate understands
- Documentation of informed consent



CCS CORRECT CARE SOLUTIONS — Receiving Screening

Patient Name (Last, First, MI): | Date of Birth: | Status: ☐ Adult ☐ Juvenile | Patient ID No: | Date:

I have answered all questions fully. I have been instructed on and received information on how to obtain/access medical services. I have been instructed and have received information on sexual assault awareness. I hereby give my consent for Correct Care Solutions to provide health care services.

Patient Signature: _____ Date: _____

Health Care Signature/Title: _____ Date: _____ Time: _____

REFERRALS: (check appropriate box)

☐ **Medical Provider**
___Chronic Care
___Sick Call
___CIWA/Withdrawal Protocol

☐ **Mental Health**
___Acute Problems – **Immediate** Referral (Psychosis, Suicidal)
___Routine Problems – (Current treatment non-emergent, chronic, Developmental disability)

☐ **Infection Control Nurse** ☐ **Dental**

PLACEMENT/HOUSING: (check appropriate box)

☐ General Population (GP)
☐ Medical Observational Housing
☐ Medical Isolation
☐ Mental Health Lockdown (if Mental Health not on-site)
☐ Emergency Room for evaluation/treatment
☐ **Immediate** placement on Suicide Precautions (if Mental Health not on-site)

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Verification and referrals:

- Verification of current medications in a timely manner (a clinician may be notified to assess the patient's need for any non-formulary medications, which may be provided for up to 30 days until an expedited physical can occur)
- Verification of medically necessary special diets
- Current health insurance coverage, if any
- Referral for mental health evaluation as indicated
- Referral for emergency, specialty, or dental care as indicated
- Referral for placement/housing, including general population, medical observation, mental health lockdown, suicide watch, etc.
- For inmates with physical handicaps or disabilities, the responsible physician will determine the need for any medical treatment

CCS will notify custody staff of any inmates requiring extraordinary oversight, treatment, or management, or those with critical conditions, including but not limited to:

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

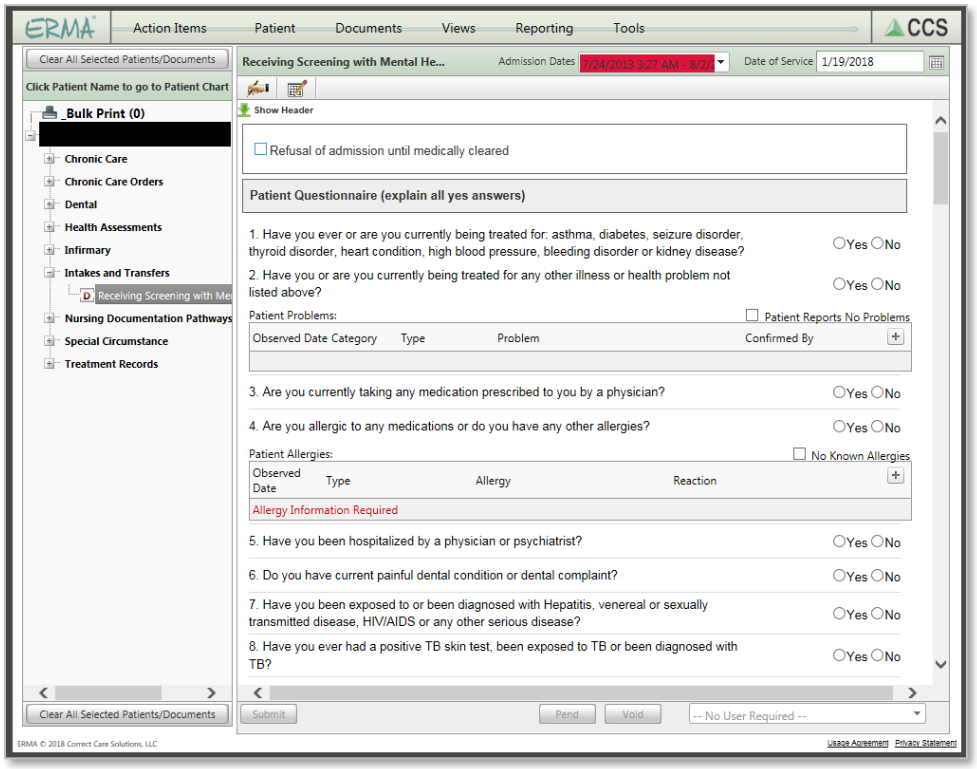
Receiving Screening Guidelines

CCS has established physician-approved Receiving Screening guidelines to guide the assessment, treatment, and referral process of inmates admitted with health care needs. CCS nurses follow these guidelines to determine the appropriate intervention based on various conditions presented at intake. Health care staff will be trained by the responsible physician or designee in the early recognition of medical or mental health conditions requiring clinical attention. Training will include instructions on completing the Receiving Screening form and when to contact medical staff to determine appropriate disposition of the patient.

Receiving screenings will be documented electronically; ERMA will streamline the intake process and reduce paper transcription errors. ERMA will interface with the County's ProPhoenix CMS to automatically transfer all demographic data into the inmate's health record. This reduces transcription time and allows the nurse performing the screening to focus on clinical functions, creating immediate efficiency through improved staff utilization.

ERMA also provides timely access to information. Re-admitted inmates with any previous medical or mental health history will be immediately identified with all critical information available to the booking nurse and to the physician from any authorized computer connected to the internet, including authorized off-site computers. Data on patients who are released then readmitted is also immediately available.

Sample Receiving Screening in ERMA



Opioid-dependent Pregnant Patients

If a pregnant inmate reports active drug or alcohol use during the receiving screening, intake staff will contact the medical provider for orders. During times when the provider is on site, the pregnant inmate will be evaluated immediately; otherwise, she will be seen during the next scheduled provider sick call clinic. The pregnant inmate will also be referred to an obstetrical specialist for a high-risk obstetrical evaluation. If a pregnant patient is opiate-dependent and reports using methadone, CCS staff will attempt to verify the treatment being received in the community. If the treatment cannot be verified, or the opiate-dependent pregnant patient is not currently receiving methadone, she may be treated on site or referred to a local provider for evaluation and recommendations for treatment.

Withdrawal Issues

Many individuals arrive in the correctional setting under the influence of drugs or alcohol. Significant histories of substance abuse increase the possibility that they will experience some degree of withdrawal. Therefore, the CCS receiving screening includes questions regarding types of substances used, time of last usage, frequency and amount of usage, length of time using, and side effects experienced when ceasing use in the past.

During the receiving screening, CCS staff will use a standardized form to evaluate all inmates for signs and symptoms of withdrawal. Inmates who report alcohol and/or drug dependence or who are identified as being at risk for withdrawal will receive a more in-depth assessment. For detailed information regarding CCS withdrawal management protocols, please see section **4.18 Medically Supervised Withdrawal and Substance Treatment**.

Translation Services

As part of our commitment to achieving health equity, CCS ensures equal access for individuals with diverse cultural backgrounds and/or limited English proficiency, including literacy issues. When a literacy or language problem prevents a patient from understanding written information, a staff member who speaks the patient's language or a translator assists the patient. CCS ensures that individuals providing language assistance are competent interpreters. We understand that untrained individuals serving as interpreters may not be sufficient to meet the needs of the patient.

Culturally and Linguistically Appropriate Services

CCS promotes health equity by ensuring that our inmate health care programs meet National Culturally and Linguistically Appropriate Services (CLAS) Standards, as well as NCCHC standards. We strive to ensure CLAS by hiring and promoting culturally and linguistically diverse leadership and workforce.

CCS has recruiting initiatives in place for hiring bilingual staff and multicultural staff. In addition to our typical recruiting methods, we advertise in community newspapers and on websites targeted specifically to reach professionals who are representative of the population in the local community. For example, in areas where Spanish is a predominant language, CCS directs recruiting efforts to Spanish-speaking job seekers.

CCS understands that hiring a multicultural workforce alone is not sufficient to ensure CLAS. We must also provide all employees with education and training on CCS policies and procedures, working in a multicultural environment, and how to understand the diverse needs and health expectations of different cultures.

LanguageLine

CCS has an agreement with LanguageLine Solutions to aid in the provision of services for limited- or non-English speaking and culturally diverse patients. LanguageLine provides over-the-phone interpretation and document translation services for more than 240 languages. CCS personnel receive training on working with LanguageLine and assisting limited- and non-English speaking patients, and are provided with lanyard cards so they have access to the contact information at all times.

LanguageLine supports risk management initiatives to protect the confidentiality and security of patient information, strengthening meaningful access and regulatory compliance in the delivery of vital services to meet these requirements:

- Affordable Care Act, Section 1557 (ACA)
- Americans with Disabilities Act (ADA)
- Centers for Medicare & Medicaid Services (CMS)
- Fraud, Waste and Abuse (FWA)
- Health Insurance Portability and Accountability Act (HIPAA)
- Protected Health Information (PHI)
- The Joint Commission
- Title VI of the Civil Rights Act of 1964 (Title VI)

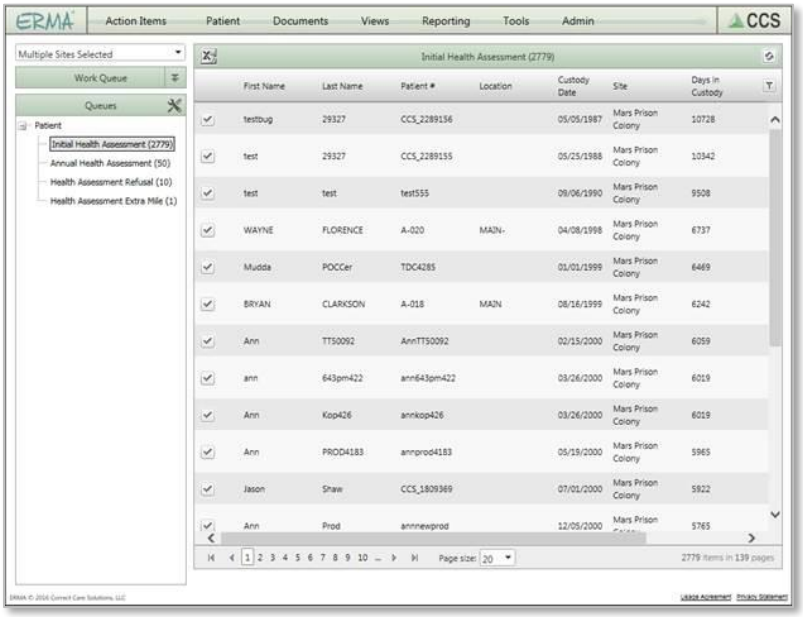
Initial and Periodic Health Assessments

CCS will provide initial and periodic health assessments in accordance with NCCHC standards. ERMA allows for automatic tracking of key events in the patient care lifecycle, including receiving screenings, health assessments, chronic care visits, and other activities. Health assessment compliance is managed via queues titled “Initial Health Assessment” and “Annual Health Assessment.” These queues provide the patient and compliance information needed to determine when a patient’s health assessment must be completed in order to maintain compliance, including:

- Patient first name
- Patient last name
- Patient number
- Location
- Custody date
- Site
- Days in custody

ERMA also contains additional queues not related to compliance, including queues to remind nurses of patients that should be checked on, queues showing patients who have refused either their initial or periodic health assessment once, and the “Extra Mile” queue, which shows patients who have refused two consecutive health assessments and may require special attention from health care staff.

Sample Initial Health Assessment Queue in ERMA

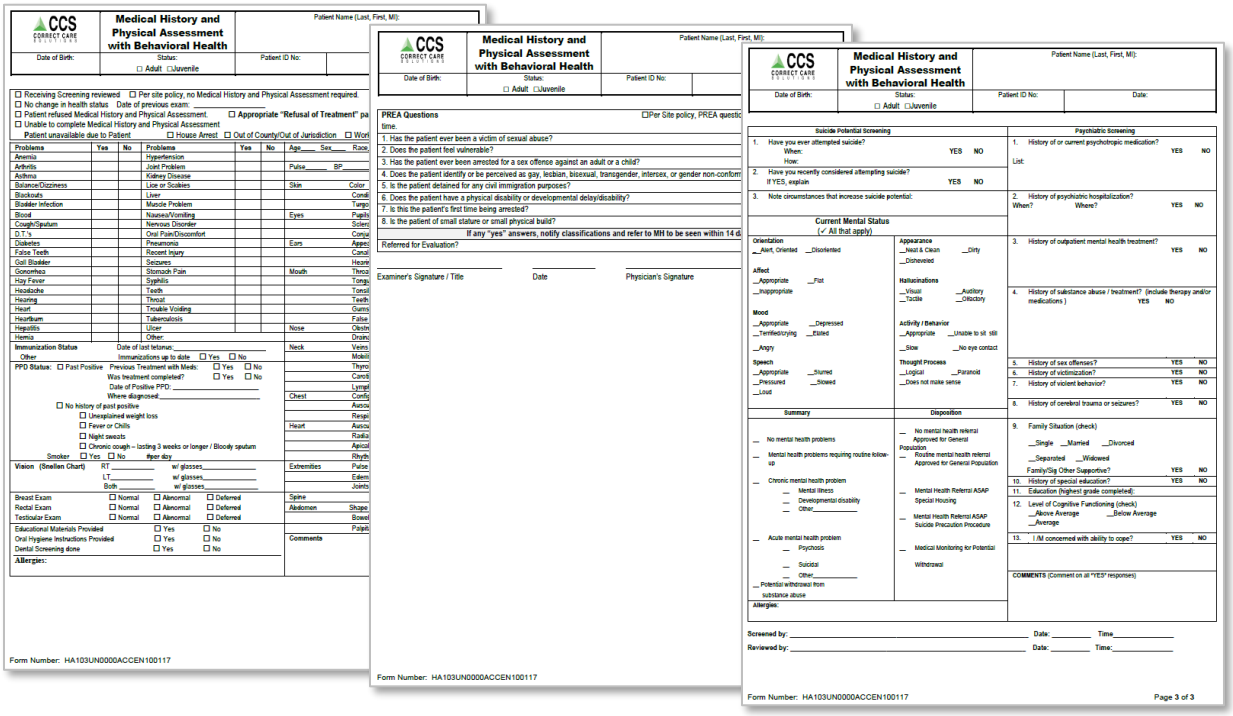


Initial Health Assessment

CCS will conduct a comprehensive health assessment, including a complete medical history and physical examination, for all inmates prior to their being in custody for 14 calendar days. We typically target day 10 for health assessments—***which exceeds minimum standards***—to ensure their completion within the 14-day period required by NCCHC standards. This also allows health care staff to identify any medical needs or conditions the inmate may have failed to disclose during the receiving screening, and to initiate timely and appropriate treatment that may avoid a later need for emergent treatment or hospitalization.

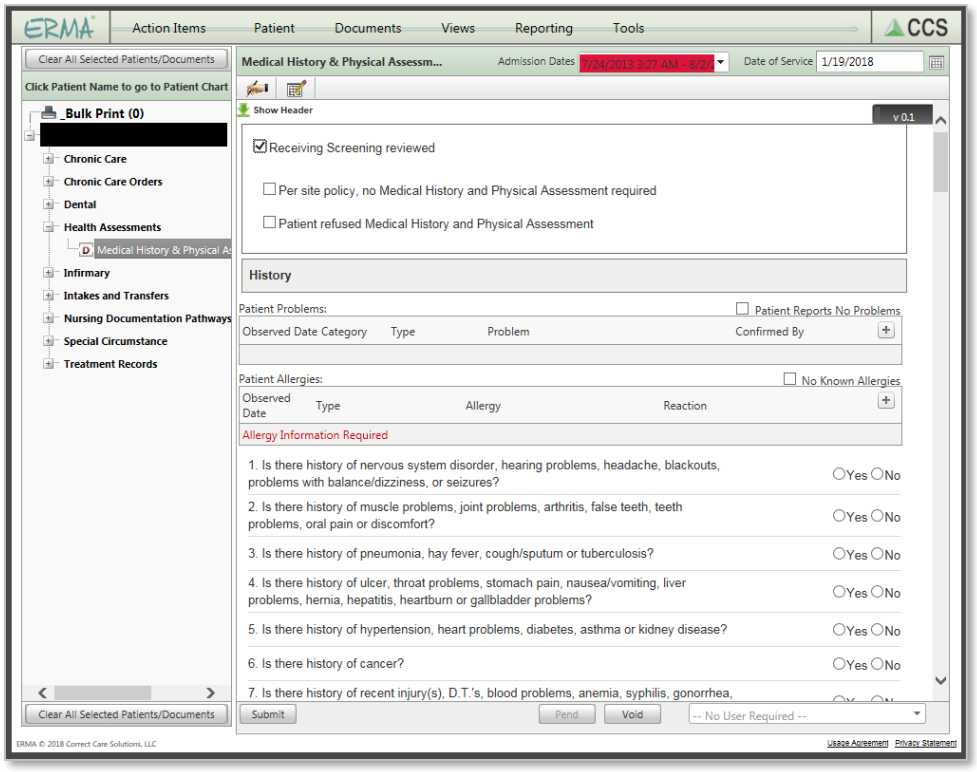
A physician or mid-level provider will conduct the health assessment in accordance with local regulations and requirements of the Consent Decree. A CCS physician will review, sign, and date any abnormal assessments completed by the mid-level provider. The physician or mid-level provider will also record the number of inmates who refuse physicals, as well as the reasons for refusal. The responsible physician will determine the components of the initial health assessment based on the evaluation needs of the facility's or community's population. At a minimum, the comprehensive health assessment will include:

- A review of the receiving screening
- Recording of vital signs, height, and weight
- Immunization history and initiation of any needed immunizations and therapy
- PPD test for tuberculosis (if not previously administered)
- Laboratory and/or diagnostic tests when clinically indicated or judicially mandated
- Vision and hearing screenings
- Physical examination (including breast, rectal, and testicular exams as indicated by the patient's gender, age, and risk factors)
- Pap testing for female inmates as medically indicated
- Dental screening and hygiene education
- Mental health assessment, including suicide potential screening and psychiatric screening
- Review of health history and gathering of any additional data needed to complete the medical, dental, and mental health histories
- Documentation of allergies
- Other tests and examinations as appropriate, required, and indicated (diagnostic panel, urinalysis, EKG, etc.)



The physician or mid-level provider conducting the health assessment will record their findings on a form approved by the County, which will also include the individual's title and signature, as well as the date and time of the assessment. The health assessment will be included in the inmate's permanent health record.

Sample Medical History & Physical Assessment in ERMA



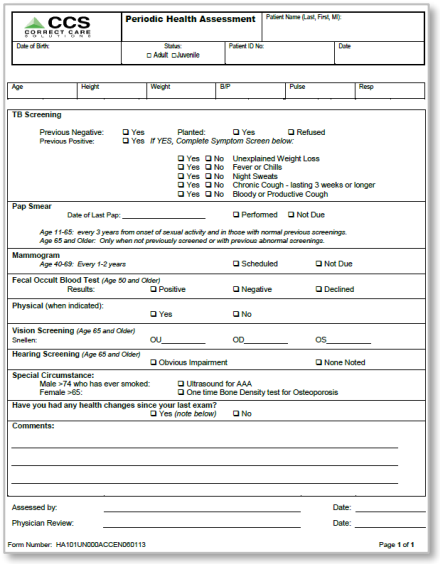
Inmate Worker Screening

CCS staff will provide examinations and medical clearance for all inmate workers prior to placement in their work assignment. Examinations typically take place during the 14-day health assessment, but can also be completed upon request. Medical clearance for work will be made with consideration for the inmate's condition, including known illnesses or any sign of illness or injury observed during examination, which will be documented in the inmate's health record.

Food service workers will be medically cleared prior to working in the facility kitchen, or as food servers, according to procedures defined by the responsible physician. Initial clearance as well as systematic food service screening will be documented in the health record.

Periodic Health Assessment

CCS will provide health maintenance exams for inmates who are under the jurisdiction of the County for prolonged periods 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.



CCS CORRECT CARE SOLUTIONS — Periodic Health Assessment

Patient Name (Last, First, MI):
Date of Birth:
Status: ☐ Adult ☐ Juvenile
Patient ID No:
Date

Age | Height | Weight | B/P | Pulse | Resp

TB Screening
Previous Negative: ❑ Yes Planted: ❑ Yes ❑ Refused
Previous Positive: ❑ Yes *If YES, Complete Symptom Screen below:*
❑ Yes ❑ No Unexplained Weight Loss
❑ Yes ❑ No Fever or Chills
❑ Yes ❑ No Night Sweats
❑ Yes ❑ No Chronic Cough - lasting 3 weeks or longer
❑ Yes ❑ No Bloody or Productive Cough

Pap Smear
Date of Last Pap: _____ ❑ Performed ❑ Not Due
Age 11-65: every 3 years from onset of sexual activity and in those with normal previous screenings.
Age 65 and Older: Only when not previously screened or with previous abnormal screenings.

Mammogram
Age 40-69: Every 1-2 years ❑ Scheduled ❑ Not Due

Fecal Occult Blood Test *(Age 50 and Older)*
Results: ❑ Positive ❑ Negative ❑ Declined

Physical (when indicated):
❑ Yes ❑ No

Vision Screening *(Age 65 and Older)*
Snellen: OU_____ OD_____ OS_____

Hearing Screening *(Age 65 and Older)*
❑ Obvious Impairment ❑ None Noted

Special Circumstance:
Male >74 who has ever smoked: ❑ Ultrasound for AAA
Female >65: ❑ One time Bone Density test for Osteoporosis

Have you had any health changes since your last exam?
❑ Yes *(note below)* ❑ No

Comments:

Assessed by: _____ Date: _____
Physician Review: _____ Date: _____

Form Number: HA101UN00ACCEN060113 Page 1 of 1

For inmates undergoing prolonged incarceration, a health maintenance visit takes place upon the anniversary of their incarceration. Health maintenance exams are repeated at reasonable intervals thereafter as determined by the treating physician based on the age, gender, and health of the patient. The responsible physician, based on the current community standard of care, determines the specific components of the examination.

4.17 Mental Health Screening and Evaluation

Response to Section 21.4, Question 17

17. Provide a sample of your mental health screening and evaluation form(s), and describe how you will ensure appropriate mental health screening(s) and document screenings as requested in Section 5.6.5: Mental Health Screening and Evaluation.

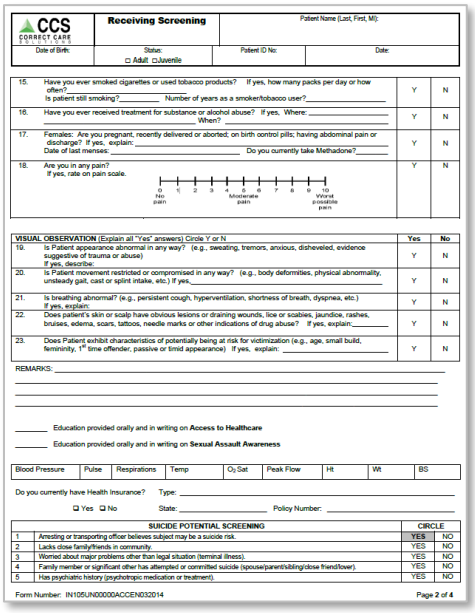
Early identification of mental health issues is a hallmark of the CCS Mental Health Program. All parties benefit when a proactive plan of care is started as soon as possible after admission to a facility, but the most benefit is for the patient. Admission to a correctional setting can be an overwhelming and distressing event. Establishing contact and rapport with a mental health provider quickly can serve to assuage many concerns and fears while helping the patient realize there are caring providers who will work with them to establish and/or maintain stability throughout the duration of their incarceration.

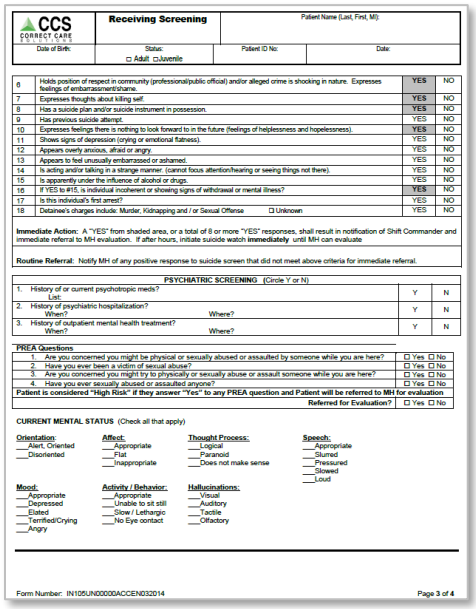
The early identification process begins at intake to ensure that emergent and urgent mental health needs are met. The CCS receiving screening form includes questions regarding:

- Suicide potential
- History of or current psychotropic medication use
- History of psychiatric hospitalization
- History of outpatient mental health treatment
- Current mental status

The mental health component of the receiving screening ensures that mental health clearance takes place as inmates enter the facility. Inmates who are mentally unstable, suicidal, or otherwise urgently in need of clinical attention are referred immediately to mental health staff for further evaluation, or to an outside facility if acute care is needed. Those with non-emergent mental health needs will receive a routine referral and will be seen by mental health staff within the appropriate timeframe.

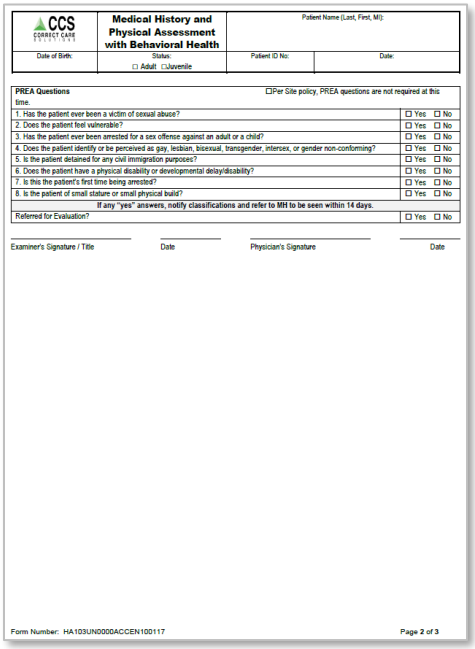
Sample Receiving Screening Form – Mental Health Components

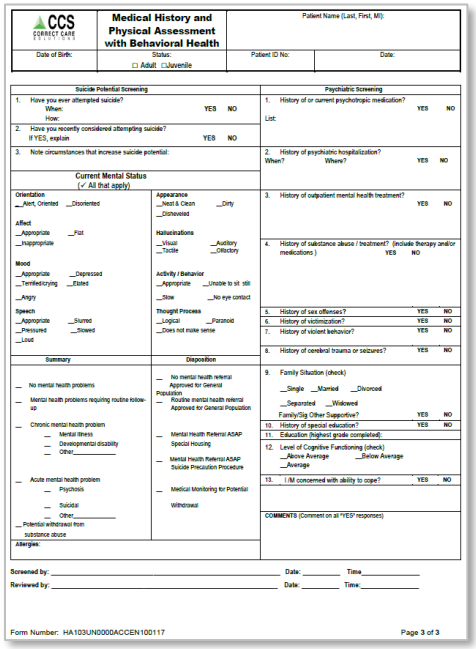




The CCS Medical History and Physical Assessment form used for comprehensive health assessments also includes questions related to mental health needs.

Sample Health Assessment Form – Behavioral Health Components



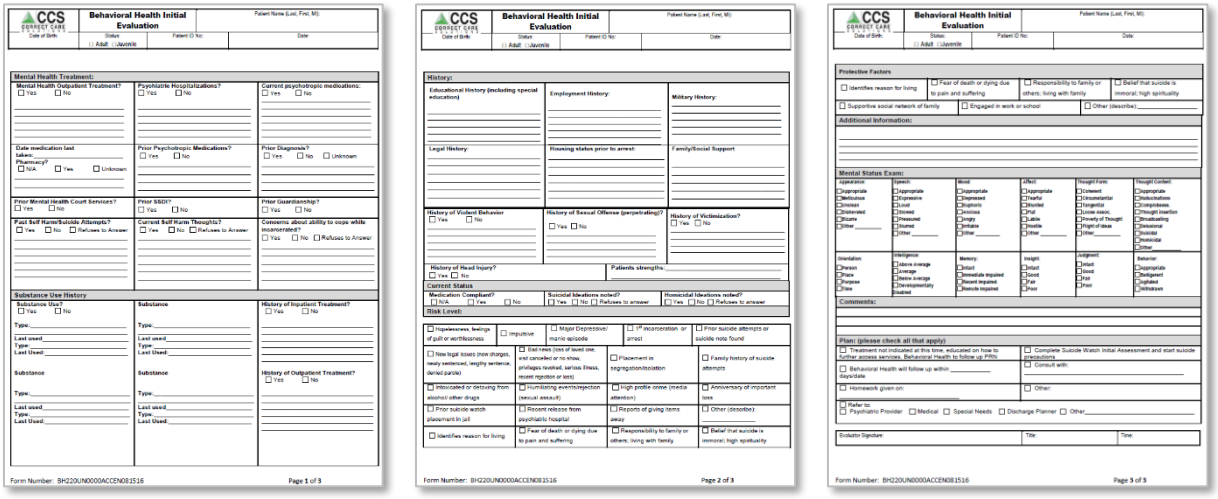


In addition to the mental health portion of the receiving screening, a post-admission mental health screening (also referred to as an initial mental health assessment in NCCHC standard MH-E-04) is performed on all inmates who have a positive mental health screening at intake. The mental health screening is performed by a QMHP (or a qualified health care professional trained by a QMHP) as soon as possible, but no later than 14 calendar days after admission. CCS prioritizes mental health screenings for patients reporting current mental health treatment in the community upon intake.

The mental health screening complies with NCCHC standards J-E-05 and MH-E-04, and includes a structured interview with inquiries into:

- A history of:
  - Psychiatric hospitalization and outpatient treatment
  - Substance use hospitalization
  - Withdrawal seizures
  - Detoxification and outpatient treatment
  - Suicidal behavior
  - Violent behavior
  - Victimization
  - Special education placement
  - Cerebral trauma
  - Sexual abuse
  - Sex offenses
- The status of:
  - Psychotropic medications
  - Suicidal ideation
  - Drug or alcohol use
  - Drug or alcohol withdrawal or intoxication
  - Orientation to person, place, and time
- Emotional response to incarceration
- Screening for intellectual functioning

Sample Mental Health Screening Form



Results of the mental health screening will be documented in the patient's health record. Any positive responses to the screening questions will prompt a referral to a QMHP for additional evaluation. CCS will ensure that any inmate displaying acute symptoms (e.g., appearing psychotic or suicidal) is referred immediately for an emergency evaluation by a QMHP, and that steps are taken to ensure the inmate's safety pending evaluation. Those with acute mental illness requiring mental health services beyond the facility scope will be transferred to an appropriate facility.

Mental Health Evaluation

If an inmate requires ongoing mental health treatment or services, a QMHP will complete a mental health evaluation according to NCCHC standards. Inmates referred for additional evaluation will be seen by a QMHP based on the urgency of the referral; Emergent referrals will be evaluated within 4 hours, Priority referrals within 24 hours, and Routine referrals within 14 days.

The mental health evaluation will build upon the baseline assessment established in the mental health screening, and will minimally include:

- A psychosocial history and history of current complaint
- A formal mental status examination
- Specific assessment and documentation of suicidal risk and risk to others
- Assessment of level of intellectual functioning
- Assessment or referral for assessment of organically based impairment
- Assessment for SMI designation
- A diagnostic impression stated in terms of a coded diagnosis appearing in the current edition of the DSM-5

Along with the required assessment and diagnosis, the QMHP will obtain further psychological, neurological, medical, and laboratory assessments as needed. The mental health evaluation will be completed prior to and in preparation of an individualized mental health treatment plan.

If the mental health evaluation indicates that ongoing evaluation and treatment are required, the QMHP will establish a treatment plan, schedule the inmate's next session, and make the appropriate referral if a medical or psychiatric provider's services are required. For inmates determined to be at risk of self-harm, the QMHP will complete a Suicide Watch Initial Assessment and start suicide precautions.

The QMHP will initiate referrals for the appropriate services identified as part of the mental health evaluation, which can include psychiatry services, Special Needs Program enrollment, placement in identified mental health units, group programming (including substance abuse treatment services as indicated), discharge planning services, or transfer to more intensive mental health programs if the individual presents with mental health issues beyond what can be safely addressed in a correctional setting.

Suicide Prevention

Suicide is a leading cause of death in jails, and CCS takes suicide awareness and prevention very seriously. We have had considerable success preventing suicides in our facilities, and we continually improve our efforts towards suicide awareness and prevention.

CCS has established a Suicide Prevention Program based on policies and procedures that address education, screening, intervention, special needs treatment plans, and ongoing care. The program includes enhanced staff training, assessment using the Columbia Suicide Severity scale, and monitoring of inmates at increased risk for suicide. Mental health staff also provide support to those who have been affected by suicide and may need help adjusting to the situation.

Enhanced Staff Training

Ongoing and frequent staff training on suicide prevention is central to the CCS Suicide Prevention Program. Suicide prevention training is a mandatory part of CCS new employee orientation and is also required annually for all CCS employees and subcontractors.
CCS will train health care and custody staff to recognize when an inmate is in need of emergency mental health care, based on questions asked during the receiving screening, identified risk factors, and any warning signs of self-harming behavior.

CCS training for both health care and custody staff includes an intense focus on suicide prevention, and emphasizes the importance of communication and team work between health care and correctional staff. *Since this proposal is being submitted electronically, we will provide a DVD containing a sample CCS Suicide Prevention training program upon request*.

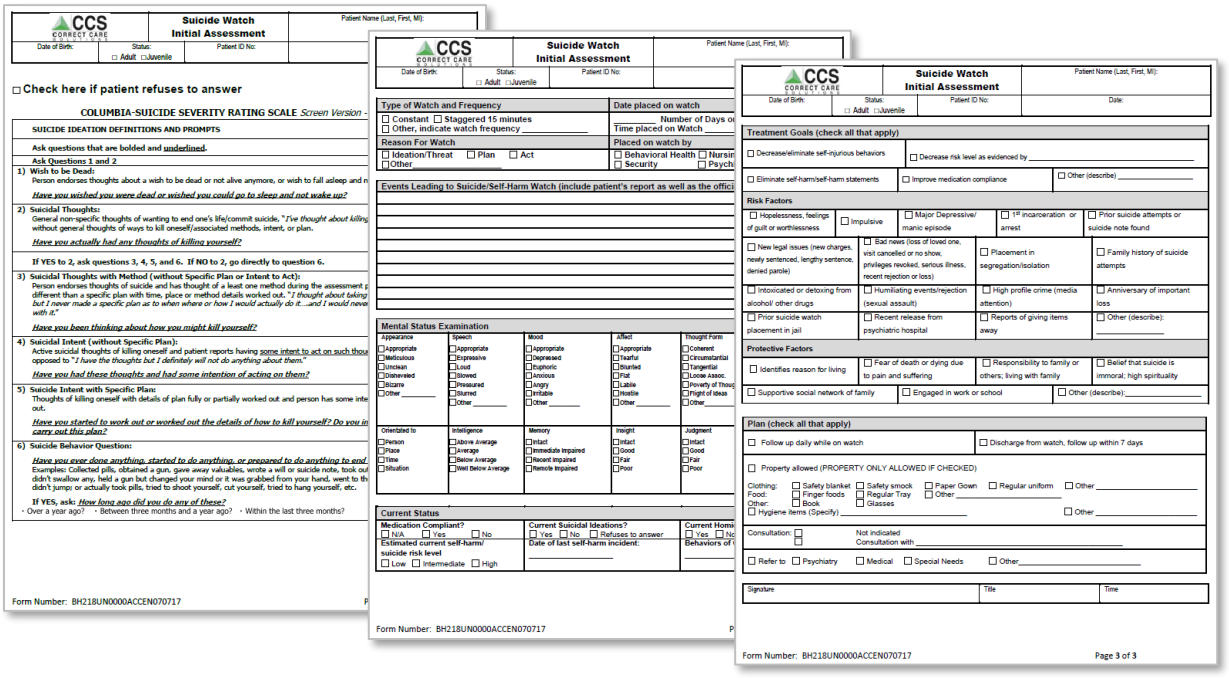
Identification of Risk

Risk of inmate suicide is highest during the first 48 hours of incarceration, so it is crucial that such risk is identified immediately. Therefore, the CCS Receiving Screening tool contains an enhanced suicide potential screening. Inmates having suicidal ideation or appearing to be in crisis will receive an urgent referral to mental health staff.

Mental health staff will complete a mental status exam and assess the inmate's risk level. For inmates determined to be at risk of self-harm, mental health staff will complete a Suicide Watch Initial Assessment and start suicide precautions. The Suicide Watch Initial Assessment uses the Columbia-Suicide Severity Rating Scale (C-SSRS) to determine if an individual is at risk for suicide, assess the severity and immediacy of the risk, and gauge the level of support needed.

Inmates may also report suicidal ideation to medical, mental health, or custody staff. Concerns expressed by custody staff and/or family members will prompt follow-up and documentation by CCS staff. Suicide gestures and attempts are taken seriously and CCS staff are trained to respond appropriately. Any inmate who is determined to be a suicide risk will be placed on suicide watch until they are evaluated by mental health staff and ultimately cleared by a QMHP.

Sample Suicide Watch Initial Assessment Form



Suicide Watch Initial Assessment

Check here if patient refuses to answer

COLUMBIA-SUICIDE SEVERITY RATING SCALE *Screen Version*

Form Number: BH218UN0000ACCEN070717

Referrals and Monitoring

Inmates demonstrating self-harming behaviors, those identified as suicide risks, and those who appear to be in crisis will receive an urgent referral to mental health staff for immediate evaluation. CCS recommends placing these inmates on constant observation until the mental health evaluation can be completed and an appropriate disposition determined. The inmate will undergo increased monitoring as appropriate for the level of risk. CCS suggests the following options for those at risk for self-harm:

- **Continuous Watch:** Constant observation of the inmate.
- **15 Minute Watch:** Direct observation of the inmate at least every 15 minutes on an irregular schedule.

When an inmate is placed on suicide watch, mental health staff will monitor the inmate daily and create a treatment plan for follow-up care. Mental health staff will use the CCS ERMA system to schedule appointments and follow-up visits for suicidal inmates. Staff can also track suicidal inmates using the CCS ERMA system, which will show which inmates are on suicide watch, what level of suicide watch they are on, and when their next review is due.

When an inmate is released from suicide watch, follow-up by mental health staff occurs within seven days, but may occur sooner as needed. Mental health staff will develop a treatment plan addressing suicidal ideation and its re-occurrence, and will provide additional follow-up care as clinically indicated.

Notification and Reporting

The HSA or Mental Health Director will be informed when there has been a suicide attempt or if an inmate has been placed on suicide watch. The HSA, Medical Director, Mental Health Director, Chief Psychiatrist, and the Superintendent or Jail Administrator, or their designees, will be informed of suicide attempts. Suicide attempts are considered a significant event, so a retrospective review is completed.

Community Referral

The Superintendent or Jail Administrator, or their designees, will be notified if an inmate identified as a suicide risk is scheduled for release. Inmates identified as moderate or high level of suicide risk on their most recent suicide risk assessment form will receive an evaluation by a CCS mental health clinician prior to release to initiate appropriate referrals.

4.18 Medically Supervised Withdrawal and Substance Treatment

Response to Section 21.4, Question 18

18. Provide your plan for medically supervised withdrawal treatment, and indicate how you utilize nationally approved guidelines and assessment tools as requested in Section 5.6.8: Medically Supervised Withdrawal Protocols and Substance Treatment. Provide a summary of your policy that addresses effective management of inmates on medication assisted treatment (MAT).

Medically Supervised Withdrawal Management

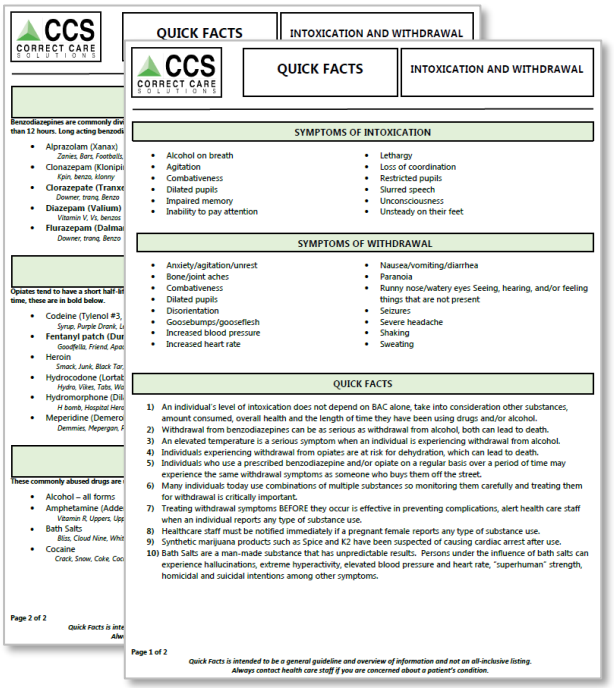
CCS will provide medically supervised on-site withdrawal management services in accordance with all applicable standards of treatment. When medically indicated, patients will undergo a complete withdrawal management program, minimizing risk of adverse symptoms and the need for off-site treatment.

CCS will ensure that all health care and custody staff are trained to recognize the signs and symptoms of withdrawal and to take the proper next steps to safely manage patients experiencing these symptoms.

We also provide custody staff with Quick Facts for Intoxication and Withdrawal designed as a quick reference to help them identify inmates in need of medical intervention.

All CCS facilities that are eligible under state law have vials of Narcan in their emergency supplies, along with the appropriate supplies for administration. CCS nursing staff are trained in Narcan administration and are encouraged and empowered in its use in order to save lives.

Since CCS started using Narcan in 2015, ***our staff have saved 303 patients from overdosing***.


CCS CORRECT CARE SOLUTIONS

QUICK FACTS | INTOXICATION AND WITHDRAWAL

SYMPTOMS OF INTOXICATION

- Alcohol on breath
- Agitation
- Combativeness
- Dilated pupils
- Impaired memory
- Inability to pay attention
- Lethargy
- Loss of coordination
- Restricted pupils
- Slurred speech
- Unconsciousness
- Unsteady on their feet

SYMPTOMS OF WITHDRAWAL

- Anxiety/agitation/unrest
- Bone/joint aches
- Combativeness
- Dilated pupils
- Disorientation
- Goosebumps/gooseflesh
- Increased blood pressure
- Increased heart rate
- Nausea/vomiting/diarrhea
- Paranoia
- Runny nose/watery eyes Seeing, hearing, and/or feeling things that are not present
- Seizures
- Severe headache
- Shaking
- Sweating

QUICK FACTS

1) An individual's level of intoxication does not depend on BAC alone, take into consideration other substances, amount consumed, overall health and the length of time they have been using drugs and/or alcohol.
2) Withdrawal from benzodiazepines can be as serious as withdrawal from alcohol, both can lead to death.
3) An elevated temperature is a serious symptom when an individual is experiencing withdrawal from alcohol.
4) Individuals experiencing withdrawal from opiates are at risk for dehydration, which can lead to death.
5) Individuals who use a prescribed benzodiazepine and/or opiate on a regular basis over a period of time may experience the same withdrawal symptoms as someone who buys them off the street.
6) Many individuals today use combinations of multiple substances so monitoring them carefully and treating them for withdrawal is critically important.
7) Treating withdrawal symptoms BEFORE they occur is effective in preventing complications, alert health care staff when an individual reports any type of substance use.
8) Healthcare staff must be notified immediately if a pregnant female reports any type of substance use.
9) Synthetic marijuana products such as Spice and K2 have been suspected of causing cardiac arrest after use.
10) Bath Salts are a man-made substance that has unpredictable results. Persons under the influence of bath salts can experience hallucinations, extreme hyperactivity, elevated blood pressure and heart rate, "superhuman" strength, homicidal and suicidal intentions among other symptoms.

Page 1 of 2

Quick Facts is intended to be a general guideline and overview of information and not an all-inclusive listing. Always contact health care staff if you are concerned about a patient's condition.

A Life Saved – Vigilant CCS Nurse Administers Narcan

Early on a Friday morning, one of our nurses at the Oakland County, Michigan jail was called to intake to evaluate a newly admitted patient. When the nurse arrived, the patient was extremely sluggish with low blood pressure, heart rate, and respirations. The nurse was able to ascertain that the patient may have ingested multiple substances, including heroin.

Based on the patient's level of consciousness, decreased vital signs, and suspected drug use, the nurse informed custody staff that the patient needed to go to the emergency room. Not wanting to delay life-saving treatment, the nurse administered a dose of Narcan, the antidote to heroin overdose. The patient showed only minimal improvement after the drug was given. Approximately five minutes later, the nurse administered a second dose of Narcan. The patient's vital signs improved dramatically and his level of consciousness improved to the point that he was able to speak with the nurse. When the ambulance arrived, he had improved so much that he was able to walk. ***The recognition of a possible opioid overdose and administration of Narcan by this nurse (following the CCS Narcan administration policy) led to a life-saving outcome***.

The CCS Narcan administration policy outlines the guidelines for use of Narcan in our facilities. When used in a suspected opioid overdose, as in this case, it can save lives. All CCS facilities that are eligible under state law have vials of Narcan in their emergency supplies, along with the appropriate supplies for administration. Whether it is a known or suspected opioid overdose, our nursing staff are trained in Narcan administration and are encouraged and empowered in its use in order to save lives.

The CCS Withdrawal Management Program and Policies incorporate the following:

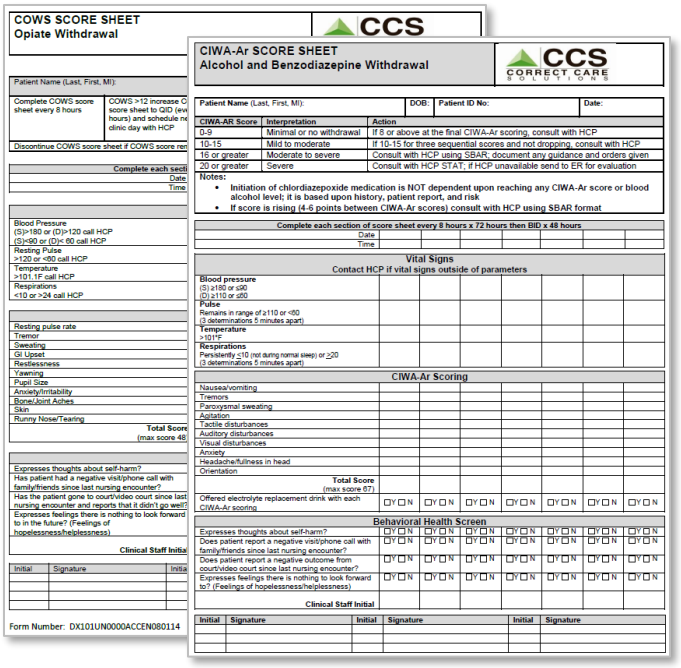
- Receiving Screening – Proactive identification of those at risk
- Observation and Monitoring – Monitoring and assessment tools utilized to ensure patients receive treatment as indicated and do not progress to a critical state
- Treatment – Using American Society of Addiction Medicine (ASAM) national practice guidelines

Receiving Screening

Many individuals arrive in the correctional setting under the influence of drugs or alcohol. Significant histories of substance abuse increase the possibility that they will experience some degree of withdrawal. Therefore, the CCS receiving screening includes questions regarding types of substances used, time of last usage, frequency and amount of usage, length of time using, and side effects experienced when ceasing use in the past. During the receiving screening, CCS staff will 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 will receive a more in-depth assessment. CCS staff will complete this assessment using the Addiction Research Foundation Clinical Institute Withdrawal Assessment – Alcohol (CIWA-Ar) and/or the Clinical Opioid Withdrawal Scale (COWS).

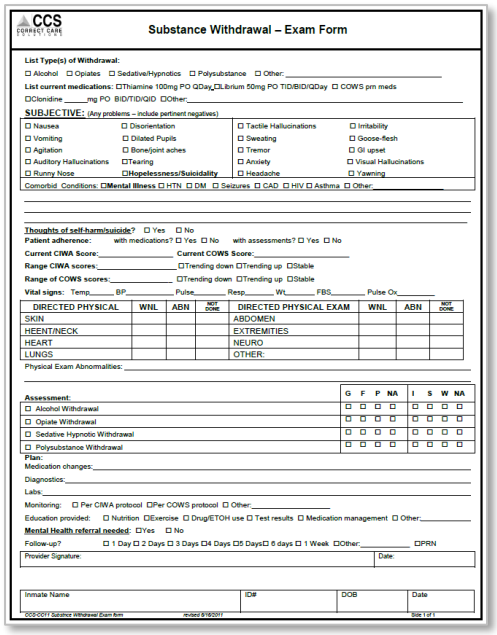

COWS SCORE SHEET
Opiate Withdrawal

CIWA-Ar SCORE SHEET
Alcohol and Benzodiazepine Withdrawal

These tools have been researched and shown to be viable methods for assessing the severity of withdrawal symptoms based on observation of the inmate's behavior or the inmate's response to questioning. CCS medical personnel also use the CIWA-Ar/COWS tools to determine the responses of our inmates to medications given to ameliorate withdrawal.

Observation and Monitoring

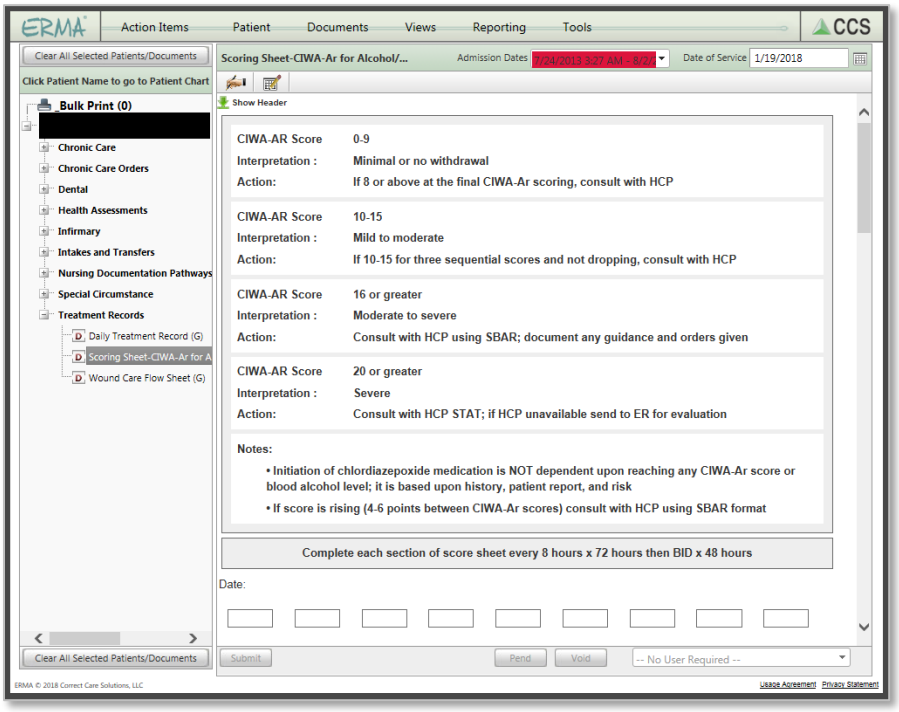
Inmates determined to be at risk for alcohol or drug withdrawal will undergo withdrawal monitoring. Nursing staff will contact the physician/mid-level provider on duty or on call when inmates are identified as high risk for withdrawal. Based on the clinical presentation of the inmate, the provider may recommend placing them in observation. CCS will house these inmates in established observation units for accessibility and proximity.


Substance Withdrawal – Exam Form

Inmates experiencing withdrawal from alcohol, opiates, or benzodiazepines will be monitored for at least five days or longer if deemed necessary by the provider. Inmates undergoing withdrawal monitoring will be assessed by medical personnel three times daily and anytime requested by facility staff. Assessments will include CIWA/COWS checks to determine the patient's level of withdrawal.

During each assessment, the inmate will also undergo a short mental health screen that assesses current thoughts of suicidality, hopelessness, or recent bad news. A positive answer to any of these questions will result in the inmate being placed on suicide watch and the mental health provider will be called. Withdrawal can be uncomfortable and is a risk factor for suicides and suicide attempts, so CCS prefers to take this proactive approach.

Sample CIWA-Ar Score Sheet in ERMA

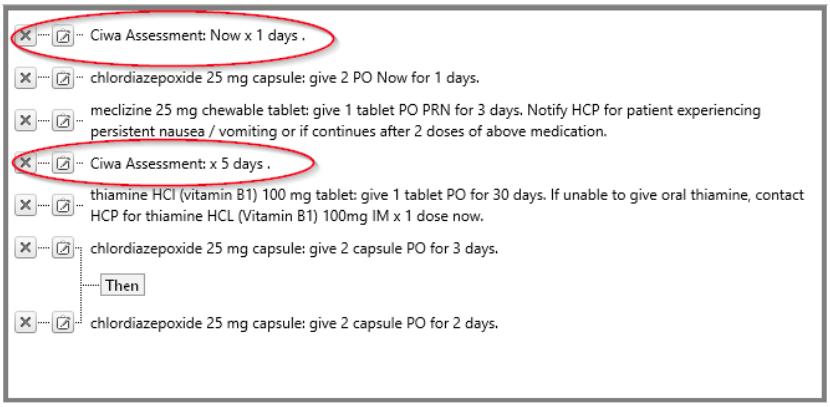


Innovative Solution: Electronic CIWA/COWS Checks

Health care staff are able to complete and document CIWA/COWS checks in ERMA using the CCS Point of Care Companion (POCC), described in section **6.1 Use of the County Pharmacy Provider**. In addition to medication passes, POCC allows health care staff to complete and document "treatment passes" at the point of care.

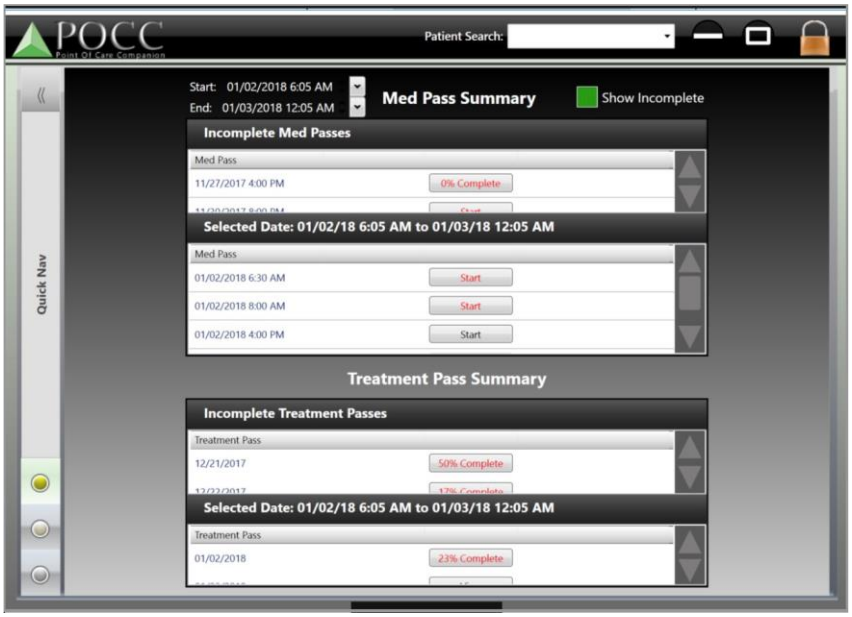
CCS staff can add an order for CIWA or COWS protocol in the Patient Profile in ERMA. Selecting the CIWA or COWS order set automatically adds the required assessment schedule to the patient's orders. It also creates a Treatment Administration Record (TAR) that health care staff will use to document each ordered check or treatment.

Sample CIWA Assessment Schedule in ERMA



During med pass, nursing staff can administer an initial CIWA/COWS assessment or a subsequent CIWA/COWS check using the POCC. After logging into the POCC, the nurse will see the Medication Pass Summary and the Treatment Pass Summary, which will show any medications and protocols that must be administered at the specified date and time.

Medication Pass and Treatment Pass Summaries in POCC

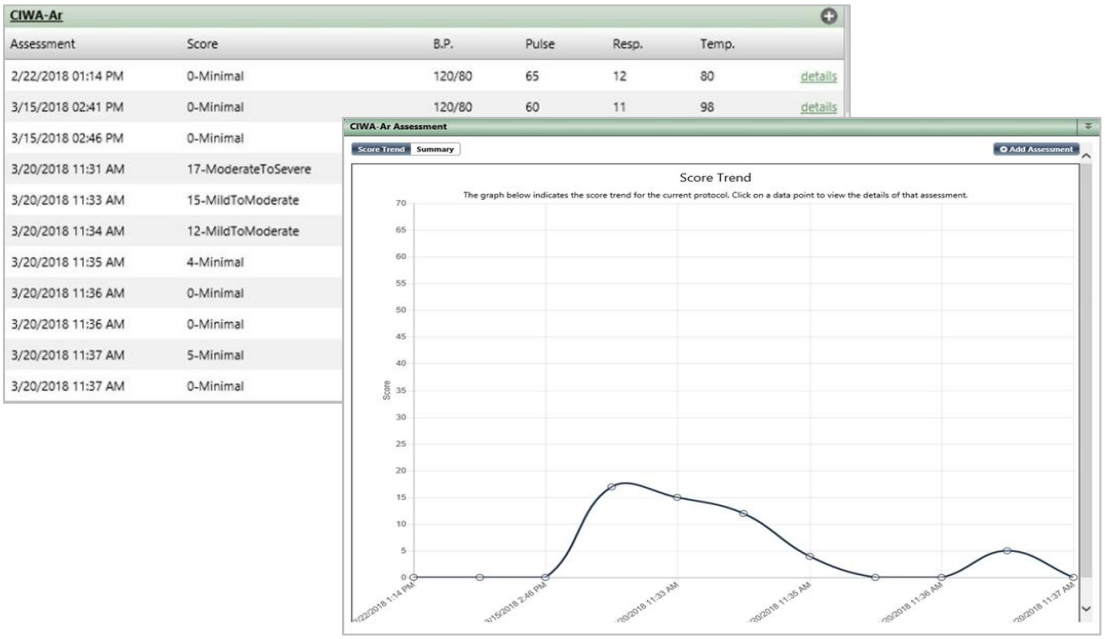


Selecting the Treatment Pass option will show any ordered protocol assessments, which the nurse can then complete and document in real time at the point of care. If the patient requires medication, its administration is also documented during the treatment pass. After the nurse has administered the assessment and entered the data, the POCC will automatically calculate the patient's CIWA/COWS score and will list any further actions needed.

CIWA/COWS Scores and Action Items in POCC

Once the nurse has completed the medication/treatment pass and returns to the medical unit, the medication pass data will automatically sync with ERMA and the completed protocol will be added to the patient's TAR. ERMA will also show the patient's score trend from all CIWA/COWS checks.

Patient CIWA Score Trends



Treatment

CCS establishes a physician treatment plan as soon as we assess the potential for withdrawal from alcohol or sedative-hypnotics. The Regional Medical Director will orient clinicians regarding effective management of care based on specific criteria. Medical personnel will establish an individualized treatment plan based on their assessment of the patient's condition. The treatment plan may include prescribed pharmaceutical therapy, as indicated.

CCS has established a best practice for determining the medications to be used, the frequency of use, and the starting dose of these medications. This best practice has been translated into an order sheet used by practitioners to manage and treat the symptoms of withdrawal. This document dictates the minimum amount of medication that should be used to treat inmates going through withdrawal, thus allowing for immediate use for most patients. Individual treatment plans are developed for those who do not respond as expected.

Alcohol and Other Drug Abuse (AODA) Treatment

CCS mental health staff will provide structured and evidence-informed Alcohol and Other Drug Abuse (AODA) treatment services. Substance use disorder (SUD) treatment is a vital component of CCS Behavioral Health Services; we believe that the integration of both mental health and SUD services leads to better treatment of the whole person. Acknowledgement of SUD treatment is an essential health benefit and integral part of health care. In many instances, substance use disorders are highly correlated with a person's justice system involvement and must be treated if recidivism is to be lowered.

By merging SUD and behavioral health services into one team, CCS is able to provide more integrated services and better meet the dual diagnosis needs of incarcerated individuals. The association between crime and unmet mental health and substance abuse needs in the community demonstrates the importance of providing such interventions in order to support the mission of risk reduction and community safety. Some interventions offered by CCS are designed with the dual intent of providing treatment and reducing recidivism, whereas other services are designed only for the purpose of improving the individual's health.

Overview and Background in SUD

CCS has experience providing both residential and outpatient levels of service to adult inmates. We currently operate a 40-bed intensive residential treatment program located within the Maine Department of Corrections (MDOC). The program is conducted over 9-12 months (averaging 20 hours per week of direct client treatment) and provides a structured and supportive learning environment in order to address criminal and addictive behaviors, as well as co-occurring disorders. Additionally within the MDOC, CCS provides outpatient services to both men and women. Services consist of a variety of group treatment options, as well as individual counseling.

In addition to our DOC services, CCS also has experience providing SUD services in the jail setting, as well as inpatient settings through our Recovery Solutions division.

Sheriff Graduates First Group through Substance & Behavioral Health Unit

Sheriff Jeffrey Gahler recently recognized the first six patients to successfully complete a new 10-week Substance & Behavioral Health Unit at the Harford County Detention Center (HCDC) in Bel Air, Maryland. Recognizing the volume of incoming patients who struggle with substance abuse, Sheriff Gahler conducted extensive research and toured several successful detention center-based recovery programs to establish the first unit of its kind to address addiction at the HCDC. ***The unit is managed by a licensed clinician from Correct Care Solutions***.

Prior to the existence of the new unit, the HCDC had multiple programs to assist with re-entry, including AA and NA meetings, but no formal group where inmates struggling to maintain sobriety could be housed together in an environment conducive to recovery. The new program aims to reduce the rate of recidivism in the inmate population, as well as the amount of drug-related crime and the number of overdoses and deaths in the community. The program includes daily group meetings based on the 12 steps used in many recovery programs. Community resources are also integrated into the weekly schedule. Participants must meet certain expectations to remain in the program, including medication compliance, respectful behavior toward staff, appropriate participation in group, attendance for visiting speakers, and readiness to present assignments.

At the first graduation ceremony, each participant received a certificate of completion from Sheriff Gahler, who remarked, "We need to do all we can to ensure people struggling with addiction are given the tools they need to be successful in recovery. For some, incarceration is forced sobriety, giving the addict a window into sober living. During this critical time, we will provide support and services to help them maintain sobriety when they re-enter the community. I am extremely proud of the individuals who have chosen to be a part of this new program and of my deputies who helped make the vision of this unit a reality. Together we will save lives."

Eligibility for Services

All inmates entering into custody are initially screened for substance abuse needs. Nurses conducting receiving screenings will have training in the identification of behavioral health issues, including substance use disorders. Unless consultation with a mental health clinician is indicated sooner, CCS has integrated the SUD assessment with the post-admission mental health screening/initial mental health assessment, which is completed within 14 days of admission.

There are a number of different reasons that people seek treatment for their alcohol and drug problems. For some, it may be because of health concerns, a court order, personal reasons or family ultimatums. These different motivations have a significant impact on treatment and outcomes. If someone has a low motivational level and does not see the importance of changing their behavior, they may require treatment that is motivational and educational. Individuals who have high motivation may need therapies that focus on behavior change or coping skills.

Treatment Services

Review of collateral data is incorporated into the ultimate clinical judgment as to whether the inmate is waitlisted for substance abuse services. Inmates who are not screened for services at intake have the opportunity to be screened for services at a later date based on staff referral or inmate request. Once an inmate has been screened for services, substance abuse treatment becomes part of the case plan.

Inmates who are screened for services are waitlisted for a more in-depth clinical assessment of substance abuse needs. CCS utilizes a clinical interview-based assessment that incorporates requirements outlined by the state program license (e.g., screen for mental health needs and trauma history, details of substance use history, legal history and its relation to substance use, etc.). Given the setting and multidisciplinary team involvement, the overarching team reviews different pieces of the American Society of Addiction Medicine (ASAM) criteria at relevant points to more fluidly address these needs during incarceration. For example, the intake nurse assesses for an acute need for withdrawal management, and the SUD clinician asks more specifically about history of substance abuse and withdrawal during their assessment, which can occur at any point during the inmate's incarceration. This assessment has been streamlined by incorporating information obtained during the nursing receiving screening and initial mental health assessment.

In addition to assessing for clinical needs, CCS also follows the Risk-Needs-Responsivity (RNR) model in determining appropriate substance abuse treatment options. RNR research has consistently shown the need to focus treatment on higher risk inmates. Additionally, CCS provides gender-responsive services and has tailored the offerings for women to meet their needs, both by providing different group options and through adjusting scenarios and examples to be more consistent with the experiences of women.

The primary mode of treatment is group based, although individual services are available on a case-by-case basis. Dual diagnosis/co-occurring disorder treatment is provided based on clinical need and staff licensure requirements. Services will be designed to assist SUD individuals to:

- Identify and accept their AOD (Alcohol or Drug) dependence
- Understand the dynamics of the addictive process and the consequences of the process on themselves, their family, and their ability to function in society
- Lead productive, self-sufficient, and alcohol/drug-free lifestyles

Innovative Solution: Secure SUD Records

ERMA offers an added bonus for effective on-site SUD services. ERMA gives sites the ability to set user permissions for specific groups of employees with specific titles. This role-based security feature is key to being able to house SUD treatment records electronically due to the strict federal privacy regulations surrounding SUD-associated diagnoses and treatment information, which must be separated from the medical and mental health portions of the patient's chart.

With ERMA, all of a patient's treatment information can be maintained in a single electronic health record, with SUD information only accessible on a "need to know" basis, eliminating the need to keep separate SUD records. This unique benefit of the CCS ERMA system promotes team-based care by allowing stakeholders in the patient's care to see the "whole picture" while still adhering to federal privacy regulations. Following are examples of roles that could be given special permission to view secure SUD records in ERMA:

- Mental Health Director
- Case Manager
- Psychiatric Social Worker Supervisor
- Psychiatric Social Worker
- Chief Psychiatrist
- Psychiatrist
- Psychologist
- Psychiatric ARNP
- Mental Health RN
- HSA
- Medical Records Clerk
- Medical Director
- Regional Medical Director
- Regional Behavioral Health Manager
- Regional Manager
- Regional Vice President

Release of SUD Records

In order to release substance use disorder (SUD) treatment records, the Release of Information (ROI) must contain a specific authorization for SUD records. A general release for the entire patient health record is not sufficient for this purpose. The following criteria must be adhered to:

1. If the ROI contains a specific authorization to release SUD records, often times the released information should be limited to the minimum necessary information. CCS staff should direct any questions to the site's Mental Health Director or the Regional Behavioral Health Manager.
2. If the ROI does ***not*** contain a specific authorization to release SUD records because there is not an option to do so on the requesting agency's ROI, the ROI should be returned with a copy of a CCS ROI to be completed by the requesting agency.
3. If the appropriate ROI is completed and the ***patient does not authorize*** to release SUD records (and there is clearly an option to do so on the ROI), CCS staff should seek guidance from the Regional Behavioral Health Manager. There may be situations in which SUD information will need to be redacted from medical or mental health records.

Group Treatment

CCS offers a variety of group treatment options to address both SUD and dual diagnosis/co-occurring disorders, which are adjusted to meet the unique population needs of each facility and take advantage of the strengths and experience of individual clinical staff. Some of the evidence-based/evidenced-informed treatment groups CCS has experience offering are described in this section.

Following are examples of group therapy modules offered by CCS.

Seeking Safety

"Seeking Safety" is an evidence-based, present-focused counseling model to help patients attain safety from trauma and/or substance abuse. It directly addresses both trauma and addiction, but without requiring individuals to delve into the trauma narrative (the detailed account of disturbing trauma memories), thus making it relevant to a very broad range of patients and easy to implement.

Untangling Relationships

Untangling Relationships is a cognitive behavioral program designed for a minimum of 12 group sessions at 90 minutes in length. The program can be open-ended or conducted as a class where all clients enter and complete at the same time. Clients are expected to complete all 12 modules in this program before they are considered successful in the program. This program directly confronts the key issues of codependency, including manipulation and dependent relationships.

Living in Balance

CCS envisions the opportunity to offer a group called "Living in Balance" at the Jail. Living in Balance (LIB) is a structured group treatment program for individuals with substance abuse problems, with a focus on relapse prevention. LIB uses a cognitive-behavioral approach that includes educational material, group discussion, practice, and experiential exercises.

The core program consists of 12 sessions to help clients address life issues that are central to achieving successful recovery. Based on a holistic approach to treatment, sessions cover a wide variety of topics and can be tailored to meet the needs of a particular group. The goal of LIB is to help clients achieve greater balance in all areas of their lives, ranging from physical and mental health to social relationships and work, which often have been negatively impacted by their substance use. Each session can stand alone, allowing for an open-enrollment format.

Post-release Treatment

CCS will coordinate with community providers to arrange post-release treatment for individuals with substance use disorder. Collaboration with community stakeholders will be a key component of the discharge planning process in order to link individuals with SUD to continued treatment and to coordinate mental health and primary care services upon discharge.

Quality Assurance

Quality Assurance activities are also a key component of the CCS SUD program. The CCS Quality Improvement Committee (QIC) will include a SUD program staff representative. Quality assurance monitoring activities will include:

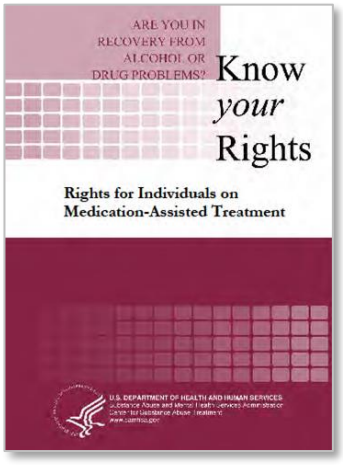
- Treatment or recovery plan developed within the timeframe specified by policy and procedure
- Services required as a part of the treatment or recovery plan are provided and documented
- Progress in achieving objectives identified in the treatment or recovery plan is assessed and documented as specified by policy and procedure
- Treatment or recovery plans are updated as specified by policy and procedure
- Client's file contains all required documents

Medication Assisted Treatment (MAT)/Opioid Treatment Program (OTP)

CCS will ensure the provision of appropriate medication assisted treatment (MAT) services for opioid-dependent inmates. MAT services for inmates will conform to state and federal regulations, ASAM national practice guidelines, and Substance Abuse and Mental Health Services Administration (SAMHSA) requirements. When appropriate, CCS will refer discharging inmates to agencies such as River's Shore Comprehensive Treatment Center or 10th Street Comprehensive Treatment Center for continued MAT upon release.

Identifying the Need for MAT

The CCS receiving screening includes questions regarding drug and alcohol use, including types, methods, date and time of last use, problems associated with ceasing use, and history of substance abuse treatment. When informed about an inmate withdrawing from opiate addiction, nursing staff will obtain information regarding the patient's vital signs, withdrawal symptoms, alcohol and/or drug history, other significant medical history, and pregnancy status for female patients.



If an inmate is opiate-dependent and reports using methadone, CCS staff will attempt to verify the treatment being received in the community and will coordinate with local providers to ensure appropriate dosing schedules. If the MAT cannot be verified, or the inmate is newly identified as being appropriate for methadone maintenance services, CCS will coordinate an evaluation.

Opioid Treatment Protocols

Withdrawal from opiates is uncomfortable and also dangerous if the patient is pregnant, aged, has multiple co-morbidities, or is otherwise fragile. Opiate withdrawal treatment will be initiated based on the patient's clinical history and likelihood that the patient will undergo opiate withdrawal. Nursing personnel typically identify the risk for developing opiate withdrawal during or shortly after the patient's arrival.

Because opioid withdrawal during pregnancy may be associated with adverse impact on the fetus, pregnant females should not stop MAT. We have provided detailed information regarding the management of opioid-dependent pregnant patients in section **4.19 Female Health Care Services**.

CCS will work with County staff, Court staff, and volunteer organizations to develop an NCCHC-accredited Opioid Treatment Program (OTP) at the HOC and MCJ. Our company is experienced in the provision of MAT services, including OTPs, which combine the use of behavioral therapy and medications to combat drug dependence. Following accreditation, CCS will seek certification from the Substance Abuse and Mental Health Services Administration (SAMHSA) in accordance with federal law.

Admission to the OTP will be based on clinical criteria and participation will be voluntary. Therapy will be guided by a treatment plan designed to address and meet the patient's needs. OTP services can include:

- Maintenance Treatment
- Short-term medically supervised withdrawal
- Long-term medically supervised withdrawal

If a patient is noted to be opiate-dependent (and not pregnant), withdrawal management is based upon symptom management. Unless the patient is pregnant, the standard for opioid dependency in a correctional setting is to permit withdrawal in a controlled manner and ameliorate the major symptoms. Patients determined to be at risk for drug withdrawal will undergo withdrawal monitoring. Severity of the withdrawal is assessed using the Clinical Opiate Withdrawal Scale (COWS). This tool scores the various signs and symptoms associated with opiate withdrawal. The total of these scores relates to the severity of the withdrawal. A COWS score of 10 or less is typically indicative of mild withdrawal.

Nursing staff will contact the physician on duty or on call when patients are identified as high risk for withdrawal. Based on the clinical presentation of the patient, the provider may recommend placing them in medical housing. Patients experiencing withdrawal from opiates will be monitored for at least five days or longer if deemed necessary by the provider. Practitioners are encouraged to utilize the COWS protocol in conjunction with scheduled monitoring to ensure effective management of those individuals at risk for opiate withdrawal. Health care staff also use the COWS tool to monitor patient response to interventions and make medication adjustments.

Opioid Use Disorders

Treatment for opioid-dependent inmates will be geared towards the availability for continuity of care upon discharge to the community and may include methadone, buprenorphine/naloxone, and Vivitrol as appropriate.

Buprenorphine reduces or eliminates opioid withdrawal symptoms, including drug cravings, without producing the “high” or dangerous side effects of heroin and other opioids. It does this by both activating and blocking opioid receptors in the brain (i.e., it is what is known as a partial opioid agonist). It is available for sublingual (under-the-tongue) administration both in a stand-alone formulation (called Subutex) and in combination with another agent called naloxone. The naloxone in the combined formulation (marketed as Suboxone) is included to deter diversion or abuse of the medication by causing a withdrawal reaction if it is intravenously injected.

Physicians with special certification may provide office-based buprenorphine treatment for detoxification and/or maintenance therapy. The CCS Clinical Department is currently undergoing a company-wide effort to staff physicians with DEA X-numbers, which gives them the ability to prescribe buprenorphine and Suboxone. CCS anticipates having at least 40 DEA X-licensed physicians throughout the country by the end of 2018.

Methadone also prevents withdrawal symptoms and reduces craving in opioid-addicted individuals by activating opioid receptors in the brain (i.e., a full opioid agonist). It has a long history of use in treatment of opioid dependence in adults, and is available in specially licensed methadone treatment programs.

Naltrexone is approved for the prevention of relapse in adult patients following complete detoxification from opioids. It acts by blocking the brain’s opioid receptors (i.e., an opioid antagonist), preventing opioid drugs from acting on them and thus blocking the high the user would normally feel and/or causing withdrawal if recent opioid use has occurred. It can be taken orally in tablets or as a once-monthly injection given in a doctor’s office (a preparation called Vivitrol).

Vivitrol Program

When previously opioid-addicted inmates are discharged without treatment, they are 12 times more likely to overdose in the first 2 weeks after they are released from custody. A growing number of jails and prisons across the country have found a possible solution in a unique medication called Vivitrol (generic: naltrexone), a non-addictive antagonist used in the treatment of opioid and alcohol dependence. Vivitrol was first approved to treat alcohol dependence. Since the FDA approved the injection for opioid dependence, there are now around 100 programs using it in 30 states.

Many rehabilitation centers offer Vivitrol in order to suppress cravings for alcohol or opioids. Proponents believe that Vivitrol programs are a revolutionary way of tackling the opioid epidemic, as the benefits of maintaining treatment for at least six months are significant. In one study, participants who received a Vivitrol injection once per month for six months were opiate-free 90% of the time, according to the Director of Health, Law and Policy at The National Center on Addiction and Substance Abuse. Correctional facilities have also begun to partner with Alkermes, the drug's manufacturer, to provide the first injection between two and seven days before an inmate's release.

CCS Vivitrol Program Making a Difference in Colorado Jails

"Due to the growing trend of opioid related overdoses and contributing factors to recidivism, the Adams County Sheriff's Office has initiated a new opioid treatment program at our Detention Facility. An estimated 224,000 Coloradans misuse prescription drugs each year, according to the Colorado Department of Public Health and Environment. The Adams County Sheriff's Office, Correct Care Solutions, Community Reach Center and Alkermes have partnered together to provide VIVITROL to eligible inmates who have detoxed from opioids…

It is also important to know that ***the resources don't stop once an inmate is released from the facility****. This treatment is available at any medical facility, who administers VIVITROL, for patients to utilize at no cost. 'Strengthening the transition between the treatment of substance use disorders while incarcerated and after release is a critical step to treatment success in the long-term,' said Dr. Ryan Conner, Medical Director for the Community Reach Center…*

Adams County believes allowing the patients to seek care at any location which administers VIVITROL gives the patient a greater chance of recovering from their addiction. ***'This is a step in the right direction toward solving the opioid crisis in Adams County,' said Adams County Sheriff Michael McIntosh. 'Not only will this personally help the inmate live a healthier life, but it will also reduce the amount of drug crimes committed by those dependent on opioids****.'"*

Press Release from the Adams County Sheriff's Office (April 2018)

"Effective immediately, the Jefferson County Sheriff's Office is introducing a new opioid treatment program for qualifying inmates who have completed withdrawal protocols while at the Jefferson County detentions facility. Upon their imminent release from jail, eligible inmates can participate in a voluntary medication assisted treatment (MAT) program to obtain Vivitrol, a non-addictive, long-acting blocking medication that helps reduce opioid cravings and prevent relapses.

The Sheriff's Office contracts with Correct Care Solutions to provide medical and psychiatric health services in the jail. In addition to administering Vivitrol, staff with Correct Care Solutions also connect participating inmates with local medical and mental health providers to help ensure individuals involved in the MAT program can continue their Vivitrol treatment regimen outside the detentions facility.

Sheriff Jeff Shrader explains that ***'the goal of providing Vivitrol to eligible inmates is twofold. In addition to helping prevent their relapse into opioid addiction after their release, we also hope to end the cycle of recidivism for as many as possible of the approximately 75% of our inmates who have a substance abuse problem****.'"*

Press Release from the Jefferson County Sheriff's Office (April 2018)

CCS is proposing to implement a Vivitrol release program for Milwaukee County within the first 90 days of start-up ***at no cost*** to the County. We have established Vivitrol release programs at several of our client sites, and we have proven success collaborating with Alkermes in providing this program to our clients, ***including Dane County, Wisconsin.*** For additional information regarding our plans for a Vivitrol release program in Milwaukee County, please see section **5.6 Linkages and Coordination with Community Services**.

4.19 Female Health Care Services

Response to Section 21.4, Question 19

19. Indicate how you will provide female health care services for all female inmates that incorporate elements of a trauma-informed approach to treatment as requested in Section 5.7: Female Health Care Services. In particular, ensure you have answered all requests in Section 5.7.1: Prenatal, OB/GYN, Birth Control.

CCS understands the special health care needs of female patients and we have established a program that addresses these needs in accordance with NCCHC and ACA standards. All medical staff working with the female population will be familiar with the specialized aspects of care required. The CCS Female Health program includes:

- Determining menstrual and gynecological problems as part of the receiving screening
- Determining pregnancy status by history and/or pregnancy testing, as appropriate
- Identifying appropriate activity capabilities for pregnant and non-pregnant female patients (medical clearance for work as appropriate)
- Screening for sexually transmitted diseases found at significant frequency in the population
- Pap smear testing in accordance with the recommendations of major medical societies, modified to reflect individual patient medical needs
- Breast cancer screening in accordance with recommendations of major medical societies, modified to reflect individual patient medical needs (anticipated duration of confinement is also considered)
- Providing health education on issues specific to the female population
- Providing contraceptive counseling and/or medication as medically necessary
- Access to obstetrical and gynecological specialists

Trauma-Informed Care

CCS will implement a trauma-informed care program that recognizes and responds to the effects of all types of trauma that an inmate may have experienced. The program will include trauma screening, medical and mental health awareness and treatment, and training for health care and custody staff. During the receiving screening, CCS staff will assess all inmates for history of trauma and/or abuse, including sexual abuse-victimization or sexually predatory behavior.

CCS staff will know how to detect and assess signs of sexual abuse; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse; and how and to whom to report allegations or suspicions of sexual abuse. CCS staff will comply with all state requirements for reporting abuse. Additionally, we will track and report medical services provided to inmates that are the result of an assault or another inmate's action, including sexual assaults.

Female Mental Health Needs

CCS recognizes that there are special aspects to the mental health needs of female patients. There are three areas that require special planning:

1. Female patients have often been their child's primary or sole caregiver. The separation caused by confinement creates additional stressors that affect the female patient, even in the absence of other mental disorders.
2. Female patients have often been the victims of violence, including both sexual and spousal violence. Post-traumatic stress disorder occurs frequently in this population and often requires specific interventions.
3. Female patients evidence a higher prevalence of serious mental disorders, such as bipolar disorder, major depressive disorder, and schizophrenia than male patients, and thus require the dedication of a larger number of mental health professionals than would the same number of male patients.

When CCS plans services for a facility, we take these issues into account as we consider the overall system needs. CCS will provide medical and mental health services that are specifically designed for women with co-occurring mental health and substance abuse disorders and histories of physical and sexual abuse.

Systems Training for Emotional Predictability and Problem Solving (STEPPS)

CCS offers the STEPPS program, which aims to teach behavior management and emotional regulation strategies. The STEPPs program has been successfully implemented with incarcerated women, many of whom struggle with trauma, self-esteem, and body image issues related to histories of sexual abuse and unhealthy relationships. STEPPS is also a psychoeducational group for those with borderline personality disorder (a common diagnosis among female offenders) and aims to teach behavior management and emotional regulation strategies.

Prenatal, OB/GYN, Birth Control

Pregnancies among female inmates are often unplanned and high-risk, and compromised by a lack of prenatal care, poor nutrition, domestic violence, mental illness, and drug and alcohol abuse. Therefore, CCS will ensure adequate prenatal care, effective education, and discharge planning that emphasizes the importance of continued care upon release and where to access it.

All female inmates of childbearing age will be offered voluntary testing for pregnancy at intake. Female patients identified as positive for pregnancy will be referred for care. In the case of a positive pregnancy test, the patient will be seen by medical staff within 48 hours (72 hours on weekends). Pregnant inmates will be seen according to American Congress of Obstetricians and Gynecologists (ACOG) guidelines.

Upon determining that a female inmate is pregnant, CCS staff will ensure that she receives family planning counseling and discussion of options with regard to the outcome of the pregnancy. Pregnant inmates will receive comprehensive counseling and assistance based on their expressed desires regarding their pregnancy, whether planning to keep their child, considering adoption, or seeking abortion services. CCS will ensure each patient fully understands all of her options so she can make the most informed decision possible.

Contraception

CCS will offer/provide an appropriate long-term contraceptive option to female inmates. In accordance with NCCHC standards, we will provide female inmates with nondirective counseling about pregnancy prevention, including access to emergency contraception and continued contraception at intake. Any female inmates using contraception at the time of arrest will be reviewed by the provider; all medications, including contraception, will be reviewed and continued/ordered as indicated. Emergency contraception is available at intake when medically necessary, in accordance with CCS policy and NCCHC standard J-B-06, which states that "emergency contraception is available to women at intake" and "women who are on a method of contraception at intake should be able to continue this method as medically indicated."

Prenatal and Obstetrical Services

Pregnant patients will receive timely and appropriate prenatal care, specialized obstetrical services, and postpartum care when indicated. These services will be provided through a scheduled on-site clinic whenever possible (typically through the first 24 weeks of an uncomplicated pregnancy and after delivery).

CCS will provide a mid-level practitioner with training and experience in OB to ensure a weekly (at a minimum) OB/GYN clinic for pregnant patients. The CCS physician will act as the patient's primary provider, coordinating care with an obstetrical specialist as appropriate. Care of pregnant inmates will include but not be limited to:

- Routine and high-risk care, including monitoring fetal growth and heart tones
- Comprehensive counseling and assistance
- Identification and management of chemically dependent pregnant female patients, including education and counseling
- Appropriate housing
- Counseling on appropriate levels of activity and safety precautions
- Pre-natal vitamins
- Nutritional counseling and diet plan (diet and vitamins will be planned in accordance with recommendations from the American Congress of Obstetricians and Gynecologists and Registered Dieticians)
- Laboratory and diagnostic tests, including testing for gestational diabetes, HIV, and other testing as recommended by the American College of Obstetricians and Gynecologists
- Observation for signs of toxemia, including urine testing for proteins and ketones
- Coordination of comprehensive counseling and assistance to pregnant patients planning to keep their child, considering adoption, or seeking termination services
- On-site obstetrical care when it can reasonably be provided
- Postpartum care, including but not limited to lactation, monitoring for postpartum depression, contraception, and education
- Education on infant care
- Counseling regarding future pregnancies
- Family planning services prior to release

When a pregnant patient requires the services of an off-site OB provider, CCS staff will coordinate with custody staff for transport for all off-site scheduled appointments. CCS will provide the Superintendent and Jail Administrator, or their designees, with a report identifying pregnant patients in the HOC or MCJ, anticipated delivery dates, and high-risk pregnancies so that custody staff can plan for required off-site travel.

High-risk Pregnancies

High-risk pregnancies and pregnancies past 24 weeks will be managed by an experienced obstetrical specialist. CCS will continue to facilitate testing that can be performed on site. Patients with high-risk pregnancies will be monitored regularly and hospitalized when needed. A pregnancy is considered high risk if the patient:

- Has diabetes, cancer, high blood pressure, kidney disease, or epilepsy
- Has a history of tobacco, alcohol, or drug use
- Is younger than 17 or older than 35
- Is pregnant with more than one baby
- Has had three or more miscarriages
- Had pre-term labor, preeclampsia, or seizures (eclampsia), or gave birth to a baby with a genetic condition (such as Down Syndrome) during a past pregnancy
- Has an infection such as HIV, Hepatitis C, cytomegalovirus (CMV), chicken pox, rubella, toxoplasmosis, or syphilis
- Is taking certain medications such as lithium, phenytoin (e.g., Dilantin), valproic acid (e.g., Depakene), or carbamazepine (e.g., Tegretol)

Recently, Emily Kessler, LPN (second from the left), responded to an unexpected birth at the Roanoke City Jail. After delivering the premature baby (25 weeks gestation), she immediately began CPR until the arrival of EMS; taking both new mom and baby to hospital. The EMS captain called to the jail stating that "baby is alive and doing well thanks to the fast thinking of Emily." On July 23, she was honored for her quick thinking and her steadiness under pressure. According to DON Lisa Ferguson, "We are very proud of her and, although we hope this never happens again, we are glad she was there." Also pictured with Emily L-R, HSA Stephanie Tito, Lisa, and Roanoke City Jail Major Greg Winston.

Perinatal Care

Perinatal care (immediately prior to, during, and after delivery) will be provided in accordance with specialists' recommendations and will usually take place in the hospital setting. Obstetrical services will be provided in the hospital setting in accordance with the Emergency Medical Treatment and Labor Act (EMTALA).

CCS staff will ensure the provision of postpartum care, including accommodation for lactation. Patients released back to the facility will be reviewed immediately by health care personnel and placed under medical observation for a minimum of 23 hours.

Since separation from a child can trigger self-harming behavior, mental health staff will evaluate the patient's emotional status. CCS staff will monitor patients for perinatal mood and anxiety disorders and will refer patients to licensed mental health staff as needed.

Opioid-Dependent Pregnant Patients

CCS will coordinate enrollment and assessment services of pregnant, opiate-addicted patients for MAT programs. If a pregnant inmate reports active drug or alcohol use during the receiving screening, intake staff will contact the medical provider for orders.

During times when the provider is on site, the pregnant inmate will be evaluated immediately; otherwise, she will be seen during the next scheduled provider sick call clinic. The pregnant inmate will be also be referred to an obstetrical specialist for a high-risk obstetrical evaluation. Because opioid withdrawal during pregnancy may be associated with adverse impact on the fetus, pregnant females should not stop MAT.

Prevention of opiate withdrawal during pregnancy can be accomplished by using specific opiate substitution medications, such as methadone or buprenorphine. If a pregnant patient is opiate-dependent and reports using methadone, CCS staff will attempt to verify the treatment being received in the community.

If the treatment cannot be verified, or the opiate-dependent pregnant patient is not currently receiving methadone, she may be treated on site or referred to a community methadone provider for evaluation and recommendations for treatment. If there is no accessible methadone treatment program, or if the patient prefers buprenorphine, CCS will provide this treatment as an alternative to methadone. In addition to regular dosing, the patient will be evaluated monthly (or as required by state regulations) for potential dose adjustments for the duration of the pregnancy.

If a pregnant inmate declines to participate in an Opioid Treatment Program (OTP), the CCS physician will initiate an appropriate treatment plan for opiate withdrawal syndrome; a plan will also be initiated for postpartum inmates with opioid dependency. CCS will make arrangements with community providers for post-release follow up care as part of our discharge planning process.

4.20 Special Medical Housing

Response to Section 21.4, Question 20

20. Provide your plan for patients with special needs who require close medical supervision and/or multidisciplinary care. As requested in Section 5.8: Special Medical Housing, include a plan to manage the Special Housing Unit.

CCS receiving screening guidelines 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 staff will make a recommendation for housing best equipped to meet the individual's special needs, and will inform custody staff of inmates with special needs that affect classification and housing. In the event that an inmate requires enhanced monitoring, the HSA or Medical Director will be contacted.

CCS will use the MCJ's Special Medical Unit (SMU) for inmates who require close medical supervision and/or multidisciplinary care. We will work with the County to develop policies and procedures for operation and staffing of the SMU based on NCCHC guidelines and requirements of the Consent Decree.

CCS will maximize use of the SMU for the treatment of inmates requiring close observation and monitoring. The SMU will also be used as a protective environment for inmates exhibiting symptoms or behavior serious enough to require notification of medical or mental health staff. Scope of the SMU may include detoxification, convalescent care, skilled nursing care, pre- and post-surgical management, and limited acute care.

Infirmary care is an important part of CCS services. Through appropriate infirmary operations, CCS is often able to reduce hospital days, ***creating savings for both off-site costs and officer time***.

CCS Infirmary Creates Cost Savings

Through our determination and creativity in increasing the level and quality of on-site services, CCS helped stabilize healthcare costs for the Durham County, NC Health Department by reducing off-site trips and thereby overall program costs. CCS expanded nursing services and opened an infirmary, significantly decreasing off-site trips and hospital stays. In addition, we were able to improve by 50% the discount the County had with the local hospital provider. Overall, CCS has reduced the County's per inmate per day costs below what they were paying prior to our partnership, and they have stayed that way for six consecutive years under CCS management.

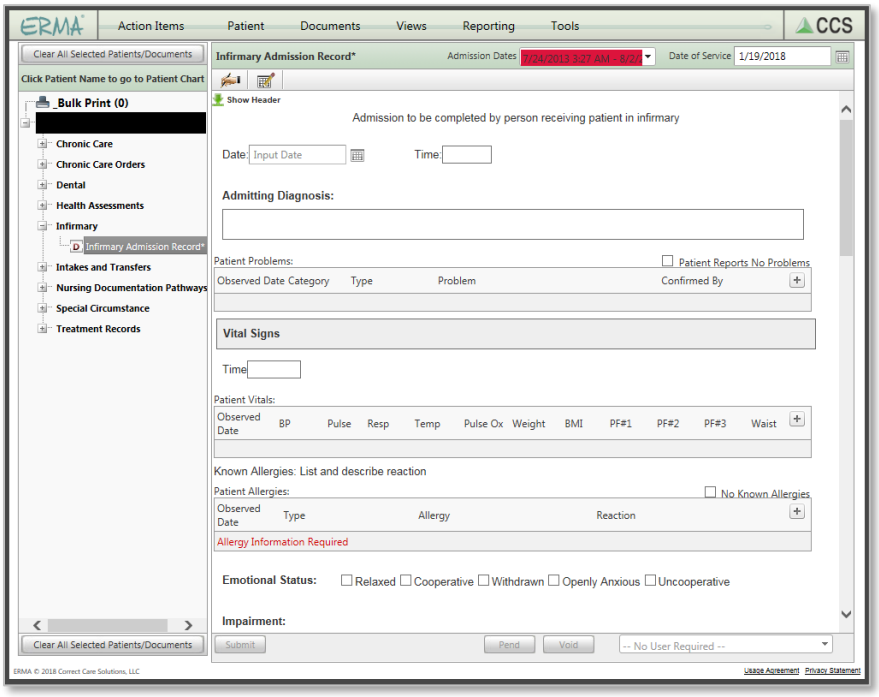
*"CCS was able to creatively structure a contract that managed skyrocketing inmate healthcare costs in a manner that was consistent with our philosophy of care. This was an amazing feat…**I recommend CCS as a service provider without reservations**."*

Gayle Harris, Director
Durham County Health Department, NC

CCS will ensure that the SMU has the necessary staff and supplies to provide both routine and emergency ancillary services on site. We will staff the SMU appropriately to provide 24/7 coverage for the observation and treatment of confined patients. We will utilize a combination of RNs, LPNs, and Medical Assistants for the provision of care; a supervising RN will be on duty in the facility 24/7 to review care provided on a daily basis, and a physician will be on call 24/7. Nursing staff will conduct rounds based on acuity and category of care provided, with a nursing note at least once per shift or more often as indicated by the patient's condition.

Our medical and mental health staff will meet daily with custody staff to share relevant information, to review the status of inmates under constant observation, and to make determinations regarding continued observation or return of inmates to general population. The CCS physician will approve each inmate's return to general population when recovered.

Sample Infirmary Admission Record in ERMA



4.21 Dental Care

Response to Section 21.4, Question 21

21. Describe your organization's plan to provide on-site dental services and oral surgery (Section 5.9: Dental Care). How will you meet the requirements listed in Section 5.9? Who will provide dental services and oral surgery? What are your processes for dealing with medical emergencies (abscess, cracked or lost teeth, fractured or damaged jaw, lacerations or embedded objects)? Do you intend to use a subcontractor to provide dental services?

CCS will provide dental services to satisfy the dental care needs of the inmate population in accordance with NCCHC and ACA standards. We take the dental needs of our patients very seriously, as dental health can have a serious impact on the overall physical health of a patient. Neglect of dental needs can lead to serious infection, affecting both the health of the patient and cost of treatment.

Continuum of Dental Care

Dental services, including but not limited to exams and treatment (e.g., emergency fillings and extractions), will be provided by dental personnel licensed to practice in the State of Wisconsin. The CCS dental program will include screening and examination, triage, emergency and urgent care, restorative care, preventive care, and education for inmates regarding oral hygiene and preventive practices.
The primary emphasis of the dental program will be the elimination of acute infection, the reduction of dental decay/caries, the reduction of the inflammatory processes of gingival and periodontal disease, the relief of acute pain, and the restoration of function to allow for adequate mastication. In all cases, preventive measures will prevail, utilizing restorative practices when possible, to minimize extractions.

Quality Assurance

CCS will complete regular dental audits to ensure the provision of appropriate services at the HOC and MCJ. Dental audits are designed to ensure, at a minimum:

- Proper PPE is worn when treating patients
- Patients are wearing protective eyewear when receiving treatment
- Instruments are properly sterilized
- Instrument counts are logged properly
- Weekly spore counts are conducted regularly
- All nursing staff have completed dental screening training and competency assessment
- Proper maintenance of equipment logs
- Current certifications for anyone taking dental X-rays
- Sharps counts are conducted and logged properly
- Peer reviews are current on the dentist

Dental Priorities of Care

Consistent with the CCS care philosophy, services will be provided on site to the extent possible. The CCS proposed staffing plan includes a Dental Assistant to assist the Dentist, manage the treatment schedule and care requests, and properly maintain and sterilize all equipment.

Oral Screening and Examination

During the receiving screening, nursing staff will conduct an oral screening and identify any complaints needing referral. Inmates will receive a more in-depth oral screening within 14 days of admission during the comprehensive health assessment to identify additional dental needs or required referrals. A qualified health care professional will perform the screening and instruct the inmate on maintaining proper oral hygiene. Health care staff will receive documented training from a dental professional on performing dental screenings, including questions to ask and what to look for, and will be tested on their competency.

The dental screening will include:

- Taking dental history
- Documenting evidence of visible cavities/decay, missing restoration, or tissue abnormalities
- Providing oral hygiene instruction and preventive education
- Initiating dental specialist referrals, if needed

Unless an emergent need is identified during the dental screening, inmates will receive an oral examination by a dentist within 45 days of admission, consistent with the Consent Decree. The exam will be supported by diagnostic X-rays if indicated.

Dental Sick Call Requests and Referrals

Inmates can request dental services through the sick call process. The dentist will evaluate the inmate's initial dental screening, assess the severity of the complaint, and schedule a dental exam. After the exam, the dentist will prioritize and schedule any needed treatment.

If it is determined that non-treatment would compromise the inmate's health, the appropriate dental services will be provided as soon as possible. Requests for routine care will not exceed 45 days. The Classification and Priority Treatment program gives 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, or any condition that compromises their immune system

Emergency Dental Care

Emergency dental services will be available as needed. Medical staff will evaluate the emergency in accordance with dental emergency protocols and will refer the patient to an off-site emergency or dental provider if clinically appropriate. CCS staff will arrange transportation to off-site facilities with custody staff if necessary.

A medical practitioner will evaluate patients in need of emergency dental care, with appropriate intervention until the patient can be seen by a dental practitioner or transferred for emergency care as indicated. Dental needs are categorized as Emergent or Urgent; **Emergent** intervention is provided within 4 hours; **Urgent** intervention is provided within 48 hours by a medical practitioner. Emergent and Urgent dental needs will be addressed by a medical practitioner until a dentist is available.

EMERGENT dental conditions include:	URGENT dental conditions include:
• Tooth avulsion • Suspected fractured jaw • Difficulty breathing or swallowing due to swelling from tooth abscess • Uncontrollable bleeding • Acute cellulites compromising the airway	• Pericoronitis • Heavy calculus accumulation with inflammation • Visual evidence of decay • Visual evidence of missing filling(s) • Swelling surrounding affected tooth/teeth • Redness of gingival surrounding affected tooth/teeth • Drainage from affected tooth/teeth • Generalized facial/cheek/jaw swelling without compromise to airway

Oral Surgery

CCS will provide appropriate intervention on an as-needed, as soon as possible basis for emergent or urgent oral surgery needs that are essential due to the inmate's complaint of pain and swelling, consistent with the clinical findings at triage by the dentist. In no situation will an inmate with acute and confirmed pain wait for oral surgery longer than one week. CCS will coordinate with a local oral surgery provider for services when needed. We will provide an on-site oral surgery clinic at least once per month, or twice per month if volume warrants.

4.22 Specialty Clinics

Response to Section 21.4, Question 22

22. Describe how you will provide medical specialty services required to meet the needs of the inmate population as requested in Section 5.12: Specialty Clinics. In particular, list services to be provided on-site and provide examples of facilities at which you maximized on-site specialty service clinics where available.

CCS will provide as many on-site medical services as possible in order to limit the number of inmates who must be transported off site, while ensuring they receive medically necessary health care services in the most appropriate setting. We understand our role as a steward of the taxpayers' dollars, and we are dedicated to reducing unnecessary costs and community risk associated with off-site care. Therefore, CCS will recommend, in collaboration with the County, on-site medical services where volume warrants.

CCS has successfully established many on-site programs and specialty care clinics for our current clients. If awarded the contract with Milwaukee County, we will evaluate statistics regarding off-site specialist consultations and determine what services could be more cost effectively provided on site. Services brought on site would typically result in cost savings for the County as a result of clinic (rather than per patient) rates and decreased officer transportation expenditures.

CCS is initially planning to provide infectious disease, OB/GYN, oral surgery, optometry, and podiatry services on site. We also have experience establishing on-site physical therapy services, which can be accomplished with an initial visit, a program for patients to do in the housing units or medical clinic, and a discharge visit. We have already been in communication with a local physical therapy provider who has expressed interest in partnering to establish on-site services. CCS will work with the County upon review of patient volume to determine the most cost-effective mix of services to be provided on site.

Information regarding podiatry services is provided in this section. For information regarding infectious disease services, please see section **4.9 Infectious Disease Services, HIV/AIDS Services**. For information regarding OB/GYN services, please see section **4.19 Female Health Care Services**. For information regarding oral surgery services, please see section **4.21 Dental Care**. For information regarding optometry services, please see section **4.24 Vision Care Services**.

CCS can also evaluate the potential benefits of the following on-site clinics and will implement them as appropriate:

- Cardiology
- Orthopedics
- Dermatology
- General Surgery
- ENT
- Gastroenterology
- Neurology
- Urology
- Other services as needed

Additionally, CCS will maximize use of the MCJ's Special Medical Unit (SMU) for the treatment of inmates requiring close observation and monitoring. Through appropriate infirmary operations, CCS is often able to reduce hospital days, ***creating savings for both off-site costs and officer time***. We will also analyze the unique needs for telemedicine clinics at the HOC and MCJ, as described in section **4.23 Telemedicine and Videoconferencing**.

In addition to maximizing on-site medical services, CCS will also prevent unnecessary use of outpatient/off-site care and inpatient hospitalizations by implementing advanced utilization management techniques at the HOC and MCJ. The CCS Care Management System, which will be ***operational on Day One*** of the contract, will create more clinical control and cost efficiencies for both on-site and off-site medical, dental, and mental health activities. Detailed information on the CCS Care Management system is provided in section **7.1 Utilization Management: General**.

Podiatry Services

CCS will provide podiatry services and medically necessary footwear in accordance with County property guidelines. We will provide medically necessary footwear pursuant to a practitioner's order, and will bear the cost of such. A podiatrist will be utilized as a specialty referral regarding footwear only in exceptional circumstances (e.g., where fit has been determined problematic after an appropriate number of interventions or when there is a need for a custom orthotic device). The podiatrist will discuss these limited cases with the Medical Director. Podiatry clinics will take place once per month unless volume warrants a greater need.

Examples of Previous Efforts

CCS forms successful partnerships that help our clients contain costs and improve the quality of health care in correctional facilities throughout the country. Our company has successfully established many on-site programs and specialty care clinics for our current 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. CCS is highly confident that we can work with Milwaukee County to reduce and contain costs for on-site and off-site services, based on our track record of cost-saving success at our client sites. We have provided just a few examples of our proven success for your consideration.

CCS Cost Containment Success Stories	
Wayne County (MI)	During the first year of our management fee contract in Wayne County (Detroit), ***CCS saved the County $1.7 million dollars in total direct expenses*** compared to their budgeted costs. One significant area where we contained costs was in off-site expenses, saving the County 15% off its off-site budget. CCS is trending to save the County nearly $1 million in budgeted operating expenses for 2018.
Will County Sheriff's Office (IL)	CCS made a positive impact on the County's bottom line with efficient staffing adjustments immediately following our transition. ***We saved over $120,000 in staffing costs after our first 90 days on the contract, savings which we reimbursed directly to the client***. CCS operating efficiencies have resulted in the refund of budgeted dollars to the County for each year of the contract. After year three, ***CCS was under the off-site Cap by $1.4 million, which we refunded to the County***.
Mecklenburg County Sheriff's Office (NC)	During the course of our partnership, CCS has reviewed and updated staffing based on facility openings and closings, security input, decreased ADP, and the development of new programs. We estimate that ***this has saved our client in excess of $1.5 million dollars*** during the past four years. CCS also implemented a successful telepsychiatry program, as well as an on-site infirmary that has created a ***significant reduction in hospital days***.

CCS Cost Containment Success Stories	
Durham County Health Dept. (NC)	CCS helped stabilize health care costs in Durham County by reducing off-site trips and thereby overall program costs. We brought more services on site by expanding nursing services and opening an infirmary, significantly decreasing off-site trips and hospital stays. CCS was also able to ***improve by 50% the discount the County had with the local hospital provider***. Overall, CCS has reduced the County's per inmate per day costs below what they were paying previously, and they have stayed that way under CCS management.
Lexington County Sheriff's Dept. (SC)	Upon transition of services in Lexington County, CCS implemented an ongoing quality improvement study regarding off-site emergency transports and evaluated each case for efficacy of care provided on site. ***In just three months, we dramatically decreased the number of emergency trips*** while ensuring total accountability regarding efficacy of care.
Davidson County, Sheriff's Office (TN)	With The CCS Care Management system in place, the Davidson County Sheriff's Office saw their ***off-site trips cut in half*** within the first six months of our contract implementation, resulting not only in reduced hospital and community provider costs, but also in reduced transportation costs and officer overtime.
Oakland County Sheriff's Office (MI)	During the first year of our Management Fee contract in Oakland County, ***CCS saved the County over $1 million in total direct expenses*** compared to their budgeted costs. One significant area where CCS saved the County money was off-site expenses, where we saved the County 40% of its off-site budget. CCS also saved the County 25% of its Direct Expenses budget during the first year. CCS has stabilized staffing and significantly reduced the jail's turnover rate. We also ***reduced outside dental appointments by over 80%*** by performing routine extractions on site (which the previous dentist referred to outside providers).
Mahoning County Sheriff's Office (OH)	CCS has ***significantly reduced pharmacy costs*** through our partnership with the Ohio Department of Health, which allows us to obtain HIV medications through state funding. We are able to manage most health care needs on site through ***effective management of the Justice Center's infirmary, which reduces the need for off-site trips***. CCS has also made improvements in staffing coverage and retention. We are proud to say that ***100% of all positions in the staffing plan are filled with permanent employees***, and four of the on-site nurses have more than 10 years of correctional service. The HSA has been there for 10 years and the Regional Manager has been there for 7 years.

Off-site Specialty Services

CCS will make arrangements with specialists for the treatment of inmates with health care problems beyond the scope of primary care provided on site. In the event that a patient requires specialty services that cannot be provided on site, CCS will authorize, schedule, and coordinate the provision of all outpatient services. For additional information, please see section **7.3 Specialty Services Utilization Management**.

CCS will ensure the best possible rates for off-site specialty services. We have 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 for all of our client facilities across the country. Through our partnership with Cigna, CCS will ensure that the County's inmate population has ready access to Cigna providers and facilities in Milwaukee County, and will be treated like any other patients covered under the Cigna network.

4.23 Telemedicine and Videoconferencing

Response to Section 21.4, Question 23

23. The County will provide wireless and wired internet connections via secure VLAN for the provision of services, including teleconferencing and telemedicine services. The County expects the Contractor to utilize this technology to provide expanded medical care, specifically to implement telemedicine, telepsychiatry, and other on-site specialties services as deemed appropriate. Provide a plan for implementation of telemedicine at the facilities as requested in Section 5.12.1: Telemedicine and Videoconferencing, including:
    a. A plan to implement telepsychiatry and both the HOC and MCJ;
    b. Any additional utilization of telemedicine/videoconferencing for specialties;
    c. Anticipated equipment, locations, and applications used;
    d. Information on any anticipated cost savings or substantial increase of services to be derived from the use of telemedicine;
    e. Your organization's experience with the use of telemedicine and telepsychiatry.

CCS has unique experience with telemedicine that we can use to establish a successful program for Milwaukee County. We performed more than 50,000 telemedicine encounters in 2017, and 74% were for telepsychiatry appointments.

CCS envisions the opportunity to supplement the on-site behavioral health coverage by using telepsychiatry as appropriate for assessments and consultations, and will provide appropriate personnel to be present during telepsychiatry sessions. ***The provision of telepsychiatry will not take the place of face-to-face patient encounters***, but will act as an adjunct service to reduce off-site transportation and security costs.

The significant and sustained shortage of available qualified psychiatrists continues to drive the demand for telepsychiatry services across the United States. According to *U.S. News and World Report*, the number of total physicians in the United States increased by 45% over the last 19 years, while the number of total psychiatrists has increased only 12%. Meanwhile, during this time, the U.S. population has increased by 37%. A recent survey by the Association of American Medical Colleges revealed that 59% of psychiatrists are age 55 or older and are close to retirement age.

CCS utilizes telepsychiatry as an effective solution to the nationwide shortage of behavioral health professionals, using teleconferencing solutions to connect on-site behavioral health programs for increased access to care. Telepsychiatry allows access to remote specialists and removes potential barriers to accessing necessary psychiatric services. It can also be used during off-hours for consultation purposes in order to prevent off-site transportation.

CCS offers a broad range of telepsychiatry services and specialties, including but not limited to:

- Intake mental health screenings
- Follow-up mental health assessments
- Medication checks
- Evaluation of suicidal inmates
- Referral for commitment
- Off-shift evaluations

Innovative Solution: Expanded Telemedicine Services

Telemedicine services are an excellent complement to a traditional, on-site healthcare program. This is particularly true in areas where recruiting providers can be challenging, or during off-hours for consultation purposes in order to prevent off-site transportation. Telemedicine, when considered in total (actual medical services provided, transportations costs, and public safety issues), is a cost-effective, appropriate level of care that meets or exceeds community standards.

NCCHC on Telemedicine

For a decade, the NCCHC has held that the utilization of telemedicine services offers jails and prisons "the ability to provide medical expertise to remote areas that might otherwise go without…enhanced access to the expertise of specialists; improved quality of care; reduced professional isolation for rural health care professionals; and in many cases, a reduction in overall costs."

Telemedicine can provide the following benefits:

- Reduces the need for off-site transport
- Facilitates seamless prescribing provider coverage during absences
- Promotes synchronized education for staff on current clinical issues
- Provides impactful specialist coverage in a timely fashion
- Connects national specialty service groups to enhance best practice of care for complex cases
- Shortens service delivery times
- Supports prompt and accurate diagnoses
- Maintains equivalent diagnostic and therapeutic outcomes compared to in-person consultations

CCS will analyze the unique needs for telemedicine clinics at the HOC and MCJ and submit our detailed plan for the implementation of telemedicine services. Based on individual facility needs, patient volume, technological accessibility, and facility work flow, the following specialty clinics could be provided via telemedicine. This list is not all-inclusive; as statistics indicate a need for additional specialties, CCS will evaluate to determine if care would be more efficiently provided on site or through telemedicine. Services brought on site using telemedicine would typically result in cost savings for the County as a result of clinic (rather than per patient) rates and decreased officer transportation expenditures.

- Dermatology
- Wound care
- Orthopedics
- General surgery
- Urology
- Hematology
- Oncology
- High-risk Obstetrics

Each of these clinics can be conducted using a secure video conferencing platform, a high-definition exam camera, and the assistance of on-site nursing staff. The technology is easily implemented and any costs for a telemedicine program are typically offset by savings from reduced off-site services utilization. We look forward to using our expertise in the area of telemedicine to create better access to care for Milwaukee County's inmate population.

CCS Telemedicine Policy

Appropriate use of telemedicine requires a thorough understanding of relevant laws, requirements, and guidelines that govern topics, including but not limited to:

- Telemedicine provision
- Confidentiality
- Protected health information
- Appropriate technology services to support a telemedicine platform
- Selection and onboarding of health care providers
- Obtaining informed consent that addresses issues specific to telemedicine

It is CCS policy to conduct telemedicine encounters in a manner that complies with all state and federal laws, including those relating to the licensing of health care providers and the privacy of patient information. CCS tracks the evolving telemedicine regulatory landscape and works with sites to establish and maintain compliance. We also enforce corporate telemedicine policies that establish expectations for the quality of telemedicine care delivery, technology performance, and the patient experience.

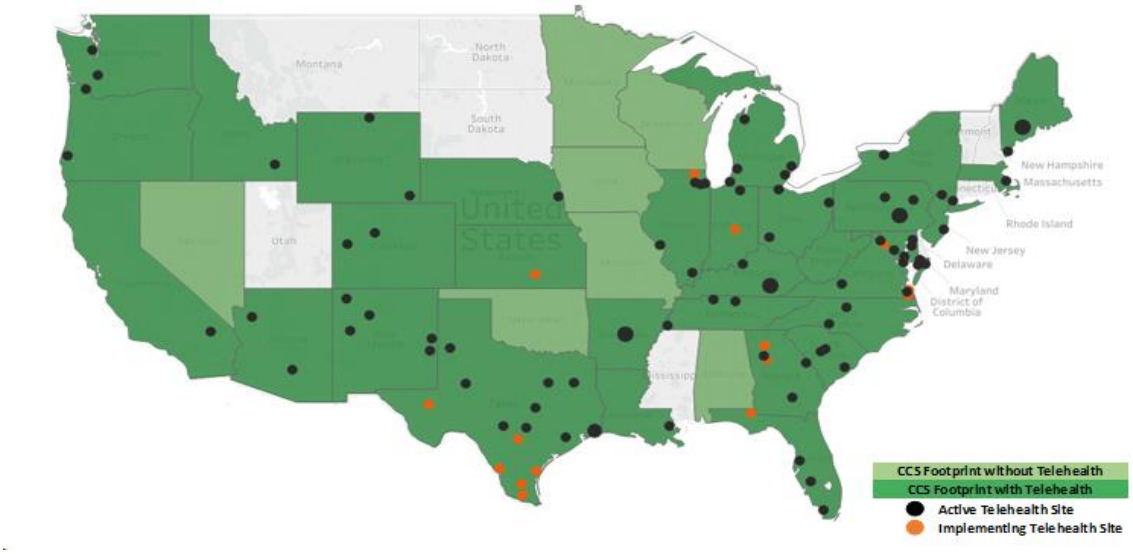
CCS Telemedicine Expertise

CCS believes telemedicine services are an excellent and cost-effective complement to a traditional, on-site health care program. As such, we have invested in the creation of a corporate CCS Telemedicine Program to optimize and advance telemedicine services for our clients. The CCS Telemedicine Program extends consistent access to quality medical and mental health services beyond local staff coverage by removing potential barriers to accessing necessary health care services based on time and location.

CCS excels in the use of telemedicine at correctional facilities and has an established infrastructure to support this type of health care delivery. We conduct more than 2,500 synchronous telemedicine encounters each month at more than 170 facilities nationwide. We have invested deeply in technology, allowing facility staff to conduct seamless delivery of clinical services in partnership with our own network of telemedicine providers and strategic national and international telemedicine practice partners.

CCS has successfully developed telemedicine clinics for many clients, including local detention facilities in Orleans Parish, LA and Macomb County, MI, as well as State Departments of Corrections in Arkansas, Kentucky, Maine, and Pennsylvania. The CCS Telemedicine Program has been well-received by clients, clinicians, and patients. Additionally, Dr. William Ruby, CCS Associate Chief Clinical Officer, created the Correctional Medicine Telemedicine Project at the Johns Hopkins School of Medicine. We will use our expertise with this technology to implement an appropriate and effective telemedicine program in Milwaukee County.

CCS Telemedicine Footprint



CCS provides telemedicine encounters in more than 170 facilities.

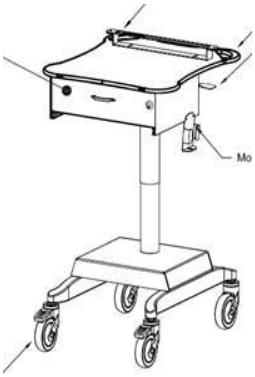
Technology and Equipment

Equipment packages are comprised of both teleconferencing equipment and medical peripherals and hardware, as deemed necessary. All peripherals exist on the patient side of the consultation. The setup for remote providers is very straightforward, requiring only software and a computer or handheld device with a stable internet connection and a camera.

A variety of technology solutions are available and in use for telemedicine encounters based on the clinical requirements of the specialty and the needs and preferences of our clients. All solutions ensure data security and HIPPA compliance, and all solutions are dependent upon a stable network with adequate bandwidth.

CCS utilizes Zoom, an end-to-end secure and HIPAA-compliant web-based teleconferencing software. Zoom can be used with a standard all-in-one PC, laptop, or Toughbook with webcam and audio capabilities; wound care evaluation software-enabled cellular devices; and solutions that seamlessly connect with existing client investments in Polycom, Sony, and Cisco hardware.

Accessory options include remote pan and tilt cameras, mobile carts, dual monitor options, echo cancellation mics, speakers and headphones, as well as telemedicine-capable high-resolution USB clinical peripherals. The CCS Telemedicine Department works with each institution to design, test, and implement a telemedicine technology solution that suits their unique needs, physical space, budget, network, and existing hardware.



Implementation

The CCS Telemedicine Department leads and facilitates the implementation of telemedicine services at our client facilities. Utilizing an established telemedicine implementation approach, the team will customize the plan to address the unique needs and work collaboratively with the Department's IT team and site leadership as well as CCS IT, Operations, and Clinical leadership to ensure success. Our implementation process will focus on the following areas of activity.

Project Initiation

CCS will schedule a kickoff call that focuses on defining project scope, collaboration, and setting expectations. This will include:

- Setting project roles and points of contact
- Discussing institution challenges and needs
- Establishing criteria for telemedicine success
- Reviewing preliminary technical and staffing information
- Discussing budget considerations
- Reviewing provider resource options
- Involvement of technical staff to consider connectivity between the sites

Policies and Procedures

CCS will work with the institution project team regarding relevant regulatory telemedicine requirements or guidelines. This will include:

- Providing information on the CCS Telemedicine Policy
- Researching and providing information on state and federal regulations
- Recommending workflow adjustments or additional forms to comply with regulatory requirements

Coordination and Workflow

CCS will establish a clearly defined coordination and workflow process to support telemedicine delivery of care. This will include:

- Establishing a clinic schedule
- Defining documentation workflow between the institution and provider
- Establishing a clinic workflow that optimizes efficiency and productivity with consideration for staff involvement

Staffing and Training

CCS will provide training to key participating staff and providers to support the success of the telemedicine initiative. This will include:

- Sharing relevant policy and regulatory information
- Discussing the telemedicine workflow for the institution
- Training each participant to use the selected telemedicine equipment, software, accessories and peripherals relevant to their role
- Providing information on how to get help should a technical issue arise.

Employees Praise CCS Telemedicine Program

"In the beginning, some of our employees had extreme anxiety over the thought of computer technology equipment and potential IT problems. To overcome the tension amongst the employees, we performed a live demonstration with pseudo patients (staff)…in order for them to have a better understanding. In addition, we developed site-specific Telehealth User Manuals and worked with the employees on an individual basis to ease their comfort level. Taking these extra steps to minimize the tension worked wonders. After the live demonstration and additional training, our employees were getting excited…After the first Telehealth Infectious Disease Clinic, they were sold on the concept. Not only did [they] embrace the idea, but now they are asking if other specialists will be seeing patients through Telehealth. Thank you for providing this resource…it is greatly appreciated!"

Sameerah Hicks, MSHM, CCHP
Health Services Administrator

4.24 Vision Care Services

Response to Section 21.4, Question 24

24. Describe your organization's plan to provide vision care / ophthalmology / optometry services, including policy and procedures for maintenance and repair of eyeglasses. How will you meet the requirements listed in Sections 5.12.3, 5.12.4, and 5.12.5? Who will provide vision care / ophthalmology / optometry services? What are your processes for dealing with ophthalmological / ocular emergencies (lacerations, mechanical injuries, retinal detachment, chemical injury, or other trauma)? Which services can be provided on-site, and which require off-site treatment and transport? Do you intend to use a subcontractor to provide vision care services?

CCS staff will assess vision at the time of the initial health assessment and will provide eye care to inmates when it is deemed necessary for their health and well-being. Patients who are unable to read printed material due to presbyopia or hyperopia, and those with visual acuity of 20/40 or less, will be referred to an optometrist for a more in-depth visual screening.

Routine optometry visits will occur based on American Optometric Association guidelines on frequency of reevaluation of eyesight. For patients incarcerated for over a year who are diabetic or who have homozygous sickle cell disease, CCS will provide means for annual examinations of their fundus through a dilated pupil exam. Patients with hypertension and those with HIV infection will receive an annual funduscopic examination.

Corrective Lenses

CCS will be responsible for the provision, maintenance, repair, and replacement of prescription eyeglasses. Inmates in need of prescription eyeglasses will receive one pair of single vision or multifocal safety lenses (with lines) in a safety frame. Inmates with an acuity value in either or both eyes above 20/40 will be eligible for corrective eyeglasses when recommended by an optometrist. Exceptions may be granted only with the approval of the Medical Director based on a recommendation from the treating optometrist.

Contact lenses will be provided only upon the determination of medical necessity (e.g., when the vision is not sufficiently correctable with eyeglasses to maintain routine function) as clinically determined and recommended by an ophthalmologist with the approval of the Medical Director.

Licensed Optometrist Services

CCS routinely partners with Milwaukee County's current provider, Institutional Eye Care (IEC), to provide on-site optometry services and eyeglasses. IEC is the largest vision service provider in the country devoted solely to inmate eye care, serving more than 1,000 local, county, state, and federal facilities across 44 states. We have provided a Letter of Intent from IEC in **Attachment E**.

Through the services of IEC, CCS will provide basic optometry services on site using a licensed optometrist. Optometry clinics will take place twice a month. Services will include assessment, treatment, and consultation, including examination of eyes for health and vision problems, prescriptions for glasses, and diagnosis and treatment of eye disease such as glaucoma, cataracts, and retinal disorders. CCS will be responsible for all optometry equipment and supplies, including the provision, repair, or replacement of eyeglasses when necessary.

If diseases of the eye occur that cannot be handled by an optometrist, CCS will refer the patient to the subcontracted outpatient provider, coordinating with correctional staff for off-site appointments as needed. Should volume justify the purchase of equipment necessary for on-site ophthalmology clinics, CCS will conduct a cost analysis on the County's behalf to determine the most cost-effective action.

Ophthalmological/Ocular Emergencies

Emergencies such as lacerations, mechanical injuries, retinal detachment, chemical injury, or other trauma will follow the process for any medical emergency as described in section **4.4 Emergency Medical Services and Ambulance Transport**. On-site staff would respond to the emergency, stabilize the patient, assess the situation, obtain orders, send the patient off site if ordered, and follow-up afterwards per the specialist's recommendations.

4.25 Other Health Care Services

Response to Section 21.4, Question 25

25. Describe your ability and experience in providing the services listed in Section 5.13: Other Health Care Services. In particular:
    a. Describe your organization's plan to provide EKG services.
    b. Describe your organization's plan to provide on-site imaging services.
    c. Describe your organization's plan to provide lab services. What lab services will be provided on-site, if any? Will you contract out for lab services? If labs are sent out to be analyzed, what is the expected timeframe in which results will be available? How are lab results communicated to the treating health professional? To the patient? Please refer to Sections 5.13.3 and 5.13.4 for specifications.
    d. Describe your organization's plan to provide dialysis services. Have you provided dialysis services to inmates within the last five (5) years? Have you provided dialysis services in a correctional setting in the last five (5) years? If yes, please provide the location, timeframe, and frequency of services, and the number of patients served. Are you proposing to provide on-site services? If no, please describe how you will provide required services. Please refer to Section 5.14.5 for specifications.

CCS will authorize, schedule, and coordinate necessary diagnostic services, including phlebotomy, X-ray, EKG, and ultrasound services. Health care staff will make referrals for diagnostic services and prioritize tasks for appointment scheduling through the CCS Care Management system. CCS will provide the necessary follow-up care for health problems identified by any health screenings or diagnostic tests.

Consistent with the CCS care philosophy, laboratory and radiology services will be provided on site to the extent possible. CCS will ensure that the facilities have the necessary staff and supplies to provide on-site care and treatment of the inmate population, including but not limited to laboratory, radiology, medical, and dental supplies. We have par level ordering guidelines and will order the supplies necessary to ensure the continuation of proper care at the HOC and MCJ.

EKG Services

CCS will provide EKG services for both facilities, and will purchase, rent, or lease all equipment and supplies. We will perform the actual EKG tracings, to include interpretations of the reports, as well as cardiologist over-read as indicated. All ischemic, dysrhythmic subacute abnormalities and associated health records will be reviewed by a cardiologist. Reports requiring immediate action by a practitioner will be called in immediately; other reports will be faxed as soon as report is read.

Imaging Services

CCS will provide basic on-site x-ray/imaging services and will be responsible for the provision of all supplies, preventive maintenance and repair, sorting and storage of films and reports, scheduling appointments, imaging by a registered technician, interpretation by a radiologist, and a written report. Imaging reports requiring immediate action by a practitioner will be called in immediately. In all cases, written reports will be submitted within 48 hours (typically within 24) of the imaging examination.

CCS has a national contract with Milwaukee County's current provider, MobilexUSA, to provide on-site radiology services. Mobilex is the country's leading provider of mobile X-ray and ultrasound services, serving more than 6,000 facilities nationwide. We have provided a Letter of Intent from Mobilex in **Attachment E**.

CCS will work with Mobilex and facility administration to establish a routine schedule for on-site radiology services, including:

- Mobile X-ray services
- Ultrasounds
- Sonograms
- Doppler studies
- Holter monitor studies

Results can be received electronically, via fax, or manually on paper. CCS will maintain a log to document the type and number of X-rays completed and the results received. 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.

All X-rays and radiology special studies will be read by a board-certified radiologist, who will provide a typed and/or automated report within 24 hours. The radiologist will call the institution if a report necessitates immediate intervention. The CCS Medical Director or physician/mid-level designee will be notified of all abnormal radiology results and will review, initial, and date all X-ray reports within five working days.

CCS will document and store digital images and radiology reports in the patient's electronic health record. 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. Any follow-up with the patient will be noted in the health record.

Laboratory Services

CCS will provide on-site laboratory services through our national contract with Laboratory Corporation of America (LabCorp). With more than 35 years of experience serving physicians and their patients, LabCorp operates a sophisticated laboratory network, performing more than one million tests on more than 370,000 specimens each day. We have provided a Letter of Intent from LabCorp in **Attachment E**.

CCS will be responsible for all laboratory services, including collecting urine and blood draws, and furnishing supplies, forms, and tests. The majority of lab services will be processed on site, including but not limited to:

- Dipstick urinalysis
- Finger-stick blood glucose
- Pregnancy testing
- Stool blood testing

CCS will be responsible for all labs related to urine and blood drug testing required for medically supervised withdrawal or as otherwise clinically indicated. We will not be responsible for collecting forensic information, unless required by court order.

The CCS laboratory program will comply with all standards set forth by the American College of Pathology and all Wisconsin State requirements for medical pathology, specimen handling, testing, and reporting. On-site services will be performed in accordance with the Clinical Laboratories Inspection Act (CLIA) and will comply with the Clinical Laboratory Improvement Amendments of 1988. CCS will obtain and maintain CLIA waivers for each location providing laboratory services.

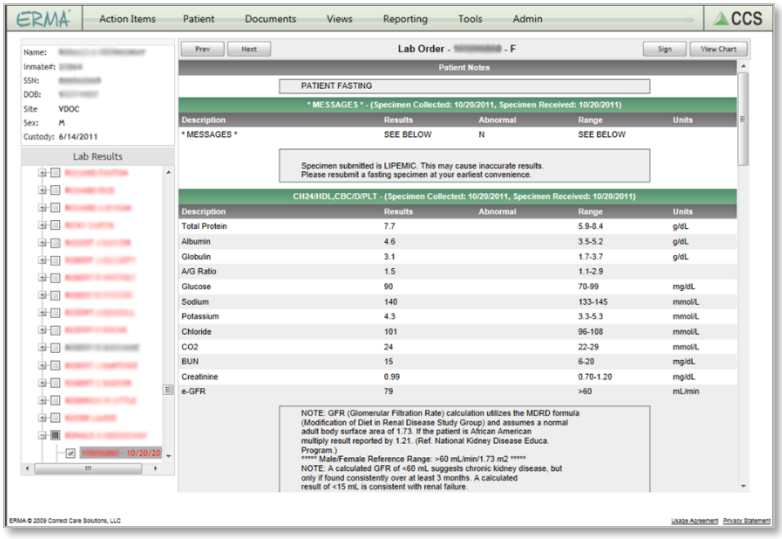
The CCS laboratory program will include necessary supplies and a dedicated printer, timely pickup and delivery, and accurate reporting within 24 hours on most labs. CCS will ensure that all qualified health care personnel are trained in the collection and preparation of laboratory specimens. We will train all on-site staff on our laboratory policies and will provide a diagnostic procedure manual that includes reporting on STAT and critical values. All diagnostic laboratory reports and any resulting plans for follow-up care will be made part of the patient's health record.

A medical provider will review and sign off on all laboratory results, which will be reported via a dedicated printer (until an ERMA interface is established). If test results indicate a critical value, the provider will also receive an alert via telephone. All laboratory results will be reviewed within 24-48 hours (72 hours for weekends and holidays); the provider will be notified immediately to review all STAT lab reports and any abnormal test results. Where preliminary results are available, they will also be presented for medical review.

Innovative Solution: Automated Reporting System

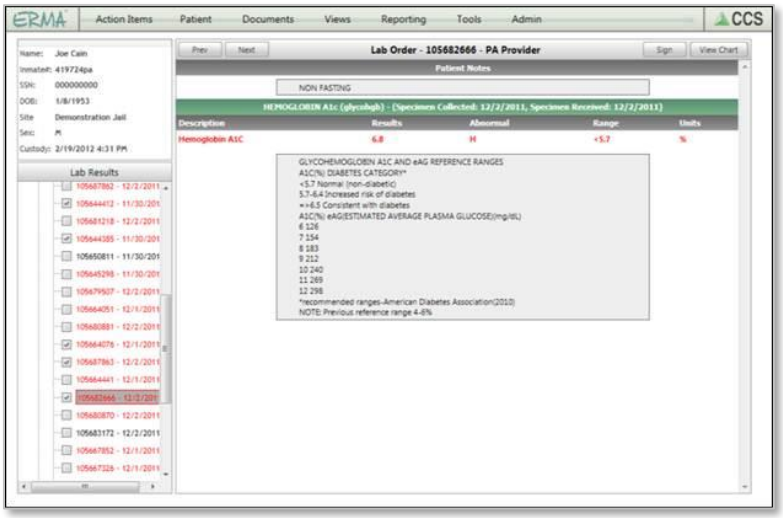
LabCorp interfaces with ERMA to automatically upload test results into patient health records. All lab results imported into ERMA are placed on the medical provider's action list for review and sign off. Where preliminary results are available, they will also be presented for medical review. All non-critical laboratory results will be reviewed within 24-48 hours (72 hours for weekends and holidays).

Lab Interface Screen in ERMA



Abnormal results are flagged to alert the medical staff that expedited review is necessary. The medical provider will be notified immediately to review all STAT lab reports and any abnormal test results, which are displayed in red to alert the provider. If test results indicate a critical value, the provider will also receive an alert via telephone.

Lab Interface in ERMA – Abnormal Results



Lab Formulary

CCS and LabCorp have established a lab formulary to manage laboratory costs. As part of our agreement with LabCorp, CCS receives discounted pricing for lab tests that we renegotiate on a regular basis to ensure savings for our clients. The lab formulary includes the most commonly required tests, which allows CCS staff to expedite the ordering process by easily selecting the appropriate tests. Should a medical provider recommend a test outside the approved lab formulary, a non-formulary request must be approved before the test can be completed. CCS staff complete non-formulary requests through the CCS Care Management system. The non-formulary request will be reviewed by the Regional Medical Director, who will either approve the lab test or suggest an alternative plan.

Phlebotomy Services

CCS will provide all health-related phlebotomy services. Phlebotomy services may be provided directly by personnel or pursuant to a laboratory subcontract. The majority of phlebotomy services will be processed on site.

Dialysis Services

If volume should justify, CCS can explore providing on-site dialysis services at the MCJ. Typically, a minimum of 80 treatments monthly would be required for on-site dialysis services to be cost effective. CCS has established on-site dialysis clinics at many of our client detention facilities, including Wayne County (Detroit), Michigan; Marion County (Indianapolis), Indiana; and the Kentucky DOC.

If Milwaukee County is able to attract other jurisdictions to use the on-site dialysis equipment, there may be enough volume to justify the development of an on-site clinic; in doing so, the County could defer some of the cost of these services.

CCS has experience establishing this sort of jurisdictional cost sharing in Alexandria, Virginia, where we brought dialysis services on site to help decrease the cost of transport and correctional officer overtime when it was evident that a convicted inmate would require long-term service. In order to mitigate costs, other local jurisdictions were invited to utilize Alexandria's secure services. The County's cost for this program would be reduced, should volume be low, by offering services to other area jurisdictions.

Experience Providing Dialysis Services

Yes, CCS has provided dialysis services to many inmates within correctional settings in the last five years. We have provided ongoing on-site dialysis services for several client sites dating back to 2010. Following is a sampling of some of those sites, along with the start dates of on-site dialysis services:

- Marion County, IN – since January 2010
- Wayne County, MI – since January 2017
- Bridgewater State Hospital, MA – Since April 2017
- Kentucky DOC – since March 2014
- Pennsylvania DOC – since August 2014
- Arkansas DOC – since November 2013
- Massachusetts DOC – since July 2018

Treatment frequency and length is based on physician orders for each individual patient. The average frequency of patient treatments is three times per week. Each location maintains a minimum of 1,040 treatments annually and fluctuates based on the patient population.

4.26 Inmate-Specific Equipment and Medically Prescribed Devices

Response to Section 21.4, Question 26

26. Describe your proposed method to ensure inmates receive the necessary ancillary medical devices and equipment, such as prosthetics, hearing aids, dentures, eyeglasses, braces, walkers, wheelchairs, etc. What is your proposed timeframe for inmates to receive such devices once a medical professional deems it necessary? Reference Section 16.3: Maintenance, Repair, and Replacement of Medically Prescribed Devices and 16.6: Inmate-Specific Equipment and Medically Prescribed Devices for County specifications for patient medical equipment.

CCS will be responsible for the purchase, rent, or lease of inmate-specific equipment (e.g., special beds, walkers, wheelchairs, or other equipment not in existing inventory) and medically prescribed devices, including equipment and medically prescribed devices recommended by a physician's order or otherwise necessary to provide quality care and promote functionality (e.g., eyeglasses, canes, crutches, wheelchairs, orthotics, or braces).

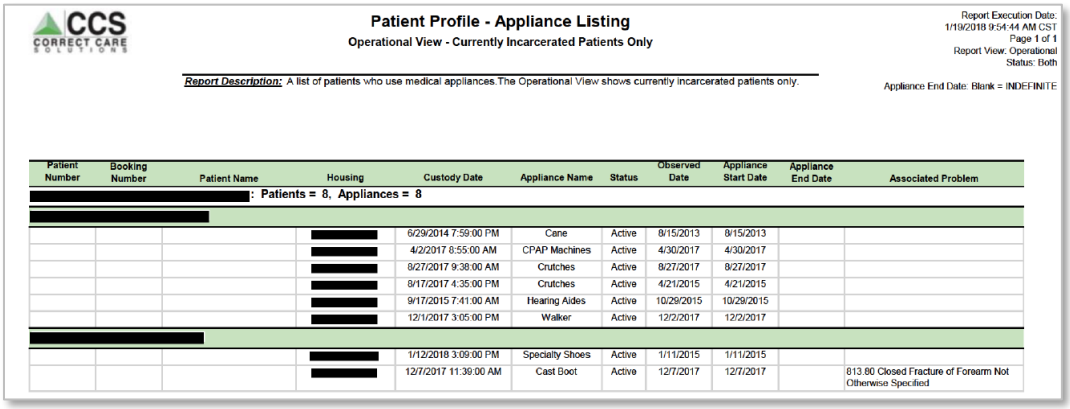
CCS understands that the County shall have no obligation to reimburse CCS for the cost of any inmate-specific equipment or medically prescribed devices purchased or leased by CCS. We further understand that all inmate-specific equipment and medically prescribed devices that are purchased shall become the property of the County. CCS will maintain a log of all maintenance, repair, and replacement of medically prescribed devices.

CCS will ensure the timely provision of medical orthoses, prostheses, and other aids to impairment. Inmates in need of prostheses or other aids to impairment may be identified during the receiving screening or at any time while they are incarcerated. Necessary referrals will be made for provider evaluation. Results of the evaluation and subsequent plan of care will be documented in the inmate's health record, and written provider recommendations will be sent to the HSA for follow-up.

Inmates requiring special services, supplies, and prosthetic devices will receive services and supplies when deemed a medical necessity. Assistive devices, such as crutches and wheelchairs, will be supplied in a timely manner when the health of the patient would be adversely affected, subject to approval by facility administration as not posing any danger to others. Any urgent health care need necessary to maintain daily living activities will be expedited to avoid further impairment for the inmate.

Some devices, such as walkers, wheelchairs, wrap bandages, slings, canes, reading glasses, and neoprene sleeves are typically available at the time of the clinic appointment. Patient-specific devices will be ordered and provided as soon as possible. Eyeglasses are typically received within 7-14 days of order. Other items that do not have custom requirements are typically received within 7 days; custom items are based on the manufacturer.

Sample Appliance Listing Report in ERMA



CCS CORRECT CARE SOLUTIONS

Patient Profile - Appliance Listing

Operational View - Currently Incarcerated Patients Only

Report Execution Date: 1/19/2018 9:54:44 AM CST
Page 1 of 1
Report View: Operational
Status: Both

Report Description: A list of patients who use medical appliances.The Operational View shows currently incarcerated patients only.

Appliance End Date: Blank = INDEFINITE

Patient Number	Booking Number	Patient Name	Housing	Custody Date	Appliance Name	Status	Observed Date	Appliance Start Date	Appliance End Date	Associated Problem
[redacted]: Patients = 8, Appliances = 8										
[redacted]										
			[redacted]	6/29/2014 7:59:00 PM	Cane	Active	8/15/2013	8/15/2013		
			[redacted]	4/2/2017 8:55:00 AM	CPAP Machines	Active	4/30/2017	4/30/2017		
			[redacted]	8/27/2017 9:38:00 AM	Crutches	Active	8/27/2017	8/27/2017		
			[redacted]	8/17/2017 4:35:00 PM	Crutches	Active	4/21/2015	4/21/2015		
			[redacted]	9/17/2015 7:41:00 AM	Hearing Aides	Active	10/29/2015	10/29/2015		
			[redacted]	12/1/2017 3:05:00 PM	Walker	Active	12/2/2017	12/2/2017		
[redacted]										
			[redacted]	1/12/2018 3:09:00 PM	Specialty Shoes	Active	1/11/2015	1/11/2015		
			[redacted]	12/7/2017 11:39:00 AM	Cast Boot	Active	12/7/2017	12/7/2017		813.80 Closed Fracture of Forearm Not Otherwise Specified

5 Inmate Care and Treatment: Mental Health Services

Respondents should use this section to describe the approach they will take to delivering the required medical services as described in the RFP in the following Sections:

- Section 6 – Inmate Care and Treatment: Comprehensive Mental Health Services

It is important that the Contractor understand and incorporate the health care services values and philosophy described in the RFP. If a Respondent intends to exceed minimal standards, it should describe how it will do so. Use of evidence-based practices is highly encouraged, and should be described throughout this section of the Proposal.

The Respondent should answer questions below in the following format: indicate for each response the number of the request that it addresses, including section number; indicate the question number, re-type the question, and provide your response.

5.1 Comprehensive Mental Health Services

Response to Section 21.5, Question 1

1. Describe your organization's plan to provide mental health services, including examples of past experience these services. How do you intend to meet the requirements for Comprehensive Mental Health Care listed in Section 6 - Inmate Care and Treatment: Comprehensive Mental Health Services? Have you provided mental health services to inmates? If yes, at which facilities? What types of services were provided at those facilities?
    a. Submit a plan that describes 24/7, 365 days per year mental health coverage and accessibility for crisis intervention and psychiatric on-call.
    b. Propose an organizational chart with a designated Mental Health director, which outlines coordinated services and staff coverage for the HOC and MCJ.
    c. If you are proposing options or alternative 24-hour mental health coverage, please address:
        i. Suicide evaluations and release from suicide watch;
        ii. Crisis response services after hours, particularly at the MCJ for 24-hour intake services.
    d. Describe your mental health service model for use at the HOC and MCJ, including:
        i. What mental health screening instruments will you use?
        ii. How will you determine which inmates need mental health evaluations?
        iii. At what frequency will you provide individual or group therapy? Are there any groups in addition to those listed in Section 6.8 and Section 8 that you will develop for specialized mental health populations?
        iv. Will you use a subcontractor to provide any mental health services? If yes, identify the subcontractor.

CCS will provide comprehensive mental health care services, including but not limited to mental health screening, referral, evaluation, medication management, and treatment. We will incorporate evidence-based, outcome-driven, trauma-informed treatment methods in accordance with NCCHC, APA (American Psychiatric Association), and APA (American Psychological Association) standards, per references throughout NCCHC requirements.

We will provide specialty behavioral health care services (and all related documentation) in accordance with the local community standards of care, NCCHC standards, and the requirements of the Consent Decree.

CCS Mental Health Program

The CCS Mental Health Program, which emphasizes identification, referral, and treatment, is based on established policies, procedures, and protocols that provide consistency of care for each patient. These policies and procedures address the provision of mental health services, including inmate assessment and evaluation, suicide prevention, special needs treatment plans, referrals for care, ongoing care, and discharge planning.

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 CCS sites. Our evidence-based mental health programming is targeted to specific presenting issues and designed to address recidivism risk factors. As part of the CCS Mental Health Program, CCS staff will obtain community records, verify psychotropic medication regimens, and ensure continuity of care.

Multidisciplinary Communications

An important initiative in total patient care is cooperation and coordination between medical and mental health teams, which CCS emphasizes in our mental health programs. CCS will ensure open communication between nursing, mental health, and custody staff. Integrating patient information in an accessible health record will promote and enhance this effort by allowing medical and mental health staff to make decisions based on all available data and information.

CCS will maintain current and accurate health records, service delivery logs, and other reports related to mental health services. We will also participate in periodic, scheduled administrative meetings and Continuous Quality Improvement Program (CQIP) meetings regarding mental health services.

Correctional Officer Training

CCS routinely trains correctional officers on responding to potential emergency situations, on handling life-threatening situations, and on their responsibility for the early detection of illness and injury, including recognizing the signs of mental illness. We also offer suicide prevention training to correctional officers in order to recognize when an inmate is in need of emergency mental health care, based on questions asked during booking and any warning signs of self-harming behavior.

CCS has a powerful correctional officer training curriculum that focuses on:

- Legal aspects of correctional mental health care and the issues we face
- An overview of the most prevalent mental health diagnoses
- Review of common medications and their potential side effects
- Detox and withdrawal
- Communication between health care and custody staff
- Intense focus on suicide prevention and team work between health care and custody staff

Program Goals

There are several important goals for any jail-based behavioral health program. First and foremost is the safety of the incarcerated population. Mental health efforts must focus on ensuring that all individuals are assessed at intake and monitored throughout their incarceration for risk of self-harm. While risk of self-harm is certainly higher around the time of intake and during episodes of substance withdrawal (which occur together in a correctional environment), an individual's risk is related to a number of internal and external factors that can fluctuate throughout their incarceration. Therefore, proactive approaches to training, referral, intervention, treatment services, and CQI studies are hallmarks of the CCS Suicide Prevention Program.

In addition to safety, another important goal is the identification of those individuals who have mental health issues that may interfere with their functioning, the functioning of the facility, or both. The CCS Special Needs Program focuses on maintaining stability for those individuals who present to the facility with stable mental health conditions, as well as achieving stability as quickly as possible for those individuals who present to the facility with active symptomology. The CCS intake process affords quick identification of such conditions, with rapid referral for a more in-depth evaluation of mental health needs.

Mental Health Experience

CCS has been providing mental health care to incarcerated populations since our inception in 2003. ***We provide mental health and/or psychiatry services at most of our client facilities throughout the country***. In those facilities where mental health services are provided by another contractor, local agency, or group, CCS works in collaboration and cooperatively to ensure that the needs of this population are met. Our client references can attest to the CCS difference and the quality of our care. We have provided several of our mental health success stories later in this section.

CCS provides basic mental health services to all sites where mental health is part of our contract. This includes a suicide prevention program, screening/initial assessment, mental health evaluation, treatment planning, sick call, special needs follow-up, and general mental health follow-up as indicated. We also provide group services and discharge planning based on the contract need/requirements. CCS currently provides mental health services for the following local detention clients:

- **WI: Waukesha, Dane, Dodge, St. Croix, Eau Claire, Forest, Lincoln, Langlade, Brown, Door, Outagamie, Waupaca, Winnebago, Greenlake, and Alger Counties**
- MI: Wayne, Macomb, Berrien, Lenawee, Allegan, Isabella, and Marquette Counties
- IL: McHenry, Peoria, LaSalle, Tazewell, Champaign, Fayette, and Stephenson Counties
- IN: Marion and Elkhart Counties
- OH: Wood County
- KY: Louisville Metro
- WA: Kitsap, Cowlitz, Clark, and Nisqually Counties
- OR: Umatilla, Coos, Columbia, and Douglas Counties
- ID: Bannock County
- NE: Lancaster, Sarpy, and Douglas Counties
- AZ: Yuma and Mohave Counties
- NM: Bernalillo, Eddy, Roosevelt, San Juan, and Curry Counties

- NV: City of Las Vegas
- TX: Bell, Hays, Ellis, Smith, Nueces, Fort Bend, and Jefferson Counties
- IA: Polk County
- CO: Montrose, Mesa, Arapahoe, and Eagle Counties
- KS: Sedgwick, Johnson, and Wyandotte Counties
- TN: Shelby, Davidson, Montgomery, and Haywood Counties
- MO: Jefferson County
- FL: Broward, Monroe, and Pasco Counties
- GA: Gwinnett, Rockdale, Augusta-Richmond, and Cherokee Counties
- LA: Orleans and St. Tammany Parishes
- SC: Richland, Lexington, and Berkeley Counties
- NC: Mecklenburg, Forsyth, and Guilford Counties
- MD: Allegany, Anne Arundel, Dorchester, Frederick, Harford, Howard, Kent, Queen Anne, Somerset, Talbot, Washington, Wicomico, and Worcester Counties
- VA: Chesapeake, Newport News, Portsmouth, Roanoke, Hampton Roads, Norfolk, and Western Virginia Regional Jails
- PA: Luzerne County
- NJ: Cape May County
- NY: Westchester and Onondaga Counties

In addition to the mental health services provided for our correctional clients, CCS has unique insight into recovery and re-entry services. Our Recovery Solutions division is a premier provider of mental health and residential treatment services, with 18 years of experience operating state forensic and civil psychiatric hospitals and adult residential treatment centers, as well as jail-based competency restoration programs. ***CCS has the most experience providing recovery services in the industry. We are also a recognized industry leader in the treatment of co-occurring psychiatric and substance use disorders (COPSD).***

Through the services of our Recovery Solutions division, CCS brings unmatched knowledge of industry-leading, effective, and empirically-supported practices, as well as innovative methodologies and program models for the treatment of mentally ill (MI) and seriously mentally ill (SMI) patients and individuals with substance use disorders.

The Recovery Solutions our company provides give us a unique perspective in the delivery of behavioral and mental health services. Our mission and philosophy of behavioral, mental health, and substance abuse treatment informs our company's services at all sites, from forensic hospitals to jail-based competency restoration programs. We provide evidence-based assessments and treatment services within the context of illness management and recovery principles. These precepts are incorporated in the delivery of mental health services to our incarcerated patients with mental health issues, and make us ***the ideal provider for Milwaukee County***.

Shelby County, TN

Under its previous health care provider, Shelby County had been under a Department of Justice (DOJ) Consent Decree for over 12 years. Within 18 months with CCS providing medical services, the Consent Decree was lifted. CCS added a proactive, therapeutic Special Needs Program for our seriously mentally ill adult and juvenile offenders and focused on significantly improving communication within the Mental Health Department and between Mental Health and Medical Services. With our oversight and commitment to standards and quality of care, both the Shelby County Jail and East Women's Facility have obtained Triple Crown (NCCHC, ACA, and CALEA) accreditation.

Westchester County, NY

In Westchester County (Valhalla), New York, CCS was faced with the challenge of communicating information regarding mentally ill inmates to correctional personnel while protecting an inmate's overall privacy. Our solution was to implement a Mental Health Classification scoring system with five levels of classification. The score indicates the extent of an inmate's illness without releasing protected, inmate-specific information. Only mental health staff can determine an inmate's classification score, which is provided on all inmates to booking and classification staff. All inmates who have previously been a Level 1-3 are automatically referred to mental health staff upon intake. The Mental Health Score is used by all prisons in New York State, making Westchester County the first jail to mirror the state system with a common language about psychiatric functioning.

Community Oriented Re-Entry (C.O.R.E.) Program

The Westchester team is leading the way in establishing an example of what can be done for the mentally ill patients in our communities, both during incarceration and upon release. Dr. Alexis Gendell, CCS Health Services Administrator, and her team had a vision to provide additional services to our mental health patients within the Westchester County Correctional Facility.

The CCS team worked directly with the Westchester County Department of Correction and community providers, in connection with a grant received from the New York State Office of Mental Health (OMH), to make this vision a reality. The resulting Community Oriented Re-Entry (C.O.R.E.) Program at the Westchester County Correctional Facility was recognized by the NCCHC as their ***2017 Program of the Year***.

C.O.R.E. represents a broad spectrum partnership between Westchester County and several community-based recipient-run programs including CHOICE, the Mental Health Empowerment Project, the Mental Health Association of Westchester, Westchester County Department of Health, Alcoholics Anonymous, and various arts-based coordinators who collectively provide intervention to patients suffering from severe mental illness (SMI) and related psychopathology necessitating increased level-of-care in the jail setting.

C.O.R.E. consists of focused group programming for adult male mental health patients, presented seven days a week in a dedicated housing unit. Group psycho-education is the foundation of the unit's model whereby patients participate in a multi-range curricula designed to teach coping methods, improve insight, and increase overall level of daily functioning. Specific programs include Cognitive Behavioral Therapy, Life Skills, Book Study, Job Readiness, Community Health and Wellness, AA meetings, and Jazz Music Group.

In addition to group programs, the unit also offers individualized weekly meetings, focused on re-entry services, to develop a discharge plan that includes comprehensive community-based services. Discharge planning, a prominent focus of the C.O.R.E. program, promotes positive post-release treatment outcomes with a goal of decreasing recidivism, and encompasses a wide variety of services and referrals. Patients benefit from both intensive transition planning and peer in-reach to prepare for returns to their respective communities.

Davidson County, TN

CCS has made a phenomenal impact on the Davidson County program since transitioning the account in 2005. Among our many successes was the establishment of a collaborative Mental Health Program in partnership with a local mental health provider. The program has been recognized for its success in reorganizing the treatment approach and philosophy within the jail. CCS also implemented numerous initiatives that improved efficiencies and eliminated backlog issues at intake, including a “flag” system to identify chronic care and mental health patients at intake and a system for querying community mental health databases at intake.

CCS provides mental health services to the Davidson County Sheriff’s Office through our exclusive partnership with the Mental Health Cooperative (MHC), a Nashville-based community agency and provider of integrated mental health services. The CCS behavioral health manager interfaces with the MHC on-site mental health providers to allow for rapid identification of newly admitted inmates who are involved with the community agency at the time of intake. This system allows for smooth transitions for re-entry services as community case managers remain in contact with the inmates during their time in the facility. Our collaborative relationship with MHC has enabled us to provide continuing care and aftercare to our mentally ill and substance abuse patients in Davidson County. As a result of the success of this program at our Davidson facility, the MHC program was expanded to include these services for our client partner, the Montgomery County Sheriff’s Office.

MHC has developed strong relationships with other community mental health providers to ensure rapid response in verifying medications and treatment when their patients enter one of the MHC crisis services or when they are incarcerated. MHC collaborates with Vanderbilt Forensic Services to ensure that forensic evaluators have quick access to records to expedite the forensic evaluation process. MHC values the expertise and experience of the Vanderbilt Forensic Team in providing feedback on individuals they have assessed and feel are in need of ongoing care while incarcerated.

Richland County, SC

Under its previous health care provider, the Alvin S. Glenn Detention Center in Richland County 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 health care 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 NCCHC accredited, mental health screenings have been implemented at intake, and the Mental Health Program has received recognition for its improvement and quality.

Sedgwick County, KS

In 2014, the Mental Health Management Unit (MHMU) at the Sedgwick County (KS) Detention Facility received the National Alliance on Mental Illness (NAMI) Service to Consumers Award. The MHMU was established in February 2013 with the goal of providing effective management and treatment of mentally ill offenders. Patients in the MHMU receive enhanced behavioral health and psychiatric services, including group programming aimed at addressing issues of mental illness and criminogenic functioning, discharge planning and case management services, activity therapy, and psychotropic medication treatment and monitoring.

In 2015, Kendra Wolff, PMHNP, the CCS Nurse Practitioner providing psychiatric services to the Sedgwick County (KS) Detention Facility and its Mental Health Management Unit (MHMU), received the Mental Health Professional of the Year Award from the National Alliance on Mental Illness (NAMI). Ms. Wolff was recognized for her support, dedication, and services to patients with mental illness and their families. NAMI seeks to provide education, support, and advocacy for people affected by severe and persistent mental illness.

Marion County, IN

After transitioning the health care program from the previous provider, CCS helped Marion County receive a grant to pay for two additional mental health professionals, giving the facility 24/7 mental health coverage at intake.

McHenry County, IL

In McHenry County, CCS staffed above our contracted rate, providing additional mental health support and ensuring timeliness of receiving screenings and health assessments, with no additional cost to the County. By increasing the level of care, CCS has minimized financial fluctuations in the program and significantly reduced patient grievances. We have also worked with community mental health providers to identify high-risk patients and address their needs, with the goal of establishing communication with a crisis worker for discharge planning.

Mental Health Coverage

CCS will provide the number of mental health care providers necessary to provide adequate mental health care and supervision. Licensed clinical professionals will provide psychiatric care, including crisis evaluations, psychiatric assessments and referrals, medication and side effects monitoring, and any required follow-up or discharge planning. A QMHP will provide on-site assessment and treatment of patients with clinical symptoms. Clinical decisions, diagnoses, and treatment plans will only be made by licensed mental health clinicians.

The CCS staffing plan includes 24/7 coverage on site by a QMHP or Mental Health RN at the MCJ, which will allow for 24/7 crisis services. The on-site coverage at the HOC will be supported by on-call providers 24/7. Our staffing plan also includes daily provider time on site, and a licensed psychiatric provider will be on-call 24/7.

Supervision of Mental Health Clinicians

CCS uses a tiered supervision structure to ensure that all clinicians receive adequate supervision and support. Our proposed staffing plan includes a master's prepared Director of Mental Health (Mental Health Director), with a minimum of three years' experience in jail mental health administration, who will be the first line of contact for supervision of the site mental health professionals. The Director of Mental Health will provide direction to mental health staff and oversight of mental health services. This individual will also provide mental health services to inmates and mental health consultation to custody staff. Michelle Reed, Regional Behavioral Health Manager, will be the clinical supervisor for mental health services and connection to our Home Office mental health program.

Ms. Reed will be responsible for ensuring that CCS policies and procedures are followed and that clinicians are informed of revised or new policies and procedures. She will conduct regular site visits to review charts; assist with maintaining NCCHC and Consent Decree requirements; provide follow-up in the event of any Corrective Action Plans (CAPs); monitor the performance of mental health staff; and provide training as needed.

Oversight of Mental Health Program

The CCS Mental Health Program will be overseen by Chief Psychiatric Officer, Cassandra Newkirk, MD; Director of Behavioral Health for Local Detention, Uduakobong Ikpe, PhD, JD; and Regional Behavioral Health Manager, Michelle Reed, who will work directly with the on-site mental health and psychiatric staff. The entire CCS team will be tasked with building a collegial communication structure in the care of all patients. 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 specific needs of the County's inmate population.

The CCS mental health team will regularly convene to discuss common issues and problems with the goal of developing joint solutions and providing the best possible proactive care for the County's inmate population. The CCS Mental Health Program will include on-site visits and structured conference calls to discuss and improve established policies. CCS will clearly define what is required to trigger a cross-team communication event and we will hold our team accountable for ensuring this happens whenever necessary.

Mental Health Organizational Chart

The following organizational chart shows the Director of Mental Health and reporting staff.

Crisis Intervention and Emergency Responses

CCS will play an active role in managing mental health emergencies. We will provide psychiatric crisis intervention, crisis stabilization, and crisis de-escalation services for inmates in accordance with NCCHC guidelines. CCS will staff psychiatric providers to conduct crisis services in coordination with mental health and medical staff.

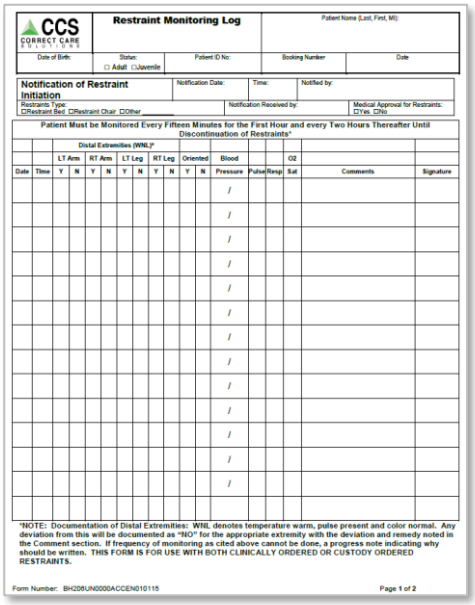
A counselor or psychiatrist capable of performing a mental health evaluation and a release from suicide watch will be available on-call at all times (within 15 minutes of request by telephone). If requested to appear on-site, the on-call counselor/psychiatrist will appear at the requesting facility within one hour of the initial request. Our proposed staffing plan includes 24/7 coverage on site by a QMHP or Mental Health RN at the MCJ, which will allow for 24/7 crisis services. The on-site coverage at the HOC will be supported by on-call providers 24/7.

Clinical Restraints and Seculsion

Health care staff will not order the use of restraints unless a patient is exhibiting behavior dangerous to self or others as a result of medical or mental illness. Medical restraints are only used when a patient's safety and welfare cannot be protected by less restrictive means. A psychiatrist's order (verbal or written) must be obtained, along with completing a Special Consideration Form and requesting final approval from the CMO or designee prior to initiating restraints, except in emergency situations. The least restrictive interventions possible will be used.

CCS recommends that orders for restraint not exceed two hours if the therapeutic restraint is to occur in a restraint chair versus an approved restraint bed; use of the restraint bed shall not exceed six hours before the order must be renewed. CCS does not participate in custody-ordered restraints outside of notifying Jail staff of any medical contraindications for restraint and conducting health monitoring while a patient is in custody-ordered fixed restraints. Health care staff will not participate in the restraint of patients ordered by Jail staff, except to monitor a patient's health status.

A qualified health care professional under the supervision of a RN will take all necessary measures to maintain proper peripheral circulation during the use of restraints ensuring to document vital signs, mental status and sensation of limbs within the first hour of placement and every 60 minutes thereafter. Patients placed on suicide watch will be observed every 15 minutes, with a documented evaluation by mental health staff on a daily basis.



CCS CORRECT CARE SOLUTIONS — Restraint Monitoring Log

Patient Name (Last, First, MI):

Date of Birth: | Status: ☐ Adult ☐ Juvenile | Patient ID No: | Booking Number | Date

Notification of Restraint Initiation — Notification Date: | Time: | Notified by:

Restraints Type: ☐Restraint Bed ☐Restraint Chair ☐Other _____ | Notification Received by: | Medical Approval for Restraints: ☐Yes ☐No

Patient Must be Monitored Every Fifteen Minutes for the First Hour and every Two Hours Thereafter Until Discontinuation of Restraints*

		Distal Extremities (WNL)*													
		LT Arm		RT Arm		LT Leg		RT Leg		Oriented	Blood			O2	
Date	Time	Y	N	Y	N	Y	N	Y	N	Y	N	Pressure	Pulse	Resp	Sat	Comments	Signature
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*NOTE: Documentation of Distal Extremities: WNL denotes temperature warm, pulse present and color normal. Any deviation from this will be documented as "NO" for the appropriate extremity with the deviation and remedy noted in the Comment section. If frequency of monitoring as cited above cannot be done, a progress note indicating why should be written. THIS FORM IS FOR USE WITH BOTH CLINICALLY ORDERED OR CUSTODY ORDERED RESTRAINTS.

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If not already involved in the case assessment, the site psychiatrist will be contacted for consultation as soon as possible. If the psychiatrist is on site, the psychiatrist will conduct a face-to-face evaluation with the patient as soon as possible after the initiation of the seclusion status. If not on site, the psychiatrist will conduct a face-to-face evaluation with the patient when next in the facility.

Emergency Psychotropic Medication

CCS has developed an emergency psychotropic medication protocol for patients determined by a physician to be dangerous to themselves or others due to acute psychiatric symptoms. Upon approval by the County, CCS can utilize this protocol at the HOC and MCJ. The CCS emergency administration process complies with NCCHC standards, as well as 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. For additional information, please see section **5.2 Psychotropic Medication Services**.

Mental Health Watches

Inmates demonstrating self-injurious behaviors and increased suicide risk will be placed on observation until a comprehensive mental health evaluation can be completed and an appropriate disposition determined. Designated mental health housing will be used as a protective environment for inmates exhibiting behaviors that require close monitoring. When inmates are in crisis, they will receive regular visits from mental health staff in order to provide support and evaluate their risk. Providing supportive and diagnostic services to inmates when they are in crisis will:

- Provide needed support to the inmate
- Manage utilization of medical services (research has demonstrated that many people in crisis seek medical attention when their needs are more psychological) and provide a point of collaboration with the psychiatric provider if a medication adjustment or re-assessment is needed

Mental health staff will perform scheduled rounds and evaluations when inmates are placed in observation or isolation. Inmates will be cleared from close observation and suicide watch only by a QMHP. Mental health staff will meet daily with custody staff to share relevant information, to review the status of inmates on constant observation, and to make determinations regarding continued observation or return of inmates to general population. The psychiatrist or designee will determine when an inmate can be returned to general population, with documentation in the inmate's health record regarding the decision.

Inpatient Psychiatric Hospitalization

If a mental health patient exhibits a grave disability that cannot be safely and appropriately managed in a specialized correctional environment, mental health and psychiatric staff, in consultation with the CCS Director of Psychiatric Services, will consider the need and appropriateness for pursuit of involuntary commitment proceedings, and will work to facilitate proper placement.

Sick Call

CCS will provide mental health sick call services that follow the same guidelines as medical sick call, as described in section **4.3 Sick Call and Daily Non-Emergent Health Care Requests**.

All inmates will have the opportunity daily to request mental health care. CCS staff will triage nonemergency mental health care requests within 24 hours, and will provide the appropriate mental health services in accordance with NCCHC standards. At the time of triage, the nurse will initiate referrals for patients in need of consultation with a mental health provider.

CCS staff will document all requests and will review them for immediacy of need and intervention required. If during triage the urgency is not able to be determined, a face-to-face sick call will be conducted within 24 hours.

A QMHP will respond to mental health services requests and conduct appointments on a timely basis and in a clinical setting, per NCCHC guidelines. We will ensure the availability of a range of mental health services for all inmates who require them. CCS is offering an enhanced mental health program that offers evidence-based practices, services, and programing for mental illness, with a focus on improving the mental health of the County's inmate population.

Admission/Intake Services

CCS will provide mental health screenings at intake using a mental health screening tool, as described in section **4.17 Mental Health Screening and Evaluation**.

Mental Health Referrals

Mental health referrals can occur at any time during the inmate's incarceration. CCS mental health staff will review and triage referrals daily and will respond to them in accordance with clinical judgment and NCCHC standards. CCS will provide adequate staffing to allow for timely mental health screenings and evaluations so that inmates with mental health issues can be stabilized as quickly as possible and medications can be initiated. Urgent referrals will be managed by mental health staff without delay, with follow-up by the CCS psychiatric provider as needed. Medical staff will address urgent referrals received after hours and contact the on-call psychiatrist as needed.

Referral sources include self-referral by the inmate or referral at the request of any health care or custody staff member. All mental health referrals will be triaged by a qualified medical or mental health professional no later than 24 hours after the referral. CCS staff will classify each mental health referral as Emergent, Urgent, or Routine, and will enter the referral in the Sick Call Request/Mental Health Referral log. Emergent and Urgent referrals require an immediate verbal referral to a QMHP and will be tracked for timeliness. The appropriate level of inmate monitoring will be implemented to ensure that the individual remains safe. The mental health referral, authorized monitoring status, and the response will also be documented in the health record.

Mental Health Evaluations

If an inmate requires ongoing mental health treatment or services, a QMHP will complete a mental health evaluation according to NCCHC standards. For additional information, please see section **4.17 Mental Health Screening and Evaluation**.

Treatment Plan

CCS will develop an initial treatment plan for mental health intervention and services either at the time of the mental health evaluation as dictated by need, or at a subsequent mental health contact. The initial treatment plan will be documented on a designated treatment plan form and filed in the inmate's health record. A treatment plan will be developed in conjunction with the mental health evaluation for those inmates identified as in need of ongoing mental health services.

The treatment plan will minimally include:

- DSM-5 diagnosis
- Mental health classification code and subcodes
- Assessment for SMI designation
- Problems and needs relevant to acceptance for services expressed in behavioral and descriptive terms
- The inmate's strengths and skills
- Treatment goals and time guidelines for accomplishing goals
- Frequency of sessions
- Treatment modality
- An approach to providing services and meeting challenges specific to functioning within the corrections environment
- Clearly defined staff responsibilities and assignments for implementing and maintaining the plan
- The date that the plan was last reviewed or revised
- The signatures of the Mental Health Director and psychiatric provider who reviewed the plan or subsequent revision(s)
- Documentation of the inmate's signature, or explanation why the signature was not obtained

The treatment plan will be reevaluated upon changes in the inmate's status. At a minimum, the treatment plan will be updated and shared with the inmate every 90 days for the first year, or more frequently if clinically indicated. Thereafter, the treatment plan will be updated every six months, or more frequently if clinically indicated, and shared with the inmate.

For additional information regarding treatment planning, please see section **5.3 Co-Occurring Mental Health and Substance Use Disorders**.

Case Management

CCS provides multidisciplinary treatment plans and customized treatment and case management programs for all patients in need of special accommodation to help ensure proper placement, necessary care, and continuity of care throughout incarceration. We will assign a Mental Health Clinician (MHC) for case management services for each inmate with an open mental health case. Case management services will include, at minimum:

- Face-to-face contact and interaction with the designated MHC in accordance with the inmate's Mental Health Classification and Treatment Plan
- Monitoring of the adequacy and appropriateness of treatment services provided
- Provision of input to custody staff regarding discipline, segregation, need for suicide or mental health watch, housing, work, and classification

Group Therapy

CCS may refer inmates to a program of individual and/or group counseling services designed to address the mental health needs of the inmate population. As part of the mental health evaluation, inmates identified as having significant mental health needs will be evaluated by a member of the mental health staff for enrollment in individual or group counseling services.

CCS will offer and provide group therapy when clinically appropriate. Group therapy will consist of a variety of approaches, including but not limited to cognitive behavioral therapy, dialectic behavioral therapy, psychoeducational therapy, trauma-informed care, gender-responsive treatment, substance use disorder therapy, and other best practices and evidence-based practices that have proven to be effective in the correctional setting.

CCS offers several evidence-based programs for patients with mental health issues, which we can implement at the HOC and MCJ in consultation with the County. We will also consult with facility administration regarding the continuation of any groups currently offered. CCS group therapy programs are offered in addition to the other fundamental aspects of the CCS Mental Health Program, including crisis management, special needs programming, intake evaluations, and suicide prevention. ***Group programs are open-ended to allow individuals to join at any point during their incarceration***.

CCS views incarceration as an opportunity for individuals to pursue life skills development and sobriety. Various group topics may include: Life Skills; Self Esteem Building; Identifying Stressors; Anger De-escalation; Goal Setting; Communication and Problem Solving; and psycho-educational groups on Managing Anxiety, Sleep Hygiene, Coping with Depression, Coping with Bipolar, and Coping with ADHD. We also offer a curriculum dedicated to educating inmates on identifying, navigating, and applying for community services upon release.

Enhanced Behavioral Health Programs

CCS offers several cutting-edge behavioral health programs, two of which ("Changing Lives, Changing Outcomes" and "Escaping the Cage") were ***developed exclusively for CCS***, making them a unique benefit of a CCS partnership. We look forward to discussing these and other options with Milwaukee County to ensure our behavioral health programming meets the needs of the County's inmate population.

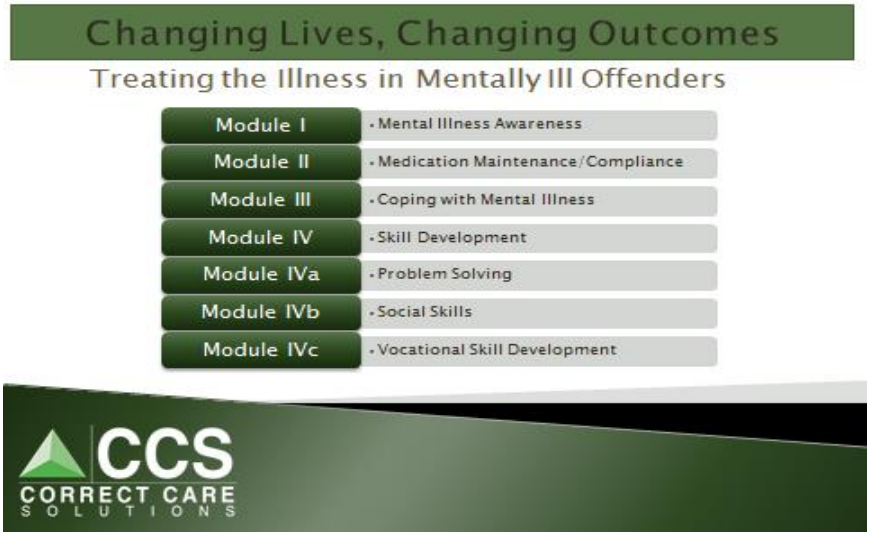
Coping Skills

The "Coping Skills" program provides materials for skill-building groups with patients who have **significant problems related to mental illness**. Program content includes Focusing on Our Strengths; Understanding Mental Illness; Reducing Stress; Connecting with People; Expressing Our Positive Feelings; Getting Closer to People; Standing Up for Ourselves in a Positive Way; Managing Anger; Using Our Time Well; and Avoiding Problems with Alcohol and Drugs.

Changing Lives, Changing Outcomes

Developed exclusively for CCS, "Changing Lives, Changing Outcomes" is an evidence-based program targeting patients with **serious mental health issues who are at high risk for criminal recidivism**. The program is most effectively implemented in a group format, meeting for three sessions per week for approximately 90 minutes per session. This approach to treatment is built on the Risk-Needs-Responsivity model for recidivism risk reduction.

Changing Lives, Changing Outcomes was developed by Dr. Robert Morgan, a consultant with CCS who holds the John G. Skelton, Jr. Regents Endowed Professor Chair in the Department of Psychology at Texas Tech University. Dr. Morgan's research has been funded by the National Institute of Mental Health (NIMH), the National Institute of Justice (NIJ), and the Center for Behavioral Health Services & Criminal Justice Research.



The program uses a bi-adaptive model of intervention by targeting mental illness and criminalness to improve functional outcomes for justice-involved persons with mental illness. This intervention includes a three-part treatment protocol: Part I includes Mental Illness and Criminal Awareness, Medication Adherence, and Coping with Mental Illness and Criminalness; Part II focuses on Problematic Thoughts and Attitudes, Emotions Management, and Problematic Associates; Part III addresses Preparing for Change, Skill Development, and Substance Abuse.

Escaping the Cage

Developed exclusively for CCS, "Escaping the Cage" is a mental health treatment program for individuals in disciplinary housing who cannot access other groups. Escaping the Cage, which was provided directly to CCS by the program's developers, specifically targets a population that has become a "hot button" for correctional agencies to manage—patients with **serious mental illness (SMI) who are housed in segregation units**.

Escaping the Cage targets mental health issues, along with behavioral, emotional, and attitude skills development, to assist patients in coping with their current placement in segregation. The program also helps patients make the changes necessary to function adequately within the correctional environment, decreasing their risk for future segregation placements. It is designed to be implemented with both in-cell and out-of-cell programming offered by CCS mental health professionals.

Escaping the Cage uses a bi-adaptive intervention model to address both mental illness and criminal patterns with a goal of improving psychiatric and behavioral outcomes for segregated inmates with SMI. Treatment modules for the program include: Understanding, Changing, and Making It Happen; Surviving Solitary; Suicide and Self-Injurious Behavior; Understanding My Emotions; Exploring My Mental Illness and Criminalness; Seeking Supportive Allies; Integrating "Us" and "Them"; and Road Map to Recovery.

HOC Work Release Programs and Re-entry Services

CCS will provide programs including substance abuse services, counseling, group therapy, and related mental health/behavioral health issues at the HOC. We will also consult with the Superintendent regarding the continuation of groups currently offered at the HOC, including anxiety, grief and loss, therapeutic writing, re-entry, cognitive therapy, healthy relationships, adjusting to incarceration, and anger management. CCS will accommodate schedules to provide services for those inmates in various programs within the HOC.

CCS will also assist inmates with enrollment in post-release health care services to ensure continuity of care. As part of the discharge planning process, CCS staff will make post-release referrals as necessary for continuing care. If immediate post-release care is needed, CCS will coordinate with facility administration to secure post-release placement. We will also assess the need for medical assistance, and will assist with the completion of necessary paperwork. For additional information, please see section **5.6 Linkages and Coordination with Community Services**.

Subcontractor

CCS will not use a subcontractor to provide any mental health services.

5.2 Psychotropic Medication Services

Response to Section 21.5, Question 2

2. Describe how you will develop a full range of therapeutic treatment protocols for inmates needing psychiatric medications and services. If you already have such a plan, demonstrate how it will meet the requirements in Section 6.11: Psychotropic Medication Services.

CCS emphasizes high standards of psychiatric care by providing quality treatment, including psychotropic medication, to patients with serious mental health issues. We have developed written policies, procedures, and clinical letters for psychiatric services that address treatment plans, laboratory studies, informed consent, non-compliance, and management of various conditions. CCS staff will order and administer psychotropic medications when appropriate, in accordance with all state and federal laws. We will staff psychiatric providers to conduct medication evaluation, administration, and monitoring. Psychiatric providers will coordinate all services with mental health and medical staff.

Inmates will only be prescribed psychotropic therapy as clinically indicated and will be monitored for medication compliance and drug toxicity. Prior to prescribing psychotropic medications, the psychiatric provider will conduct a health record review, obtain informed consent from the patient, and educate the patient on treatment with the prescribed medications. A medical evaluation, routine lab work, and regular blood pressure monitoring will be performed as indicated on inmates requiring psychotropic medications. The results of all such monitoring will be documented in the inmate's health record.

Noncompliance with psychotropic medications is often an issue with people living with a serious mental illness. After each missed dosage, the nurse will discuss with the patient why they did not take the prescribed medication. After missing doses on three consecutive days, the nurse will report this to the psychiatric provider and treatment team.

Bridge Orders

CCS will bridge all verified, valid prescriptions within 24 hours for inmates who enter the facility on prescribed psychiatric medications; the inmate will receive a face-to-face evaluation with a psychiatrist within 7 days of initiating the medication. Follow-up face-to-face evaluations will occur as needed within 30 days of the initial evaluation. Subsequent face-to-face evaluations will occur as needed, at intervals of no more than 90 days. We have provided detailed information regarding the CCS medication verification process in section **6.2 Intake Assessment**.

Medication Education

Education will be provided at the time of the medication order regarding the risks and benefits associated with each prescribed medication and will be documented in the inmate's health record. Education will consist of informed consent, verbal information, and (where available) written information related to contraindications. Informed consent will be obtained and documented in the inmate's health record prior to the initiation of psychotropic medication.

Female inmates will be specifically educated regarding the risks of taking medication while pregnant. All female inmates will be tested for pregnancy prior to orders being written for medications, if a pregnancy test has not already been provided.

Emergency Medication Protocol

The right to refuse mental health treatment is inherent in informed consent; however, psychiatric emergencies do occur. CCS has developed an emergency psychotropic medication protocol for patients determined by a physician to be dangerous to themselves or others due to acute psychiatric symptoms. Upon approval by the County, CCS can utilize this protocol at the HOC and MCJ. The CCS emergency administration process complies with NCCHC standards, as well as 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 process for monitoring emergency administration of psychotropic medications that will be completed after such an event occurs.

When an emergency medication is administered, the patient will be placed on continuous observation 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 provider, determines that the patient no longer poses an imminent threat to self or others.

If a second dose 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.

Atypical Antipsychotic Medications

The CCS formulary for Milwaukee County will include the use of atypical antipsychotic medications, new generation antidepressants, and generics. We will use such medications when clinically indicated, based on fully developed protocols. CCS has extensive experience treating people living with severe mental illness in state psychiatric hospitals, prison systems, and local detention facilities. We therefore have extensive experience utilizing a wide range of psychiatric medications as a part of the treatment of serious mental illness.

CCS reviews medications on our corporate formulary at a minimum at least once per year via the corporate Pharmacy and Therapeutics Committee. Members may make recommendations for additional medications to be added to the formulary. Though CCS maintains a corporate formulary, ***CCS is also flexible in the medications that may be added to or deleted from a facility's formulary based on the client's requirements***. For additional information regarding CCS formulary protocols, including the use of generic medications and formulary exceptions, please see section **6.7 Controlling Pharmaceutical Costs**.

5.3 Co-Occurring Mental Health and Substance Use Disorders

Response to Section 21.5, Question 3

3. Describe how you will develop a plan for clinical management and oversight of mental health units in both facilities as requested in Section 6.12: Co-Occurring Mental Health and Substance Use Disorders.

CCS will provide appropriate, evidence-based treatment for inmates identified with co-occurring disorders, also referred to as dual diagnosis. Our Recovery Solutions division is a recognized ***industry leader in co-occurring psychiatric and substance use disorders (COPSD)***, and we will leverage our company's unmatched experience to customize an effective treatment program for Milwaukee County.

The CCS Recovery Solutions division has used an integrated co-occurring substance use and psychiatric disorders treatment model based on research from the Substance Abuse and Mental Health Services Administration (SAMHSA) since 1998. ***Whenever a psychiatric disorder and a substance use disorder co-exist, both disorders are considered primary, so that both receive intensive, coordinated treatment simultaneously***. Alcohol and other drug use educational programs are provided to patients.

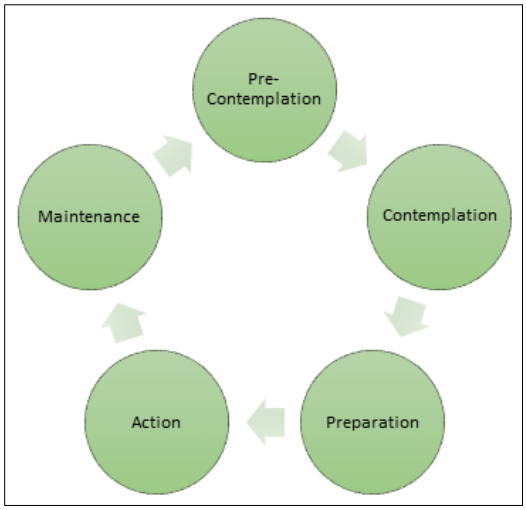
Inmates diagnosed with a mental health condition and SUD will be evaluated and accepted into treatment specifically designed for inmates with co-occurring disorders. The CCS program for co-occurring disorders/dual diagnosis will include referral, assessment, diagnosis, evaluation, ongoing support, medication if indicated, housing as appropriate, and discharge planning.

Patients will receive individualized treatment by a multi-disciplinary team based on the existence of co-occurring disorders and the need for simultaneous treatment of the symptoms presented (i.e., Integrated Treatment Model). Management of these patients will include the following processes:

- Referral
- Engagement of patient
- Assessment procedure
- Psychiatric evaluation
- Case Manager assignment
- Completion of paperwork
- Follow-up

Patients who are willing to be engaged into treatment will be assigned a Case Manager, who will be responsible for providing follow-up contacts within the facility. Depending on treatment needs, patients may continue to follow up with a psychiatric provider for monitoring/adjustment of medications and with mental health staff for supportive contacts, including development and implementation of discharge plans.

At our Recovery Solutions facilities, patients receive a Psychosocial Assessment that includes administration of the Michigan Alcohol Screening Test (MAST) and Drug Abuse Screening Test (DAST) or other reliable and valid screening tools for alcohol and drug abuse. If the substance abuse screening suggests the need for further substance abuse assessment (a score of 6 or more on the MAST and/or DAST), a substance use assessment is completed and the University of Rhode Island Change Assessment (URICA) scale is administered. An individual's level of motivation for change and the information they reveal on the URICA can be used to guide treatment options.



URICA Stages of Change. *An individual's level of motivation for change can be used to guide treatment options.*

Once a patient is determined to have co-occurring mental health and substance use disorders, cognitive behavioral treatment interventions and other services are geared toward the stage of change.

Motivational Interviewing is used to facilitate readiness to change and recognition of the need for treatment of substance use and mental illness. Motivational Interviewing helps patients to improve their motivation to become abstinent, to take psychotropic medications, and to achieve other goals.

The patient is placed in individual and/or group counseling dependent on his or her assessed stage of change. ***Group programs are open-ended to allow individuals to join at any point during their incarceration***.

The stages of treatment offered are:

- **Engagement:** The goal is for the patient to become engaged in treatment and to develop trusting relationships by providing help with immediate challenges, active listening, and motivational interviewing.
- **Persuasion:** Once a relationship is developed, the clinician helps patients to understand the roles that substance use and mental illness play in their lives and to develop motivation to change. This is achieved through group therapy minimally focused on:
    - Learning to accept their illnesses
    - Evaluating the ongoing costs of continued substance use and untreated mental illness
    - Learning how substances interact with psychotropic medications
    - Reviewing goals and values and how their current lifestyle may be incompatible with these goals and values

- **Active treatment:** Group leaders provide education on how to stop using substances and adhere to psychotropic medications, skills for recognizing risky situations, and strategies for dealing with internal and external triggers for substance use. Participants learn assertiveness skills to avoid peer pressure to use drugs, social skills so they can learn to socialize without drugs, and stress management/emotion management skills so they can handle changes in emotional states without the use of alcohol and illicit substances.
- **Relapse prevention:** Relapse prevention groups focus on maintaining abstinence or harm reduction and expanding recovery to all parts of life. Patients identify internal and external triggers for substance use and formulate relapse prevention plans.

Case Management Services

CCS provides multidisciplinary treatment plans and customized treatment and case management programs for all patients in need of special accommodation to help ensure proper placement, necessary care, and continuity of care throughout incarceration. We will provide a case review of any inmate upon request.

Perhaps the most important factor related to successful re-entry is the stabilization of mental health issues before release from custody. It is very difficult for an individual to successfully navigate free world expectations when he or she is actively experiencing symptoms of a serious mental illness. Substance abuse treatment is another integral component for many individuals. Attempting to navigate free world demands while also attempting to maintain sobriety in the absence of community treatment resources is not likely to be successful.

With these factors in mind, CCS offers a variety of mental health services designed to achieve stability as quickly as possible. These services, along with a proactive discharge planning program that identifies needs and arranges for community services to address them, are designed to build as much structure as possible around each individual to prepare for their release.

CCS has a long history of establishing connections with community providers so there are community providers ready and willing to accept clients re-entering the community from incarcerated settings. We view ourselves as part of the community mental health continuum and we are dedicated to working with community providers when their clients are admitted to the jail setting. Connectivity with community providers greatly enhances the discharge planning services offered to our clients.

For detailed information regarding our plans for coordination of care, discharge planning, and community linkage, please see section **5.6 Linkages and Coordination with Community Services**.

Transition of Care and Community Support

The CCS Recovery Solutions division follows the Reducing Avoidable Readmissions Effectively (RARE) Model for Care Transitions, which focuses on transition periods between care settings for individuals with mental illness and co-occurring disorders. The RARE model provides recommendations based on best practices in five key areas, including patient and family engagement and activation, medication management, comprehensive transition planning, care transition support, and transition communication.

Community Support Program (CSP) Principles	
Intervention	**Description**
Patient/Family Engagement and Activation	• Releases are obtained to include family in treatment • Family and other supports are included in care planning and transition planning • Hospital staff are knowledgeable about and make referrals to community support services • Community support programs including case management • Teach Back Method is used to assess comprehension of discharge instructions
Medication Management	• Medication reconciliation is performed • Medications are used in the hospital that are likely to be continued in the community • Patients understand and agree to medication changes • Substance use disorders and other co-occurring disorders are considered when medications are prescribed • Self-harm risk is considered when prescribing medications • Strategies to enhance adherence to medications are utilized
Comprehensive Transition Planning	• A written transition plan is formulated • The plan is worded or translated so that the individual and family can understand it • A follow-up appointment with a mental health provider is part of the transition plan • Follow-up with a primary care physician for those with physical health conditions
Care Transition Support	• Follow-up with a mental health provider within 7 days or sooner is recommended • The connection with the outpatient agency is facilitated by the hospital for new referrals • Within 72 hours of discharge a team member should contact the patient to review the transition plan and to ask if the patient has questions • The patient and family are prepared for the follow-up visit so that their questions are addressed and their treatment preferences are voiced
Transition Communication	• The patient's community providers are notified as soon as possible of an admission and prior to transition out • Patients and family need to know who is responsible for care at each point in care transition and how to contact them • Direct verbal reports should occur between nursing staff when patients transfer between facilities • Use a template for care plans • Develop a brief video that orients the patient and family to the need for transitions and preparation for outpatient continuing care

Our Recovery Solutions division has nearly 20 years of experience with transition planning. All Recovery Solutions facilities focus on identifying discharge criteria, barriers to discharge, and plans to address discharge barriers. Discharge planning is also based on the individual needs of the patient, including their age, gender, cultural preferences, and other special circumstances. The concept of discharge planning is designed to provide as seamless a transition to the community as possible. All of our Recovery Solutions facilities that discharge patients provide each patient with a supply of their currently prescribed medications.

Our facilities conduct quarterly stakeholders meetings with the client, representatives invited from local mental health agencies, State Attorneys, Defense Attorneys, Magistrate, NAMI, family members, and Peer Specialists. Issues arising from the continuum of services offered are discussed and often, small work groups are formed to propose solutions to best serve the patients. A typical agenda includes admission and discharge data, continuum of care, changes in policies or practices, and other issues from the stakeholders.

Post-release Treatment

Most patients require long-term or repeated episodes of care to achieve sustained abstinence and recovery. Therefore, establishing community connections is an integral component to the CCS SUD program. CCS will coordinate with community providers to arrange post-release treatment to enhance continuity of care and reduce recidivism. Discharge planning for individuals with co-occurring disorders will include connecting the individual with SUD treatment and self-help groups in the community. Co-occurring aftercare plans will be integrated with the patient's treatment plan. For additional information, please see section **5.6 Linkages and Coordination with Community Services**.

Mental Health Units

CCS will implement a plan for clinical management and oversight of mental health units in both facilities. The plan will support a team approach and integration with custody staff that includes ongoing in-service and education to staff.

An essential component in the process of developing a care plan for inmates suffering from mental illness is determining proper placement. If an inmate with serious mental illness will not participate in treatment protocols, mental health staff will determine whether they are being housed appropriately. Consideration will be given as to whether the patient needs to be monitored more closely and placed in alternative housing, when applicable.

Designated mental health housing will be used as a protective environment for inmates exhibiting behaviors that require close monitoring. CCS staff will screen all patients diagnosed with mental illness prior to their being placed in alternative housing to ensure the placement will not exacerbate their mental illness.

Serious Mental Illness

CCS will identify and provide treatment and therapy to all inmates diagnosed with a serious mental illness (SMI), in accordance with NCCHC standards and the requirements of the Consent Decree. CCS mental health staff will use a multidisciplinary team approach to the coordinated care of the SMI population.

CCS will identify inmates with serious mental health issues that may impact their ability to function independently while incarcerated. Our mental health professionals are trained to work with inmates entering the system who present as naïve to the correctional environment or particularly vulnerable based on stature, mental illness, or developmental disability. They will provide assessments, treatment, education, case management, and discharge planning services for these individuals. Inmates with serious mental health issues will receive an individualized treatment plan and appropriate mental health services designed to achieve stability as quickly as possible.

As part of the CCS Mental Health Program, staff will obtain community records, verify psychotropic medication regimens, and ensure continuity of care. They will initiate referrals for the appropriate services identified as part of the mental health evaluation, which can include psychiatry services, Special Needs Program enrollment, placement in identified mental health units, group programming (including substance use disorder treatment as indicated), discharge planning services, or transfer to more intensive behavioral health programs if the individual presents with mental health issues beyond what can be safely addressed in a correctional setting.

Treatment Planning

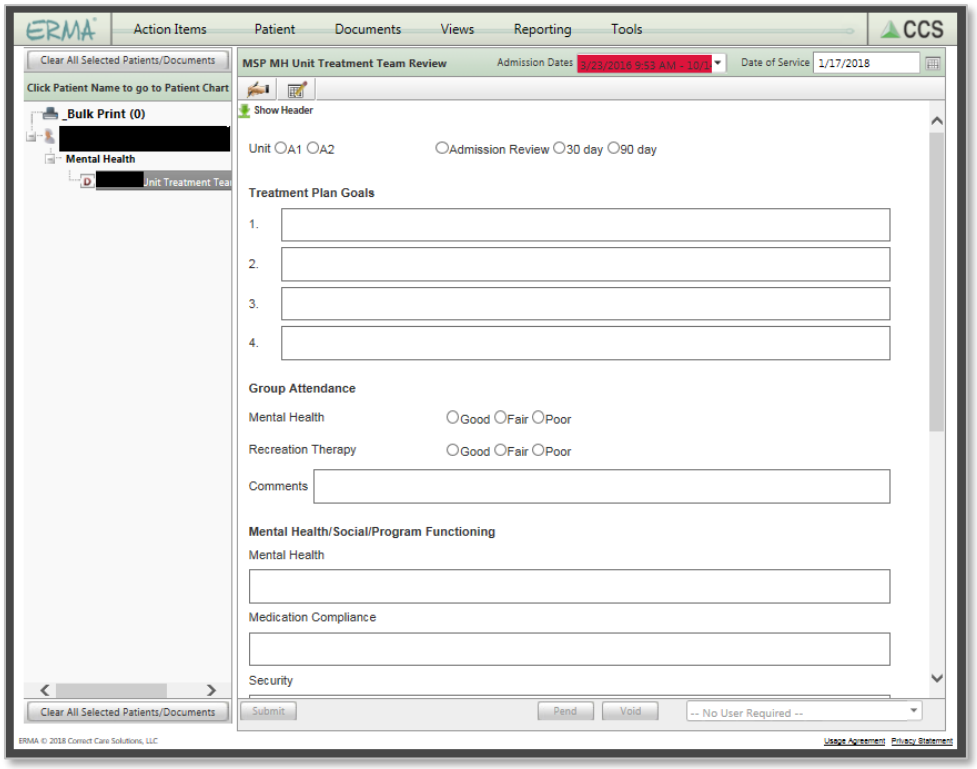
Once safety and stability issues have been addressed, the focus of the Mental Health Program can shift to treatment planning and programming designed to move beyond maintenance and address risk factors for recidivism. Key elements to address include cognitive thinking patterns that are supportive of criminal behavior, trauma histories, and lack of adequate community support (e.g., housing and other resources).

CCS uses an individualized approach to treatment planning to ensure that each patient's needs are addressed in the most effective manner possible during their incarceration. Treatment plans will include the care to be provided, the roles of the members of the treatment team, and discharge planning as needed.

CCS understands the importance of proactive treatment planning and has learned that the delivery of proactive patient care in the correctional setting produces several long-term benefits, including:

- **Fostering patient trust:** CCS patients will feel important and heard. The CCS team will provide care with the respect and understanding that these patients deserve. This includes knowledge of each patient's specific situation and needs, including communication with previous care providers as necessary to ensure the continuation of patient-specific treatment programs that provide the best possible care while fostering patient trust.
- **Reducing patient emergencies:** CCS will understand our patients. We will not wait for an emergency to occur. Instead, we will actively treat each patient to ensure that their needs are understood and met. Proactive treatment planning and care will reduce emergencies that typically result from the provision of reactive patient care.
- **Identifying relevant trends:** CCS will implement CQI audits to evaluate our programs and to help us anticipate issues before they occur. We systematically review the quality of our mental health services throughout the year and take actions to improve processes and outcomes based on these reviews.
- **Improving the level of services being offered:** CCS will work closely with facility administration to develop site-specific improvements where possible.

Sample Mental Health Treatment Plan in ERMA



Reducing Restrictive Housing

Although housing placement is determined by custody, CCS will provide enhanced mental health staffing and programing in an effort to reduce the need for restrictive housing. CCS will use a multidisciplinary team model in making every attempt to support mentally ill inmates in succeeding in general population and/or in other less-restrictive housing options. Our mental health staff will work with custody staff to move SMI inmates to the least restrictive housing possible.

Research shows that patients with mental illness do better when having contact with others. Rather than secluding patients in individual cells, CCS supports placement with cellmates or in small housing units (e.g., 4-8 inmates). This will also better assist mentally ill inmates when released back into the community by encouraging contact with others. CCS provides small groups in these housing units to encourage Life Skills, Coping Skills, Managing Symptoms, Communication, Problem Solving, Goal Setting, Use of Community Resources, etc.

CCS also offers a group therapy program called “Escaping the Cage,” which was developed exclusively for CCS. Escaping the Cage is designed specifically to address segregated populations, with the goal of reducing the amount of time spent in safety cells and safely integrating these patients into general population. For detailed information regarding this program and other group therapy offerings, please see section **5.1 Comprehensive Mental Health Services**.

Behavior Management Plans

Mental health staff will collaborate with custody staff to develop and implement Behavior Management Plans (BMP) designed to change problematic behaviors in inmates with SMI. These plans include important information for mental health and custody staff, including:

- The inmate's symptoms and behaviors
- Why the inmate is in restrictive housing
- Ways to de-escalate the inmate

The plan will be reviewed with the inmate to ensure they are aware of the goals they are working to achieve in order to transition to a less restrictive unit (when possible). Mental health and custody staff will also review each inmate's BMP at least biweekly.

Treatment Planning

Trauma-informed, person-directed treatment planning begins upon admission and continues until the patient is discharged. Treatment plans are individualized, person-centered, holistic, achievable, measurable, and age-appropriate at CCS facilities. The patient is invited to participate in treatment team meetings. Treatment plans will be written in a language that is understandable to the patient and his/her family. The treatment plans will serve as a blueprint that all treating staff can use to guide treatment.

CCS is an experienced provider of treatment plans. For nearly 20 years, we have developed individualized treatment plans based on multidisciplinary assessments for individuals who experience mental illness and/or developmental disabilities. Clinical leaders train staff to develop treatment plans with input from the patient that include: specific issues from assessment results, SMART short-term and long-term goals/objectives, patient strengths, and interventions with the responsible team member and frequency.

Treatment plans will be developed by the multidisciplinary team based on the psychiatric, medical, and psychosocial needs and strengths identified through the assessments, and will contain:

- A list of all psychiatric and medical diagnoses
- A list of issues that are to be addressed
- Goals and measurable objectives for each issue
- Specific active treatment modalities/interventions to address each goal/objective and frequency
- The team member(s) responsible for providing each intervention
- Time frames and measures to evaluate progress
- Signatures from members of the team, including the patient

SMART Goals and Objectives are included in the patient's treatment plan.

The treatment plan will be appropriate to the needs and interests of the patient and will be directed toward improving psychological and physical functioning. The treatment plan will be reviewed at specified regular intervals based on the patient's current clinical issues, needs, and response to treatment. The plan will be reviewed for effectiveness when:

- There is a significant change in the patient's condition, diagnosis, or as otherwise clinically indicated
- In accordance with the time frames and measures described in the treatment plan
- Upon request by the patient or the patient's legally authorized representative

Additionally, the treatment plan will be revised, as needed, based on the findings of any assessment or as otherwise clinically indicated. The treatment plan review and revisions will be signed by the patient and all members of the team.

5.4 Segregation (Restricted Housing)

Response to Section 21.5, Question 4

4. Describe how you will ensure that interactive wellness rounds are made in housing units, with particular emphasis on any segregation / restricted housing areas as requested in Section 6.13: Segregation (Restricted Housing) Services. Milwaukee County presently designates three (3) Wellness Coordinators to perform wellness checks. Describe your method for performing such checks on high-risk populations, including the frequency of the checks. Specify how you will audit to ensure checks are performed on schedule, and how you will document checks and the result of checks. For example, using a barcode or QR code scanner at each cell to provide an auditable date and time stamp for the check, and entering any progress notes into the EHR regarding the check for that date and time.

Upon notification that an inmate will be placed in segregation, a qualified health care professional will review the inmate's health record to determine whether existing medical, dental, or mental health needs contraindicate the placement or require accommodation. If contraindications or accommodations are noted, the health care professional will inform the Superintendent or Jail Administrator, or their designees, and provide a full explanation. The review and any subsequent notification will be documented in the inmate's health record.

This review also allows health care staff to plan for continued service delivery for inmates placed in segregation. Mental health staff will be notified when an inmate is placed in segregated housing, and will be available to participate in the ongoing monitoring of the inmate's progress.

Mental Health Concerns

When a patient with serious mental illness is placed in segregation, the patient's treatment plan should be updated to reflect the changed environment, given the documented impact of isolation on symptoms of mental illness. Experience has demonstrated that patients are at elevated risk for suicide when placed in isolated settings. Therefore, it is CCS best practice to provide additional mental health screening during this high-risk period, beyond the chart review completed by health care staff upon the patient's placement in segregation.

Where possible, CCS mental health staff should provide screening for suicide risk during the first two-to-three business days following a patient's placement in segregation, to be followed by weekly rounds.

Wellness Rounds

Medical and mental health staff will conduct interactive wellness rounds on a schedule agreed upon by CCS and the County. The frequency of segregation rounds will be determined based on the level of isolation, as well as facility policy and NCCHC guidelines. Segregation rounds are typically conducted at least three times per week by medical staff. Mental health staff will conduct wellness rounds no less than twice per week, with appropriate documentation in the inmate's health record.

Segregation rounds will be documented on individual logs, to include the date and time of contact and signature or initials of the staff member making rounds. CCS staff will document any significant findings in the inmate's health record and will make any needed referrals for care. Programming and treatment will continue according to clinical needs. Mental health staff will promptly inform custody officials of any inmates who are physically or psychologically deteriorating, and those exhibiting other signs or symptoms of failing health.

Daily Wellness Checks for At-Risk Populations

Immediately upon contract transition, CCS health care staff will assume all duties currently being performed by the Sheriff's Wellness Coordinators. Going forward, CCS will ensure that at-risk or vulnerable patient populations (high acuity patients) located in the following housing units at the MCJ will receive daily wellness checks, which will provide the same services currently being provided by the Wellness Coordinators at a minimum. Daily wellness checks will take place in the following housing units:

- Pod 4D (segregation)
- Mental Health Unit (MHU)
- Pod 4C (step-down mental health unit)
- Special Medical Unit (SMU)
- All CIWAs (detox)

Daily wellness checks will include face-to-face communication, followed by a daily report to security and medical/mental health staff. These reports will include information on status updates, areas of concern, and status on most serious cases (e.g., refusing to eat, not drinking water, refusing medications or medical procedures, insertion and/or ingestion of foreign substances or objects, etc.).

In addition to the required wellness check reports, CCS staff will provide daily updates to custody staff and facility administration regarding high-priority medical cases using the whiteboard method described in section **3.2 Coordination of Services**. The whiteboard is a reporting tool that demonstrates a global awareness of overall facility operations. It provides an accurate snapshot of the site's responsibilities for that day, that month, and that year, from high-priority medical cases and infection control statistics to site expenditures and upcoming events.

The whiteboard is divided into categories that serve as the foundation of operational and clinical discussions that take place during daily morning briefings at our sites, which will include the Superintendent and Jail Administrator, or their designees. This visual map serves as an outline that provides structure to the focused review of salient topics.

Whiteboard categories are site-specific and may include medical housing, special needs housing, mental health housing, withdrawal protocols, high-acuity patients, pregnant patients, screening exceptions, inpatient status, and/or appointments.

Innovative Solution: Advanced Patient Monitoring System

CCS has developed a computer tablet and application called PAMM (Patient Activity Monitoring Management) that is used for wellness checks, segregation rounds, patient observations, and other cell-side treatments. PAMM is a ***offered exclusively by CCS and at no cost to Milwaukee County***. We welcome the opportunity to give an on-site demonstration of the PAMM system and its capabilities.

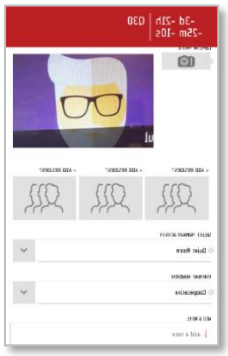
The nurse or CMA performing Wellness Checks will see the Patient Countdown Timer screen, which displays the time left before the next patient check is due. The nurse or CMA will then swipe the screen to complete a patient observation.

The PAMM application is color-coded. A red screen indicates that an observation should be done immediately. Green indicates that no observation is due for at least 5 minutes. Yellow indicates that an observation is due within 2-5 minutes.

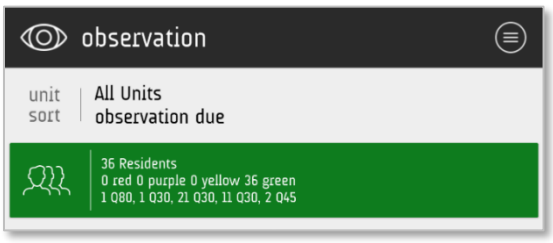
The Patient Observation List displays all patients that are scheduled for an observation, starting from the observations closest to their scheduled time. Each patient is displayed on a "card." The elements of a card include:

- **Time:** Displays the time remaining until the next due observation
- **Observation Interval:** Displays the interval at which the patient should be observed
- **Last Observation:** Displays when the last observation was performed and any associated information on that activity

The patient's location is synced to PAMM directly from ERMA; PAMM then operates without the need for Wi-Fi during the observation rounds. At the time of the observation, the patient's picture is captured directly on the tablet and the patient's activity and behavior are documented. A note about the patient's activity at the time of observation can also be added, which will meet the requirement for individual patient contact notes at each wellness check.



PAMM observation data is available via a performance dashboard, ***giving facility administration accurate observation compliance statistics at all times***.



Tracking and Documenting Wellness Checks

PAMM has been custom-built to interface with ERMA, which sends patient information and observation orders to PAMM; PAMM then sends completed patient check information back to ERMA. Certain ERMA functions interface with PAMM and directly impact its usage, including:

- Patient Status
- Patient Location
- Precautions
- Patient Observations (including activity and behaviors)

PAMM works as an offline application where network access is not available. This will benefit Milwaukee County by not requiring Wi-Fi in areas where the Wellness Checks are performed. Before the Wellness Checks, PAMM will download a roster of patients requiring Wellness Checks. The nurse or CMA will then take the PAMM tablet to the patient's location to perform and document the Wellness Check. When the tablet is returned to the nurses' station or medical unit, it will sync back to ERMA.

The tablet will transmit patient data to ERMA, where it will be kept in a separate record. CCS will use this data to create a custom Wellness Check report for facility administration that meets the requirements of the sample daily report provided in Addendum 10.

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5.5 Mental Health Staffing

Response to Section 21.5, Question 5

5. Achieving full compliance related to mental health staffing at the County facilities has been an ongoing issue, in particular staffing a Mental Health Director, psychiatrist(s), and psychiatric social worker(s). Please describe what sets your organization apart in your ability to secure and maintain staffing in these positions on an ongoing basis, as required under any contract. Provide your experience in recruiting and retention for mental health positions specifically. What is your current vacancy rate for these positions system-wide? What additional commitment, if any, are you willing to make regarding vacancies in these positions?

CCS is confident in our ability to fill and maintain mental health positions, including the Mental Health Director, psychologists, and psychiatric social workers. Our company has more than 15 years of experience recruiting mental health professionals in jails, prisons, civil and forensic hospitals, and other residential treatment center settings. CCS is strongly invested in technology to promote our openings and provide us with robust analytics to help us understand the growing needs in staffing, as well as the outcomes of our efforts.

Mental Health Recruiting

CCS has built our employment brand through innovative print, video, and internet strategies that have created a solid network of qualified candidates in each market we service. Local, regional, and national recruitment campaigns keep a constant flow of qualified candidates within reach to discuss opportunities. If no candidates are available in our extensive database, we begin sourcing for qualified candidates. Our recruiters first focus on recruiting locally and then, if circumstances merit, employing a nationwide search. National recruitment efforts focus on geographic locations where health care professionals are plentiful and unemployment is highest, which increases the likelihood that candidates will be willing to relocate.

Our Recruitment Team has already begun their due diligence for Milwaukee County, identifying several strong, local candidates for key mental health positions. In **Attachment I**, we have provided three resumes for Mental Health Director candidates (one of whom has 6+ years' experience managing a team in corrections), three resumes for Psychologist candidates, three resumes for Psychiatric Social Worker candidates, and one resume for a Case Manager candidate. For information regarding psychiatry candidates and our targeted recruitment strategies for psychology professionals, please see section **12.6 Chief Psychiatrist**.

Mental Health Retention

Retention is a top priority at CCS because it improves patient care, provides stability, and reduces costs. We have demonstrated success in recruiting high-quality mental health professionals, and retaining them for the long term. Our lower turnover can be attributed to maintaining competitive compensation and benefit packages, embracing diversity, rewarding superior performance, and providing meaningful work in a friendly environment. Currently, with nearly 13,000 employees nationwide, our companywide vacancy rate for all mental health positions is 7.4%.

Our competitive and comprehensive employee benefits programs exceed market standards and are designed to attract and retain mental health care professionals, while recognizing the diverse needs and goals of our workforce. In addition to the standard benefits offerings, our programs include tuition/continuing education reimbursement and a matching 401(k) savings plan. Beyond offering competitive salaries and benefits, CCS also employs techniques to increase retention of our mental health care staff, including but not limited to:

- Retention bonuses for licensed independent practitioners (LIPs) to increase retention
- Referral bonuses for hard-to-fill positions
- Incremental increase of benefits such as vacation and 401(k)
- Annual salary increases based on performance and qualifications
- Monetary assistance and time off for CMUs/CEUs directly related to specific skill sets
- Employer Tuition Reimbursement Program, which can be used for licensure renewal
- Full malpractice insurance coverage for practitioners
- Company-sponsored gatherings
- Discounted offers for theme parks, restaurants, movie theaters, and much more

CCS understands that staff "burn out" is prevalent among mental health providers, and we continue to engage our valued staff throughout the organization with various opportunities to continually develop their skills and receive positive exposure at all levels of the organization. Inefficient processes, excessive overtime due to vacancies, tardiness, absenteeism, and unexpected events that create additional workload are all contributors to burn out. Our staff are encouraged to participate in performance improvement and quality assurance initiatives, and are rewarded and recognized for doing so. In addition to our internal talent pool and resources, our external relationships with established supplemental health care staffing firms help supplement staffing when needed to maintain a competent, well-balanced workforce.

5.6 Linkages and Coordination with Community Services

Response to Section 21.5, Question 6

6. Propose and describe linkages and coordination with existing community services for extended continuity of mental health treatment.

Continuity of Mental Health Treatment

CCS will ensure complete care coordination of mental health care needs of inmates, from incarceration to release. We view ourselves as part of the community mental health continuum, and we are dedicated to working with community providers when their clients are admitted to the jail setting.

During the receiving screening, CCS staff will ask each inmate about insurance coverage, preferred providers, and medical, dental, or mental health treatment in progress. They will also ask the inmate to complete a Release of Information (ROI) in order to request and obtain medical and/or mental health information and to coordinate the inmate's care at release with community providers. The ROI will also allow CCS staff to begin the medication verification process. This form will comply with HIPAA and will be submitted to the Superintendent and Jail Administrator for approval.

CCS will partner with community providers to enhance continuity of care for the County's inmate population. We are committed to being active in connecting our programs with community efforts, which allows us to obtain information regarding community treatment regimens and refer patients before release to appropriate community programming. CCS will establish and maintain relationships with community organizations to obtain previous treatment information, including medical and mental health records, to ensure continuity of care for all inmates.

Stepping Up Initiative

CCS understands the importance of the Stepping Up Initiative to the House of Correction and Office of the Sheriff. Reducing recidivism is a metric of success, and we will actively collaborate with community providers to maintain continuity of care as patients leave the HOC and MCJ. As part of this focus, CCS will support the Stepping Up Initiative in Milwaukee County, as we have done for many of our clients that participate in this program, including Johnson County, Kansas and Arapahoe County, Colorado.

Discharge Planning

CCS believes that discharge planning must start on Day One in order to be effective, and we have policies in place regarding discharge planning for released inmates. During initial contact with health care staff, inmates will be informed about community resources available upon discharge. CCS will work with local providers to develop processes to ensure continuity of care for discharged patients, especially those with dual diagnoses of mental illnesses and substance abuse. We will strive to enhance these patients' state of health and ***reduce the likelihood of recidivism*** by providing them with as many resources as possible to continue their treatment plans.

When an inmate is discharged from the HOC or MCJ, CCS will assist in creating discharge plans that detail the needed post-release care. We will medically clear inmates for discharge and secure a medical necessity form signed by the practitioner for any discharge medications. Within 48 hours of notification of an inmate's pending release into the community, CCS staff will perform a discharge screening to determine the need for post-release medications and medical assistance.

CCS will make post-release referrals as necessary for continuing care. If immediate post-release care is needed, CCS will coordinate with facility administration to secure post-release placement. We will also assess the need for medical assistance, and will assist with the completion of necessary paperwork.

Access to Health Care

During incarceration, CCS works hard to provide each inmate with the medical care needed to live a healthy life. Outside of jail, obtaining quality health care services can be daunting for offenders. CCS understands this and works with each inmate to ensure that continuity of care from jail to community is intact and that no medical needs go unaddressed. Through private or public health care services, we help to build a plan with each patient and provide the right tools for them to obtain health care benefits, including Medicaid enrollment as applicable.

Our discharge planning will include connectivity to services in the community to address medical and mental health care, substance use treatment, and housing needs for released inmates. Linkage for inmates with serious mental illness (SMI), substance use disorder (SUD), and/or significant medical health issues typically includes housing assistance, scheduling appointments, transportation arrangements, and the exchange/release of health-relevant information, when release date is known.

Mental Health Referrals

Mental health presents a challenge for most jails and a great opportunity to make a significant impact on the community. CCS mental health staff will assist with discharge planning and reintegration services in order to bridge the gap in care when re-entering the community. Most patients require long-term or repeated episodes of care to achieve sustained abstinence and recovery. Therefore, establishing community connections is an integral component to the CCS Mental Health Program. CCS will coordinate with community providers to arrange post-release treatment to enhance continuity of care and reduce recidivism.

Substance Abuse Services

Substance abuse treatment is another integral component for many released patients. Because addiction is typically a chronic disease, people cannot simply stop using drugs for a few days and be cured. Most patients require long-term or repeated episodes of care to achieve the ultimate goal of sustained abstinence and recovery of their lives. Attempting to navigate free world demands while also attempting to maintain sobriety in the absence of community treatment resources is not likely to be successful. Therefore, CCS will coordinate with community providers to ensure appropriate substance abuse treatment services upon release.

Vivitrol Program

CCS is proposing to implement a Vivitrol release program for Milwaukee County within the first 90 days of start-up ***at no cost*** to the County. Upon contract award, CCS will collaborate with the County, local Alkermes representative Dave Schulte, and representatives from Justice Point and the Milwaukee County Behavioral Health Division in our initial phase to develop an effective Vivitrol release program.

After we have finalized specific policies and procedures, we will expand the program. When an inmate is released from custody, they will be sent into the community with a comprehensive recovery plan. As part of our discharge planning services, CCS will work with David Schulte from Alkermes to select local Vivitrol providers to support a program for the HOC and MCJ. CCS will make the connection with local resources like Clinica Latina, Cleanslate Centers, Outreach Community Health Centers, and other stakeholders to develop a complete community program.

Referrals of potential candidates will be communicated to the medical department through a variety of sources, including CCS staff, community substance abuse treatment providers, community mental health providers, adult probation officers, public defenders, drug court personnel, and direct patient request. CCS medical staff will provide program-specific education and counseling on Vivitrol prior to an inmate's acceptance into the program. The site Medical Director will be ultimately responsible for deciding which candidates meet the established requirements for acceptance into the Vivitrol program.

Patients will be referred to a local community provider for their injections and counseling services following their release from the HOC or MCJ. CCS will coordinate with the local Vivitrol treatment center and the patient prior to discharge to schedule the follow-up appointment, provide a comprehensive recovery treatment plan, and ensure continuity of care upon release. Once we have established a viable Vivitrol release program, we will investigate a more expansive MAT program like our Oakland County, Michigan model. With a potential partnership with community providers like Clinica Latina, Outreach Community Clinic, and Clean Slate, our intention is to connect as many patients as possible with treatment services to combat this growing negative impact on the community.

Linkage to Community Resources

An effective discharge planning process begins at intake and extends continuity of care for our patients by helping to connect them with community resources. Most offenders are under our care for a limited time, so they must be made aware of available services, and know how to access them for support long after they are released from custody. Our goal is to educate inmates about all resources available to them to help meet the challenges faced in sustaining a healthy and crime-free lifestyle. CCS works hard to provide as many community resources as possible to enable discharged patients to continue their treatment plans, with the goal of enhancing their health and reducing the likelihood of recidivism.

Linkage to community services is a critical component of any re-entry plan. CCS has a long history of establishing connections with local resources so they are ready and willing to accept clients re-entering the community from incarcerated settings. Connectivity with community providers greatly enhances the discharge planning services offered to our clients. CCS also offers a group curriculum dedicated to educating inmates on identifying, navigating, and applying for community services upon release.

CCS will investigate the possible use of the *Dane County Model* for re-entry services at the HOC and MCJ. The program team would consist of a Discharge Planner, Re-entry Specialist, and at least one intern from the Wisconsin HealthCorps program. We have discussed a possible placement with Kysa Stocking, Program Manager for the Wisconsin Primary Health Care Association. This model would provide a strong link between the patient and the community. Working with local resources like Justice Point, Mental Health America of Wisconsin, the Alma Center, Wisconsin 2-1-1, Clean Slate, and other stakeholders in a community solution would create the Milwaukee care network to help reduce recidivism.

CCS will develop resource guides listing community-based resources to assist in continuity of care for inmates. We will place special focus on continuity of care for those with mental health issues and chronic diseases. We have provided an initial list of community providers in **Attachment J**. We will continue to expand the community resource guide as our understanding of the many available resources in Milwaukee County continues to grow.

Examples of Effective Mental Health Linkage

CCS maintains a focus on community linkage for mental health programming for several of our Ohio clients. In Mahoning County, CCS coordinates with local providers to provide anger management classes and re-entry services. The HSA for the Justice Center works closely with the local mental health board, attending training on the inpatient process associated with the court system, and has also developed a working relationship with the courts to address patients' medical needs when alternative sentencing is available. In Wood County, CCS coordinates forensic and crisis hospitalization with The Link/Behavioral Connections in Bowling Green and collaborates with Family Services for re-entry services. We also established a weekly anger management group that has run successfully for the past five years.

In Hancock County, we coordinate with local providers and the court system to ensure appropriate mental health care for the inmate population, both during incarceration and upon release. The Site Manager for the Justice Center works closely with the local mental health agency and the courts to facilitate inpatient care as needed. Additionally, the Site Manager and the Regional Manager have participated in the Opiate Symposium, a multidisciplinary team with members from community agencies and courts.

6 Inmate Care and Treatment: Pharmacy Services

Respondents should use this section to describe how they will meet the requirements for pharmacy services for the HOC and MCJ as listed in Section 7 – Inmate Care and Treatment: Pharmacy Services.

The Respondent should answer questions below in the following format: indicate for each response the number of the request that it addresses, including section number; indicate the question number, re-type the question, and provide your response.

6.1 Use of County Pharmacy Provider

Response to Section 21.6, Question 1

1. The Contractor is expected to work with Milwaukee County's chosen pharmacy, Clinical Solutions, as stated in Section 7.1: Use of County Pharmacy Provider. Describe the service model you will use to provide pharmaceutical services for the HOC and MCJ, and indicate how you plan to work with Clinical Solutions to meet the goals of that service model. Provide an outline of transition services with Clinical Solutions that includes set-up and integration with their electronic data system and electronic medication administration record (MAR) as requested in Section 7.2: Identification of Pharmacy Costs.

CCS will provide pharmaceutical services in accordance with all applicable laws, guidelines, policies and procedures, and accepted community standards. Our pharmaceutical management program includes formulary and non-formulary oversight; prescribing, filling, and administering of medications; record keeping; appropriate licensure; DEA management; and the secure and proper storage of all medications. All pharmaceutical services will be directed by a licensed pharmacist.

CCS will implement policies and procedures that ensure the timely delivery and administration of all medications. We will ensure that policies, staff training, and licenses are in place, with validated delivery processes and schedules. CCS will be responsible for providing on-site supplies, as well as quarterly pharmacist inspections. We will also coordinate quarterly Pharmacy and Therapeutic meetings, as described later in this section.

CCS will work with the County's chosen pharmacy, Clinical Solutions, to provide pharmaceutical services and medications for the HOC and MCJ. We have experience working with Clinical Solutions at other client sites and are prepared to work collaboratively with them in Milwaukee County. The DON or HSA will be responsible for establishing and maintaining a working relationship with Clinical Solutions. ***CCS already has an existing interface between ERMA and Clinical Solutions***, so no development will be necessary, making the transition of services quick and seamless. Health care staff will be able to order medications in ERMA, which will transmit orders directly to Clinical Solutions.

CCS acknowledges and agrees that the County will be responsible for payment to Clinical Solutions of pharmaceutical costs up to $750,000. Pharmaceutical costs exceeding the $750,000 cap will be shared 75% by CCS and 25% by the County.

Pharmacy Requirements

CCS will require medical personnel, including but not limited to physicians, psychiatrists, physician assistants, advanced practice nurses, nurse practitioners, clinical nurse specialists, and dentists, to comply with all Department of Public Health and Drug Enforcement Administration (DEA) rules and regulations governing the prescribing and administration of legend drugs, including controlled substances. Such compliance shall include the following:

- Adherence to the policies and procedures developed by the Wisconsin Board of Pharmacy, Contractor and Clinical Solutions
- Compliance with generally recognized practice of medication prescribing and adherence to medication guidelines promulgated from time to time by the Pharmacy and Therapeutics Committee
- Proper utilization of the approved formulary developed by the Contractor, in collaboration with Clinical Solutions, including the procedures governing the process for non-formulary review and approval
- Maintenance of proper and current Wisconsin Controlled Substance Registration and federal controlled substance registration
- Ensuring full clinical documentation in the inmate's health record for each medication ordered or discontinued
- Notification of the provider within 3 days of inmates who (1) failed to show for medication pass, (2) actively refused medication, and (3) did not receive medication because the medication was not available
- Administration of patient-specific medications to inmates

Narcotics and Off-Label Use

Only non-narcotic medications will be ordered in general population. Inmates that may require narcotic medications for a short-term purpose or otherwise shall be housed in the appropriate non-general population for the period that the medications are prescribed and will have the appropriate oversight by medical personnel.

In accordance with CCS policy, providers will be instructed to use sleep and pain medications only when clinically indicated. CCS policy discourages the dispensing of medication (prescription or OTC) for any off-label use.

Over-the-Counter Medication

CCS will establish a protocol to provide over-the-counter (OTC) medications to inmates upon consultation with the site Medical Director and facility administration. We will provide OTC medication for distribution in accordance with established nursing protocols and approved OTC lists. Approved OTC items may be ordered from Clinical Solutions in inmate-specific blister cards or in bulk format based on clinical need.

CCS will coordinate with the County regarding the type of OTC products to be offered through the canteen/commissary. Such OTC medications will be approved in writing, including inmate and staff education and periodic additions/deletions, by CCS and the County.

When inmates have non-prescription medications available outside of health services, the items and access to them will be approved jointly by the Medical Director and facility administration. These items will be reviewed annually.

Unused Medication

CCS will ensure that any unused medication is not reissued. Under certain conditions, as set forth by the Wisconsin Board of Pharmacy, it is permitted to "return and reuse" designated medications in full, unused conventional blister cards and full or partial nonconventional (each blister drug dose labeled with name/strength/lot number/expiration date) blister cards. Clinical Solutions will credit the County for the cost of such medication returned to the pharmacy in full or partial unused nonconventional blister cards as noted.

CCS will destroy such medication if it has been out of the nurses' control. We will make the necessary provisions for the destruction of stock-controlled substances according Wisconsin law. CCS will dispose of pharmaceutical waste in compliance with federal, state, and local laws and regulations. The HSA will be responsible for overseeing, monitoring, and ensuring compliance with the pharmaceutical waste disposal policy.

Medications that cannot be returned to Clinical Solutions (e.g., non-unit-dose medications, medications refused by the inmate, and/or medications left by inmates upon discharge) will be destroyed. Regular audits will be conducted to remove discontinued or expired medications. CCS will make every reasonable accommodation to minimize the amount of pharmaceuticals that must be destroyed.

CCS staff will place pharmaceutical waste inside of an approved collection container as soon as is practically possible from the time the medication becomes waste and will fill out the appropriate disposal form. CCS will ensure the availability of RX Destroyer products for these purposes. The RX Destroyer container will remain locked in the medication room cabinet.

CCS staff will ensure that pharmaceutical waste is kept in a secure location and, if controlled, is counted until disposal. All controlled substances will be retained in a double-locked area with restricted access and continued counts at each shift until they can be destroyed by authorized individuals. This will be tracked in the controlled substances log book.

Medication Order and Documentation Requirements

CCS will ensure that all medication orders are placed and maintained in the health record. Orders for OTC or legend medications will include the clinical indication and the diagnosis (e.g., DSM-5 diagnosis).

Health care staff will utilize the web-based pharmacy ordering system for ordering and refilling medications. ***CCS already has an existing interface between ERMA and Clinical Solutions***, so no development will be necessary, making the transition of services quick and seamless. Health care staff will be able to order medications in ERMA, which will transmit orders directly to Clinical Solutions.

All telephone and verbal orders shall be co-signed by the ordering practitioner or designee during the next clinic shift, not to exceed 72 hours after the order is written. Transcription of all medication orders shall occur within the shift that the order is written or within a period not to exceed 8 hours.

Providers are responsible for determining at what point (number of days) they need to be notified regarding refusals. However, CCS policy dictates that if an inmate misses or refuses doses on three consecutive days, or if a pattern is noted, the inmate will be referred to the prescribing clinician. All medication refusals will be documented on the appropriate medication administration record (MAR) and/or refusal forms.

CCS staff will educate patients on prescribed pharmacotherapy at the time the therapy is ordered; this education will be documented in the inmate's health record. The reason for any changes in dose or medication will also be shared with the patient and documented in the health record.

Electronic Pharmaceutical Management

CCS will implement electronic pharmaceutical ordering, administration, and tracking through our EHR system, ERMA. We will support online pharmaceutical order entry through ERMA, ***which has an existing interface with Clinical Solutions***. CCS will ensure seamless and secure communication between ERMA and Clinical Solutions.

EHR and Pharmacy Interface

ERMA will be the sole repository for information regarding all patient services, including medication orders, which will allow practitioners to initiate, review, and manage orders in a timely and efficient manner. Clinical Solutions will electronically notify the site if a new or refill order is submitted that cannot be filled (because it is too soon to fill, there are no more refills, blood work is needed, a non-formulary authorization is needed, or a provider signature is needed, for example).

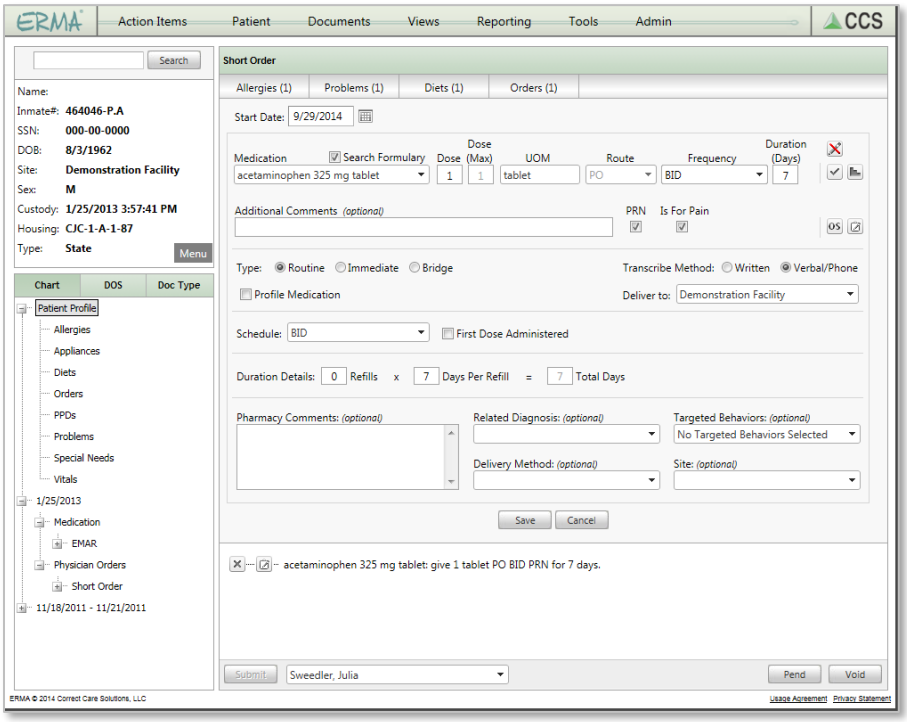
ERMA supports the integration of medication order entry and HL7 transmission to Clinical Solutions. This integration gives the pharmacy immediate access to medication orders and the ability to provide any medication substitutions to the on-site staff. ERMA is also integrated with First Databank, a national provider of drug interactions and warnings. This integration gives ordering providers real-time decision support for contra-indications, duplicate therapies, allergies, interactions, and dosage warnings.

Formulary compliance is also integrated into ERMA. If orders are placed for off-formulary medications, an off-formulary request is automatically generated and sent to the Medical Director for approval. Once approved, the order is expedited through electronic transmission to the pharmacy.

Ordering Medications

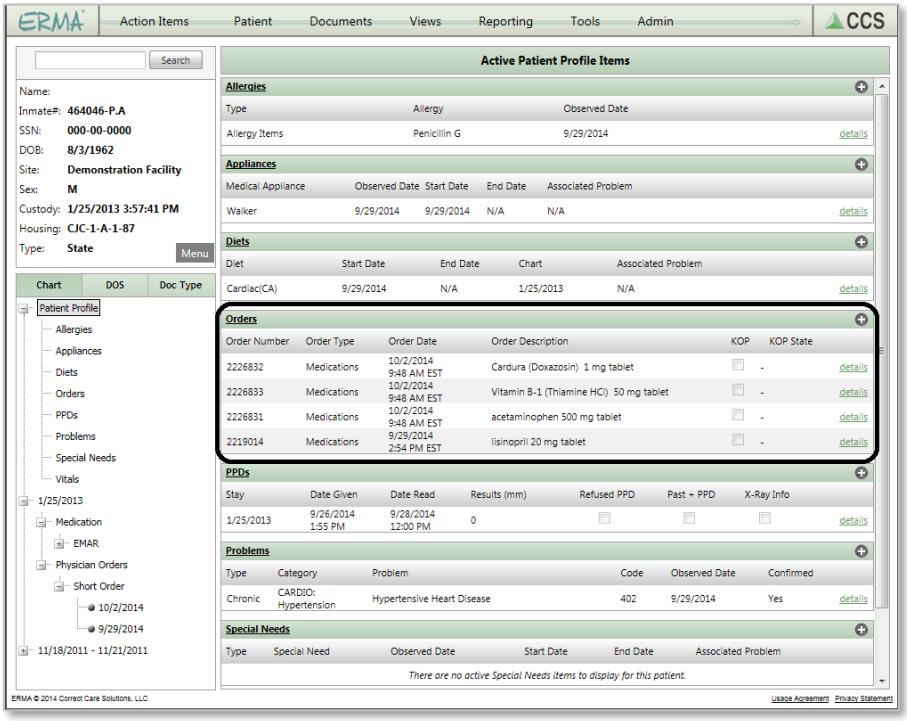
Medication Order Entry is a key portion of the ERMA patient profile. All prescription orders will be logged in the patient's health record in ERMA, where medical staff can also check order status. Authorized users can place new orders, renewal orders, and discharge orders from the patient's profile screen. One screen (with no scrolling) puts all relevant information available at a glance.

Medication Order Entry in ERMA – Patient Profile



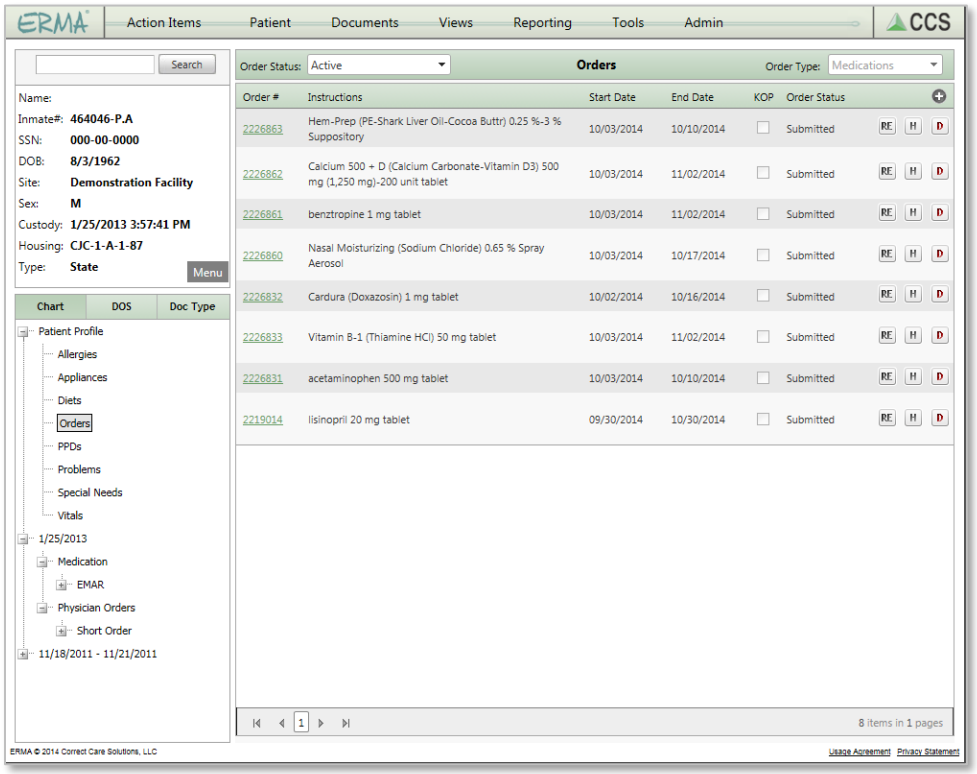
After a patient's medication order is entered, ERMA is updated to include the medication, administration orders, and stop date. Active patient orders are shown in the patient profile.

Medication Orders in ERMA – Patient Profile



Immediate access to a full list of active medication orders is available through a one-click drill-down in the patient profile.

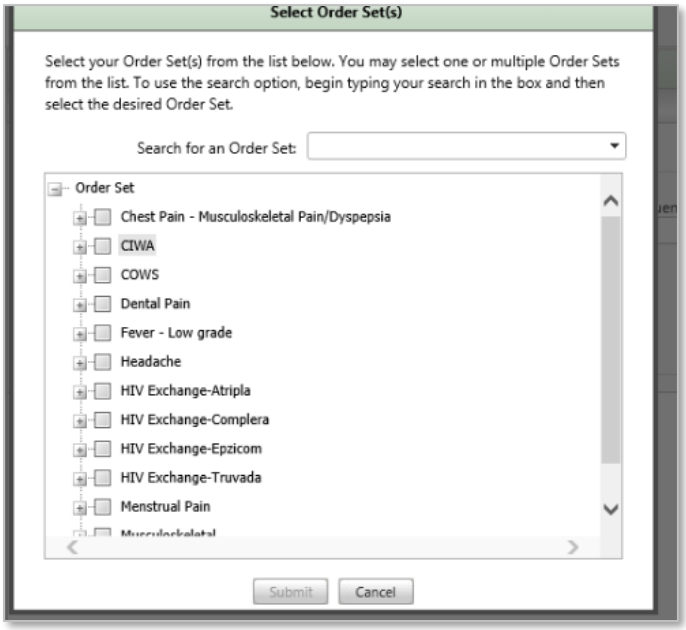
Active Medication Orders in ERMA – Patient Profile

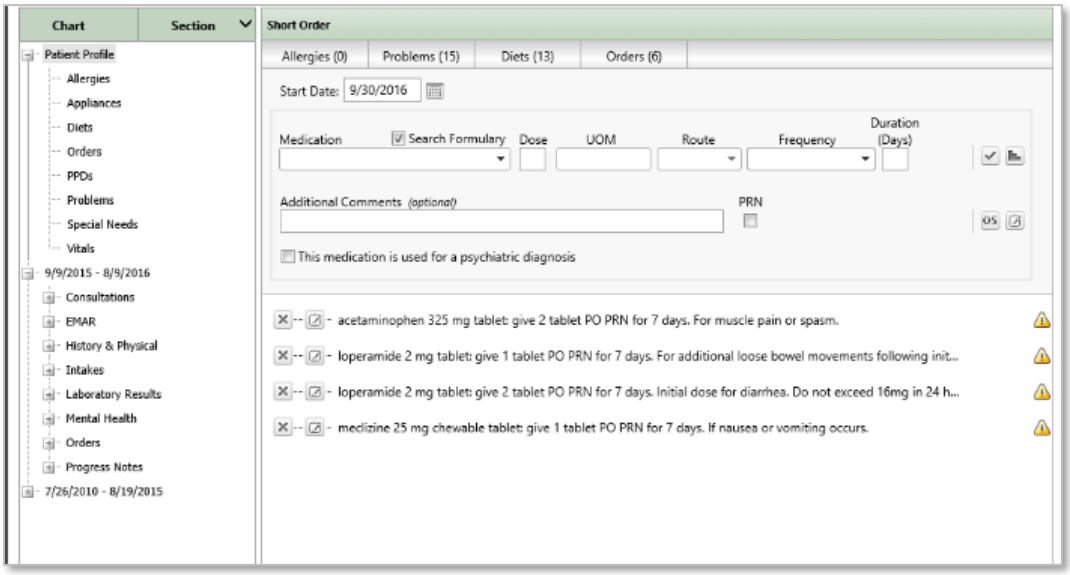


Order Sets

ERMA supports site-specific medication order sets. These order sets allow providers to place complex medication orders such as CIWA or COWS with just a few clicks. Order sets not only help providers to be more efficient, they minimize errors and help provide consistency in treatments.

Order Sets in ERMA





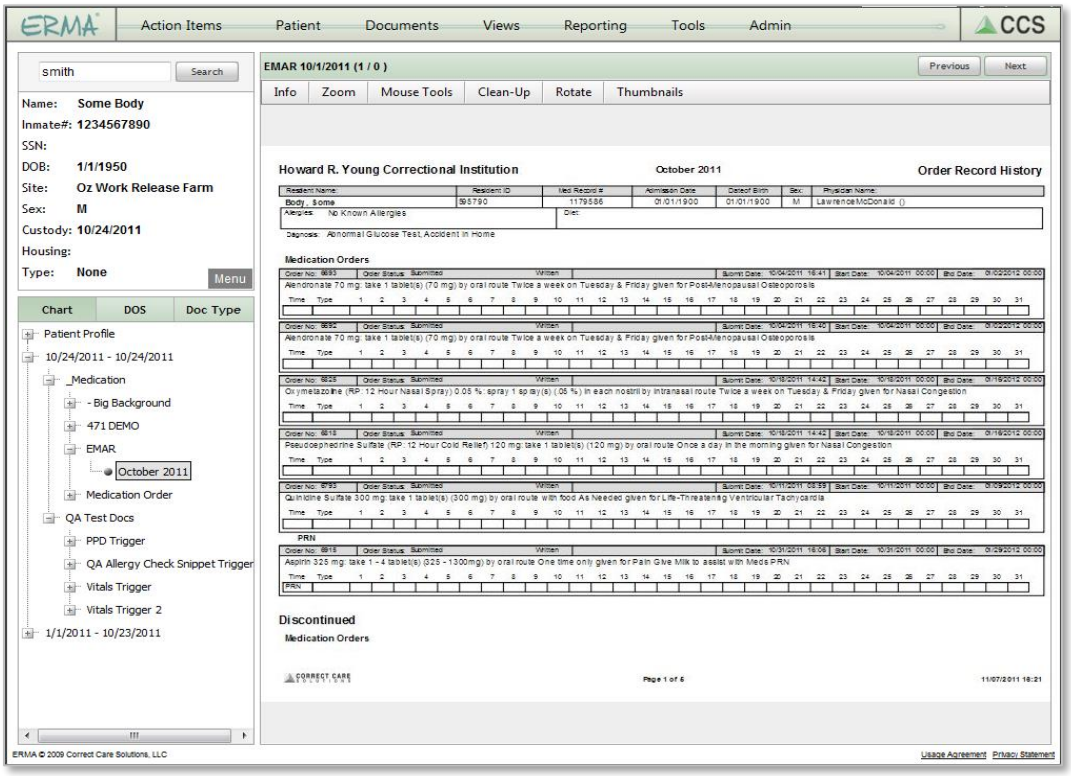
Administering and Tracking Medications

CCS recognizes the importance of pharmacy controls within the correctional environment. We are proud to offer the CCS electronic Medication Administration Record (eMAR), which provides an additional level of performance and delivery of a progressive health care and medication management system.

The CCS eMAR is a professional, easy-to-use medication system that will track pharmaceutical provisions from order placement to patient administration in accordance with the Wisconsin Board of Pharmacy and Board of Nursing. It gives health care staff the benefit of a completely paperless medication administration system and allows users to work both online and offline.

The CCS eMAR offers an advanced administration feature that allows the user to easily track vitals, administer OTC/KOP/PRN medications, and document injection sites and quantities through a customized interface.

The CCS eMAR in ERMA



The eMAR module is part of the CCS ERMA system and its implementation is part of our plan for the EHR transition at the HOC and MCJ. Because the system is web-based, there is no software to install. All data is maintained in a secure and redundant environment to ensure accessibility and continuous maintenance of all patient information, despite natural or man-made catastrophes.

Features and benefits of the CCS eMAR system are described in the following table.

eMAR Features and Benefits	
Our Feature	**Your Benefit**
Quickly, accurately, and conveniently orders new medications	Reduces paperwork and delays in patients starting new medications
Reorders medications	No delays in patients receiving their needed medication
Allows for viewing of patient profiles and medication histories	Instant access to patient information
Maintains patient profiles	Records are updated in real time
Creates change orders	Changes are recorded in real time
Monitors self-medication status	Allows for an easily monitored Keep-on-Person (KOP) program
Instant notification of non-formulary orders	Controls costs by ensuring that only approved medications are prescribed
Prints utilization data	Allows for easy analysis of statistics for review and planning purposes
Administrative and management reporting	Allows for easy analysis of statistics for review and planning purposes
Prints paper copies of prescriptions and activities for patient charts	Allows for the transfer of patient information to hard copy if necessary

Innovative Solution: Point of Care Companion

When administering medications, nursing staff can use an off-network laptop—the Point of Care Companion (POCC) system—with their medication cart, marking and electronically signing off on the administration of medications.

If a patient does not receive his or her medication for any reason, this is noted in the system during the medication pass. Once the nurse returns to the medical unit, the laptop is docked and the information from the medication pass is synced within ERMA so administration records are immediately up-to-date.

The ability to synchronize data provides increased flexibility for nursing staff by allowing them to use the system in facilities where Wi-Fi or mobile internet connectivity is unavailable. This also allows medication passes to continue even if the facility loses internet connectivity, and since the laptop is battery-powered, loss of power will not affect its use.

Point of Care Companion

The features and benefits of ordering through this user-friendly software include:

- The ability to order (or reorder) prescriptions or stock orders quickly, through use of drop down screens or order refill buttons
- Increased accuracy, reduced transcribing errors and clarity issues that may result from faxed order sheets
- Improved formulary compliance, since non-formulary alerts are automatically sent to the prescribing physician's queue if a medication is not on the approved list. From that queue, he/she can easily complete the non-formulary request process online; once the non-formulary request is approved, the order is automatically forwarded to the pharmaceutical provider to facilitate expedited ordering
- OTCs, stock and emergency medications are all easily initiated and documented as profile meds on the electronic Medication Administration record
- Time savings through the elimination of paper physician's order sheets, which are no longer needed
- The ability to view patient profiles and determine when a medication was last filled prior to transmitting the order
- Password-protected access for approved staff to patient profiles, medication orders and history from any web-based computer located on or off site
- Tracking and documentation of patient allergies and/or drug interactions
- Exceptions are immediately noted in the patient's health record: missed doses, refusals, complications

Med pass data will be uploaded into ERMA to produce reports showing compliance with medication administration timeframes.

Medication Delivery Requirements

CCS will provide pharmacy services in accordance with the County's contract with Clinical Solutions, to include scheduled shipment of medications six days a week and local backup pharmacy services available on Sundays, holidays, and in urgent or emergent situations. Medications will be administered within 24 hours by trained health care personnel following the ordering of the pharmacotherapy by the responsible clinician. We will obtain and administer all STAT prescription orders within four hours of the order, either by on-site supply or subcontract with a local pharmacy.

CCS will ensure that the level of properly trained health care staff is maintained at sufficient levels for medication administration within a two-hour window, and for distribution, receipt, and management of medications. For additional information, please see section **6.5 Medication Administration Training Requirements**.

Emergency Medications

Medications for life-threatening or mental illnesses, or serious chronic diseases, will 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 administer these medications prior to the next scheduled 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 will be obtained from the backup pharmacy as quickly as possible. CCS will use local pharmacies to supply emergency prescription medications and as backup for pharmacy services.

Release Medications

With sufficient notice of release, CCS will ensure that inmates have an adequate (up to 30-day) supply of required medications to accommodate the transition of care to a community provider. Many inmates are coping with chronic and/or mental illnesses that require daily medication administration. Prior to discharge, CCS will educate these patients on how to obtain and maintain their medications and will provide links to community resources for prescription services.

CCS can also provide prescriptions for release medications using vouchers issued by Clinical Solutions. We will coordinate with Clinical Solutions in a timely manner and provide vouchers to patients scheduled for release a minimum of one day prior to the scheduled release. If release is scheduled for a weekend, CCS will provide vouchers to patients scheduled for release on the Friday prior to the scheduled weekend release. For unscheduled/STAT releases, notification will be provided to clinic staff and voucher(s) will be provided to the patient immediately by a nurse.

CCS also has an existing program for providing discharge medications that we can explore using in Milwaukee County. If desired by the County, CCS can work with Clinical Solutions upon contract award to implement this program.

6.2 Intake Assessment

Response to Section 21.6, Question 2

2. Describe how you will perform and document intake assessments as requested in Section 7.3: Intake Assessment. How will adjustments to prescribed medication regimens be documented, made available to practitioners and clinical staff, and shared with the patient? Identify a process for continuance of medications for patients with a verifiable history of current medication use.

CCS will provide adequate staffing to allow for the timely evaluation of intake orders and inmates in need of further evaluation so that inmates with medical and mental health issues can be stabilized as quickly as possible and medications can be initiated. Prescription medications will only be prescribed by licensed physicians, physician's assistants, or nurse practitioners within the scope of their licensures. If there is an immediate need to initiate medication, the medication will be obtained from the backup pharmacy. Medications for life-threatening or serious chronic diseases will not be delayed upon admission.

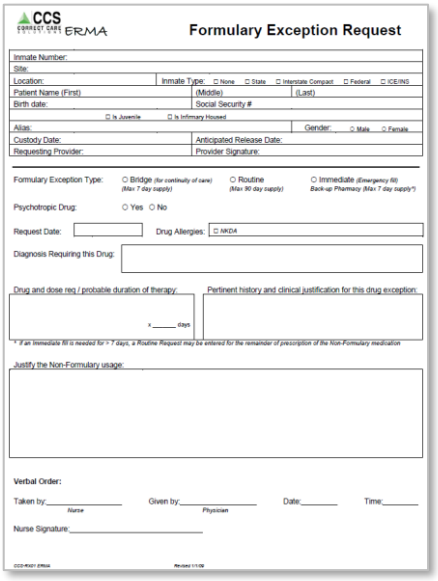
Medication Verification and Continuation

When it is determined that an inmate received medical or mental health care prior to incarceration, nursing staff will attempt to obtain treatment information and verify medications from community providers to facilitate continuity of care. Individuals who report medication use at intake are asked to complete a Release of Information (ROI) so that the medication verification process can begin. CCS will also utilize WISHIN, the statewide Health Information Exchange (HIE), to facilitate access to and retrieval of medication information. For additional information, please see section **10.12 Electronic Health Information Exchange: WISHIN**.

Medications that are verified are reviewed by a prescribing clinician and continued as clinically indicated. The prescribing clinician may also discontinue the medication or provide a therapeutically equivalent alternative, based on clear and defined clinical parameters. All adjustments to prescribed medication regiments will be clearly documented and available for review by all practitioners and clinical staff. This information will also be shared with the inmate.

If the medication verified is not considered a formulary medication, the medication order will be bridged for up to 30 days to ensure no break in care while allowing time for a clinician to review the clinical necessity of the medication. A medical provider will assess each patient's need for non-formulary medications within seven days of intake.

Typically, given the nature of jails as short-stay facilities, verified medications (whether formulary or not) are continued throughout the duration of an individual's placement unless the individual reports side effects, poor response to the regimen, or a different medication is considered more clinically appropriate for the individual's current symptom constellation.


CCS ERMA

Formulary Exception Request

Inmate Number:
Site:
Location: Inmate Type: ☐ None ☐ State ☐ Interstate Compact ☐ Federal ☐ ICE/IINS
Patient Name (First) (Middle) (Last)
Birth date: Social Security #
☐ Is Juvenile ☐ Is Infirmary Housed
Alias: Gender: ☐ Male ☐ Female
Custody Date: Anticipated Release Date:
Requesting Provider: Provider Signature:

Formulary Exception Type: ○ Bridge (for continuity of care) (Max 7 day supply) ○ Routine (Max 90 day supply) ○ Immediate (Emergency fill) Back-up Pharmacy (Max 7 day supply*)

Psychotropic Drug: ○ Yes ○ No

Request Date: Drug Allergies: ☐ NKDA

Diagnosis Requiring this Drug:

Drug and dose req / probable duration of therapy: Pertinent history and clinical justification for this drug exception:

x _____ days

* If an immediate fill is needed for > 7 days, a Routine Request may be entered for the remainder of prescription of the Non-Formulary medication

Justify the Non-Formulary usage:

Verbal Order:

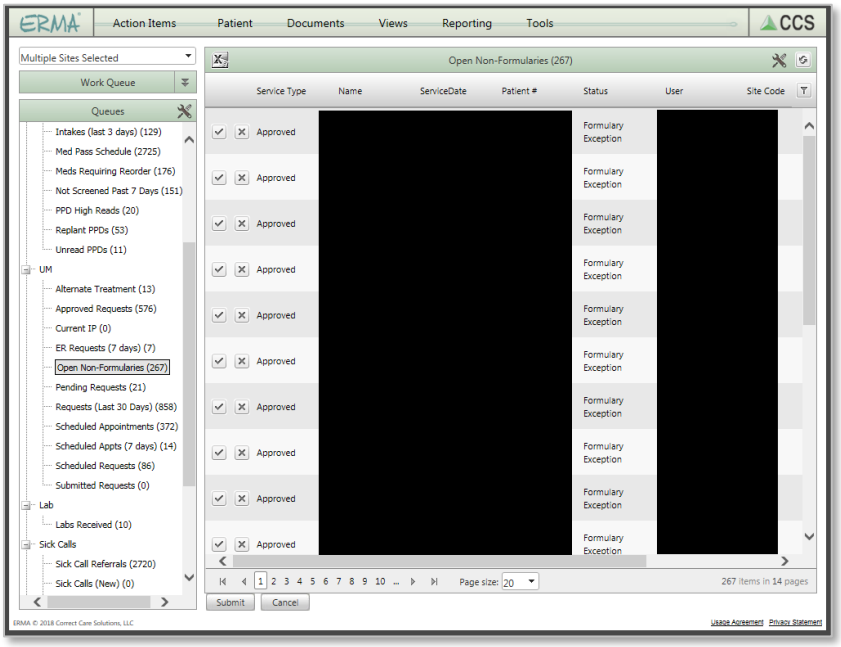
Taken by:_____ Given by:_____ Date:_____ Time:_____
Nurse Physician

Nurse Signature:_____

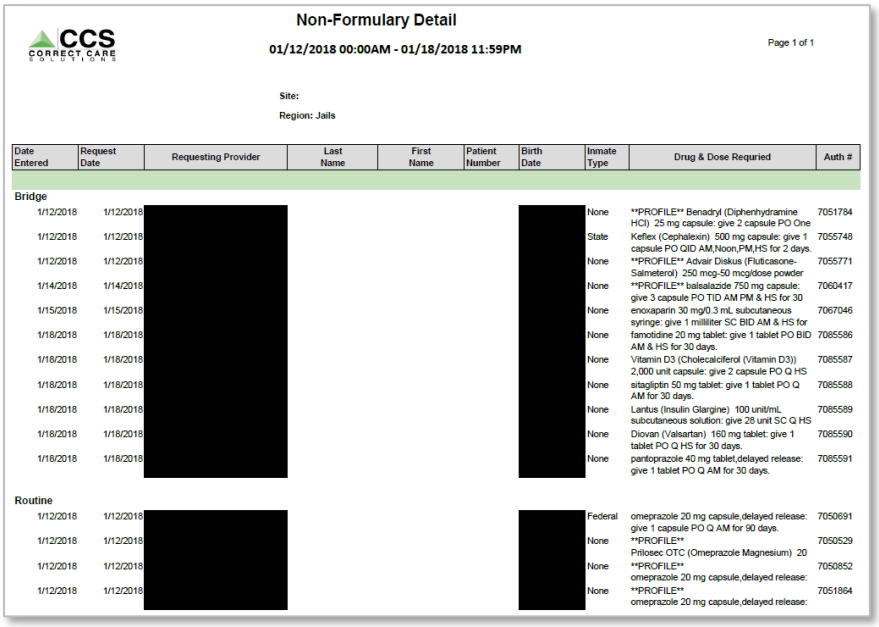
Typically, given the nature of jails as short-stay facilities, verified medications (whether formulary or not) are continued throughout the duration of an individual's placement unless the individual reports side effects, poor response to the regimen, or a different medication is considered more clinically appropriate for the individual's current symptom constellation.

If a non-formulary medication is to be continued after the initial bridge order, the prescribing clinician will request continuation of the medication (to include a brief clinical rationale for the medication) through the CCS Non-Formulary Medication Request process. Non-formulary requests will be transmitted electronically through ERMA to the Regional Medical Director, who will review these requests on a daily basis. The Medical Director will be notified if a non-formulary medication is ordered without the appropriate use of a non-formulary request form.

Sample Open Non-Formulary Requests List



Sample Non-Formulary Detail Report in ERMA



Non-Formulary Detail

CCS CORRECT CARE SOLUTIONS

01/12/2018 00:00AM - 01/18/2018 11:59PM

Page 1 of 1

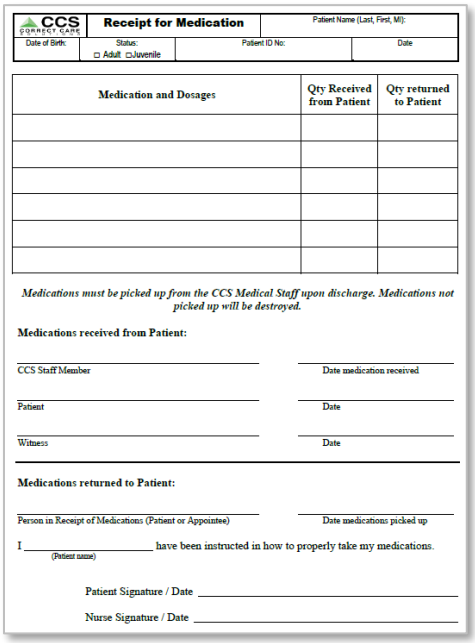
Site:

Region: Jails

Date Entered	Request Date	Requesting Provider	Last Name	First Name	Patient Number	Birth Date	Inmate Type	Drug & Dose Requried	Auth #
Bridge									
1/12/2018	1/12/2018	[redacted]				[redacted]	None	**PROFILE** Benadryl (Diphenhydramine HCl) 25 mg capsule: give 2 capsule PO One	7051784
1/12/2018	1/12/2018						State	Keflex (Cephalexin) 500 mg capsule: give 1 capsule PO QID AM,Noon,PM,HS for 2 days.	7055748
1/12/2018	1/12/2018						None	**PROFILE** Advair Diskus (Fluticasone-Salmeterol) 250 mcg-50 mcg/dose powder	7055771
1/14/2018	1/14/2018						None	**PROFILE** balsalazide 750 mg capsule: give 3 capsule PO TID AM PM & HS for 30	7060417
1/15/2018	1/15/2018						None	enoxaparin 30 mg/0.3 mL subcutaneous syringe: give 1 milliliter SC BID AM & HS for	7067046
1/18/2018	1/18/2018						None	famotidine 20 mg tablet: give 1 tablet PO BID AM & HS for 30 days.	7085586
1/18/2018	1/18/2018						None	Vitamin D3 (Cholecalciferol (Vitamin D3)) 2,000 unit capsule: give 2 capsule PO Q HS	7085587
1/18/2018	1/18/2018						None	sitagliptin 50 mg tablet: give 1 tablet PO Q AM for 30 days.	7085588
1/18/2018	1/18/2018						None	Lantus (Insulin Glargine) 100 unit/mL subcutaneous solution: give 28 unit SC Q HS	7085589
1/18/2018	1/18/2018						None	Diovan (Valsartan) 160 mg tablet: give 1 tablet PO Q HS for 30 days.	7085590
1/18/2018	1/18/2018						None	pantoprazole 40 mg tablet,delayed release: give 1 tablet PO Q AM for 30 days.	7085591
Routine									
1/12/2018	1/12/2018	[redacted]				[redacted]	Federal	omeprazole 20 mg capsule,delayed release: give 1 capsule PO Q AM for 90 days.	7050691
1/12/2018	1/12/2018						None	**PROFILE** Prilosec OTC (Omeprazole Magnesium) 20	7050529
1/12/2018	1/12/2018						None	**PROFILE** omeprazole 20 mg capsule,delayed release:	7050852
1/12/2018	1/12/2018						None	**PROFILE** omeprazole 20 mg capsule,delayed release:	7051864

Medications Brought into the Facility

If an individual presents to intake with medication, CCS staff will complete a Medication Receipt form, which includes the staff member's signature and the number of pills received. The medication will be placed in a sealed plastic bag (that cannot be opened without destruction of the bag) with a copy of the Medication Receipt form. If the medication is a controlled substance, the sealed bag of medication will either be sequestered with the inmate's property, or counted as part of the narcotic counts at each shift change, as described in section **6.6 Medication Control and Accountability, Pharmacy Inspections**.



CCS CORRECT CARE SOLUTIONS — **Receipt for Medication**

Patient Name (Last, First, MI):

Date of Birth: | Status: ☐ Adult ☐Juvenile | Patient ID No: | Date

Medication and Dosages	Qty Received from Patient	Qty returned to Patient

Medications must be picked up from the CCS Medical Staff upon discharge. Medications not picked up will be destroyed.

Medications received from Patient:

CCS Staff Member _____ Date medication received _____

Patient _____ Date _____

Witness _____ Date _____

Medications returned to Patient:

Person in Receipt of Medications (Patient or Appointee) _____ Date medications picked up _____

I _____ (Patient name) have been instructed in how to properly take my medications.

Patient Signature / Date _____

Nurse Signature / Date _____

CCS staff will also ask the individual to complete a Release of Information (ROI) form so they can verify prescription information with the pharmacy and the prescribing provider. Upon release, the individual will have three business days, or as mandated by facility policy, to request the verified medication, at which time it will be returned. CCS staff will complete the Medication Receipt form to document that the medication was returned.

If the returned medication was a controlled substance, the Controlled Substance Log Book will be updated with the date the medication was returned to the individual. Should the individual not claim the medication within the required timeframe, the medication will be destroyed in accordance with procedures described in section **6.1 Use of County Pharmacy Provider**.

6.3 Prescription Practices

Response to Section 21.6, Question 3

3. Describe how you will meet the requirements in Section 7.4: Prescription Practices, 7.5: Documentation / Discontinuation, and 7.6: Monitoring.

Inmates will only be prescribed psychotropic therapy as clinically indicated and will be monitored for medication compliance and drug toxicity. Prior to prescribing psychotropic medications, the psychiatric provider will conduct a health record review, obtain informed consent from the patient, and educate the patient on treatment with the prescribed medications.

Medication will be prescribed by qualified medical and mental health professionals with prescriptive privileges as allowed by law (e.g., psychiatrist, physician, nurse practitioner, physician assistant, or dentist). Non-psychiatric physicians may initially order psychotropic medications to avoid lapses in medication therapy, for emergency purposes, or when the medication addresses problems related to physical symptoms. Subsequent orders will be preceded by a documented consultation with a psychiatrist within a specified time.

All inmates reporting psychiatric medications at intake will have their prescriptions verified and will be continued on verified medication(s) for 24-72 hours with written orders by the provider. Timely follow-up visits will be scheduled with the psychiatric provider. If psychiatric medications are not verifiable, the inmate will be reviewed by the practitioner as soon as possible. All backup documentation will be noted in the health record. For additional information regarding bridge orders for psychotropic medications, please see section **5.2 Psychotropic Medication Services**.

The psychiatric practitioner will determine continuance, adjustment, or substitution of medications where possible and indicated for the use in a correctional setting. Written orders and verbal/telephone orders will include documentation resulting in continuation of the incoming medication order or the patient's new psychiatric medication, with rationale for medications not given or changes for alternative medications to ensure timely medication administration. For additional information regarding the CCS medication verification process, please see section **6.2 Intake Assessment**.

Documentation/Discontinuation

Any order initiating, modifying, or discontinuing psychotropic medication will have a corresponding progress note, and will be reflected in the treatment plan. The progress note will include the diagnosis and target symptoms, and will confirm that the inmate was educated about the risks and benefits of the psychotropic medication. Informed consent will be obtained and documented in the inmate's health record prior to the initiation of psychotropic medication. An assessment of involuntary movement scale (AIMS) will be repeated every six months or upon evidence of potential side effects.

Monitoring

The effectiveness of psychotropic medications in controlling the patient's psychiatric symptoms and side effects of medications will be tracked by the psychiatric provider and at the treatment team meeting. The psychiatric provider will provide medication assessments and make changes as needed. This will be done in coordination with the treatment team and regular sessions with the patients on their caseloads. All practitioners are also expected to monitor patients on antipsychotic medications for adverse side effects, as well as the development of Tardive Dyskinesia.

A medical evaluation, routine lab work, and regular blood pressure monitoring will be performed as indicated on inmates requiring psychotropic medications. The results of all such monitoring will be documented in the inmate's health record. Laboratory and diagnostic tests to monitor and manage the therapeutic effect of psychotropic medication will be ordered by a qualified health care professional.

Each inmate receiving psychotropic medication will be seen by the prescribing QMHP at least every 30, 60, or 90 days, or more often as clinically required. The following will be discussed and noted in the health record:

- Diagnosis
- The reason medication is being given (i.e., target symptom)
- The appropriateness of the current medication and dosage
- Any implications for care relating to the current mixture of medications
- Any signs of tardive dyskinesia or other serious side effects
- Consideration of the choice of liquid, IM, orally dissolvable, or crushed preparations for inmates who do not reliably ingest other oral forms or for whom the hoarding of potentially harmful doses is likely
- The rationale for any dosing changes, medication, and discontinuation orders

6.4 Keep-on-Person Medications (KOP)

Response to Section 21.6, Question 4

4. Provide examples of your experience establishing and overseeing a "keep on person" ("KOP") medication program for correctional medical services. How did you implement the program? How will you work with Milwaukee County to develop, implement, and train on a KOP program? Please see Section 7.17: Keep-on-Person Medications (KOP) for additional details.

CCS has developed 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. We have experience establishing KOP programs for many of our clients, including but not limited to large jails in Wayne County, MI; Bernalillo County, NM; Oakland County, MI; and Macomb County, MI. CCS will work with the County to establish an effective KOP program if desired, with approval by the CCS Medical Director and the Superintendent and/or Jail Administrator. We will provide in-service training to health care and custody staff regarding KOP procedures, in accordance with facility policies.

A KOP program allows patients to have immediate access to necessary medications in the event of an urgent medical need; it also typically reduces the amount of health care professional time devoted to medication administration. KOP medications are limited to those that may be safely self-administered with the proper education, such as inhalers, nitroglycerine, or creams/lotions. The list of allowed KOP medications is subject to approval by facility administration. Inmates are only given KOP medications if they need immediate access to them at all times based on their chronic care treatment plan (e.g., inhalers for those with severe COPD or severe, persistent asthma).

Ointments, creams, lotions, shampoos, inhalers, and suppositories ordered by a qualified health care provider will be given to the patient in a sufficient quantity to last the duration of the prescribed medication, or for 30 days, whichever is less. An inmate may possess multiple KOP medications, but not more than a 30-day supply of any single medication. CCS will implement an efficient process for KOP renewals that eliminates gaps in self-administration. Inhalers will be refilled on a 1:1 exchange basis; if the patient does not return his or her inhaler, a new inhaler will be issued and custody staff will be notified for assistance in locating the missing inhaler.

Inmates are instructed regarding the use of the KOP medication and must sign an informed consent statement acknowledging that the medication is only to be used as clinically directed, must be kept on person at all times, and must be presented for inspection to any officer or health care employee who requests to see it. Inmates found to be using KOP medications improperly or abusing the privilege may have their KOP privileges limited or rescinded, based on a physician's review.

6.5 Medication Administration Training Requirements

Response to Section 21.6, Question 5

5. Describe your medication administration procedures, how you train your staff on the procedures, and how you document their training as requested in Section 7.18: Medication Administration Training Requirements.

CCS will provide written systems and processes for the delivery and administration of medications. We will evaluate the layout and procedures of each facility to determine the best method for administering medications. CCS will tailor medication pass for each facility to ensure the timeliness and accuracy of the process, coordinating with custody staffing and meal times to ensure accurate and effective medication administration.

CCS will ensure that the level of properly trained health care staff is maintained at sufficient levels for medication administration within a two-hour window, and for distribution, receipt, and management of medications. The CCS staffing plan includes nursing coverage to conduct medication pass, per physician's orders, at least twice daily for inmates in general population, and more frequently as needed for inmates in medical housing or observation, or as medically indicated. All medications, including OTC medications, will be administered by personnel appropriately licensed in the State of Wisconsin.

Nursing staff will observe patients taking medications, especially when Direct Observation Therapy is required by physician's order. CCS staff are also trained to provide Direct Observation Therapy for medications subject to abuse, psychotropic medications, and those related to the treatment of communicable and infectious diseases.

Health care staff will document medication administration and missed doses in an inmate-specific Medication Administration Record (MAR). These records will become a permanent part of the inmate's health record. All information relative to a patient's prescription will be recorded in the MAR, which includes instructions, injection site codes, and result codes, as well as non-administered medication reason codes. For information regarding the CCS electronic Medication Administration Record (eMAR), please see section **6.1 Use of the County Pharmacy Provider**.

Medication Administration Training

Health care staff will be oriented to the medication administration process during new employee orientation, as appropriate. CCS will also provide in-service training to health care personnel regarding matters of security, accountability, common side effects, administration, renewal process, and documentation of administered medications. Documentation of each employee's pre-test and post-test will be available in all nursing staff training records. Training curriculum, which will be approved by the Medical Director and Superintendent or Jail Administrator, will be reviewed annually and updated as needed.

CCS trains health care staff on the "**Five Rights**" of medication administration:

Right patient
Right medication
Right dose
Right route
Right time

CCS will establish a site-specific Policies and Procedures Manual for the safe handling and controlling of medications. We have established site-specific policies for our other Wisconsin clients based on Wisconsin Board of Pharmacy requirements, which we will modify as needed for the HOC and MCJ. CCS will handle all communications with the State Board of Pharmacy concerning changes in Policies and Procedures, and will obtain approval from such.

In addition to the CCS policies, CCS will provide a current Drug References Manual. Medication reference materials include lists of medications that are controlled substances, medications that should not be crushed, medications that cause heat sensitivity, and medications that cause photosensitivity. Materials may also include metric conversions, information on poison antidotes, and poison prevention hotline information.

Medication Errors

CCS staff will receive orientation training in addition to a mandatory CEU regarding medication administration and the prevention of medication errors. CCS does not permit pre-pouring of medications and will monitor the medication delivery process to ensure this is not occurring.

CCS has an established Medication Error Program based on the program established by the National Coordinating Council for Medication Error and Prevention (NCC MERP). The CCS program, which complies with all aspects of the NCC MERP program, requires the reporting and tracking of all medication errors, not only those that result in harm to the patient, with the goal of identifying underlying or root causes of error. The CQI Committee is responsible for reviewing medication errors and establishing corrective action plans as appropriate.

6.6 Medication Control and Accountability, Pharmacy Inspections

Response to Section 21.6, Question 6

6. Describe your medication control and accountability policies and procedures, as well as how you intend to work with Clinical Solutions to ensure appropriate pharmacy and medication inspection requirements are met. Provide an example of a monthly report you will provide the County that reports on medication control. Describe your procedures for inspecting pharmacy areas, reporting on any issues, and conducting and completing corrective actions for deficient areas in the report(s). Please see Section 7.19: Medication Control and Accountability and Section 7.20: Pharmacy and Medication Inspection Requirements for additional detail.

Medication Control and Accountability

CCS will comply with Milwaukee County policies and requirements regarding the security and accountability of medications, with an emphasis on controlled substances. We will implement policies and procedures to ensure count procedures, documentation of any off-counts and "waste," and key control practices, and to ensure documented weekly supervision of these practices. CCS will provide the County with a monthly report of medication count discrepancies, and immediate notification of narcotic-related off-counts and other significant medication-related occurrences.

Medications and pharmaceutical supplies will be stored in a secure, locked area, to be determined in consultation with facility administration. Bulk supplies will be kept separate and inventoried weekly and when accessed. Records will be maintained to ensure adequate control.

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

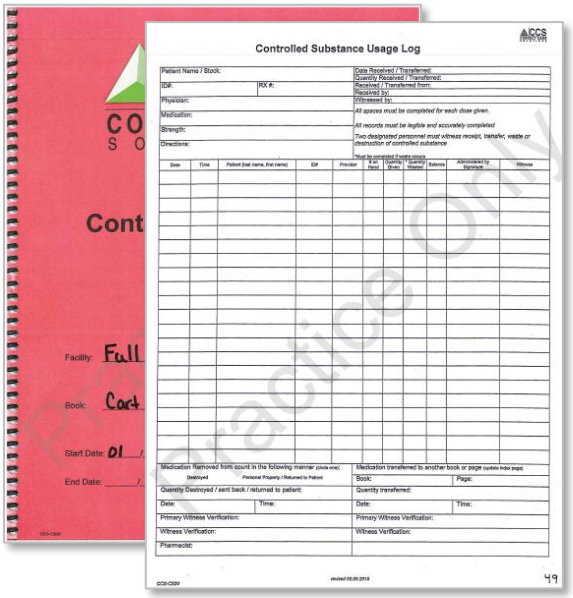
Controlled Substances

A limited supply of controlled drugs will be kept at the facilities under the control of the responsible physician. These medications will be monitored and accounted for by the HSA or designee. 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.

All CCS nurses will be trained on the proper procedures for administering, storing, counting, and logging controlled substances. A controlled medication count will be conducted and documented whenever responsibility for the narcotics keys is transferred from one staff member to another, typically at every change of shift.

Class II, III, and IV drugs will be counted at the end of every shift by one 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.

Emphasis will be placed on maintaining a clear "paper trail" that complies with DEA guidelines for accountability and record keeping. Counts will be tracked in the Controlled Substance Log Book (also known as "the red book"), a spiral-bound log book with an index and numbered pages to ensure a perpetual inventory and usage record. Red books must be retained on site for five years.



Review and Reports

The HSA or designee will conduct a weekly, documented review to ensure the accuracy of all logs. The Medical Director will conduct a monthly, documented review to ensure that all logs and corresponding sheets match.

Medication control will be accounted for on a shift-to-shift basis through use of the red book. Any discrepancies will be immediately reported to the Superintendent or Jail Administrator, or their designees. In the event of a discrepancy, employees will not be cleared to leave the facility until the situation is reviewed by the DON or RN Supervisor. CCS reports these events immediately via an incident report form, which can be compiled for analysis on a monthly basis.

Pharmacy and Medication Inspection Requirements

A consulting pharmacist will conduct a quarterly inspection of the medication areas and will perform the following duties:

- On-site audits consistent with NCCHC guidelines, including review of the MAR
- Quarterly quality assurance reviews
- Quarterly inspections of stock medication storage areas
- Assure that all medications and sharps are stored under proper conditions
- Remove and replace all compromised or expired medications
- Participate in quarterly meetings of the Pharmacy and Therapeutics Committee

During the on-site visit, the pharmacist will review the medication room to obtain an overview of the current process and offer any insight that may be helpful to providing optimal medication management. They will also look for any issues that may present a problem during a pharmacy inspection. The initial visit typically takes half a day, depending on availability of personnel, questions, facility size, etc.

Each quarterly review will be documented and a report will be provided to the HSA and the Medical Director, and the Superintendent and Jail Administrator. The report will identify any areas of concern and/or recommendations for improving pharmacy services. The Quality Improvement Committee (QIC) will review the report and establish corrective action plans for identified problem areas. Corrective actions will be completed within 30 days (or sooner based on the severity of the infraction). CCS will conduct a follow-up review to ensure compliance with corrective action plans.

CCS will work with Clinical Solutions to ensure appropriate pharmacy and medication inspection requirements are met. For instance, the auditor will inspect the medication packaging to ensure compliance, and if there is need for change or a deficiency is noted, CCS will work with Clinical Solutions to ensure compliance with the State Board of Pharmacy.

Sharps and Supplies, Biohazardous Waste

CCS will ensure the proper collection and storage of sharps and biohazardous waste using the appropriate containers. Health care staff will follow standard precautions to minimize the risk of exposure to blood and body fluids of potentially infected patients. CCS will coordinate with facility administration for the removal of bio-medical waste, in accordance with the schedule and frequency specified by the County. For additional information, please see section **4.9 Infectious Disease Services, HIV/AIDS Services**.

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

Example of a Sharps Inventory Sheet

Sharps Inventory Sheet

Date	Patient Name	Nurse Signature	Time	Insulin Syringe	TB Syringe	21g Butterfly	23g Butterfly	21g Vacudraw	22g Vacudraw	18g Intracath	20g Intracath	22g Intracath	24g Intracath	Huber Needle	3cc syringe 25g X 5/8"	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

Medications Available On Site

CCS will use in-house stock medications as appropriate and as allowable within state guidelines. We will establish an approved list of on-site stock medication for STAT dose capability and for use as a starter dose and for emergencies. For certain medical conditions, as determined by the licensed health care practitioner, medication must be administered as quickly as possible. Such medications will be taken from stock supplies to start the recommended treatment regimen without having to wait for the inmate-specific package to be delivered. When the supply of medication arrives from the pharmacy, subsequent doses will be taken from the inmate's individual supply.

Emergency medications not found in the emergency medication kit or the starter packs and unavailable from Clinical Solutions in sufficient time will be provided in a minimum quantity by a backup pharmacy. CCS will continually evaluate which medications need to be added to the emergency stock supply list to help minimize future emergency orders.

6.7 Controlling Pharmaceutical Costs

Response to Section 21.6, Question 7

7. Provide processes and achievements in controlling pharmaceutical costs for other similarly-sized clients, including at least one example.

Formulary Management

CCS will collaborate with Clinical Solutions to implement an effective formulary to better manage pharmaceutical costs for Milwaukee County. In a correctional facility, formulary usage with strict compliance is shown to significantly decrease total monthly pharmacy invoices. The formulary for the HOC and MCJ can be customized based on review of usage and cost efficiency. CCS will ensure that the formulary is adequate to provide inmates with cost-effective medications that meet their needs for the treatment and disease of alleviation and suffering.

The CCS formulary is constantly reviewed and is modified as needed through addenda and memoranda to reflect any changes to the paper copy or electronic format. Immediate changes, with the approval of the CCS Medical Director and the County, will be incorporated with the release of new medications, when clinical information identifies previously unknown safety concerns, and when generic products become available. This information will be provided to the CCS Medical Director for review when assessing a medication's formulary status.

CCS will prescribe generic medications whenever possible unless the clinician provides justification for a brand name request. 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***.

> **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.
>
> **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.

Utilization review is key to effective formulary management and development. CCS will track the percentage of generic versus non-generic use and will provide statistical reports on all areas of pharmaceutical management. For additional information, please see section **7.4 Pharmaceutical Utilization Management**.

CCS will report and inform the County on the cost of expensive current and emerging therapies during the term of the contract. We will confer with the County on new therapies and consider a contract amendment to address the additional costs associated with current and emerging therapies that are consistent with community and correctional standards of care.

Off-Formulary Orders

CCS will work with Clinical Solutions to enforce formulary compliance. As part of the receiving screening, nursing staff will attempt to verify medications from community providers. If the medication verified is not considered a formulary medication, the medication order will be bridged for up to 30 days to ensure no break in care while allowing time for a clinician to review the clinical necessity of the medication.

If the non-formulary medication is to be continued after the initial bridge order, the prescribing clinician will request continuation of the medication (to include a brief clinical rationale for the medication) through the CCS Non-Formulary Medication Request process. Non-formulary requests will be transmitted electronically through ERMA to the Regional Medical Director, who will review these requests on a daily basis. The Medical Director will be notified if a non-formulary medication is ordered without the appropriate use of a non-formulary request form.

Typically, given the nature of jails as short-stay facilities, verified medications (whether formulary or not) are continued throughout the duration of an individual's placement unless the individual reports side effects, poor response to the regimen, or a different medication is considered more clinically appropriate for the individual's current symptom constellation. For additional information, please see section **6.2 Intake Assessment**.

Pharmacy and Therapeutics Committee

CCS will establish a Pharmacy and Therapeutics (P&T) Committee to monitor pharmaceutical processes and utilization practices. The P&T Committee will be responsible for managing the formulary and will help balance efficacy, safety, and cost of certain medications by requiring prior approval.

The CCS Medical Director will chair the multidisciplinary P&T Committee, which will also include the HSA, DON, Mental Health Director, Dentist, Pharmacy LPN, Clinical Solutions representative, and the Superintendent or Jail Administrator, or their designees. Copies of P&T Committee meeting minutes will be maintained by a pharmacy representative, and submitted to and maintained by the HSA. Related reports will be provided to the Superintendent, Jail Administrator, or their designees.

The P&T Committee, which will meet quarterly, will responsible for additions and deletions to the formulary; monitoring non-formulary medication usage; monitoring usage of pharmaceuticals, including psychotropic and infectious disease medications (with emphasis on psychotropic medication management and the elimination of polypharmacy practices); HIV and hepatitis C (HCV) management; and identifying prescribing patterns of practitioners.

Achievements for Other Clients

CCS is able to manage pharmaceutical costs for our clients through more effective utilization practices and effective formulary management. Upon transitioning services to CCS, many of our clients have experienced significant reductions in pharmacy costs.

In April 2016, CCS implemented our pharmacy management program at the DeKalb County Jail, a similarly sized local detention center in Decatur, Georgia. Our program includes a formulary specifically designed for use in correctional facilities and prescriber workflows. These internal controls ensure clinically sound prescribing practices that provide safe and effective medications to our patients while controlling unnecessary costs. Our pharmacy program in DeKalb County also takes advantage of our industry-leading pharmaceutical buying power. After implementing our pharmacy program, the DeKalb County Jail experienced an average **19.8% reduction in medication costs**. This included a 9% reduction in the price per inmate per month for HIV medications.

7 Inmate Care and Treatment: Utilization Management

Respondents should use this section to specify how they will implement and maintain a utilization management plan for the HOC and MCJ as requested in Section 10 – Inmate Care and Treatment: Utilization Management.

The Respondent should answer questions below in the following format: indicate for each response the number of the request that it addresses, including section number; indicate the question number, re-type the question, and provide your response.

7.1 Utilization Management: General

Response to Section 21.7, Question 1

1. Specify a detailed plan for implementation and maintenance of a utilization management program as requested in Section 10.1.1: General. Address how you plan to control health care cost areas to achieve cost savings, demonstrating evidence of success in other contract sites.

CCS has the strongest utilization management program in the industry to manage inmate care. The CCS Care Management Program, which is offered at no cost to the County, will be operational on Day One of the contract. CCS Case Managers, under the direction of our Vice President of Managed Care, will ensure proper management of all off-site services and costs. As a result, we can provide a more robust, integrated utilization management program to help improve accuracy of results and operational efficiencies, thereby creating budget savings for Milwaukee County.

Innovative Solution: Advanced Utilization Management System

CCS will implement our web-based Care Management system at the HOC and MCJ to be ***operational on Day One of the contract at no cost*** to Milwaukee County. The CCS Care Management System creates more clinical control and cost efficiencies for off-site care by allowing us to track off-site care, ensure timely return from off-site visits, manage claims, and provide reports to assist with cost containment and budget preparation.

Evaluation of Medical Necessity

The CCS Care Management Program uses evidence-based guidelines and clinical pathways to determine medical necessity as part of our approval process. Our Care Management Program is clinically overseen by Medical Director of Care Management, Dr. Donald Rhodes, and is operationally managed by Vice President of Care Management, Pablo Viteri. Dr. Rhodes and the Care Management team will work together with the Regional Medical Director and on-site medical personnel to ensure that patients receive medically necessary health care services in the most appropriate setting.

Following is a summary of the CCS Care Management process.

1. When an on-site provider determines that an inmate may need community-based services, the provider uses the Care Management system to document and communicate the Consultation Request.
2. 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

3. 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 the CCS claims department.
4. Once the site receives an authorization number, an appointment can be scheduled within the system. Authorization numbers are only valid for a specific period. CCS will communicate service approval to the community provider and will require pre-approval in order to assume financial responsibility for services rendered. CCS also verifies that all invoiced charges are appropriate. Since the system sends the authorization number to our claims department, they are able to review every invoice to ensure that the County is only billed for the approved services.

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

5. If an inmate is released from custody prior to a scheduled appointment, CCS will notify the community provider that the County is no longer financially responsible, and CCS will remove the pending appointment from the system.
6. The CCS Medical Director will review and address discharge summaries and medical recommendations that the community provider makes.

Controlling Health Care Costs

In all programs we design and operate, our objective is to uncover all possible areas of economy without sacrificing quality. CCS demonstrates value through our cost saving initiatives, timely reporting, and overall improved quality of people, programs, and processes. By applying our Savings through Value-Added Efficiency (SAVE) initiative, CCS continually reviews "best practices" at each site 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 in these areas through contract negotiations with providers, staffing level management, and utilization management. We are highly confident that we can work with Milwaukee County to reduce and contain costs for on-site and off-site services, based on our track record of cost-saving success at our client sites. We have provided several examples of our proven success in section **4.22 Specialty Clinics**.

As your partner, CCS will negotiate contracts for goods and services that benefit the County's medical program. We will work to create efficiencies in staffing, pharmacy, and off-site costs for Milwaukee County. Our vendor contracts commonly offer an economy of scale to generate savings that we are able to pass on to our clients. Because we care for nearly 270,000 patients nationwide, we have significant buying power and will negotiate to secure the best possible rates with all on-site and off-site providers.

"I, my Chief Deputy and my Jail Commander all feel fully justified in our trust and confidence in CCS. That trust and confidence is based upon a working partnership that prioritizes quality care, and keen attention to financial detail."

Sheriff John R. Layton
Marion County (Indianapolis), IN

Integration and Coordination with Medicaid Policies

The CCS Care Management system contains information on payment responsibility for inpatient treatment costs. Our Care Management system interfaces with our claims system, so if such invoices are inadvertently sent to CCS for payment, we will contact the off-site provider and advise them as to the appropriate location to resubmit their invoice for payment. This will be increasingly important as future changes to the Affordable Care Act are realized, including the extension or expiration of Wisconsin's Section 1115 BadgerCare wavier.

CCS will assist Milwaukee County by identifying patients who satisfy the current Medicaid eligibility requirements and enrolling them accordingly. We will have each inmate sign an authorized representative agreement at intake, so if an inmate without health insurance requires hospitalization and is not enrolled in Medicaid, CCS has the ability to complete a Medicaid application on the inmate's behalf. For additional information, please see section **4.14 Third Party Reimbursement**.

7.2 Hospital Claims Management

Response to Section 21.7, Question 2

2. Provide an example of a monthly summary of aggregate hospitalization costs by hospital, with actual claims paid to the hospital by Contractor, in a format substantially similar to the format you intend to use with the County. Please see Section 10.1.2: Hospital Claims Management for additional information.

CCS will provide the County with a monthly summary of its aggregate hospitalization costs by hospital with the actual claims that were paid to the hospital by the Contractor. This summary will include any payments made by Medicaid or other third-party payer(s) for inpatient hospitalization for basic inpatient/outpatient care.

CCS offers numerous reports to help our clients track and manage off-site services. The most important is the Event & Expense Detail Report, which itemizes each off-site referral entered into the Care Management system and tracks important cost data. Each CCS site is required to review the Event & Expense Detail Report at least monthly and confirm the report is correct by the third business day of each month. This report is used to establish the monthly off-site cost accrual in the facility's financial statements. CCS staff are trained to review this report for accuracy on a weekly basis to identify:

- All events are showing up on the report (compare the events on the report to any internal tracking process)
- Dates of service are accurate, especially ER dates
- All provider information is showing up on the report
- No duplicate records
- All referrals are in the correct category (e.g., Ambulance, Off-site, Dialysis, Radiology)
- Inmate type is correct (e.g., State, Federal, ICE)
- All dialysis appointment dates are listed
- Discharge dates are entered and accurate
- Custody Release Dates are entered when appropriate

On the following pages, we have provided a sample Event Expense Detail Report, which can be exported to Excel and sorted by hospital, service, or patient, giving the County transparency for off-site costs.

Sample Monthly Event & Expense Detail Report

CCS CORRECT CARE SOLUTIONS

Event & Expense Detail Report

Service Date Range: 7/1/2018 - 7/31/2018 11:59:59 PM

Pay Date Range: 7/1/2018 - 7/31/2018 11:59:59 PM

Regions: Jails

Report Execution Date: 9/5/2018 2:43:55 PM CST
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AMBULANCE 5 EVENT(S)

Jails

Sample Jail

Sample Jail

Date Of Service	Discharge	Day	Provider	Dept	Patient Number	Patient Last Name	Patient First Name	DOB	Type	Pre-Book	Pre-Exist	No Chrg	Referral #	Auth/Appt ID	Standard Cost	Paid To Date	Expense	Denied Claim
7/10/2018	7/26/2018		[redacted]	0753	[redacted]	[redacted]	[redacted]	[redacted]					8038381	11527318	$24.00	$0.00	$24.00	0
7/14/2018	7/14/2018		[redacted]	0753	[redacted]	[redacted]	[redacted]	[redacted]					8049447	11543694	$24.00	$0.00	$24.00	0
7/21/2018	7/24/2018		[redacted]	0753	[redacted]	[redacted]	[redacted]	[redacted]					8090910	11604710	$24.00	$0.00	$24.00	0
7/28/2018	7/30/2018		[redacted]	0753	[redacted]	[redacted]	[redacted]	[redacted]					8128396	11660608	$24.00	$0.00	$24.00	0
7/29/2018	7/29/2018		[redacted]	0753	[redacted]	[redacted]	[redacted]	[redacted]					8131898	11666097	$24.00	$0.00	$24.00	0
				AMBULANCE Totals											$120.00	$0.00	$120.00	
				AMBULANCE Totals											120	0	120	
				AMBULANCE Totals											$120.00	$0.00	$120.00	

Air Ambulance 1 EVENT(S)

Jails

Sample Jail

Sample Jail

Date Of Service	Discharge	Day	Provider	Dept	Patient Number	Patient Last Name	Patient First Name	DOB	Type	Pre-Book	Pre-Exist	No Chrg	Referral #	Auth/Appt ID	Standard Cost	Paid To Date	Expense	Denied Claim
7/29/2018	7/30/2018		[redacted]	0753	[redacted]	[redacted]	[redacted]	[redacted]					8133689	11668448	$6,472.81	$0.00	$6,472.81	0
				Air Ambulance Totals											$6,472.81	$0.00	$6,472.81	
				Air Ambulance Totals											6472.81	0	6472.81	
				Air Ambulance Totals											$6,472.81	$0.00	$6,472.81	

EMERGENCY ROOM 60 EVENT(S)

Jails

Sample Jail

Sample Jail

Date Of Service	Discharge	Day	Provider	Dept	Patient Number	Patient Last Name	Patient First Name	DOB	Type	Pre-Book	Pre-Exist	No Chrg	Referral #	Auth/Appt ID	Standard Cost	Paid To Date	Expense	Denied Claim
7/1/2018	7/10/2018		[redacted]	0753	[redacted]	[redacted]	[redacted]	[redacted]					7977817	11434470	$485.00	$0.00	$485.00	0
7/1/2018	7/2/2018		[redacted]	0753	[redacted]	[redacted]	[redacted]	[redacted]		Y			7978248	11435041	$485.00	$0.00	$485.00	0
7/2/2018	7/2/2018		[redacted]	0753	[redacted]	[redacted]	[redacted]	[redacted]		Y		Y	7988886	11449137	$0.00	$0.00	$0.00	0
7/3/2018	7/3/2018		[redacted]	0753	[redacted]	[redacted]	[redacted]	[redacted]		Y			7985714	11447089	$485.00	$0.00	$485.00	0
7/4/2018	7/4/2018		[redacted]	0753	[redacted]	[redacted]	[redacted]	[redacted]		Y			7997116	11464880	$485.00	$0.00	$485.00	0
7/5/2018	7/5/2018		[redacted]	0753	[redacted]	[redacted]	[redacted]	[redacted]		Y			7997000	11464685	$485.00	$0.00	$485.00	0
7/5/2018	7/15/2018		[redacted]	0753	[redacted]	[redacted]	[redacted]	[redacted]					7996752	11464382	$485.00	$0.00	$485.00	0
7/5/2018	7/5/2018		[redacted]	0753	[redacted]	[redacted]	[redacted]	[redacted]		Y			7997291	11465158	$485.00	$0.00	$485.00	0
7/5/2018	7/5/2018		[redacted]	0753	[redacted]	[redacted]	[redacted]	[redacted]		Y			8004232	11475580	$485.00	$0.00	$485.00	0
7/5/2018	7/5/2018		[redacted]	0753	[redacted]	[redacted]	[redacted]	[redacted]		Y			7996956	11464839	$485.00	$0.00	$485.00	0
7/6/2018	7/6/2018		[redacted]	0753	[redacted]	[redacted]	[redacted]	[redacted]		Y			8004325	11475750	$485.00	$0.00	$485.00	0
7/7/2018	7/7/2018		[redacted]	0753	[redacted]	[redacted]	[redacted]	[redacted]		Y			8015515	11493702	$485.00	$0.00	$485.00	0
7/7/2018	7/8/2018		[redacted]	0753	[redacted]	[redacted]	[redacted]	[redacted]					8011753	11487380	$485.00	$0.00	$485.00	0
7/8/2018	7/8/2018		[redacted]	0753	[redacted]	[redacted]	[redacted]	[redacted]		Y			8015411	11493359	$485.00	$0.00	$485.00	0
7/9/2018	7/9/2018		[redacted]	0753	[redacted]	[redacted]	[redacted]	[redacted]		Y			8015482	11493594	$485.00	$0.00	$485.00	0
7/9/2018	7/9/2018		[redacted]	0753	[redacted]	[redacted]	[redacted]	[redacted]		Y		Y	8022696	11503901	$0.00	$0.00	$0.00	0
7/9/2018	7/9/2018		[redacted]	0753	[redacted]	[redacted]	[redacted]	[redacted]		Y			8015951	11494258	$485.00	$0.00	$485.00	0
7/11/2018	7/11/2018		[redacted]	0753	[redacted]	[redacted]	[redacted]	[redacted]		Y			8037596	11525160	$485.00	$0.00	$485.00	0
7/11/2018	7/11/2018		[redacted]	0753	[redacted]	[redacted]	[redacted]	[redacted]		Y			8028704	11513148	$485.00	$0.00	$485.00	0
7/11/2018	7/11/2018		[redacted]	0753	[redacted]	[redacted]	[redacted]	[redacted]		Y			8029098	11513804	$485.00	$0.00	$485.00	0
7/12/2018	7/12/2018		[redacted]	0753	[redacted]	[redacted]	[redacted]	[redacted]		Y		Y	8054232	11550540	$0.00	$0.00	$0.00	0
7/12/2018	7/12/2018		[redacted]	0753	[redacted]	[redacted]	[redacted]	[redacted]		Y			8054254	11550581	$485.00	$0.00	$485.00	0
7/13/2018	7/13/2018		[redacted]	0753	[redacted]	[redacted]	[redacted]	[redacted]		Y		Y	8054717	11551118	$0.00	$0.00	$0.00	0
7/14/2018	7/14/2018		[redacted]	0753	[redacted]	[redacted]	[redacted]	[redacted]		Y			8054782	11551183	$485.00	$0.00	$485.00	0
7/14/2018	7/14/2018		[redacted]	0753	[redacted]	[redacted]	[redacted]	[redacted]					8049447	11543694	$485.00	$0.00	$485.00	0
7/14/2018	7/14/2018		[redacted]	0753	[redacted]	[redacted]	[redacted]	[redacted]		Y			8054888	11551284	$485.00	$0.00	$485.00	0
7/18/2018	7/18/2018		[redacted]	0753	[redacted]	[redacted]	[redacted]	[redacted]		Y			8070058	11573197	$485.00	$0.00	$485.00	0
7/20/2018	7/20/2018		[redacted]	0753	[redacted]	[redacted]	[redacted]	[redacted]		Y			8095254	11611861	$485.00	$0.00	$485.00	0
7/20/2018	7/20/2018		[redacted]	0753	[redacted]	[redacted]	[redacted]	[redacted]		Y			8095328	11611952	$485.00	$0.00	$485.00	0
7/20/2018	7/20/2018		[redacted]	0753	[redacted]	[redacted]	[redacted]	[redacted]		Y		Y	8095459	11612078	$0.00	$0.00	$0.00	0
7/21/2018	7/21/2018		[redacted]	0753	[redacted]	[redacted]	[redacted]	[redacted]		Y			8095508	11612142	$485.00	$0.00	$485.00	0
7/21/2018	7/24/2018		[redacted]	0753	[redacted]	[redacted]	[redacted]	[redacted]					8090910	11604710	$485.00	$0.00	$485.00	0
7/21/2018	7/21/2018		[redacted]	0753	[redacted]	[redacted]	[redacted]	[redacted]		Y			8095538	11612171	$485.00	$0.00	$485.00	0
7/21/2018	7/21/2018		[redacted]	0753	[redacted]	[redacted]	[redacted]	[redacted]		Y		Y	8095601	11612248	$0.00	$0.00	$0.00	0
7/22/2018	7/22/2018		[redacted]	0753	[redacted]	[redacted]	[redacted]	[redacted]		Y			8330686	11980185	$485.00	$0.00	$485.00	0
7/22/2018	7/23/2018		[redacted]	0753	[redacted]	[redacted]	[redacted]	[redacted]					8093561	11609293	$485.00	$0.00	$485.00	0
7/25/2018	7/25/2018		[redacted]	0753	[redacted]	[redacted]	[redacted]	[redacted]		Y		Y	8115973	11641601	$0.00	$0.00	$0.00	0
7/25/2018	7/25/2018		[redacted]	0753	[redacted]	[redacted]	[redacted]	[redacted]		Y		Y	8116060	11641785	$0.00	$0.00	$0.00	0
7/27/2018	7/27/2018		[redacted]	0753	[redacted]	[redacted]	[redacted]	[redacted]		Y			8133587	11668336	$485.00	$0.00	$485.00	0
7/28/2018	7/28/2018		[redacted]	0753	[redacted]	[redacted]	[redacted]	[redacted]		Y			8133839	11668608	$485.00	$0.00	$485.00	0
7/28/2018	7/30/2018		[redacted]	0753	[redacted]	[redacted]	[redacted]	[redacted]					8128396	11660608	$485.00	$0.00	$485.00	0
7/29/2018	7/30/2018		[redacted]	0753	[redacted]	[redacted]	[redacted]	[redacted]					8130746	11664427	$485.00	$0.00	$485.00	0
7/29/2018	7/30/2018		[redacted]	0753	[redacted]	[redacted]	[redacted]	[redacted]					8132046	11666318	$485.00	$0.00	$485.00	0
7/29/2018	7/29/2018		[redacted]	0753	[redacted]	[redacted]	[redacted]	[redacted]					8131898	11666097	$485.00	$0.00	$485.00	0
7/29/2018	7/30/2018		[redacted]	0753	[redacted]	[redacted]	[redacted]	[redacted]					8133689	11668448	$485.00	$0.00	$485.00	0
7/29/2018	7/29/2018		[redacted]	0753	[redacted]	[redacted]	[redacted]	[redacted]		Y		Y	8133959	11668747	$0.00	$0.00	$0.00	0
7/29/2018	7/29/2018		[redacted]	0753	[redacted]	[redacted]	[redacted]	[redacted]		Y			8133883	11668656	$485.00	$0.00	$485.00	0
7/30/2018	8/17/2018		[redacted]	0753	[redacted]	[redacted]	[redacted]	[redacted]					8137719	11673597	$485.00	$0.00	$485.00	0
7/30/2018	8/3/2018		[redacted]	0753	[redacted]	[redacted]	[redacted]	[redacted]					8138873	11674905	$485.00	$0.00	$485.00	0
7/30/2018	7/30/2018		[redacted]	0753	[redacted]	[redacted]	[redacted]	[redacted]		Y		Y	8133586	11700836	$0.00	$0.00	$0.00	0
				EMERGENCY ROOM Totals											$18,600.00	$0.00	$18,600.00	
				EMERGENCY ROOM Totals											18600	0	18600	
				EMERGENCY ROOM Totals											$18,600.00	$0.00	$18,600.00	

CCS CORRECT CARE SOLUTIONS

Event & Expense Detail Report

Service Date Range: 7/1/2018 - 7/31/2018 11:59:59 PM
Pay Date Range: 7/1/2018 - 7/31/2018 11:59:59 PM
Regions: Jails

Report Execution Date: 9/5/2018 2:43:55 PM CST
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INPATIENT HOSPITALIZATION 7 EVENT(S)

Jails

Sample Jail

Sample Jail

Date Of Service	Discharge	Day	Provider	Dept	Patient Number	Patient Last Name	Patient First Name	DOB	Type	Pre-Book	Pre-Exist	No Chrg	Referral #	Auth/Appt ID	Standard Cost	Paid To Date	Expense	Denied Claim
7/1/2018	7/10/2018	9	[redacted]	0753	[redacted]								7977817	11434470	$5,085.00	$0.00	$5,085.00	0
7/5/2018	7/15/2018	10	[redacted]	0753	[redacted]								7996752	11464382	$5,650.00	$0.00	$5,650.00	0
7/10/2018	7/26/2018	16	[redacted]	0753	[redacted]								8038381	11527318	$9,040.00	$0.00	$9,040.00	0
7/21/2018	7/24/2018	3	[redacted]	0753	[redacted]								8090910	11604710	$1,695.00	$0.00	$1,695.00	0
7/25/2018	7/30/2018	2	[redacted]	0753	[redacted]								8125396	11660608	$1,130.00	$0.00	$1,130.00	0
7/30/2018	8/17/2018	18	[redacted]	0753	[redacted]								8137719	11673597	$10,170.00	$0.00	$10,170.00	0
7/30/2018	8/3/2018	4	[redacted]	0753	[redacted]								8138873	11674905	$2,260.00	$0.00	$2,260.00	0
		62 Day(s)		INPATIENT HOSPITALIZATION Totals											$35,030.00	$0.00	$35,030.00	
		62 Day(s)		INPATIENT HOSPITALIZATION Totals											35030	0	35030	
		62 Day(s)		INPATIENT HOSPITALIZATION Totals											$35,030.00	$0.00	$35,030.00	

AMBULANCE-TRANSPORT ONLY 1 EVENT(S)

Jails

Sample Jail

Sample Jail

Date Of Service	Discharge	Day	Provider	Dept	Patient Number	Patient Last Name	Patient First Name	DOB	Type	Pre-Book	Pre-Exist	No Chrg	Referral #	Auth/Appt ID	Standard Cost	Paid To Date	Expense	Denied Claim
7/29/2018	7/30/2018		[redacted]	0753	[redacted]								8133890	11844848	$0.00	$0.00	$0.00	0
				AMBULANCE-TRANSPORT ONLY Totals											$0.00	$0.00	$0.00	
				AMBULANCE-TRANSPORT ONLY Totals											0	0	0	
				AMBULANCE-TRANSPORT ONLY Totals											$0.00	$0.00	$0.00	

NON-FORMULARY LABS 4 EVENT(S)

Jails

Sample Jail

Sample Jail

Date Of Service	Discharge	Day	Provider	Dept	Patient Number	Patient Last Name	Patient First Name	DOB	Type	Pre-Book	Pre-Exist	No Chrg	Referral #	Auth/Appt ID	Standard Cost	Paid To Date	Expense	Denied Claim
7/5/2018			[redacted]	0753	[redacted]								7988093	11503274	$16.00	$0.00	$16.00	0
7/14/2018			[redacted]	0753	[redacted]								8050407	11551460	$16.00	$0.00	$16.00	0
7/24/2018			[redacted]	0753	[redacted]								8101988	11631710	$16.00	$0.00	$16.00	0
7/31/2018			[redacted]	0753	[redacted]								8141094	11700000	$16.00	$0.00	$16.00	0
				NON-FORMULARY LABS Totals											$64.00	$0.00	$64.00	
				NON-FORMULARY LABS Totals											64	0	64	
				NON-FORMULARY LABS Totals											$64.00	$0.00	$64.00	

OFFICE VISITS 10 EVENT(S)

Jails

Sample Jail

Sample Jail

Date Of Service	Discharge	Day	Provider	Dept	Patient Number	Patient Last Name	Patient First Name	DOB	Type	Pre-Book	Pre-Exist	No Chrg	Referral #	Auth/Appt ID	Standard Cost	Paid To Date	Expense	Denied Claim
7/5/2018			[redacted]	0753	[redacted]								7955153	11397880	$55.00	$0.00	$55.00	0
7/5/2018			[redacted]	0753	[redacted]								7954992	11402580	$55.00	$0.00	$55.00	0
7/9/2018			[redacted]	0753	[redacted]								7941954	11387205	$55.00	$0.00	$55.00	0
7/11/2018			[redacted]	0753	[redacted]								8016003	11494318	$55.00	$0.00	$55.00	0
7/16/2018			[redacted]	0753	[redacted]								7868295	11403795	$55.00	$0.00	$55.00	0
7/17/2018			[redacted]	0753	[redacted]								8030756	11527327	$55.00	$0.00	$55.00	0
7/18/2018			[redacted]	0753	[redacted]								8039718	11528308	$55.00	$0.00	$55.00	0
7/19/2018			[redacted]	0753	[redacted]								8057595	11555029	$55.00	$0.00	$55.00	0
7/20/2018			[redacted]	0753	[redacted]								8080581	11588518	$55.00	$0.00	$55.00	0
7/20/2018			[redacted]	0753	[redacted]								8068004	11572808	$55.00	$0.00	$55.00	0
				OFFICE VISITS Totals											$550.00	$0.00	$550.00	
				OFFICE VISITS Totals											550	0	550	
				OFFICE VISITS Totals											$550.00	$0.00	$550.00	

OFFICE VISITS WITH PROCEDURES 2 EVENT(S)

Jails

Sample Jail

Sample Jail

Date Of Service	Discharge	Day	Provider	Dept	Patient Number	Patient Last Name	Patient First Name	DOB	Type	Pre-Book	Pre-Exist	No Chrg	Referral #	Auth/Appt ID	Standard Cost	Paid To Date	Expense	Denied Claim
7/13/2018			[redacted]	0753	[redacted]								7951099	11402774	$119.00	$0.00	$119.00	0
7/18/2018			[redacted]	0753	[redacted]							Y	7875402	11320138	$0.00	$0.00	$0.00	0
				OFFICE VISITS WITH PROCEDURES Totals											$119.00	$0.00	$119.00	
				OFFICE VISITS WITH PROCEDURES Totals											119	0	119	
				OFFICE VISITS WITH PROCEDURES Totals											$119.00	$0.00	$119.00	

STAT LAB 1 EVENT(S)

Jails

Sample Jail

Sample Jail

Date Of Service	Discharge	Day	Provider	Dept	Patient Number	Patient Last Name	Patient First Name	DOB	Type	Pre-Book	Pre-Exist	No Chrg	Referral #	Auth/Appt ID	Standard Cost	Paid To Date	Expense	Denied Claim
7/17/2018			[redacted]	0753	[redacted]								8062039	11561614	$0.00	$0.00	$0.00	0
				STAT LAB Totals											$0.00	$0.00	$0.00	
				STAT LAB Totals											0	0	0	
				STAT LAB Totals											$0.00	$0.00	$0.00	
		81		Totals											$60,955.81	$0.00	$60,955.81	

Sample Event & Expense Detail Report – YTD Summary

CCS CORRECT CARE SOLUTIONS

Event & Expense Detail Report

DOS From: 10/1 DOS To: 7/31 Region:

Pay Date From: 10/1 Pay Date To: 7/31

RECAP: Jails	Event Count	Standard Cost	Paid To Date	Expense
Air Ambulance	1	$0.00	$0.00	$0.00
AMBULANCE	27	$14,850.00	$0.00	$5,500.00
EMERGENCY ROOM	320	$320,000.00	$121,186.02	$183,741.70
HOSPITALIZATIONS	163 Day(s)	$331,705.00	$204,031.77	$297,517.91
Observation	1	$500.00	$2,349.75	$2,349.75
OFF SITE RADIOLOGY	6	$3,000.00	$6,518.42	$7,018.42
OFFICE VISITS	69	$10,350.00	$19,341.94	$20,612.32
OFFICE VISITS WITH PROCEDURES	9	$3,150.00	$11,176.16	$11,526.16
OUT PATIENT ONE (1) DAY SURGERIES	2	$7,000.00	$25,962.39	$25,962.39
	598	$690,555.00	$391,166.45	$554,228.65

RECAP: Totals	Event Count	Standard Cost	Paid To Date	Expense
Air Ambulance	1	$0.00	$0.00	$0.00
AMBULANCE	27	$14,850.00	$0.00	$5,500.00
EMERGENCY ROOM	320	$320,000.00	$121,186.02	$183,741.70
HOSPITALIZATIONS	163 Day(s)	$331,705.00	$204,031.77	$297,517.91
Observation	1	$500.00	$2,349.75	$2,349.75
OFF SITE RADIOLOGY	6	$3,000.00	$6,518.42	$7,018.42
OFFICE VISITS	69	$10,350.00	$19,341.94	$20,612.32
OFFICE VISITS WITH PROCEDURES	9	$3,150.00	$11,176.16	$11,526.16
OUT PATIENT ONE (1) DAY SURGERIES	2	$7,000.00	$25,962.39	$25,962.39
	598	$690,555.00	$391,166.45	$554,228.65

RECAP: By Month	Standard Cost	Paid To Date	Est. Outstanding	Expense
January	$60,225.00	$15,050.42	$0.00	$15,050.42
February	$46,400.00	$17,585.57	$0.00	$17,585.57
March	$66,040.00	$36,743.02	$0.00	$36,743.02
April	$71,035.00	$23,407.36	$0.00	$23,407.36
May	$70,225.00	$21,372.56	$32,708.84	$54,081.40
June	$87,335.00	$8,548.79	$48,348.36	$56,897.15
July	$84,795.00	$0.00	$82,005.00	$82,005.00
October	$99,110.00	$98,490.16	$0.00	$98,490.16
November	$61,710.00	$108,583.48	$0.00	$108,583.48
December	$43,680.00	$61,385.09	$0.00	$61,385.09
	$690,555.00	$391,166.45	$163,062.20	$554,228.65

Reconciliation of Off-Site Expense:

YTD Claims Expense	$ 554,229
Additional Refunds	(5,096)
PY Reserve Adjustments	5,291
Total Off-Site Expense YTD	$ 554,424

7.3 Specialty Services Utilization Management

Response to Section 21.7, Question 3

3. Describe how you will maintain electronic records for specialty services as listed in Section 10.1.3: Specialty Services Utilization Management, and describe how the electronic system logs, tracks, and monitors specialty consultation requests.

CCS will use the Care Management system to electronically record specialty referrals; utilization review; appointments; and inmate condition, status, and outcome. The Superintendent and Jail Administrator, or their designees, will be given login information for the Care Management system in order to access management information and monitor off-site scheduling and inpatient status. CCS will also provide designated County personnel read-only access to the full EHR system (including the ability to review reports) upon request.

The CCS Care Management system will function alongside the County's ProPhoenix CMS to ensure accurate reports for facility administration. With our robust Care Management system, CCS can offer Milwaukee County a level of automation and accuracy in reporting that ***none*** of our competitors can match.

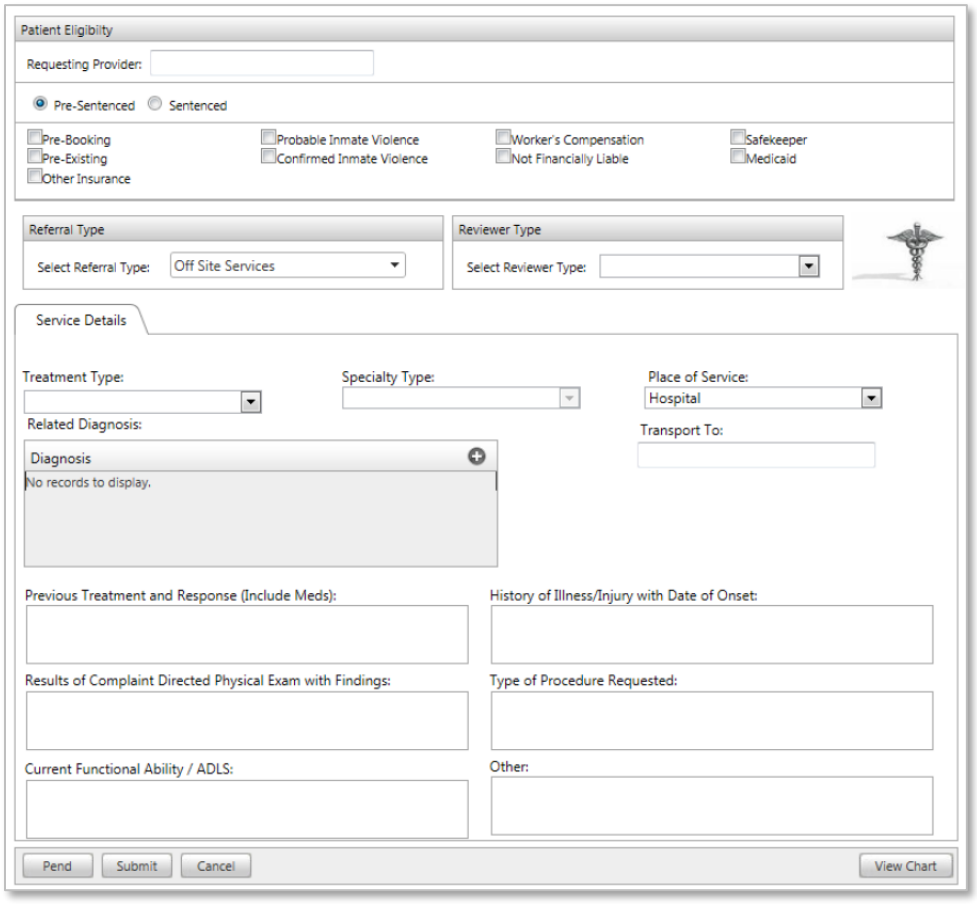
Initiation of Specialty Referrals

CCS will make arrangements with off-site providers for the treatment of inmates with health care problems beyond the scope of primary care provided on site. In the event that an inmate requires hospitalization or specialty services that cannot be provided on site, CCS will authorize, schedule, and coordinate the provision of all outpatient services, including but not limited to outpatient surgery, diagnostic testing (e.g., MRI, CT scan, etc.), and ER ambulance services. CCS will coordinate with custody staff to arrange security for all off-site specialty care. Inmates will not be informed of scheduled appointment dates, times, or the location of outside providers.

CCS will be responsible for the arrangement and management of all off-site medical and mental health services for inmates. CCS staff will use the Care Management system to initiate referrals for off-site treatment, which will be limited to the chief complaint(s) indicated through a referral form and/or medical consultation. ***Referrals will be approved based on appropriateness and necessity***.

CCS will maintain an electronic logging system for tracking and monitoring specialty consultation requests for each facility that includes inmate name, referring physician, date of referral, action taken on the request by the approving authority, date of specialty clinic appointment, result of consultant review, summary of alternative treatment plans, and the date the inmate is notified of the disposition of the consultation request.

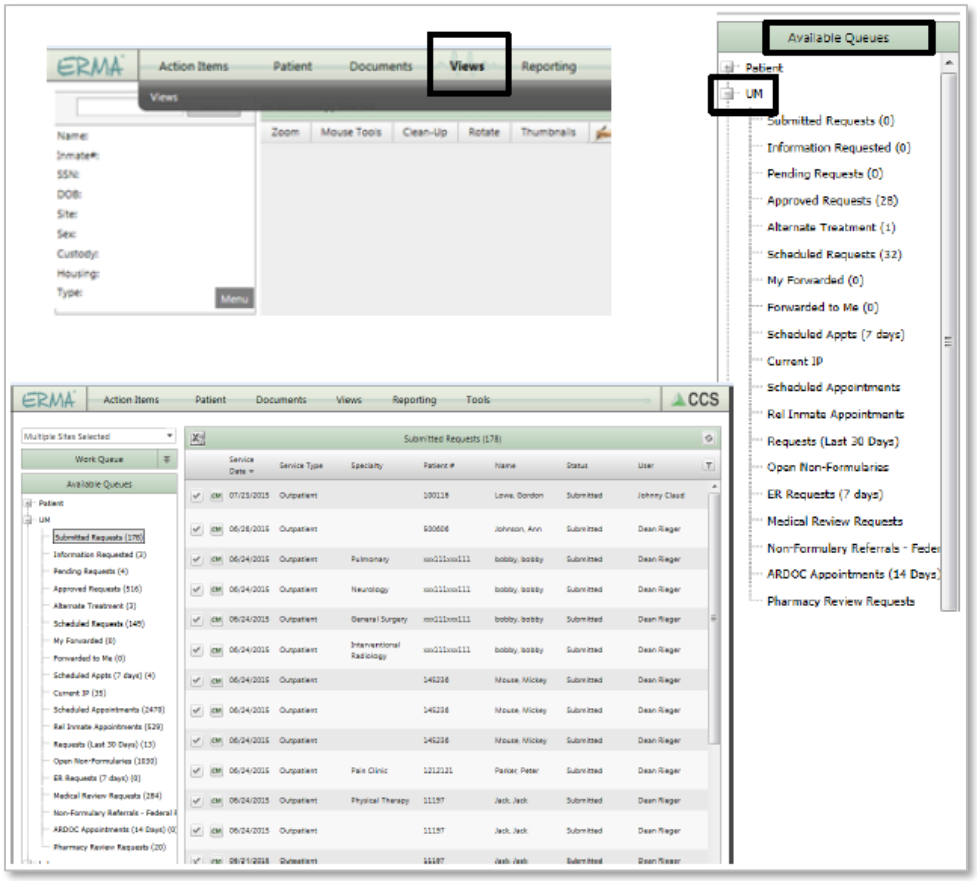
Off-site Service Referral Form – Care Management System



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.

Submitted Requests View – Care Management System

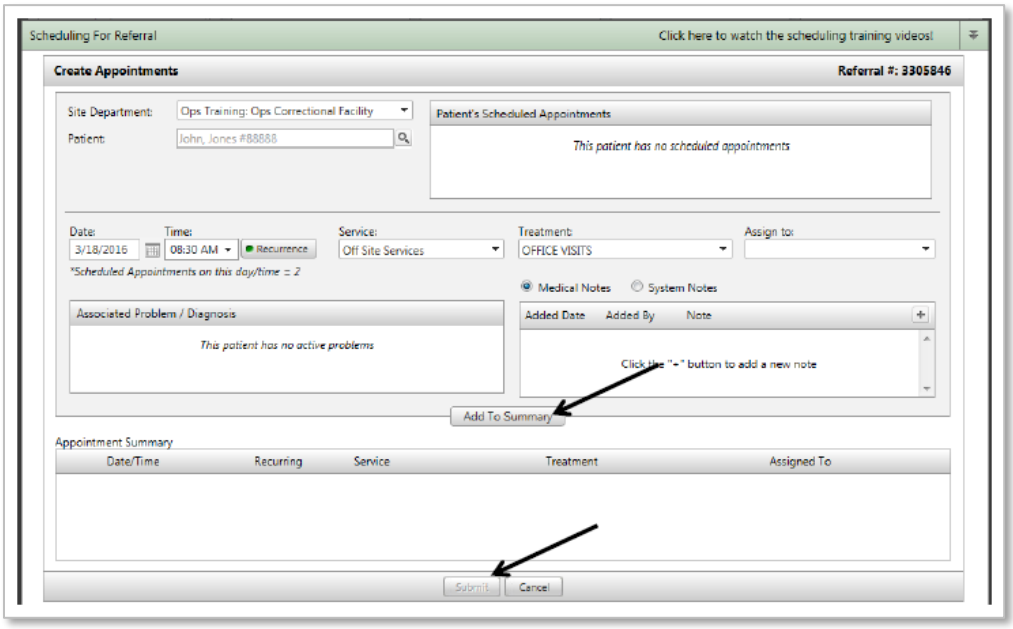


Appointment Scheduling

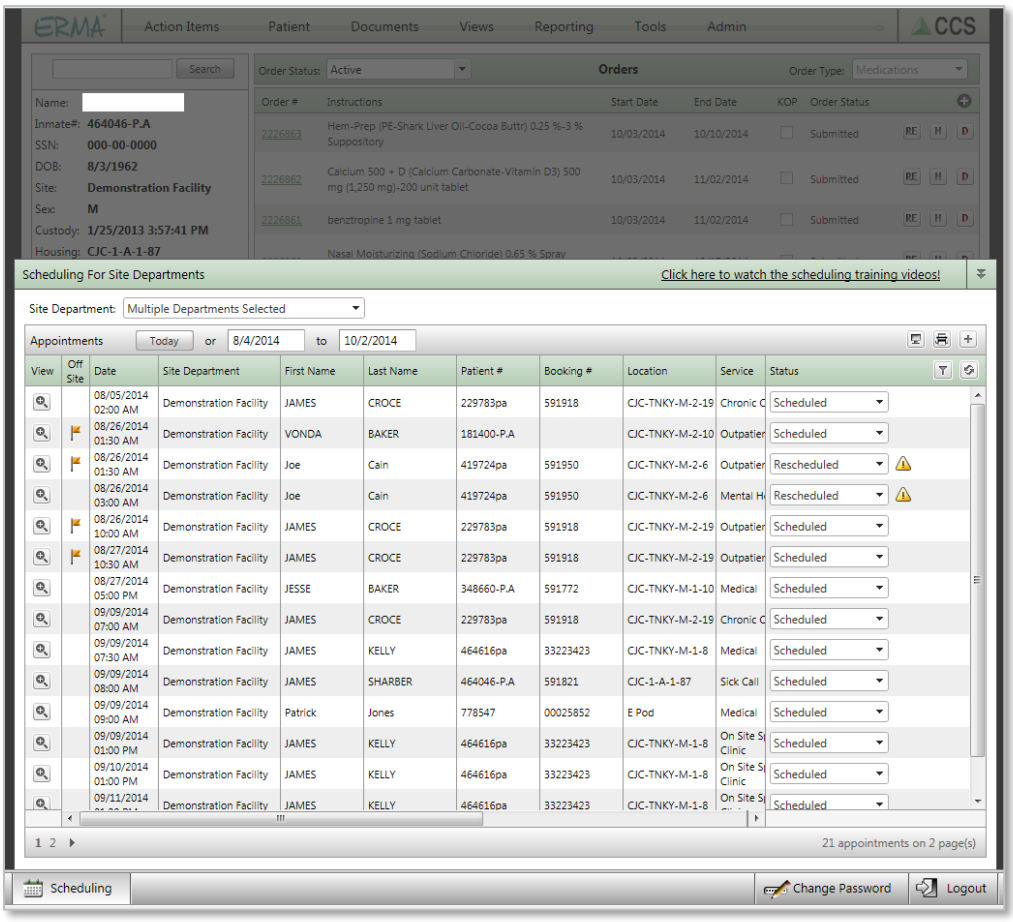
Once the referral is approved, CCS staff will schedule an appointment through the CCS Care Management system, which allows health care personnel to easily schedule appointments for both on- and off-site specialty services. Appointment scheduling through the Care Management system is a valuable tool for medical staff as they prioritize specialty appointments. This powerful scheduling function makes our Care Management system an integral tool in the provision of care. Features include:

- Recurring appointments (ideal for chronic care patients)
- Cancellation of appointments for patients who have been released
- Rescheduling of pending appointments for patients who are re-admitted to the facility
- Easy-to-view daily/weekly/monthly calendars for staff review
- Queues show missed appointments (due to security, court appearances, etc.) and allow for rescheduling

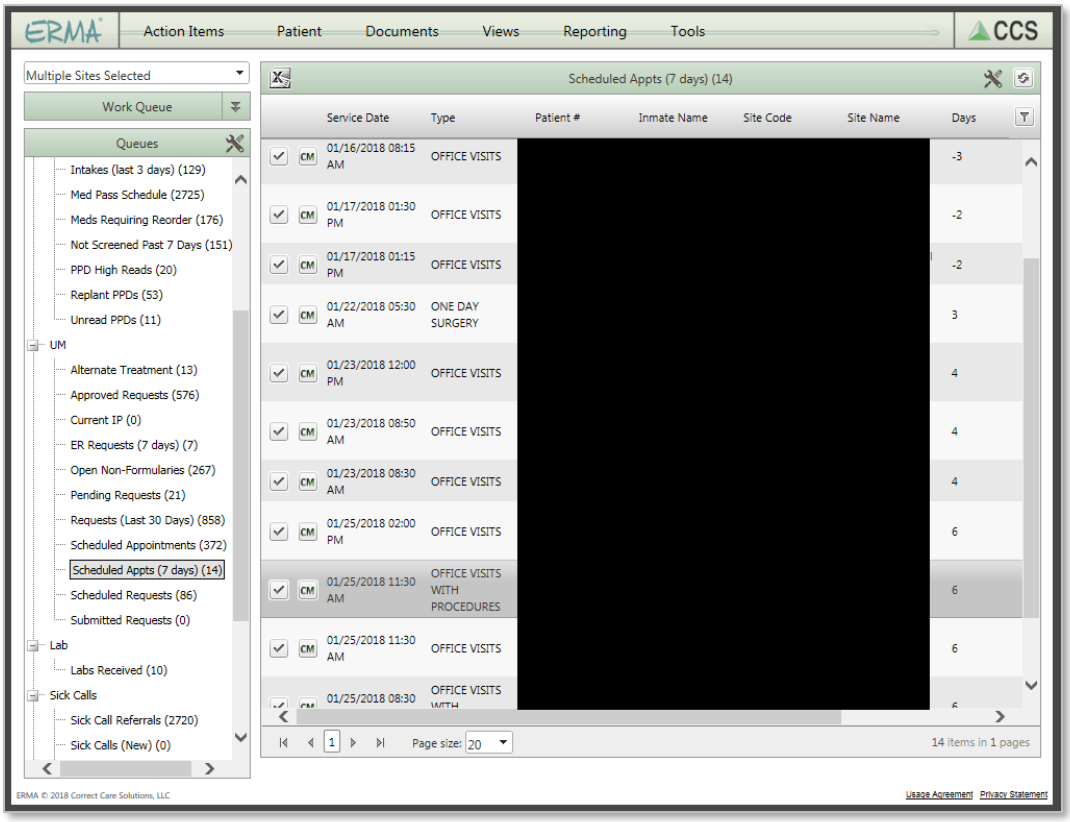
Appointment Scheduling – Care Management System



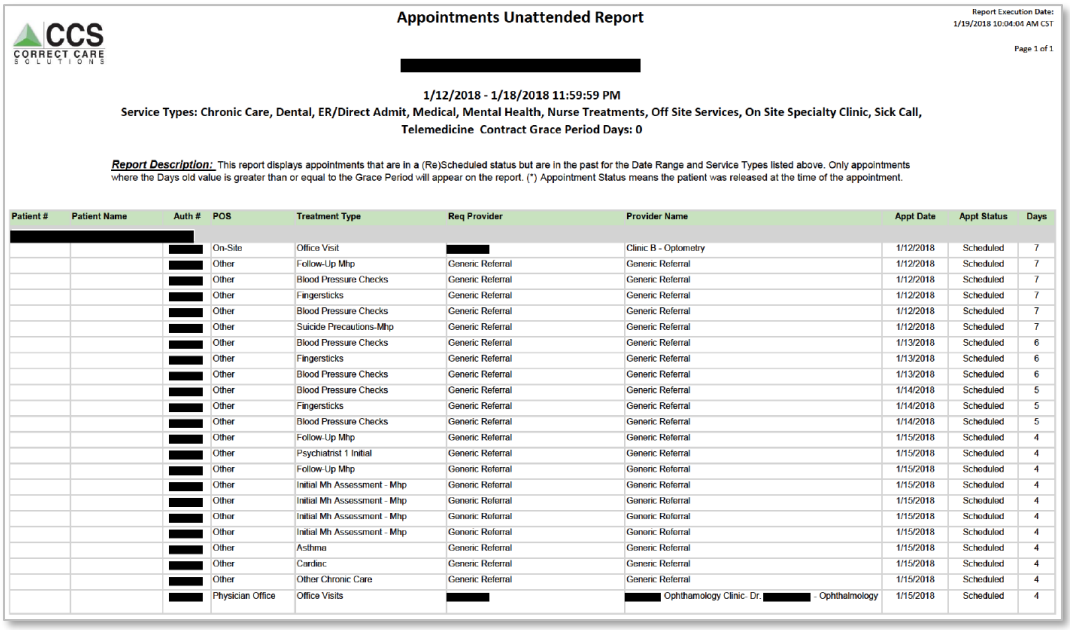
Sample Scheduled Appointments List (On Site)



Sample Scheduled Appointments List (Off Site)



Sample Appointments Unattended Report in ERMA



Appointments Unattended Report

Report Execution Date: 1/19/2018 10:04:04 AM CST

Page 1 of 1

[redacted]

1/12/2018 - 1/18/2018 11:59:59 PM

Service Types: Chronic Care, Dental, ER/Direct Admit, Medical, Mental Health, Nurse Treatments, Off Site Services, On Site Specialty Clinic, Sick Call, Telemedicine Contract Grace Period Days: 0

Report Description: This report displays appointments that are in a (Re)Scheduled status but are in the past for the Date Range and Service Types listed above. Only appointments where the Days old value is greater than or equal to the Grace Period will appear on the report. (*) Appointment Status means the patient was released at the time of the appointment.

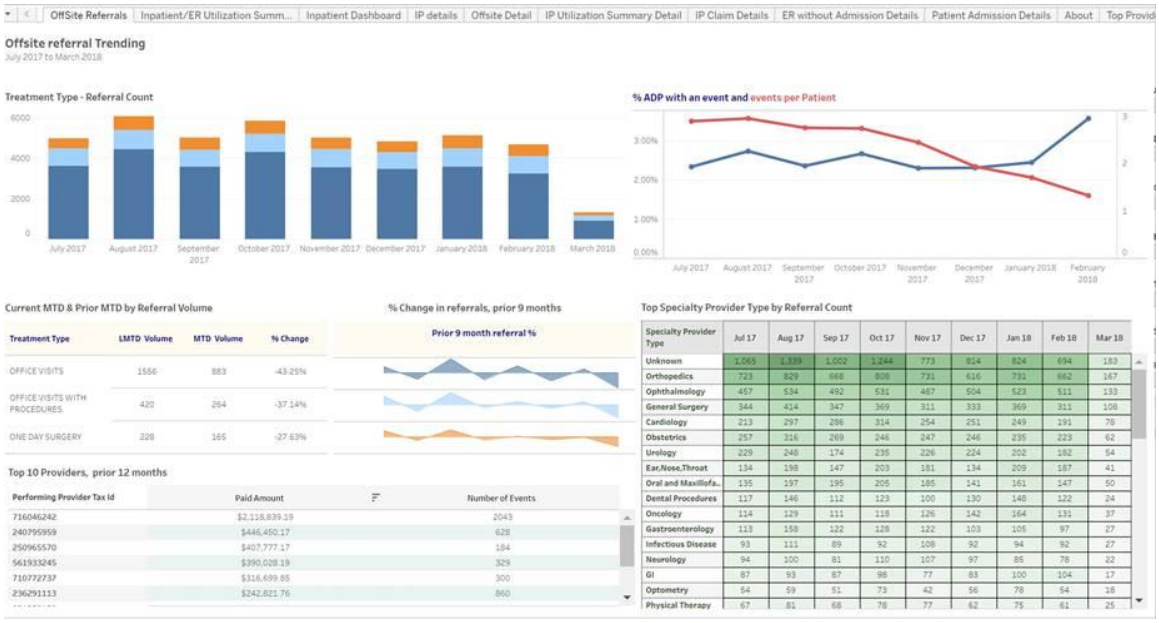
Patient #	Patient Name	Auth #	POS	Treatment Type	Req Provider	Provider Name	Appt Date	Appt Status	Days
[redacted]									
			On-Site	Office Visit		Clinic B - Optometry	1/12/2018	Scheduled	7
			Other	Follow-Up Mhp	Generic Referral	Generic Referral	1/12/2018	Scheduled	7
			Other	Blood Pressure Checks	Generic Referral	Generic Referral	1/12/2018	Scheduled	7
			Other	Fingersticks	Generic Referral	Generic Referral	1/12/2018	Scheduled	7
			Other	Blood Pressure Checks	Generic Referral	Generic Referral	1/12/2018	Scheduled	7
			Other	Suicide Precautions-Mhp	Generic Referral	Generic Referral	1/12/2018	Scheduled	7
			Other	Blood Pressure Checks	Generic Referral	Generic Referral	1/13/2018	Scheduled	6
			Other	Fingersticks	Generic Referral	Generic Referral	1/13/2018	Scheduled	6
			Other	Blood Pressure Checks	Generic Referral	Generic Referral	1/13/2018	Scheduled	6
			Other	Blood Pressure Checks	Generic Referral	Generic Referral	1/14/2018	Scheduled	5
			Other	Fingersticks	Generic Referral	Generic Referral	1/14/2018	Scheduled	5
			Other	Blood Pressure Checks	Generic Referral	Generic Referral	1/14/2018	Scheduled	5
			Other	Follow-Up Mhp	Generic Referral	Generic Referral	1/15/2018	Scheduled	4
			Other	Psychiatrist 1 Initial	Generic Referral	Generic Referral	1/15/2018	Scheduled	4
			Other	Follow-Up Mhp	Generic Referral	Generic Referral	1/15/2018	Scheduled	4
			Other	Initial Mh Assessment - Mhp	Generic Referral	Generic Referral	1/15/2018	Scheduled	4
			Other	Initial Mh Assessment - Mhp	Generic Referral	Generic Referral	1/15/2018	Scheduled	4
			Other	Initial Mh Assessment - Mhp	Generic Referral	Generic Referral	1/15/2018	Scheduled	4
			Other	Initial Mh Assessment - Mhp	Generic Referral	Generic Referral	1/15/2018	Scheduled	4
			Other	Asthma	Generic Referral	Generic Referral	1/15/2018	Scheduled	4
			Other	Cardiac	Generic Referral	Generic Referral	1/15/2018	Scheduled	4
			Other	Other Chronic Care	Generic Referral	Generic Referral	1/15/2018	Scheduled	4
			Physician Office	Office Visits		[redacted] Ophthamology Clinic. Dr. [redacted] - Ophthalmology	1/15/2018	Scheduled	4

Utilization Review

CCS uses an established review process to ensure that off-site referrals are medically necessary, and that payments made are appropriate. We will coordinate, validate, and track off-site care and invoicing 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.

Sample Dashboard – Off-site Referrals



7.4 Pharmaceutical Utilization Management

Response to Section 21.7, Question 4

4. Provide an example of a computerized utilization report for pharmaceutical utilization management as requested in Section 10.1.4: Pharmaceutical Utilization Management. The sample should be in a format substantially similar to the format you intend to use with the County.

CCS will generate computerized utilization review reports that include drug utilization review and statistical information by drug and prescribing authority, number of prescriptions (formulary and off-formulary), and doses dispensed. We will generate these reports using data provided by Clinical Solutions, including facility; patient name; patient identifier (DOB or PIN number); prescription number; date filled; price; primary disease state category; NDC; GPI; prescriber; and quantity filled.

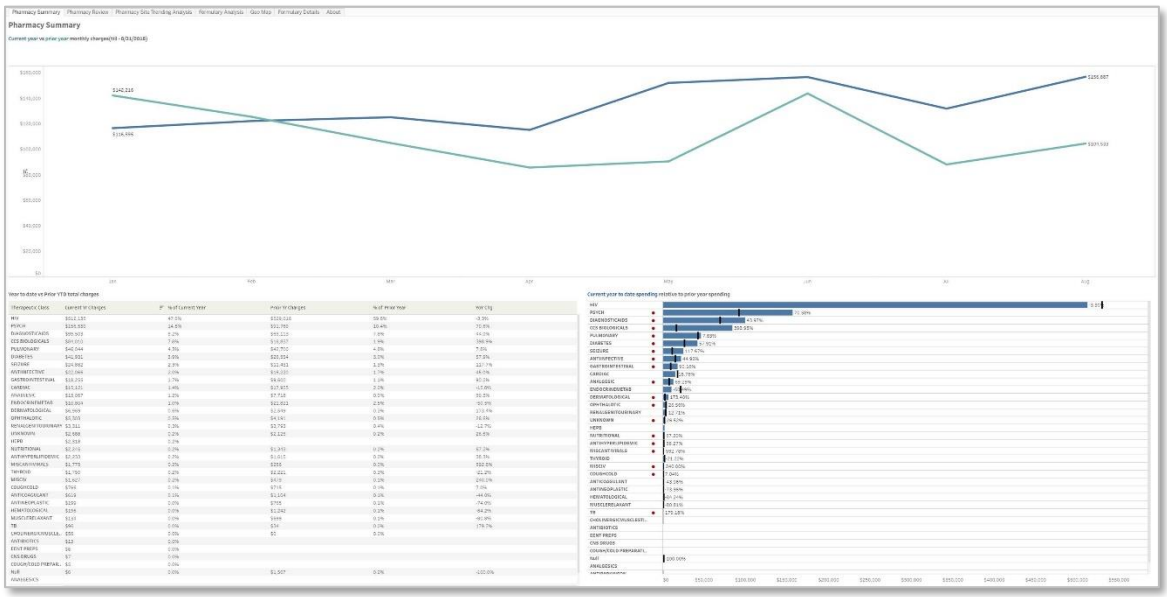
Reports will include comprehensive inmate drug use evaluations that permit the review of medication profiles based on orders processed by the pharmacy. CCS will use said drug use evaluations to identify any patterns of prescribing practices in need of review, and then take appropriate action if warranted with individual practitioners.

CCS Drug Utilization Reports

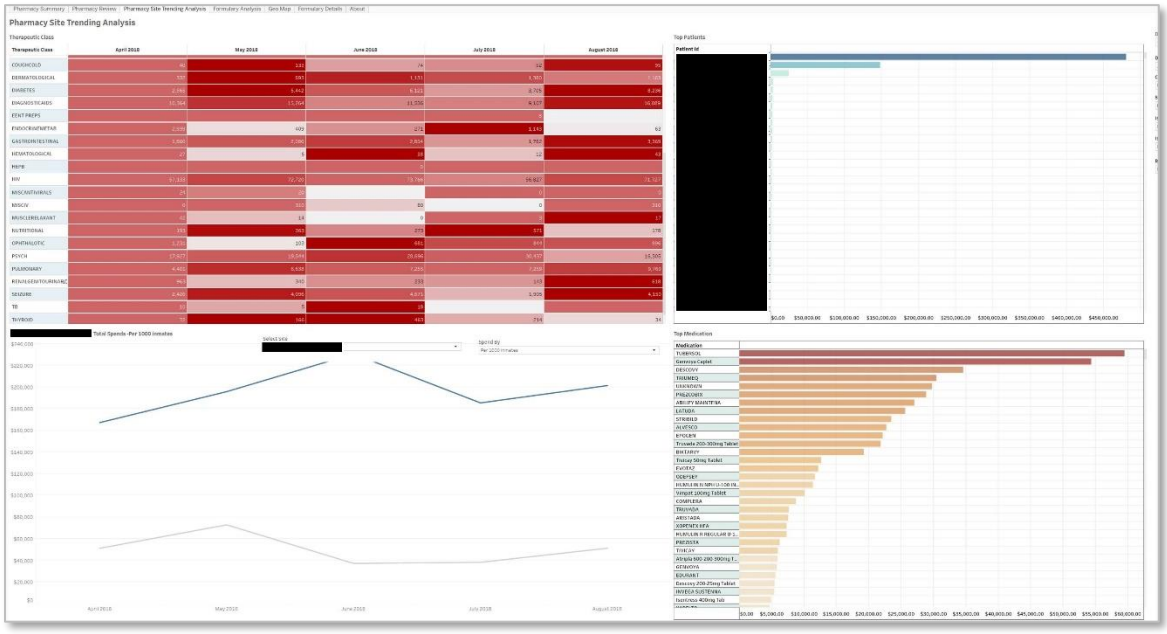
CCS can provide a wide range of statistical reports for pharmaceutical management. We can customize and create reports to meet the County's specific needs. Analysis of monthly utilization data, formulary management data, expenditures, clinical metrics, poly-pharmacy prescribing data, and overall prescribing habits of clinicians is critical for the proper management of budgetary dollars, for ensuring proper care, and for optimizing patient outcomes. CCS uses pharmacy reports to identify outliers and trends, then evaluate and address all outliers. The Regional Medical Director will review pharmacy utilization data on a regular basis.

CCS offers the most dynamic and complete reporting capabilities in the correctional industry. Our statistical reports make it easy to analyze monthly usage and expenditures and understand prescribing habits and trends. Data fields include patient name, detainee/patient number, correctional facility, provider name, date of service, prescription number, medication name, medication class, medication strength, quantity dispensed, days' supply, and drug cost. Basic, ad hoc, requested, and customized reports can be provided in hard copy or electronically in Microsoft Excel. Following are examples of computerized reports for pharmaceutical utilization that Milwaukee County would receive.

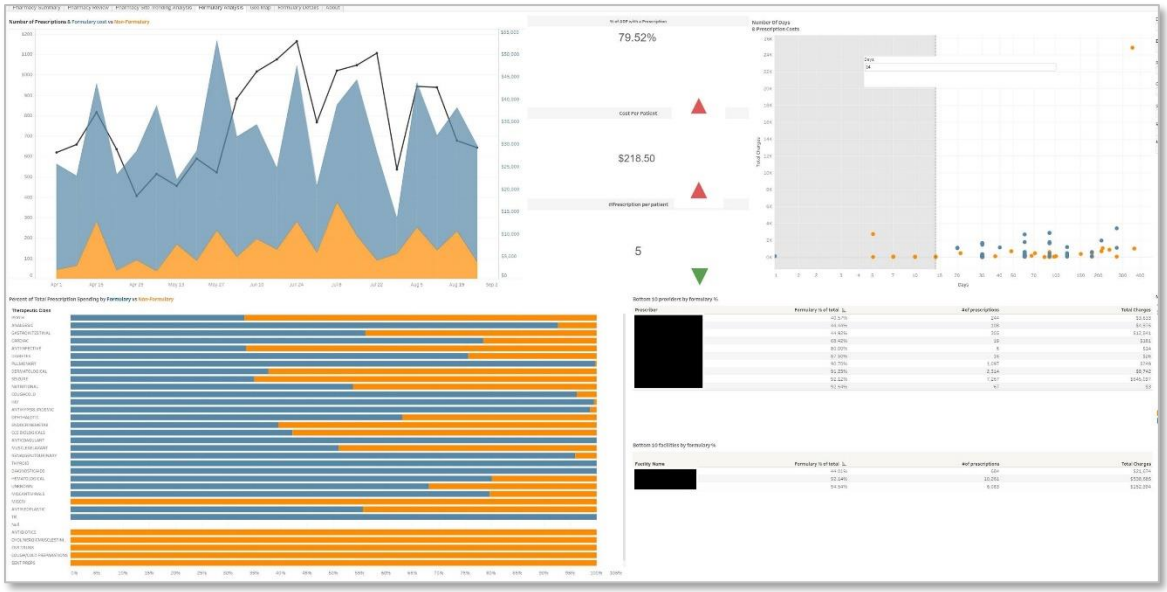
Sample Pharmaceutical Utilization Report – Pharmacy Summary



Sample Pharmaceutical Utilization Report – Top Therapeutic Classes, Patients, and Medications



Sample Pharmaceutical Utilization Report Formulary vs. Non-Formulary Spending



7.5 Grievance System

Response to Section 21.7, Question 5

5. Describe how you will develop and issue a grievance policy and provide a system for inmates to submit grievances regarding health services issues as requested in Section 10.3: Grievance System. In particular, describe any unique functions your system will offer and how you will work with the County to ensure the system is appropriate for the patient population.

CCS will issue a policy, subject to the approval of Milwaukee County, providing a system for inmates to submit grievances regarding health services issues. The CCS grievance process will be consistent with national standards and with facility policies.

CCS will coordinate with facility administration to integrate and coordinate our grievance process with the County's grievance system with respect to standardized data reporting and full transparency of any written grievances or complaints received from inmates or concerned third parties (e.g., family members, advocates, lawyers).

CCS recognizes our first responsibility is to our patients, to allow them access to care and treatment sufficient to meet their medical needs. We train and expect our staff to operate efficiently and appropriately while respecting those needs. Our excellent litigation history and our record of reduced grievances are indicative of the exemplary care CCS team members provide. All CCS personnel receive grievance resolution training, which teaches them to address concerns at the point of contact prior to the inmate initiating a grievance.

Resolution and Review

CCS staff will respond to grievances, complaints, and inquiries as soon as is practical, generally within 72 hours of receipt; time periods for response will be consistent with the County's grievance system. All CCS health care staff will be available to attend to medical grievances, which include complaints such as not being seen in a timely manner for a sick call request, medications not being started in a timely manner, and conduct of health care staff.

The DON will serve as the designated grievance coordinator and the first-level responder to all health care grievances. If the grievance process substantiates a grievance, then the grievance coordinator will develop and implement a corrective action plan for that grievance. The HSA in collaboration with the Medical Director will serve as the appellate authority.

The CCS Medical Director or designee will resolve urgent grievances, which are defined as those complaints that involve an immediate need on the part of the inmate for health care services. Any emergent or significant issues shall include real time reporting to the Superintendent and/or Jail Administrator to promote prompt identification and responsiveness.

CCS will resolve concerns and grievances in collaboration with the HSA and mental health, dental, pharmacy, or other appropriate service providers. The HSA or appropriate designee will work with the Superintendent and Jail Administrator in the investigation, follow-up, and resolution of complaints in accordance with facility policies, and will implement the Superintendent and Jail Administrator's recommendations. When necessary, CCS will conduct a face-to-face interview with the inmate and participate as a part of the grievance committee.

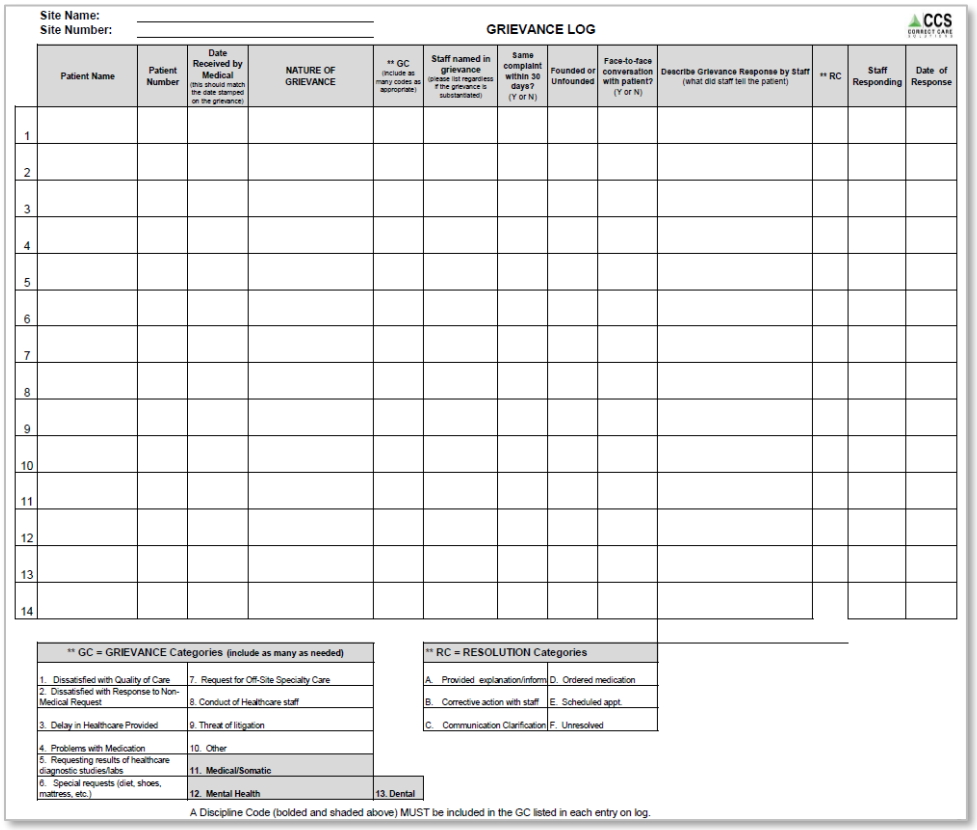
Grievance Reporting

CCS will maintain a daily log of all grievances that will include the name of the person filing the grievance, the date and nature of the grievance, staff named in grievance if any, whether the grievance is founded or unfounded, staff responding, and date and nature of response.

CCS will categorize all grievances received and provide grievance statistics as a part of the monthly health services statistical report, with data including but not limited to:

- Number of inmates with grievances
- Dissatisfied with medical care
- Dissatisfied with dental care
- Dissatisfied with mental health care
- Dissatisfied with staff conduct
- Dissatisfied with delay in health care
- Problems with meds
- Request to be seen

Sample Grievance Log



Site Name: _____
Site Number: _____

GRIEVANCE LOG

	Patient Name	Patient Number	Date Received by Medical (this should match the date stamped on the grievance)	NATURE OF GRIEVANCE	** GC (include as many codes as appropriate)	Staff named in grievance (please list regardless if the grievance is substantiated)	Same complaint within 30 days? (Y or N)	Founded or Unfounded	Face-to-face conversation with patient? (Y or N)	Describe Grievance Response by Staff (what did staff tell the patient)	** RC	Staff Responding	Date of Response
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													
11													
12													
13													
14													

** GC = GRIEVANCE Categories (include as many as needed)		
1. Dissatisfied with Quality of Care	7. Request for Off-Site Specialty Care	
2. Dissatisfied with Response to Non-Medical Request	8. Conduct of Healthcare staff	
3. Delay in Healthcare Provided	9. Threat of litigation	
4. Problems with Medication	10. Other	
5. Requesting results of healthcare diagnostic studies/labs	**11. Medical/Somatic**	
6. Special requests (diet, shoes, mattress, etc.)	**12. Mental Health**	13. Dental

** RC = RESOLUTION Categories	
A. Provided explanation/inform	D. Ordered medication
B. Corrective action with staff	E. Scheduled appt.
C. Communication Clarification	F. Unresolved

A Discipline Code (bolded and shaded above) MUST be included in the GC listed in each entry on log.

CCS will retain a record of all written grievances, written responses, and forms that confirm the inmate's timely receipt of copies, inclusive of appeal procedures. We will provide an electronic summary of the number of grievances received, the nature of the grievances, grievances found in favor, the number appealed, and the final status of the grievance/appeal. The monthly summary report will identify how the inmate accessed the system to address concerns both formally and informally. CCS will also provide copies of all medical grievance requests and their resolutions to the Superintendent and Jail Administrator, or their designees.

Our Quality Improvement Committee (QIC) and Medical Administration Committee (MAC) will review and categorize grievances to identify potential issues and to determine if patterns exist or develop. CCS will provide grievance data to the Superintendent and/or Jail Administrator in accordance with the requirements of the Consent Decree and as allowable within the limits of our legally binding Patient Safety Organization (PSO) agreement.

8 CQI and Performance Measures

Respondents should use this section to describe how they will meet the requests concerning Continuous Quality Improvement (CQI) and Performance measures listed in Section 13 – Continuous Quality Improvement and Section 14 – Performance Measures.

The Respondent should answer questions below in the following format: indicate for each response the number of the request that it addresses, including section number; indicate the question number, re-type the question, and provide your response.

8.1 General CQI Expectations

Response to Section 21.8, Question 1

1. Describe how you plan to develop and provide site-specific, planned, systematic and ongoing continuous quality improvement (CQI) processes consistent with NCCHC guidelines as stated in Section 13.1: General CQI Expectations. In addition, please provide one example of an implemented change your organization has made as a result of your CQI process, indicating location, time period, and outcome.

CCS continually focuses on maintaining a high quality of care for our patients. We will introduce proven performance monitoring techniques at the HOC and MCJ, 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. We will also conduct Medical Audit Committee (MAC) meetings and peer reviews to evaluate the County's medical program.

CCS Continuous Quality Improvement Program

CCS has established policies and procedures and a data-driven Continuous Quality Improvement Program (CQIP) to ensure the continued quality of our medical programs. The goal of the CQIP, which operates under the authority of CCS Chief Clinical Officer, Carl Keldie, MD, is to ensure systems and programs guarantee that our patients receive quality health care services. The CCS CQIP will ensure that clinical care delivery at the HOC and MCJ is conducted in accordance with our high expectations, as well as NCCHC and ACA standards, and requirements of the Consent Decree.

Within 90 days of contract implementation, CCS will develop a site-specific Quality Improvement (QI) plan for the HOC and MCJ based on the scope of care provided. The QI plan will address health care services provided both on and off site for quality, appropriateness, and continuity. CCS will use the QI plan to review and define the scope of care provided, as well as the QI review process and meeting format. We will coordinate with the Superintendent and Jail Administrator to integrate our program with any quality assurance initiatives currently. Our Home Office CQI team, led by CQI Director Dawn Ducote, will conduct an onboarding series of calls that team members will participate in for one hour a month for four months.

Quality Improvement Committee

A multidisciplinary Quality Improvement Committee (QIC) will direct all Quality Improvement activities. The QIC will be led by the CCS Medical Director and will include the County Contract Monitor, HSA, Mental Health Director, Dentist, and site Safety Coordinator. The QIC will typically meet quarterly to review significant issues and changes and provide feedback for the purpose of improving processes or correcting any deficiencies.

The QIC will be responsible for performing monitoring activities, discussing the results, and implementing corrective actions as indicated. The QIC will review significant issues or changes and will provide 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.

Scope of CQIP

CCS will conduct CQI studies to ensure that all services at the HOC and MCJ meet established minimum thresholds. 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 will 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: Receiving Screenings, Screening and Evaluation at Health Assessment, Special Needs, Segregation, Treatment Planning, Suicide Prevention, Medication Administration, Initiating Medication at Intake, as well as processes exclusive to the HOC and MCJ.

CCS 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:

- 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
- Asthma Outcome Study

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

Sample CQI Calendar			
Month	**Nursing**	**Site Medical Director**	**Mental Health**
Jan.	1. Continuity of Care 2. Pregnancy Care		
Feb.	1. Site-specific Study 2. CQI Meeting	1. Scheduled & Unscheduled Off-site Care	1. Suicide Prevention
March	1. Medication Administration 2. Copy of Narcotics Logs		
April	1. Alcohol/Benzodiazepine Withdrawal 2. Opiate Withdrawal		1. Segregation
May	1. CQI Meeting 2. Patient Safety (review Q1)	1. Physician Chart Review	1. Suicide Prevention
June	1. Emergency Services 2. Sick Call		
July	1. Receiving Screen & Med Verification	1. HIV	1. Psychiatric Services
Aug.	1. Site-specific Study 2. CQI Meeting		
Sept.	1. Ancillary Services 2. Dental Care 3. Dietary Services		1. Suicide Prevention
Oct.	1. Alcohol/Benzodiazepine Withdrawal 2. Diabetes–HEDIS		1. MH Special Needs & Treatment Planning
Nov.	1. CQI Meeting 2. Patient Safety (review Q2 & Q3)	1. Infirmary Care	
Dec.	1. Annual Review of CQI Program		1. Suicide Prevention

Performance Outcome Measures

CCS understands that establishing measurements that are retrievable and defensible is paramount to quality improvement and measuring performance. We will continually strive to provide comprehensive medical, mental health, and psychiatric care that fulfills the established performance goals, measures, and standards to the extent possible. We will conduct ongoing monitoring and reviews to ensure that our staff are appropriately delivering quality care and that the established performance measures and standards are being met.

CCS will identify quality indicators in the form of outcome measures to monitor the quality and appropriateness of care. We will recommend performance measures and targets based on NCCHC standards and requirements of the Consent Decree. CCS will collaborate with the Court Monitor to establish performance measures. Our corporate CQI Director, Dawn Ducote, will work with our Regional Management Team to develop contract-specific monitoring tools based on the agreed-upon performance measures.

The CCS CQIP will include audit and medical chart review procedures to ensure compliance with the contract and the Consent Decree, as well as NCCHC and ACA standards. Our on-site managers and Regional Management Team will use the audit results to review our performance against the established performance measures and correct any areas in need of improvement. The Quality Improvement Committee (QIC) will be responsible for performing monitoring activities, discussing the results, and implementing corrective actions as indicated.

CCS will work collaboratively with the County in the shared goal of ensuring adequate access to care for inmates with serious medical illness, correcting identified deficiencies, and improving inmate outcomes through self-monitoring. We will provide the County with monthly reports that will be used to measure our performance against the requirements of the Consent Decree. CCS will also provide the County with documentation of an appropriate continuous quality improvement program for our subcontractors, including but not limited to laboratory, X-ray, phlebotomy, psychiatric, and dental services.

In **Attachment K**, we have provided sample performance measures and targets based on the requirements of the Consent Decree. ***Please note that this information is confidential/trade secret pursuant to Wis. Stat. § 19.36(5).*** CCS will collaborate with the Court Monitor to establish any additional performance measures as needed.

Performance Tracking and Reporting

CCS will use a computerized tracking system to maintain performance and outcome measures and other relevant inmate data. The vast majority of the performance and outcome measures will be tracked in ERMA. This is preferable as it can take information directly from the patients' health records, reducing inefficiencies and providing consistent calculations over time. Where this is not possible (for example, in measures that may need a clinician's review to determine the result), an online database can be constructed and placed on a shared drive for easy viewing by CCS and the Contract Monitor. Additionally, CCS will provide utilization and quality assurance reports on a regular basis, with a frequency agreed upon by CCS and the County.

Transparency is important to CCS, so the reporting of the performance and outcome measures can be done in a format agreeable to both parties. Ideally, this would consist of a numerical report, with the associated analyses to be shared in discussions during Quality Improvement Committee (QIC) meetings or other appropriate forums. Due to our company's involvement in a Patient Safety Organization (PSO), these analyses are considered Patient Safety Work Product, and are reported to the PSO to enhance learning and to prevent adverse events in the future through that learning. This also allows both CCS and the County to maintain the confidentiality of these analyses, while also providing some protection from discovery.

Example of an Implemented Change Resulting from CQI Process

In second half of 2016, at the Louisville Metro Detention Facility in Kentucky, several deaths of patients were reported while the patients were on the Home Incarceration Program. Though CCS is not required by NCCHC or other accrediting bodies to review deaths that occur out of custody, CCS has taken the stance that deaths proximate to care are important to review and can shed light on opportunities for improvement just as deaths in custody can.

CCS reviewed these out-of-custody deaths and noted a trend that many of these deaths were related to opioid overdose. While this does not have bearing on the care CCS provided while they were in our care, we launched an educational harm reduction program so that every patient who is screened at intake receives an educational brochure on the effects of returning to using the same amount of opiates after detoxification, how to access Narcan, and what do to in an emergent suspected overdose situation (of themselves or someone else).

CCS has observed a decrease in these deaths of patients on the Home Incarceration Program since introducing this educational program. Although we cannot contribute all of these positive results to our educational program, we believe it has had an impact.

Medical Audit Committee

CCS will establish a Medical Audit Committee (MAC) to oversee all health care functions at the HOC and MCJ. The MAC will meet on a regularly scheduled basis (typically each quarter) with distributed agendas. The purpose of the MAC meetings is to evaluate the health care 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 health care 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 the Superintendent and Jail Administrator to discuss health care services. Meeting minutes will be documented, distributed to attendees and facility administration, and maintained for reference.

CCS will provide the Superintendent and Jail Administrator with monthly and quarterly reports regarding the clinical operation of the health care program, in accordance with NCCHC and ACA standards. We will regularly confer with facility administration regarding any issues deemed appropriate, including existing procedures and any proposed changes to procedure. The MAC will typically include:

- Health Services Administrator (HSA)
- Director of Nursing (DON)
- Medical Director
- Dentist
- Psychiatrist
- Mental Health Director
- The Superintendent, Jail Administrator, Contract Monitor, or other designated County representative(s)

8.2 Peer Review, Mortality Review, and Case Review

Response to Section 21.8, Question 2

2. Submit a complete description of your risk management program as stated in Section 13.2: Peer Review, Mortality Review, and Case Review. Describe your peer review process and how you meet NCCHC standards.

CCS will participate in clinical performance enhancement review, mortality review, case management review, and other such functions, and will cooperate with clinicians in achieving the common goal of providing quality clinical services to inmates. All processes will comply with NCCHC accreditation standards. For information regarding the CCS risk management program, please see section **11.1 Risk Management**.

Peer Review

The CCS peer review program remains compliant with NCCHC standards and requirements. The program is administered via the site-level CQI Committee with assistance from the CCS Home Office. The site-level CQI Committee tracks dates of peer reviews and schedules upcoming reviews, with assistance from the Home Office as needed (e.g., review of Site Medical Director and Mental Health Director, etc.). Reviews occur annually, and a verification sheet showing that the results of the review were communicated to the reviewee is maintained on site for auditing purposes.

CCS conducts peer reviews to evaluate the clinical performance of direct care clinicians, such as physicians, dentists, mid-level providers, psychologists, and qualified mental health clinicians (CCS also requires peer review of RNs and LPNs at NCCHC-accredited facilities). Peer reviews also serve to identify areas of best practice and those where improvement is possible or required. The peer review creates a confidential opportunity for the clinician to receive feedback regarding performance from another clinician with an understanding of the clinical practice being reviewed. The reviewer will work with the clinician and the HSA to establish an improvement plan if areas of improvement are noted.

CCS will facilitate peer reviews consistent with accreditation and contractual responsibilities to ensure that the County's medical program meets community standards of care. We will provide worksheets specific to peer review. Once the findings of the review are communicated to the clinician, the worksheet(s) are forwarded to the CQI department at the CCS Home Office. Peer reviews are not a Human Resources function and must not have any direct adverse consequences.

The HSA and CQI Committee will be responsible for ensuring that required peer reviews take place. The HSA will certify that required reviews have been completed and will maintain a log outlining each clinician being reviewed and the date of the clinician's previous and next peer reviews for accreditation purposes. CCS will work with facility administration to share any information not restricted by applicable state and federal laws.

The HSA will conduct an independent review should there be concern or adverse finding requiring corrective action. Prior to any independent review and subsequent corrective action, the HSA will notify the Superintendent, Jail Administrator, and/or Contract Monitor.

Mortality Review

In the event of an inmate's death, the CCS Medical Director, HSA, and appropriate correctional personnel will be notified; in the event of a suicide, homicide, accidental, or suspicious death, the medical examiner and appropriate law enforcement officials will also be notified. CCS will participate in conjunction with the County Attorney or designee to conduct a mortality review consistent with NCCHC and ACA standards, as well as state and federal law. For additional information, please see section **10.14 Mortality Review Records**.

The HSA will notify the CCS Regional Manager, electronically report the event directly to the Director of CQI, and assist in providing information to facility administration, who will then communicate with the patient's next-of-kin and request an autopsy. A copy of the autopsy report and death certificate will be filed in the inmate's closed health record.

The RN Supervisor on duty at the time of the inmate's death will ensure that documentation on the progress notes is performed regarding the witnessed facts concerning the death. Documentation will include time of death, circumstances surrounding death, nature of death, treatment(s) rendered, and persons notified of death and by whom. The site QI Committee will review the death to determine the appropriateness of clinical care, ascertain whether corrective action in the policies and procedures is warranted, and identify trends that define future studies.

CCS will report all deaths in accordance with pertinent regulations and timeframes. The report will include a narrative medical history covering the period 90 days prior to the death, the deceased's primary medical or psychiatric diagnosis and therapy provided, and a narrative description of the terminal event. If additional facts or critical information are discovered about a submitted incident, CCS will submit a follow-up report within 14 days of such a discovery.

CCS will notify the County Attorney and the Superintendent, Jail Administrator, and/or Contract Monitor in writing of any inmate-related litigation we receive involving correctional health care. We will not settle any inmate litigation without first contacting the County Attorney.

Case Review

If mental health staff have concern about the level of mental health services required to manage a patient in the facility, the Mental Health Director, Chief Psychiatrist, and Medical Director and/or HSA will be notified. In conjunction with the Psychiatrist, the Mental Health Director will determine the need to request that a patient be transferred to a community agency more equipped to handle the patient's psychiatric needs. The Mental Health Director will notify appropriate custody staff of the request to transfer the patient to a community agency.

Until such transfer can be accomplished, the patient will be safely housed and adequately monitored. The case review and disposition of the patient will be documented in the patient's health record. CCS will also provide a case review of any inmate upon request.

8.3 Performance Measures

Response to Section 21.8, Question 3

3. Describe how you intend to meet all requirements in Section 14: Performance Measures.
    a. The contract reporting and monitoring process requires weekly, monthly, quarterly, and annual reports from the Contractor to the County. Who will be responsible for completing these reports? How will you ensure that reports are produced in a timely manner? Are there any reports you are not able to produce at the frequency requested? Describe your process for creating new reports or changing existing reports. Please see Sections 14.1: Contract Monitor, 14.2: Clinical, and 14.4: Reporting and Compliance for additional detail.
    b. Submit a proposed mechanism to provide review of cost-containment procedures that will result in a reduction of mutually agreed-upon contractual costs between capable of providing statistical data necessary for self-evaluation and monitoring of health and mental health services. Describe how you will establish measurable patient care and fiscal outcomes based on NCCHC standards. Please see Section 14.3: Fiscal for additional detail.

CCS will provide the best on-site care possible and we will be fully accountable to Milwaukee County. We expect to be measured by our performance, including reduced medical grievances; accountability as evidenced by operational and financial reporting; reduced staff turnover; and by our ability to reduce off-site referrals. These are our goals and we will share the details of our performance by providing regular operational and financial reports on these criteria to the County Contract Monitor. ***CCS typically provides more clinical and operational reports than any other company in the industry***.

Contract Monitor

CCS will work collaboratively with the County Contract Monitor to review the quality of the medical program and ensure compliance with the requirements of the contract and the Consent Decree. We will cooperate with all studies and audits conducted by the Contract Monitor and will provide all required information for review. The HSA will work cooperatively with the Contract Monitor and will serve as CCS liaison for all matters regarding the medical program. Additionally, Regional Manager Synthia Peterson will coordinate with the Contract Monitor to ensure the County's satisfaction with our program. The HSA will work closely with the Contract Monitor in reviewing the following routine activities:

- Review and monitor progress of NCCHC requirements for accreditation
- Monitor monthly personnel positions reports, specifically
    - Track all clinical positions for vacancies and number of days (unfilled) monthly
    - Track all clinical positions filled by agency and number of days (used/month) monthly
    - Track all sick calls by position per month
    - Track resignations by class (exit interview)
    - Track CCS-initiated terminations by class

Staffing Reports

CCS realizes the importance of delivering what we promise, especially regarding on-site staffing, and we will work to keep these costs as low as possible. We will track and report to the County all staff hours worked, as well as hours not provided. Our automated FTE reporting system allows for ***100% auditable reporting*** of contract versus worked staffing reports. For additional information, please see section **12.5 Required Minimum Health Care Coverage**.

Clinical

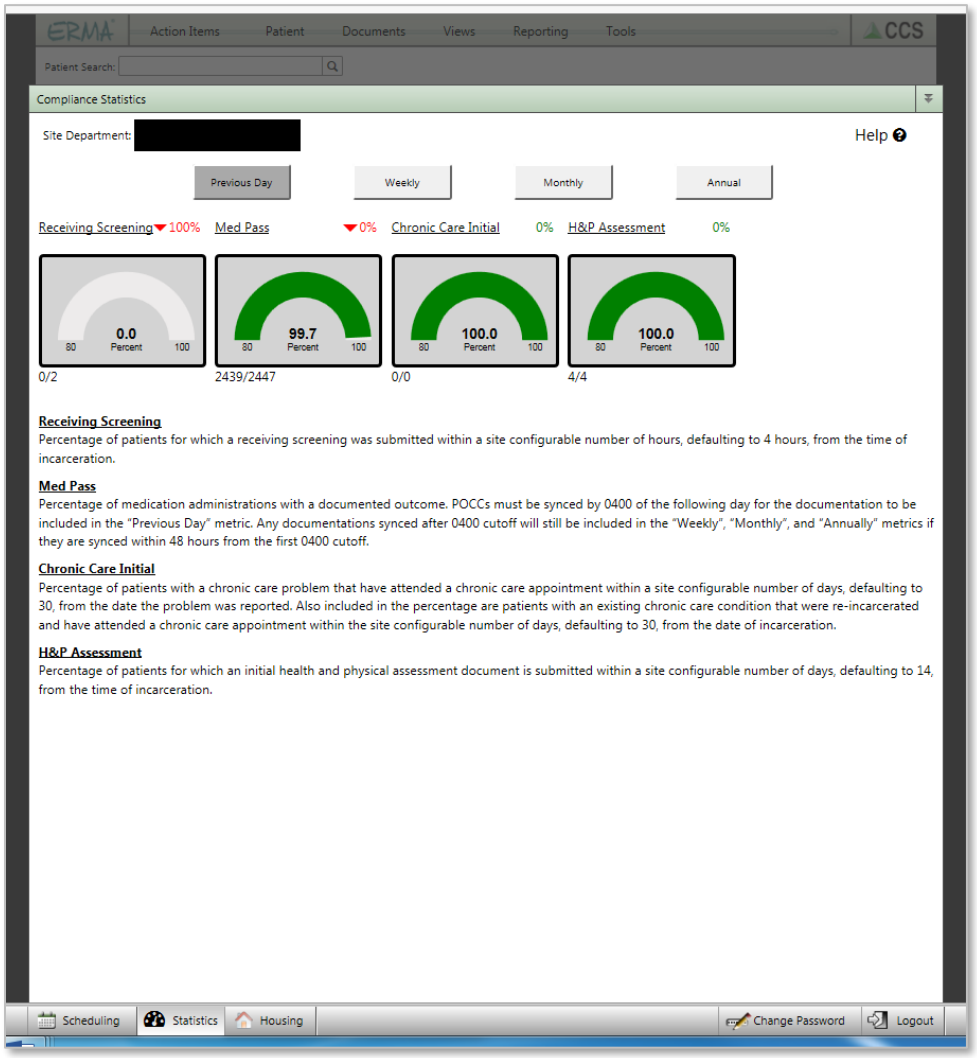
CCS will provide monthly reports to the County, demonstrating that the following occur:

- Reviews of all time-specific metrics and deliverables (for example, receiving screenings, initial health assessments, medical services provided, sick call responses) as described in this RFP and as required by the NCCHC standards and any associated contract to ensure compliance
- Tracking and analysis of emergency medical transfers to evaluate clinical necessity
- Tracking of time from specialty referral made until patient is seen by a specialist
- Tracking and analysis of the number of inmates hospitalized (by diagnosis)
- Tracking and analysis the number of days inmates are hospitalized, including but not limited to average length of stay
- Performing daily checks on health status of hospitalized inmates
- Review of medication administration records (MARs), to include patient refusals
- Sampling of health records as per NCCHC standards

Innovative Solution: Automatic Compliance Tracking

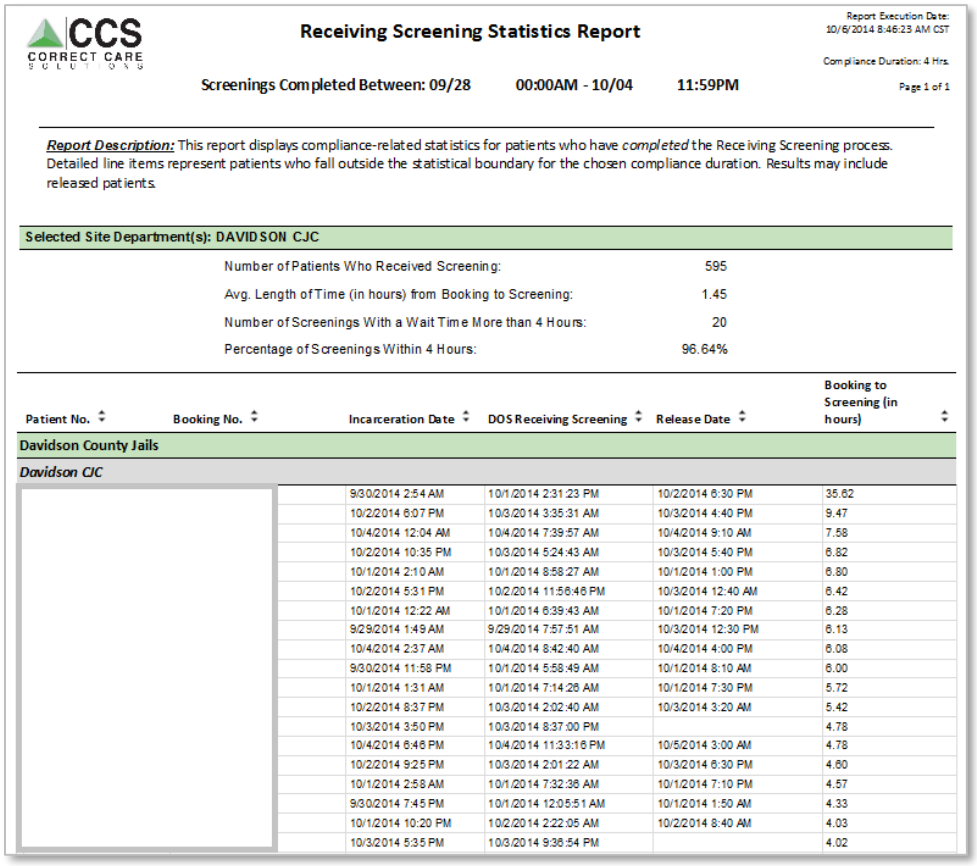
CCS will submit monthly reports to the Contract Monitor to demonstrate contract compliance. ERMA allows for ***automatic tracking*** of key events in the patient care lifecycle, including receiving screenings, health assessments, medical services provided, and other activities. CCS will use ERMA to generate statistical reports showing compliance with time-specific metrics and identifying any outliers beyond agreed-upon time periods.

Sample Compliance Statistics Dashboard in ERMA



The ERMA report library contains over 100 standard reports that can be customized to meet the specific requirements of the HOC and MCJ. The following sample reports show the amount of time between a patient's booking and preliminary medical screening (with four-hour compliance rate), the number of health assessments completed within the required timeframe, and time between chronic care visits.

Sample Receiving Screening Statistics Report in ERMA



CCS CORRECT CARE SOLUTIONS

Receiving Screening Statistics Report

Report Execution Date: 10/6/2014 8:46:23 AM CST
Compliance Duration: 4 Hrs.
Page 1 of 1

Screenings Completed Between: 09/28 00:00AM - 10/04 11:59PM

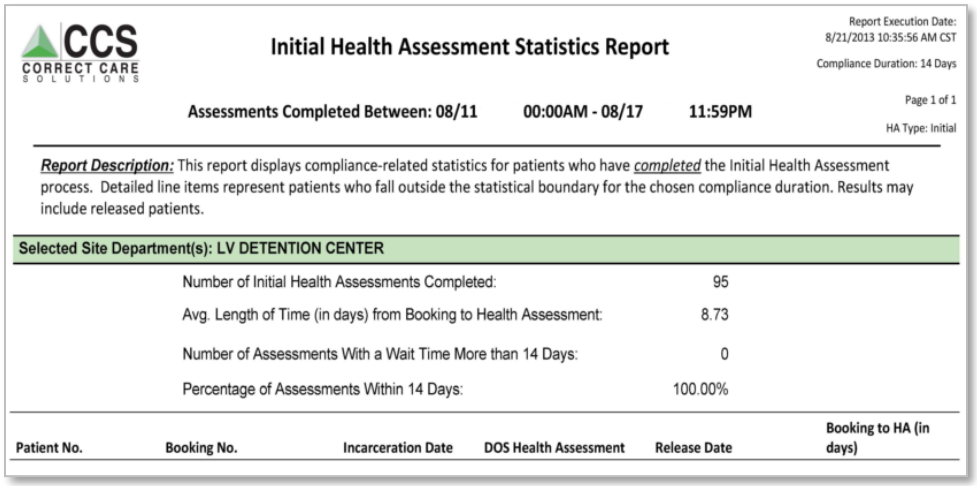
Report Description: This report displays compliance-related statistics for patients who have *completed* the Receiving Screening process. Detailed line items represent patients who fall outside the statistical boundary for the chosen compliance duration. Results may include released patients.

Selected Site Department(s): DAVIDSON CJC

Number of Patients Who Received Screening:	595
Avg. Length of Time (in hours) from Booking to Screening:	1.45
Number of Screenings With a Wait Time More than 4 Hours:	20
Percentage of Screenings Within 4 Hours:	96.64%

Patient No.	Booking No.	Incarceration Date	DOS Receiving Screening	Release Date	Booking to Screening (in hours)
Davidson County Jails					
Davidson CJC					
		9/30/2014 2:54 AM	10/1/2014 2:31:23 PM	10/2/2014 6:30 PM	35.62
		10/2/2014 6:07 PM	10/3/2014 3:35:31 AM	10/3/2014 4:40 PM	9.47
		10/4/2014 12:04 AM	10/4/2014 7:39:57 AM	10/4/2014 9:10 AM	7.58
		10/2/2014 10:35 PM	10/3/2014 5:24:43 AM	10/3/2014 5:40 PM	6.82
		10/1/2014 2:10 AM	10/1/2014 8:58:27 AM	10/1/2014 1:00 PM	6.80
		10/2/2014 5:31 PM	10/2/2014 11:56:46 PM	10/3/2014 12:40 AM	6.42
		10/1/2014 12:22 AM	10/1/2014 6:39:43 AM	10/1/2014 7:20 PM	6.28
		9/29/2014 1:49 AM	9/29/2014 7:57:51 AM	10/3/2014 12:30 PM	6.13
		10/4/2014 2:37 AM	10/4/2014 8:42:40 AM	10/4/2014 4:00 PM	6.08
		9/30/2014 11:58 PM	10/1/2014 5:58:49 AM	10/1/2014 8:10 AM	6.00
		10/1/2014 1:31 AM	10/1/2014 7:14:26 AM	10/1/2014 7:30 PM	5.72
		10/2/2014 8:37 PM	10/3/2014 2:02:40 AM	10/3/2014 3:20 AM	5.42
		10/3/2014 3:50 PM	10/3/2014 8:37:00 PM		4.78
		10/4/2014 6:46 PM	10/4/2014 11:33:16 PM	10/5/2014 3:00 AM	4.78
		10/2/2014 9:25 PM	10/3/2014 2:01:22 AM	10/3/2014 6:30 PM	4.60
		10/1/2014 2:58 AM	10/1/2014 7:32:36 AM	10/1/2014 7:10 PM	4.57
		9/30/2014 7:45 PM	10/1/2014 12:05:51 AM	10/1/2014 1:50 AM	4.33
		10/1/2014 10:20 PM	10/2/2014 2:22:05 AM	10/2/2014 8:40 AM	4.03
		10/3/2014 5:35 PM	10/3/2014 9:36:54 PM		4.02

Sample Health Assessment Statistics Report



CCS CORRECT CARE SOLUTIONS

Initial Health Assessment Statistics Report

Report Execution Date: 8/21/2013 10:35:56 AM CST
Compliance Duration: 14 Days
Page 1 of 1
HA Type: Initial

Assessments Completed Between: 08/11 00:00AM - 08/17 11:59PM

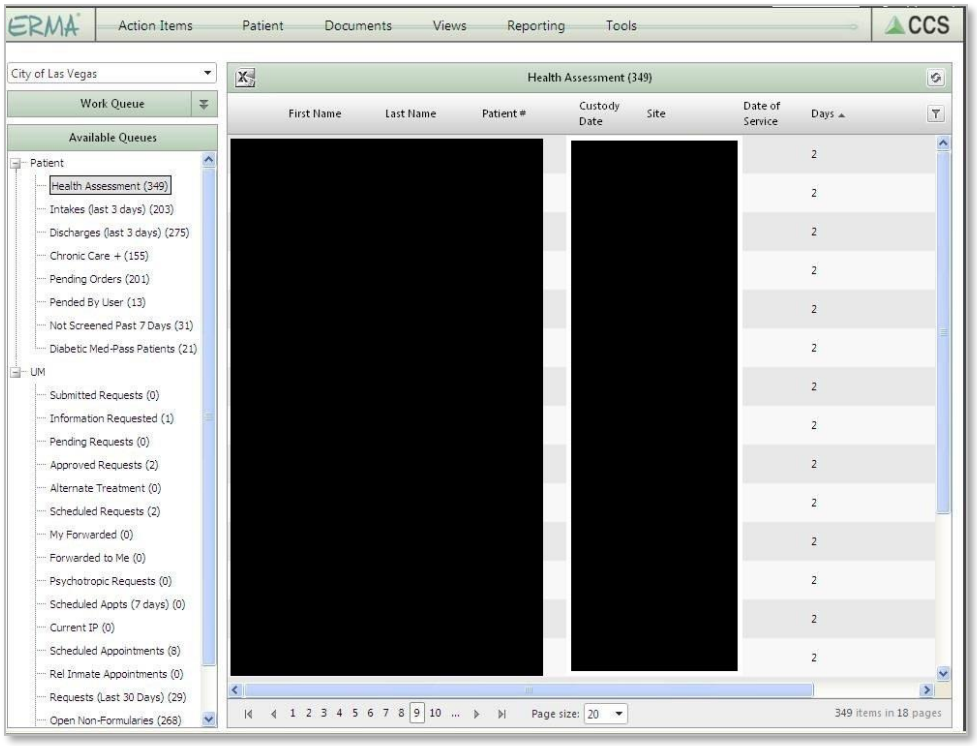
Report Description: This report displays compliance-related statistics for patients who have *completed* the Initial Health Assessment process. Detailed line items represent patients who fall outside the statistical boundary for the chosen compliance duration. Results may include released patients.

Selected Site Department(s): LV DETENTION CENTER

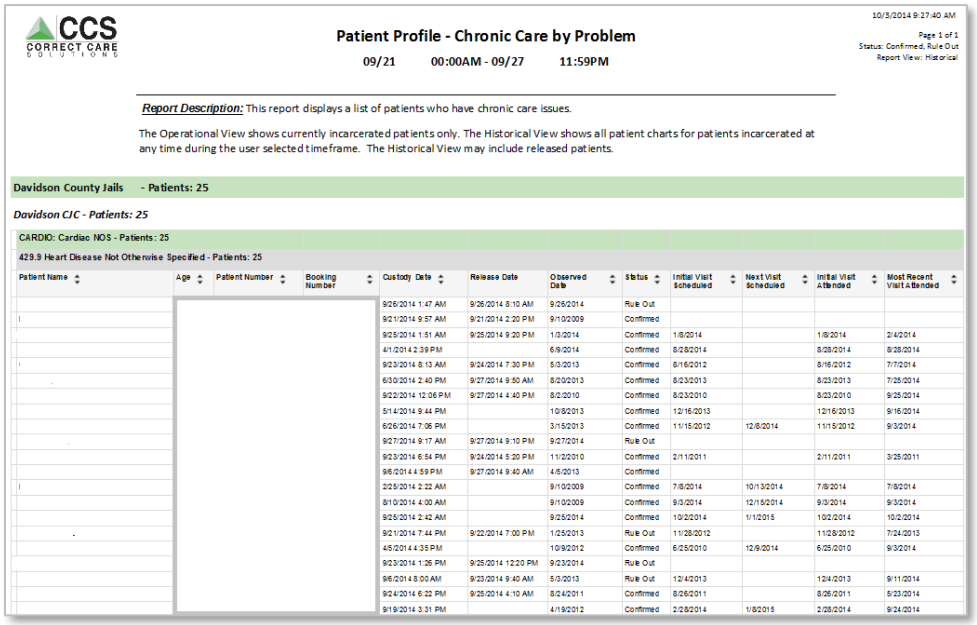
Number of Initial Health Assessments Completed:	95
Avg. Length of Time (in days) from Booking to Health Assessment:	8.73
Number of Assessments With a Wait Time More than 14 Days:	0
Percentage of Assessments Within 14 Days:	100.00%

Patient No.	Booking No.	Incarceration Date	DOS Health Assessment	Release Date	Booking to HA (in days)

Health Assessment Tracking in ERMA



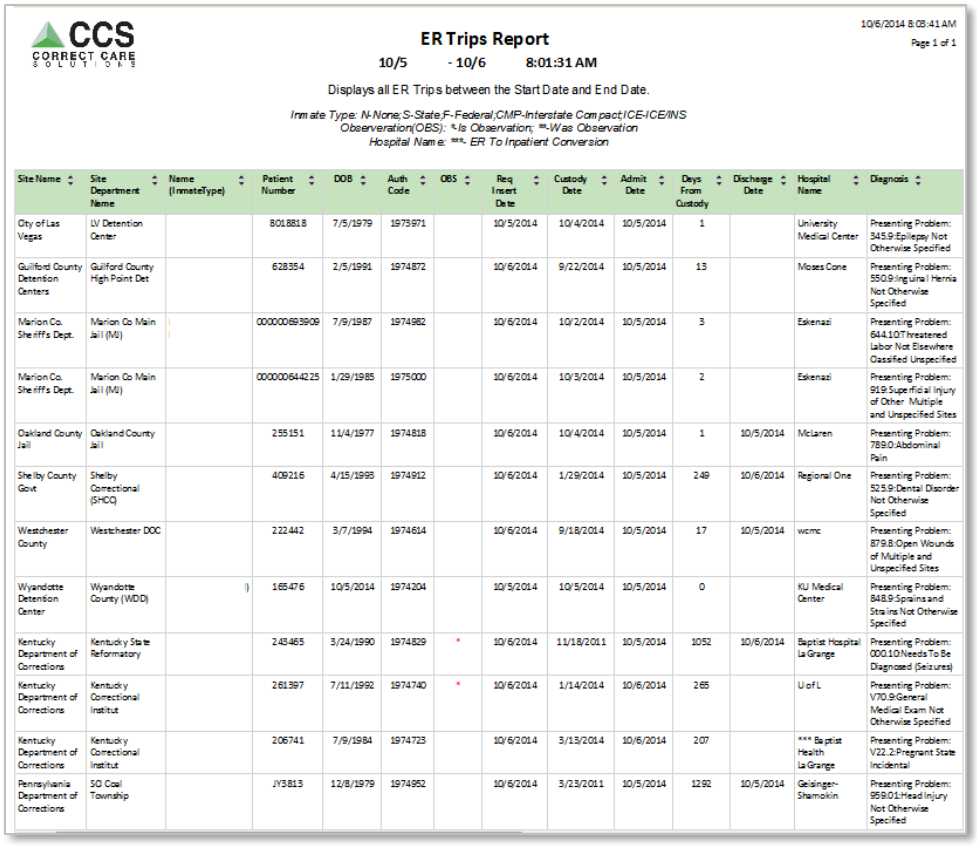
Chronic Disease Management Reporting and Progress Tracking in ERMA



Emergency Medical Transfers

The CCS Medical Director will conduct a retrospective review following an ER referral to ensure that the action was appropriate and to identify any additional staff training needed. CCS will customize monthly reports of emergency room visits, with data including each patient's name and identification number, the date of emergency service, the patient's disposition, and the emergency treatment received.

ER Trips Report – Care Management System



CCS CORRECT CARE SOLUTIONS

10/6/2014 8:09:41 AM
Page 1 of 1

ER Trips Report

10/5 - 10/6 8:01:31 AM

Displays all ER Trips between the Start Date and End Date.

Inmate Type: N-None;S-State;F-Federal;CMP-Interstate Compact;ICE-ICE/INS
*Observeration(OBS): *-Is Observation; **-Was Observation*
*Hospital Name: ***- ER To Inpatient Conversion*

Site Name	Site Department Name	Name (InmateType)	Patient Number	DOB	Auth Code	OBS	Req Insert Date	Custody Date	Admit Date	Days From Custody	Discharge Date	Hospital Name	Diagnosis
City of Las Vegas	LV Detention Center		8018818	7/5/1979	1973971		10/5/2014	10/4/2014	10/5/2014	1		University Medical Center	Presenting Problem: 345.9:Epilepsy Not Otherwise Specified
Guilford County Detention Centers	Guilford County High Point Det		628354	2/5/1991	1974872		10/6/2014	9/22/2014	10/5/2014	13		Moses Cone	Presenting Problem: 550.9:Inguinal Hernia Not Otherwise Specified
Marion Co. Sheriff's Dept.	Marion Co Main Jail (MJ)		000000693909	7/9/1987	1974982		10/6/2014	10/2/2014	10/5/2014	3		Eskenazi	Presenting Problem: 644.10:Threatened Labor Not Elsewhere Classified Unspecified
Marion Co. Sheriff's Dept.	Marion Co Main Jail (MJ)		000000644225	1/29/1985	1975000		10/6/2014	10/3/2014	10/5/2014	2		Eskenazi	Presenting Problem: 919:Superficial Injury of Other Multiple and Unspecified Sites
Oakland County Jail	Oakland County Jail		255151	11/4/1977	1974818		10/6/2014	10/4/2014	10/5/2014	1	10/5/2014	McLaren	Presenting Problem: 789.0:Abdominal Pain
Shelby County Govt	Shelby Correctional (SHCC)		409216	4/15/1993	1974912		10/6/2014	1/29/2014	10/5/2014	249	10/6/2014	Regional One	Presenting Problem: 525.9:Dental Disorder Not Otherwise Specified
Westchester County	Westchester DOC		222442	3/7/1994	1974614		10/6/2014	9/18/2014	10/5/2014	17	10/5/2014	wcmc	Presenting Problem: 879.8:Open Wounds of Multiple and Unspecified Sites
Wyandotte Detention Center	Wyandotte County (WDD)	)	165476	10/5/2014	1974204		10/5/2014	10/5/2014	10/5/2014	0		KU Medical Center	Presenting Problem: 848.9:Sprains and Strains Not Otherwise Specified
Kentucky Department of Corrections	Kentucky State Reformatory		243465	3/24/1990	1974829	*	10/6/2014	11/18/2011	10/5/2014	1052	10/6/2014	Baptist Hospital La Grange	Presenting Problem: 000.10:Needs To Be Diagnosed (Seizures)
Kentucky Department of Corrections	Kentucky Correctional Institut		261397	7/11/1992	1974740	*	10/6/2014	1/14/2014	10/6/2014	265		U of L	Presenting Problem: V70.9:General Medical Exam Not Otherwise Specified
Kentucky Department of Corrections	Kentucky Correctional Institut		206741	7/9/1984	1974723		10/6/2014	3/13/2014	10/6/2014	207		*** Baptist Health La Grange	Presenting Problem: V22.2:Pregnant State Incidental
Pennsylvania Department of Corrections	SCI Coal Township		JY3813	12/8/1979	1974952		10/6/2014	3/23/2011	10/5/2014	1292	10/5/2014	Geisinger-Shamokin	Presenting Problem: 959.01:Head Injury Not Otherwise Specified

Specialty Referrals

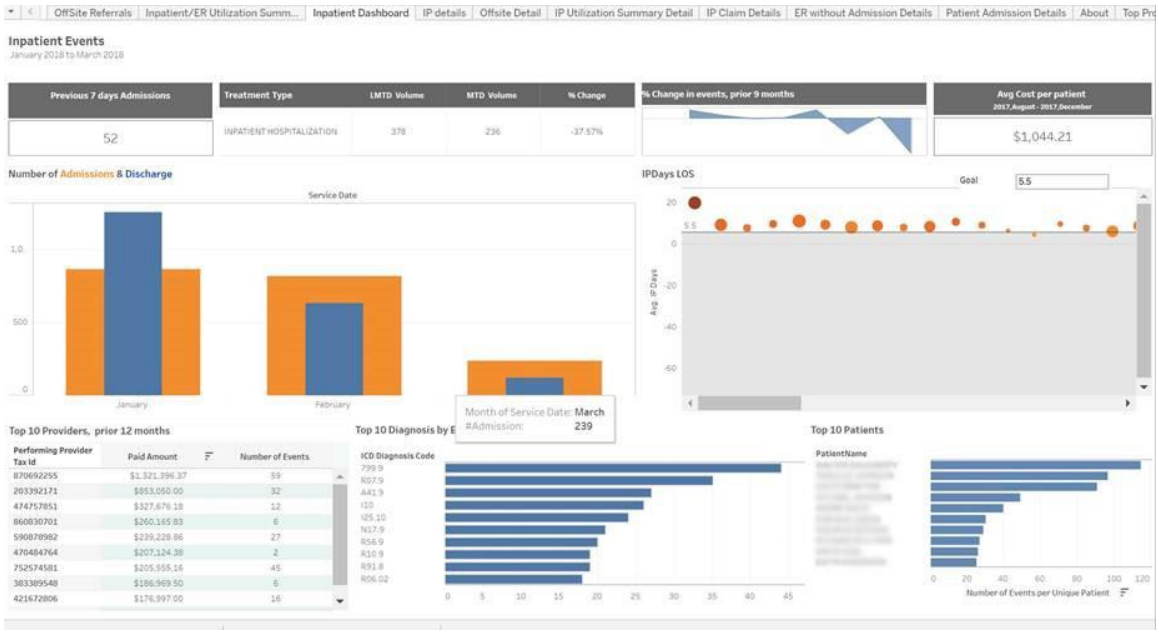
CCS will strive to ensure that specialty services with urgent priorities occur as quickly as possible within 7 days of referral; routine specialty services will occur as soon as possible within 30 days of referral. We will track the time between the specialty referral being made and the patient being seen by a specialist.

Inpatient Data

CCS will provide the Contract Monitor with monthly reports of hospital admissions, inpatient days, and average length of stay. The CCS Care Management system can produce detailed statistical reports and trending data on hospital utilization. The system's visual dashboards will allow the Contract Monitor to easily view operational and outcome trending on:

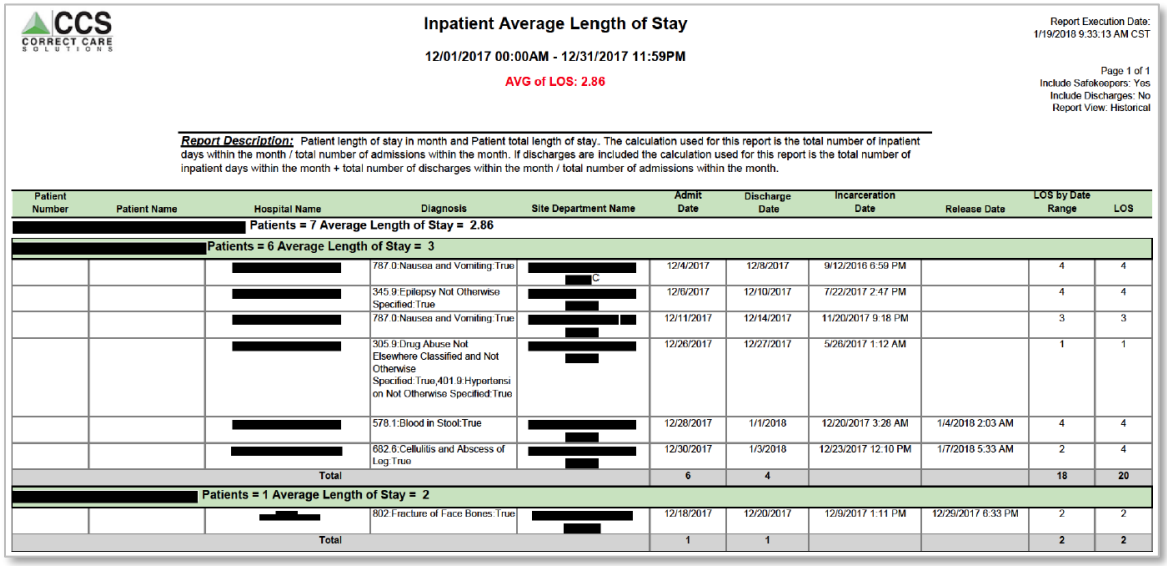
- Admits per 100/1000
- Admits by diagnosis
- Re-admission rates
- ER visits per 100/1000
- ER visits by diagnosis
- ER conversion rates

Sample Dashboard – Inpatient Events



ERMA can also generate reports showing average length of stay for that month's inpatient admissions.

Sample Inpatient Average Length of Stay Report in ERMA



CCS CORRECT CARE SOLUTIONS

Inpatient Average Length of Stay

12/01/2017 00:00AM - 12/31/2017 11:59PM

AVG of LOS: 2.86

Report Execution Date: 1/19/2018 9:33:13 AM CST

Page 1 of 1
Include Safekeepers: Yes
Include Discharges: No
Report View: Historical

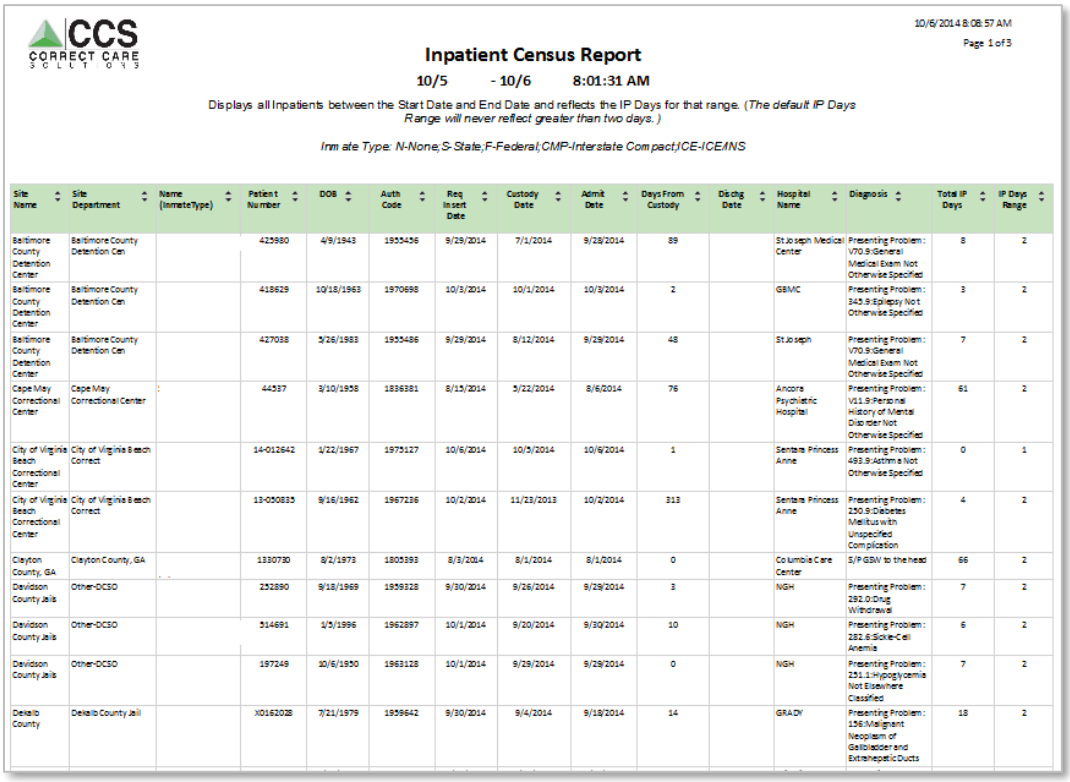
Report Description: Patient length of stay in month and Patient total length of stay. The calculation used for this report is the total number of inpatient days within the month / total number of admissions within the month. If discharges are included the calculation used for this report is the total number of inpatient days within the month + total number of discharges within the month / total number of admissions within the month.

Patient Number	Patient Name	Hospital Name	Diagnosis	Site Department Name	Admit Date	Discharge Date	Incarceration Date	Release Date	LOS by Date Range	LOS
[redacted]			Patients = 7 Average Length of Stay = 2.86							
[redacted]			Patients = 6 Average Length of Stay = 3							
		[redacted]	787.0:Nausea and Vomiting:True	[redacted]	12/4/2017	12/8/2017	9/12/2016 6:59 PM		4	4
		[redacted]	345.9:Epilepsy Not Otherwise Specified:True	[redacted]	12/6/2017	12/10/2017	7/22/2017 2:47 PM		4	4
		[redacted]	787.0:Nausea and Vomiting:True	[redacted]	12/11/2017	12/14/2017	11/20/2017 9:18 PM		3	3
		[redacted]	305.9:Drug Abuse Not Elsewhere Classified and Not Otherwise Specified:True,401.9:Hypertonsion Not Otherwise Specified:True	[redacted]	12/26/2017	12/27/2017	5/26/2017 1:12 AM		1	1
		[redacted]	578.1:Blood in Stool:True	[redacted]	12/28/2017	1/1/2018	12/20/2017 3:26 AM	1/4/2018 2:03 AM	4	4
		[redacted]	682.6:Cellulitis and Abscess of Leg:True	[redacted]	12/30/2017	1/3/2018	12/23/2017 12:10 PM	1/7/2018 5:33 AM	2	4
		Total			6	4			18	20
[redacted]			Patients = 1 Average Length of Stay = 2							
		[redacted]	802:Fracture of Face Bones:True	[redacted]	12/18/2017	12/20/2017	12/9/2017 1:11 PM	12/29/2017 8:33 PM	2	2
		Total			1	1			2	2

Daily Checks on Hospitalized Inmates

CCS will provide the Contract Monitor with a daily inpatient report, which can be accessed directly through the CCS Care Management system. The Contractor Monitor, Superintendent, Jail Administrator, or their designees, will also be given login information for the Care Management system in order to monitor inpatient status.

Inpatient Census Report – Care Management System



CCS CORRECT CARE SOLUTIONS

10/6/2014 8:08:57 AM
Page 1 of 3

Inpatient Census Report

10/5 - 10/6 8:01:31 AM

Displays all Inpatients between the Start Date and End Date and reflects the IP Days for that range. (*The default IP Days Range will never reflect greater than two days.*)

Inmate Type: N-None;S-State;F-Federal;CMP-Interstate Compact;ICE-ICE/INS

Site Name	Site Department	Name (InmateType)	Patient Number	DOB	Auth Code	Req Insert Date	Custody Date	Admit Date	Days From Custody	Dischg Date	Hospital Name	Diagnosis	Total IP Days	IP Days Range
Baltimore County Detention Center	Baltimore County Detention Cen		425980	4/9/1943	1955456	9/29/2014	7/1/2014	9/29/2014	89		St Joseph Medical Center	Presenting Problem: V70.9:General Medical Exam Not Otherwise Specified	8	2
Baltimore County Detention Center	Baltimore County Detention Cen		418629	10/18/1963	1970698	10/3/2014	10/1/2014	10/3/2014	2		GBMC	Presenting Problem: 345.9:Epilepsy Not Otherwise Specified	3	2
Baltimore County Detention Center	Baltimore County Detention Cen		427038	5/26/1983	1955486	9/29/2014	8/12/2014	9/29/2014	48		St Joseph	Presenting Problem: V70.9:General Medical Exam Not Otherwise Specified	7	2
Cape May Correctional Center	Cape May Correctional Center		44537	3/10/1958	1836381	8/15/2014	5/22/2014	8/6/2014	76		Ancora Psychiatric Hospital	Presenting Problem: V11.9:Personal History of Mental Disorder Not Otherwise Specified	61	2
City of Virginia Beach Correctional Center	City of Virginia Beach Correct		14-012642	1/22/1967	1975127	10/6/2014	10/5/2014	10/6/2014	1		Sentara Princess Anne	Presenting Problem: 493.9:Asthma Not Otherwise Specified	0	1
City of Virginia Beach Correctional Center	City of Virginia Beach Correct		13-050835	9/16/1962	1967236	10/2/2014	11/23/2013	10/2/2014	313		Sentara Princess Anne	Presenting Problem: 250.9:Diabetes Mellitus with Unspecified Complication	4	2
Clayton County, GA	Clayton County, GA		1330730	8/2/1973	1805393	8/3/2014	8/1/2014	8/1/2014	0		Columbia Care Center	S/P GSW to the head	66	2
Davidson County Jails	Other-DCSO		252890	9/18/1969	1959328	9/30/2014	9/26/2014	9/29/2014	3		NGH	Presenting Problem: 292.0:Drug Withdrawal	7	2
Davidson County Jails	Other-DCSO		514691	1/5/1996	1962897	10/1/2014	9/20/2014	9/30/2014	10		NGH	Presenting Problem: 282.6:Sickle-Cell Anemia	6	2
Davidson County Jails	Other-DCSO		197249	10/6/1950	1963128	10/1/2014	9/29/2014	9/29/2014	0		NGH	Presenting Problem: 251.1:Hypoglycemia Not Elsewhere Classified	7	2
Dekalb County	Dekalb County Jail		X0162028	7/21/1979	1959642	9/30/2014	9/4/2014	9/18/2014	14		GRADY	Presenting Problem: 156:Malignant Neoplasm of Gallbladder and Extrahepatic Ducts	18	2

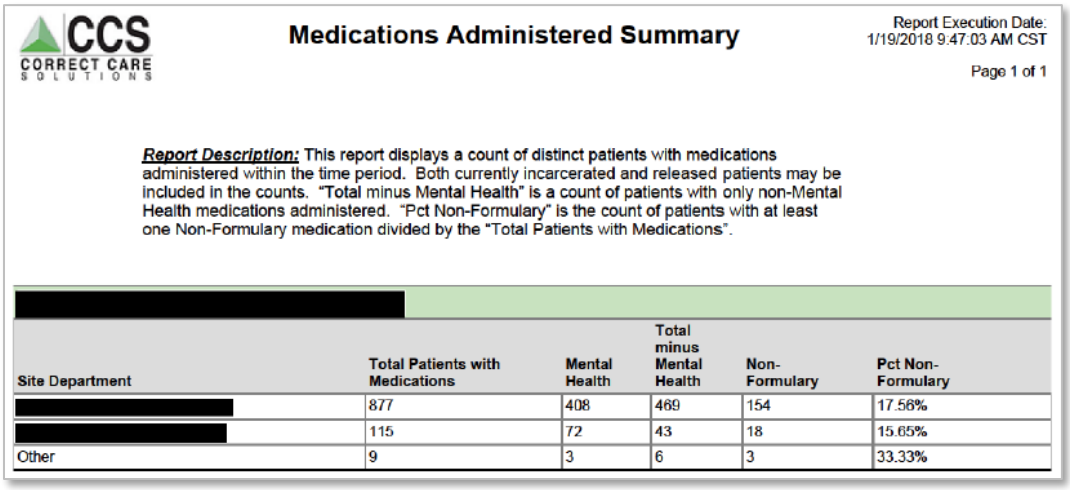
Review of Medication Administration Records

Health care staff will document medication administration and refusals in the electronic Medication Administration Record (MAR). Missed doses will also be documented, along with non-administered medication reason codes. The CCS eMAR allows for easy analysis of statistics for review and planning purposes.

When administering medications, nursing staff can use an off-network laptop—the Point of Care Companion (POCC) system—with their medication cart, marking and electronically signing off on the administration of medications. If a patient does not receive his or her medication for any reason, this is noted in the system during the medication pass. Exceptions, such as missed doses, refusals, or complications are immediately noted in the patient's health record.

CCS can give the Contract Monitor read-only access to ERMA to view individual medication administration records, as well as compliance reports showing medications scheduled but not given for any specific medication pass.

Sample Medications Administered Summary in ERMA



CCS CORRECT CARE SOLUTIONS

Medications Administered Summary

Report Execution Date: 1/19/2018 9:47:03 AM CST

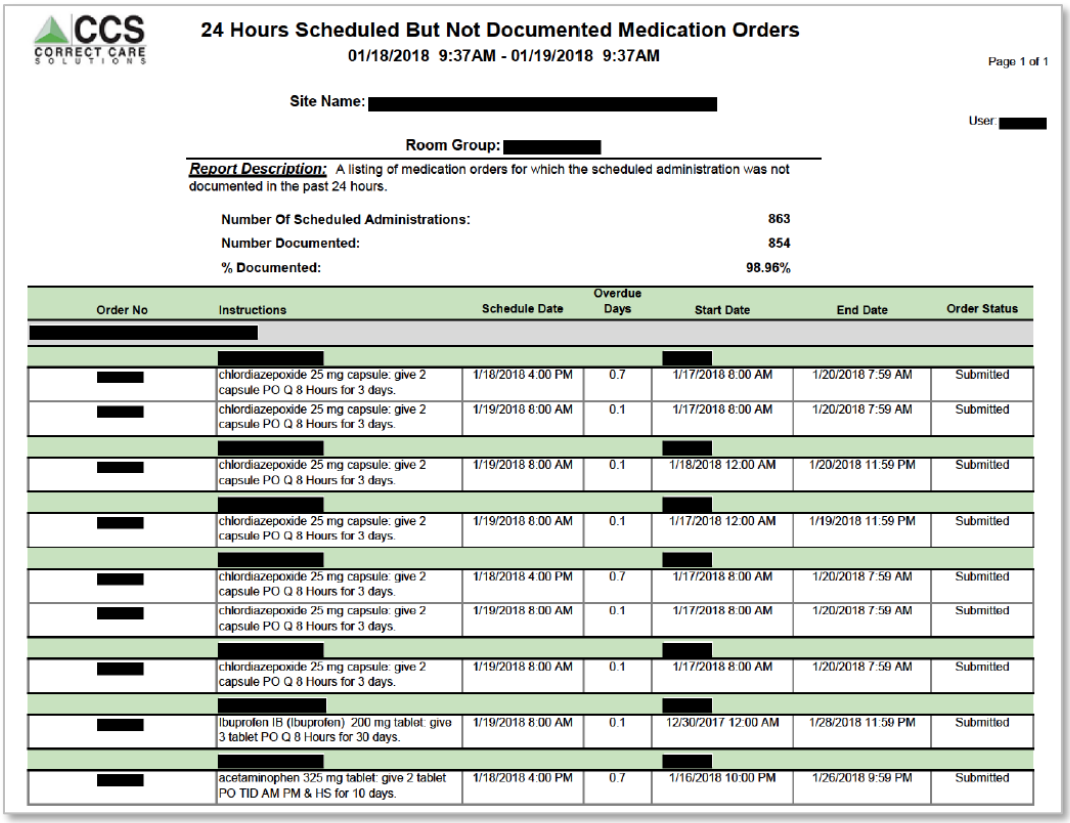
Page 1 of 1

Report Description: This report displays a count of distinct patients with medications administered within the time period. Both currently incarcerated and released patients may be included in the counts. "Total minus Mental Health" is a count of patients with only non-Mental Health medications administered. "Pct Non-Formulary" is the count of patients with at least one Non-Formulary medication divided by the "Total Patients with Medications".

[redacted]

Site Department	Total Patients with Medications	Mental Health	Total minus Mental Health	Non-Formulary	Pct Non-Formulary
[redacted]	877	408	469	154	17.56%
[redacted]	115	72	43	18	15.65%
Other	9	3	6	3	33.33%

Sample Scheduled But Not Documented Medication Orders Report in ERMA



CCS CORRECT CARE SOLUTIONS

24 Hours Scheduled But Not Documented Medication Orders

01/18/2018 9:37AM - 01/19/2018 9:37AM

Page 1 of 1

Site Name: [redacted]

User: [redacted]

Room Group: [redacted]

Report Description: A listing of medication orders for which the scheduled administration was not documented in the past 24 hours.

Number Of Scheduled Administrations: 863

Number Documented: 854

% Documented: 98.96%

Order No	Instructions	Schedule Date	Overdue Days	Start Date	End Date	Order Status
[redacted]						
[redacted]	chlordiazepoxide 25 mg capsule: give 2 capsule PO Q 8 Hours for 3 days.	1/18/2018 4:00 PM	0.7	1/17/2018 8:00 AM	1/20/2018 7:59 AM	Submitted
[redacted]	chlordiazepoxide 25 mg capsule: give 2 capsule PO Q 8 Hours for 3 days.	1/19/2018 8:00 AM	0.1	1/17/2018 8:00 AM	1/20/2018 7:59 AM	Submitted
[redacted]	chlordiazepoxide 25 mg capsule: give 2 capsule PO Q 8 Hours for 3 days.	1/19/2018 8:00 AM	0.1	1/18/2018 12:00 AM	1/20/2018 11:59 PM	Submitted
[redacted]	chlordiazepoxide 25 mg capsule: give 2 capsule PO Q 8 Hours for 3 days.	1/19/2018 8:00 AM	0.1	1/17/2018 12:00 AM	1/19/2018 11:59 PM	Submitted
[redacted]	chlordiazepoxide 25 mg capsule: give 2 capsule PO Q 8 Hours for 3 days.	1/18/2018 4:00 PM	0.7	1/17/2018 8:00 AM	1/20/2018 7:59 AM	Submitted
[redacted]	chlordiazepoxide 25 mg capsule: give 2 capsule PO Q 8 Hours for 3 days.	1/19/2018 8:00 AM	0.1	1/17/2018 8:00 AM	1/20/2018 7:59 AM	Submitted
[redacted]	chlordiazepoxide 25 mg capsule: give 2 capsule PO Q 8 Hours for 3 days.	1/19/2018 8:00 AM	0.1	1/17/2018 8:00 AM	1/20/2018 7:59 AM	Submitted
[redacted]	Ibuprofen IB (Ibuprofen) 200 mg tablet: give 3 tablet PO Q 8 Hours for 30 days.	1/19/2018 8:00 AM	0.1	12/30/2017 12:00 AM	1/28/2018 11:59 PM	Submitted
[redacted]	acetaminophen 325 mg tablet: give 2 tablet PO TID AM PM & HS for 10 days.	1/18/2018 4:00 PM	0.7	1/16/2018 10:00 PM	1/26/2018 9:59 PM	Submitted

Sampling of Health Records

CCS will grant the Contract Monitor read-only access to the full ERMA system, including the ability to view sample patient health records.

Fiscal

CCS will be fully accountable for the care we provide, and we will provide regular financial reports to give the County full transparency into contractual costs. This will be especially important for monitoring of progress towards the off-site and specialty cap, and cost sharing once the cap is reached.

The CCS Care Management system is capable of providing statistical data necessary for the self-evaluation and monitoring of medical and mental health services. CCS will submit regular reports demonstrating our efforts to reduce off-site trips, recover third-party reimbursement, effectively manage the formulary, and maintain contracted staffing levels. We will also provide the Contract Monitor with historical and trending cost data necessary for the evaluation and monitoring of services provided.

CCS will provide the Contract Monitor with a monthly Event & Expense Detail Report, which itemizes each off-site referral entered into the Care Management system and tracks important cost data. Each CCS site is required to review the Event & Expense Detail Report at least monthly and confirm the report is correct by the third business day of each month. This report is used to establish the monthly off-site cost accrual in the facility's financial statements. For additional information and a sample Expense & Event Detail Report, please see section **7.2 Hospital Claims Management**.

During contract negotiations, CCS will work with the Contract Monitor and the County to develop mutually agreeable performance measures based on NCCHC standards, measurable patient care metrics, compliance thresholds, and fiscal outcomes. For example, performance measures will ensure compliance with four-hour receiving screening windows and 14-day health assessment requirements.

Utilization Statistics

The CCS Care Management system can produce reports containing detailed cost data for purposes of cost containment and budget preparation. These reports include information related to all medical, dental, and mental health services and associated costs, 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 Milwaukee County as a result of clinic (rather than per patient) rates and decreased officer transportation expenditures.

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 health care 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 and analyze, trend, and compare data. CCS will conduct regular reviews of cost containment procedures in an effort to reduce mutually agreed-upon contractual costs. 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
- Infection rates
- Non-formulary utilization trends
- Non-formulary lab trends
- Prior authorization turnaround times
- Prior authorization outcome rates
- Standard vs. expedited authorization requests

Reporting and Compliance

CCS will comply with the RFP's requirements for mandatory reporting. We will provide the required weekly, monthly, quarterly, and annual statistical and narrative reports to the Superintendent, Jail Administrator, and Contract Monitor. All reports will be submitted in the required format and within the timelines provided. CCS will be transparent and accountable for the program we design and the care we provide to patients housed in the HOC and MCJ.

The HSA will work closely with the County's Contract Monitor and will provide the following (not exclusively) reports and documentation on an established basis:

- Health record audit documentation for all disciplines
- Monthly statistics by discipline and category, including unsuccessful completions and wait times
- Staffing vacancies by position, hours, and FTE, reported weekly
- Staffing disciplinary matters that directly impact patient care, reported weekly
- Work hours on-site and coverage gaps
- Recruitment efforts and list of eligible candidates
- Monthly grievance log
- Medication errors and pharmacy reports
- Inpatient hospital and emergency reports
- Utilization management reports
- Suicide watches and special management placements
- Receiving screening timeline report

CCS will provide a full set of operational and statistical reports that can be customized to meet the specific needs of Milwaukee County. We will deliver detailed monthly statistical reports and daily operational reports for review by the Contract Monitor, as well as the Superintendent and Jail Administrator. CCS will use these reports to continually review the effectiveness of our program and to improve overall program quality and efficiencies.

The ERMA report library contains reports that can be customized to meet the County's specific requirements. Integration with Microsoft SharePoint Services allows reports to be scheduled and delivered automatically as needed. ERMA also allows for the creation of customized reports based on each facility's needs.

Monthly Compliance Reports

CCS will provide a customized monthly report package that best fits the County's specific needs. Reports will delineate the status of the health care program, including potential problems and suggested resolutions. CCS will also provide reports on monthly paid and projected costs, as well as monthly aggregate and projected aggregate costs.

CCS will submit the report package to the Contract Monitor on a mutually agreed-upon day each month. The customized monthly reports for the HOC and MCJ will reflect the previous month/term workload, with data including but not limited to:

- Inmates' requests for various services
- Inmates seen at sick call
- Inmates seen by physician
- Inmates seen by dentist
- Inmates seen by psychiatrist/psychologist
- Admissions to the Special Medical Housing Unit
- Off-site hospital and emergency room admissions and cost
- Medical specialty consultation referrals and cost
- Intake medical screenings
- 14-day history and physical examinations
- Diagnostic studies
- Report of third-party reimbursement, pursuit, and recovery
- Percentage of inmate population administered medication
- Inmates testing positive for TB, STDs, HIV, or HIV antibodies
- Inmate mortality
- Number of hours worked by entire medical staff and compliance with contract staffing levels
- Other data deemed appropriate by the Contract Monitor or designee

Quarterly Summaries

CCS will provide a quarterly summary of all health services utilization data to the Contract Monitor or designee. Quarterly reports will include summaries related to progress toward agreed-upon objectives for the County's medical program and the status of personnel-related activities.

Annual Summaries

CCS will provide a comprehensive annual report based on the contract year, giving a comprehensive review of the monthly statistical and program reports and examining significant trends and issues. The report will include utilization statistics and a narrative summary of our accomplishments for the year, as well as recommendations for desirable changes in medical procedures and/or protocols. CCS will submit the annual report to the designated entities no later than 60 days after the end of each contract year.

Daily Reports

In addition to the reports described in the RFP, CCS will also provide a daily narrative report for the previous 24 hours to the Contract Monitor or designee (Saturday and Sunday reports may be submitted Monday morning). The daily report will outline important events of both day and night shifts, including but not limited to:

- Transfers to off-site hospital emergency departments
- Communicable disease reporting
- Suicide data (i.e., attempts and precautions taken)
- Report of status of inmates in local hospitals and infirmaries
- Staffing roster changes
- Medication discrepancies
- Completed medical incident report copies
- Completed medical grievance report copies
- Receiving screenings performed
- Health assessment status report

8.4 Quality Measures, Metrics, and Performance History

Response to Section 21.8, Question 4

4. Provide a narrative indicating quality measures, metrics, and performance in providing correctional health care services for a variety of clients over the last three (3) years. In particular, provide:
    a. Data regarding sentinel events and mortality, including any data reported to the National Commission on Correctional Health Care.
    b. Provide a profile of the patient population for each facility for which your organization has provided information or will provide information pursuant to this Request.
    c. Provide sample quality assurance and performance improvement (QAPI) programs for two facilities that serve similar patient populations as the County.
    d. Provide three (3) samples of Quality Improvement projects performed as part of the QAPI programs at each of the facilities listed above.
    e. Provide results of any surveys that your organization has conducted within the last three (3) years that measure the culture of safety within the organization and facilities served, and a description of employee development or training related to your organization's system of safety.
    f. Provide a description of employee development or training related to quality, including any curriculum, philosophy, orientation, and ongoing development materials.

Data Regarding Sentinel Events and Mortality

CCS is unable to provide this data due to our legally binding Patient Safety Organization (PSO) agreement. Due to our company's involvement in the PSO, this information is considered Patient Safety Work Product, and is reported to the PSO to enhance learning and to prevent adverse events in the future through that learning. This also allows both CCS and our clients to maintain the confidentiality of these analyses, while also providing some protection from discovery.

CCS does not submit items to the NCCHC since they review items on site, unless there is a corrective action plan, which is the property of the CCS client.

Profile of Patient Population for Provided Facilities

CCS is unable to provide this data due to our legally binding Patient Safety Organization (PSO) agreement.

Sample Quality Assurance and Performance Improvement Programs

CCS is unable to provide this data due to our legally binding Patient Safety Organization (PSO) agreement.

Samples of Quality Improvement Projects

CCS is unable to provide this data due to our legally binding Patient Safety Organization (PSO) agreement. However, we have provided several samples of CQI Study Methodology Sheets in **Attachment L**. ***Please note that this information is confidential/trade secret pursuant to Wis. Stat. § 19.36(5).***

Results of Safety Surveys

CCS is unable to provide this data due to our legally binding Patient Safety Organization (PSO) agreement.

Employee Development or Training Related to Quality

The Home Office CQI team, led by CQI Director Dawn Ducote, conducts a four-part onboarding series for new employees. The onboarding takes place via conference call using a guided PowerPoint presentation. Four onboarding modules are presented in one-hour sessions that take place once a month for four months. We have provided sample a PowerPoint presentation in **Attachment M**. ***Please note that this information is confidential/trade secret pursuant to Wis. Stat. § 19.36(5).***

9 Regulatory Compliance and Accreditation

Respondents should use this section to describe how they will meet the requirements of NCCHC Accreditation listed in Section 15 – Accreditation.

The Respondent should answer questions below in the following format: indicate for each response the number of the request that it addresses, including section number; indicate the question number, re-type the question, and provide your response.

9.1 Achieving Initial NCCHC Accreditation

Response to Section 21.9, Question 1

1. Submit a plan and timeline, not to exceed eighteen (18) months, for successfully achieving initial accreditation and the HOC and MCJ.

Milwaukee County has asked proposers to demonstrate their ability and commitment to provide and conform to the provisions of NCCHC accreditation standards. ***CCS is the most experienced provider in obtaining and maintaining accreditation in the industry***. We currently provide health care services in **201** accredited facilities, including **73** accredited by the NCCHC (three of which are in Wisconsin). ***No other competitor comes close to our track record.***

Standards of Care

The CCS program for the HOC and MCJ will meet or exceed the 2018 NCCHC Standards for Health Services in Jails. CCS operates all of our programs at an appropriate level of care consistent with NCCHC standards. We will use our unmatched accreditation experience (described in section **9.3 Experience with NCCHC Accreditation**) to ensure that the HOC and MCJ's medical and mental health programs achieve and maintain NCCHC accreditation as required by the RFP. We understand that failure to do so may result in penalties as assessed in the RFP.

CCS is also committed to helping Milwaukee County obtain NCCHC accreditation for opioid treatment programs (OTP) at the HOC and MCJ. OTP accreditation enables OTPs to obtain legally required certification from the Substance Abuse and Mental Health Services Administration (SAMHSA) of the U.S. Department of Health and Human Services. As the only SAMHSA-authorized accrediting body that focuses on corrections, NCCHC has developed standards that are based on federal regulations but tailored for this field. Programs applying for accreditation or certification must also comply with the applicable laws and regulations in their states. CCS will work with SAMHSA and other agencies to meet the applicable requirements and obtain the proper DEA licensure for the HOC and MCJ.

Before obtaining SAMHSA certification, OTPs must complete the accreditation process and meet other requirements. A program may apply for a provisional (initial) certification as it is working towards becoming accredited by a SAMHSA-approved OTP accrediting body. The provisional certification is a temporary certification granted to a new OTP for up to one year, during which time it must become accredited. After a provisionally certified program becomes accredited, it must apply to SAMHSA for full certification via the renewal application. Once certified, OTPs must renew certification annually or every three years depending on the accreditation timeframe awarded.

CCS has experience in the development of NCCHC accreditation-ready opioid treatment programs for other clients that we will use to help the County obtain NCCHC OTP accreditation (SAMHSA accreditation). We have also been in contact with a company called NCCHC Resources, Inc., who can provide additional training to our staff about medication-assisted treatment in the correctional setting, including an in-depth review of the NCCHC OTP standards. NCCHC Resources Inc. provides all day interactive training seminars with an in-depth review of the NCCHC OTP Standards.

Timeline and Preparation

Preparation for accreditation will begin upon contract award. CCS will submit to the County an action plan, timetable, assignments, and resource requirements that will support accreditation by the NCCHC at the HOC and MCJ. Progress toward accreditation goals will be reported and discussed as a standard agenda item at each Medical Advisory Committee meeting. CCS staff will attend all required accreditation meetings and will assist facility staff in preparing for the initial NCCHC survey. CCS will also assist with periodic internal compliance audits and will maintain future ongoing accreditation.

CCS will have the HOC and MCJ's medical program audit-ready within 18 months of contract implementation, and will contact the NCCHC within this timeframe to schedule the initial audit. It is important to note that the precise timeline for achieving accreditation is dependent on the NCCHC's audit schedule; however, CCS guarantees will have the medical department prepared for audit within the first 18 months of the contract. We will conduct a mock NCCHC survey prior to the actual on-site audit, and will discuss our findings and recommendations with the on-site staff.

CCS has obtained first-time accreditation for several of our client facilities. 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 the Western Virginia Regional Jail. 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.

First-time NCCHC Success Story

Within one week of our arrival at the Adelanto Detention Facility, CCS developed a more reliable method of tracking caseloads, appointments, and treatment plans for mental health staff, allowing our team to better manage their caseloads. Within two months after CCS began providing health care services, mental health treatment plans were developed for all detainees being seen by mental health staff. Several measures were put in place to provide increased accountability and organization to the department. ***The NCCHC conducted an initial audit during this time and had only positive findings, granting first-time accreditation to the facility***.

Approximately three months after transitioning to CCS services, the Detention Facility was fully staffed in mental health and was sufficiently demonstrating to ICE that a higher population of detainees could be adequately managed. As a result, the detainee population nearly doubled within four months of our arrival. ***This is indicative of our company's experience in transitioning sites needing improved organization and implementing sound processes and treatment modalities that effect change and ensure success.***

Within six months of assuming the responsibility for the delivery of health care at the Adelanto Detention Facility, CCS corrected all existing deficiencies and implemented processes and procedures that resulted in the facility's population rising impressively from less than 1,000 to the maximum population of 1,900. The new population has remained steady ever since, generating millions of dollars in increased revenue for the client.

Policies, Manuals, and Documents

Upon contract transition, CCS will collect and maintain reports, records, and other documentation needed for accreditation audits. CCS will analyze this data and will use it to address areas needing improvement.

CCS will develop and maintain all required policies and procedures and documentation. The following policies, manuals, and documents (not exclusively) will be signed and dated by appropriate staff in accordance with accreditation requirements:

- National clinical treatment guidelines for physician and midlevel providers
- Mental health treatment manual
- Nursing assessment protocols
- CQI manual and reports
- Policies, procedures, and manuals for each discipline
- Diagnostic manuals
- Infectious disease control manuals and reports
- Hepatitis control guidelines and protocol
- Electronic health records manual;
- Pharmacy manual
- Orientation and training manual
- Emergency response plan

Policies and Procedures

Within 60 days of on-site startup, following a discovery period, CCS will develop a Policies and Procedures Manual tailored to health care services provided at the HOC and MCJ. The CCS Policies and Procedures Manual will meet or exceed NCCHC standards and will be subject to approval by the County. We anticipate that certain policies will undergo some revision within the first 120 days of the contract. The manual will subsequently be reviewed and revised as CCS and/or County policies are modified, no less than once per year.

9.2 Maintaining Accreditation after Contract Termination

Response to Section 21.9, Question 2

2. Describe how you would work with the County in the event of termination of a contract by either party, with or without cause, to ensure that the County can maintain accreditation.

CCS will cooperate with the County in event of termination by either party, whether with or without cause, to ensure that the County can maintain accreditation. Such cooperation will include the provision to the County of all information, documents, records, and data related to accreditation compliance. Documentation that is not determined as a legal/risk management issue for CCS would be maintained on site within a binder system to demonstrate a continuity of standards.

9.3 Experience with NCCHC Accreditation

Response to Section 21.9, Question 3

3. Describe your organization's experience with NCCHC accreditation. Have you been responsible for leading NCCHC accreditation efforts at any correctional facility? How has your organization assisted correctional facilities with obtaining and maintaining their NCCHC accreditation? How does your organization ensure its staff are knowledgeable about current NCCHC standards? Has your organization ever had a contract for health care services at a correctional facility with the facility lost or did not renew its NCCHC accreditation? If yes, please explain. Of all named facilities served, what percentage is presently NCCHC accredited?

CCS has unmatched experience with NCCHC accreditation. Our internal quality improvement programs guarantee that our clients meet and maintain all applicable standards. When the NCCHC updates its standards, CCS notifies all staff of resulting changes to our policies and procedures.

CCS has obtained first-time accreditation for several of our client facilities, including but not limited to:

- Richland County Alvin S. Glenn Detention Center, SC
- Onondaga County Justice Center, NY
- New Hanover County Detention Center, NC
- Newport News City Jail, VA
- Elkhart County Corrections Center, IN
- Douglas County Correctional Center, NE
- Western Virginia Regional Jail, VA
- Augusta-Richmond Charles B. Webster Detention Center, GA

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. Audit support is provided by a team of corporate, regional, and on-site staff members. CCS conducts mock accreditation 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.

Following is a testimony from our client in Waukesha County highlighting our staff's preparation for an NCCHC audit at the County's two facilities. Similar to Milwaukee County, Waukesha County maintains the County Jail and a separate Huber Facility. CCS has successfully maintained NCCHC accreditation at both facilities during our tenure in Waukesha County, where we have operated since 2005.

Praise for CCS NCCHC Audit

"I wanted to take the opportunity to let you know what a great job Beth [Frederick, HSA] did in preparing for and handling the recent NCCHC audit! Both during my personal interview and during the exit interview, ***both of the auditors had nothing but the highest praise for Beth and her staff and the medical services your company provides****. While this facility has maintained that accreditation for over 30 years,* ***we have never partnered with better company than yours****. It takes me back to the day we interviewed you for the initial RFP and the pledge Jerry [Boyle, Founder & Executive Chairman] made and you stood by ever since. Thank you."*

Michael Giese, Jail Administrator
Waukesha County Sheriff's Dept., WI

NCCHC Program of the Year (2017 & 2012)

Each year, the NCCHC presents their prestigious Program of the Year Award to one facility from the NCCHC national accreditation program. In 2017 and 2012, the award went to a CCS client.

In Valhalla, New York, CCS HSA Dr. Alexis Gendell and her team had a vision to provide additional services to our mental health patients within the Westchester County Correctional Facility. The CCS team worked directly with the Westchester County Department of Correction and community providers to make this vision a reality. The resulting Community Oriented Re-Entry (C.O.R.E.) Program was recognized by the NCCHC as their 2017 ***Program of the Year***.

A CCS facility was also named Program of the Year in 2012. The NCCHC recognized the professional delivery of health care services at the Chittenden Regional Correctional Facility in Vermont, whose medical program was managed by CCS.

Unique Accreditation Perspective

CCS has strong connections to the NCCHC and the 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. CCS hosts CCHP examinations at our Home Office in Nashville, Tennessee and in various locations throughout the U.S. to make it convenient for our employees to take the exam. Encouraging this certification, we provide CCHP examination opportunities for our employees on a regularly scheduled basis.

CCS is also proud to include ACA Past Presidents Mary Livers (former Secretary for the Louisiana Office of Juvenile Justice), 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

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 successfully pass.

Client Accreditation Status

CCS currently provides health care services in **206** accredited facilities, including **78** accredited by the NCCHC (three of which are in Wisconsin). Of the 447 facilities we serve nationwide, **46%** are accredited by the NCCHC, ACA, and/or CALEA; **17%** are accredited by the NCCHC. Our accreditation history is well-documented: ***CCS has never failed to obtain nor lost accreditation status at any of our client sites***, and we have never been denied for continued accreditation. The following table shows a summary of our current accreditation status.

CCS Accreditations by the Numbers	
Accrediting Agency	**Number of Facilities**
NCCHC, ACA & CALEA (Triple Crown)	17
NCCHC & ACA	19
NCCHC Only	42
ACA Only	128
TOTAL	**206**

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 17 Triple Crown sites among our clients***. The National Sheriffs' Association (NSA) presents its prestigious Triple Crown Award to correctional facilities that achieve accreditation by the NCCHC, ACA, and CALEA.

According to the NSA, "Achieving these accreditations individually is a daunting task. Acquiring all three at the same time is an extraordinary feat. In fact, the Triple Crown distinction is so rare, that since the establishment of the award in 1993, fewer than 100 sheriffs' offices have qualified."

CCS is proud to manage Triple Crown facilities in:

- Alexandria, VA
- Arapahoe County, CO
- Augusta-Richmond County, GA
- Broward County, FL *(five Triple Crown facilities)*
- DeKalb County, GA
- Elkhart County, IN
- Jefferson County, CO
- Marion County, IN
- McHenry County, IL
- Monroe County, FL
- Orange County, NY
- Shelby County, TN *(two Triple Crown facilities)*

9.4 Regulatory Compliance History

Response to Section 21.9, Question 4

4. Provide a complete narrative of your regulatory compliance history, including, but not limited to:
    g. Copies of all documentation regarding regulatory non-compliance for the past three (3) years.
    h. Copies of the three (3) most recent NCCHC accreditation survey reports, and responses to noted deficiencies or to conditional accreditations, if any, for facilities that serve similar patient/inmate populations (by acuity) as the County.
    i. For each survey report identified in Request 1(b) that includes any deficiencies, please describe the facts and circumstances of any deficiency that put a facility at risk of non-compliance at a condition level, and state how these deficiencies were corrected.
    j. For all facilities served by your organization, provide a description of any licensure or accreditation survey deficiencies that have had a material and direct impact on patient health and safety, including any deficiencies or violations that warranted immediate attention or subjected the facility to immediate jeopardy, a description of the steps taken by the facility and your organization to address such matters, and the result of those steps.

CCS has a Compliance and Accreditation team lead by Jon Bosch, the former Director of Accreditation for the NCCHC. With 206 accredited facilities, our accreditation process is well documented. CCS also documents and tracks all compliance activities. Accreditation is granted to the facility, not to the health care provider, and much of this client information is protected.

In **Attachment N**, we have provided three recent NCCHC Reports as required, along with a redacted example of documentation used for tracking non-compliance and corrective actions at the site level. ***Please note that this information is confidential/trade secret pursuant to Wis. Stat. § 19.36(5).***

In each of the NCCHC Reports, the health care program was found to be ***100% compliant*** with all Essential and Important standards with no risk of compliance; therefore, there were no deficiencies to correct. Further, CCS has not had any licensure or accreditation survey deficiencies that have had a material and direct impact on patient health and safety.

10 Health Records and Data

Respondents should use this section to describe how they will meet the requirements of NCCHC Accreditation listed in Section 17 – Health Records and Data.

The Respondent should answer questions below in the following format: indicate for each response the number of the request that it addresses, including section number; indicate the question number, re-type the question, and provide your response.

CCS will maintain up-to-date health records at all times, consistent with NCCHC standards; County policies and procedures; community standards of practice; and all federal, state, and local laws. Following the receiving screening, health care staff will initiate a comprehensive health record that will be the single source of medical, dental, and mental health information for each inmate. CCS staff will be responsible for the entry of patient information in the individual health record. Each record will contain an accurate account of the inmate's health status at the time of admission, patient-provider encounters, and on-site and off-site services provided. Health records will minimally contain:

- Identifying information (i.e., name, number, date of birth, sex)
- A problem list containing medical and mental health diagnoses and treatments, as well as known allergies
- Receiving screening and health assessment data
- Progress notes of all significant findings, diagnoses, treatments, and dispositions
- Clinician orders for prescribed medication and medication administration records
- Reports of laboratory, radiology, and diagnostic studies
- Flow sheets
- Consent and refusal forms
- Release of information forms
- Results of specialty consultations and off-site referrals
- Discharge summaries of hospitalizations and other inpatient stays
- Special needs treatment plans, if applicable
- Immunization records, if applicable
- Place, date, and time of each clinical encounter
- Signature and title of each documenter

Ownership of Records

CCS will maintain health records for the length of an inmate's stay, in accordance with HIPAA rules and regulations. Although CCS is the custodian of health records, they will be the property of the County. Upon conclusion of the contract, health records will remain the property of County, and CCS will work to ensure a smooth transition of records.

Records Retention

CCS will retain inactive health records in accordance with NCCHC standards, as well as laws of the State of Wisconsin and requirements of the American Medical Association. If an inmate returns to the system, CCS will identify and reactivate the inactive record. CCS will maintain health records of released inmates throughout the course of the contract at our expense, and in a documents archive location if necessary, to be approved by the County. Requests for retrieval of records made by County staff will be fulfilled without cost to the County.

Release of Medical Information

CCS will ensure that all medical information about inmates is treated as confidential and is not shared with entities outside the facility, except as may be permitted by law. In any criminal or civil litigation where the physical or mental condition of an inmate is at issue, CCS will provide authorized County representatives with access to the records upon written request.

10.1 Experience Using Electronic Health Records

Response to Section 21.10, Question 1

1. Describe your organization's experience using electronic health records (EHR) / electronic medical records (EMR). Do you currently use an EMR/EHR system in a correctional facility? If so, which EMR/EHR does your organization use? If you use more than one, please provide the names of all systems used, and where they are used.

Innovative Solution: EHR Built for Corrections

CCS has developed our own EHR system, the Electronic Record Management Application (ERMA). ERMA is a web-based application ***specifically designed to operate as part of the health care delivery system inside correctional facilities***. More than 100 CCS clients use ERMA as their complete electronic health record solution, including:

- **Dane County, WI (ADP: 950)**
- **Waukesha County, WI (ADP: 460)**
- DeKalb County, GA (ADP: 3400)
- Wayne County, MI (ADP: 2866)
- Davidson County, TN (ADP: 2800)
- Mecklenburg County, NC (ADP: 2800)
- Gwinnett County, GA (ADP: 2500)
- Maine DOC (ADP: 2300)
- City of New Orleans, LA (ADP: 2100)
- Louisville Metro, KY (ADP: 2000)
- Pasco County, FL (ADP: 1575)
- Bernalillo County, NM (ADP: 1550)
- Oakland County, MI (ADP: 1520)
- Westchester County, NY (ADP: 1400)
- Marion County, IN (ADP: 1280)
- Douglas County, NE (ADP: 1250)
- City of Las Vegas, NV (ADP: 1100)
- Augusta-Richmond County, GA (ADP: 1100)
- Forsyth County, NC (ADP: 1030)
- Johnson County, KS (ADP: 1000)

"The implementation of a full electronic health record, including an eMAR, has served to change how health care is provided at our site. We are a multi-clinic, large facility with simultaneous medical, mental health, and dental services being administered at any given time. Where a paper chart often allowed for only one provider to see a patient, the electronic system allows all staff to have access to health information at the same time. The outcome has been a more efficient and timely delivery of services, improved health record documentation, organized tracking of data, and a unified approach across disciplines."

Alexis Gendell, PsyD
Health Services Administrator
Westchester County Department of Correction

Experience with Other Systems

CCS has the broadest experience and deepest knowledge of electronic medical systems in corrections, with nearly 150 of our facilities using an electronic health record. Many CCS sites use ERMA, our in-house system; however, due to the scale of our clients, we have significant experience with other EHR systems, including:

- Catalyst (used in AZ)
- CorEMR (used in VA, TX, MI, WA, MD, AZ, CO, PA)
- CorrecTek (used in FL)
- eCW (used in CA, KY)
- EOMIS (used in AR)
- GE Centricity (used in NM)
- HealthSecure (used in TN)
- Netsmart (used in FL)
- NextGen (used in TN)
- Quest (used in IN)
- Sapphire (used in PA)

10.2 Contractor's EHR System

Response to Section 21.10, Question 2

2. Milwaukee County expects the Contractor to own, maintain, and be wholly responsible for a fully-hosted EMR/EHR system. Does your organization own its own EMR / EHR system? If yes, please describe the system and how you intend to implement it for use at the HOC and MCJ, and confirm that the system is fully-hosted off-site. **Please note that off-site hosting of the EMR is required.** If you do not currently own your own EMR/EHR system, please describe how you intend to provide an EMR / EHR for Milwaukee County, including which system you are proposing, how you will purchase it, and how you will implement it. Please see Section 17.2: Electronic Health Record for additional details.

Yes, CCS owns, maintains, and will be wholly responsible for our proposed EHR system, ERMA, which will be fully hosted by CCS.

ERMA is owned, developed, and operated by CCS, which allows the flexibility to make enhancements to the program and upgrade our client facilities with new features as they become available, at no additional cost to our clients. ***CCS can provide a fully customized EHR solution for Milwaukee County—something your current provider cannot offer***.

Additionally, ***ERMA is a hosted application, so no servers are required at the jail facility***. Other EHR systems are not hosted and require that a Windows Server be implemented at the facility; they also require a process for performing daily backups of the data. For these other systems, the costs of the server and the responsibility for backups belong to the jail.

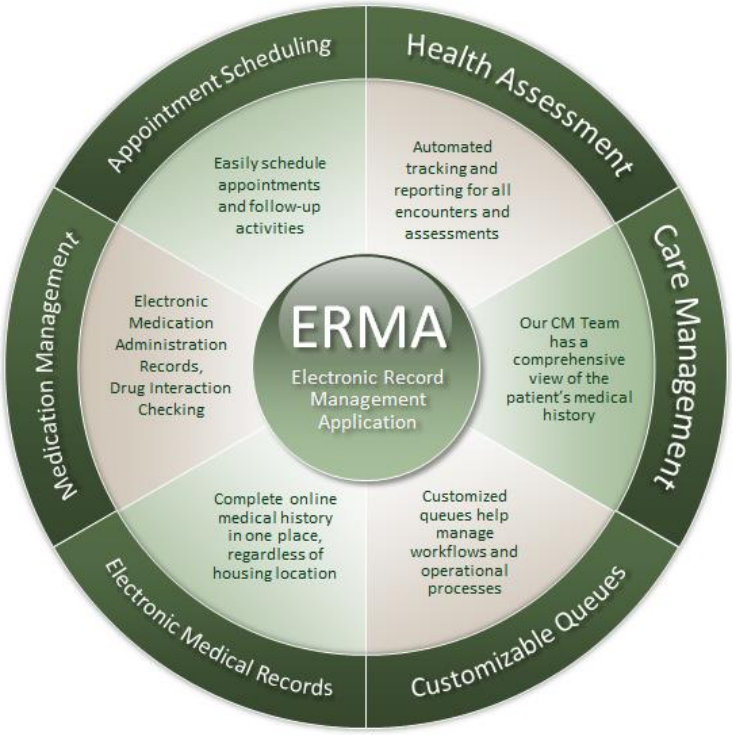
Because ERMA is a web-based system, ***there is no software to install***. Implementation is simple so clients can immediately start benefitting from the solution. CCS would only require the following from the County:

- High-speed internet connectivity and access to wireless service (if available) or electrical outlets in areas where medical services occur
- A simple data extraction from your JMS, which will allow us to build the interface between these systems; the interface will allow for initiation of the health record at intake, as well as exchange of information that custody staff may need, such as medical orders for a bottom bunk or PREA directives

A Customizable System

ERMA is a multifunctional health record that can be tailored to each client's goals and requirements, making it the ideal EHR system for the correctional setting. The fully customizable system is made up of several separate modules. Based on the specific needs of the HOC and MCJ, functions such as health records, appointment scheduling, and utilization management can each run separately within the system.

The Separate Modules of ERMA



Features and benefits of the CCS ERMA system are described in the following table.

ERMA Features and Benefits	
Our Feature	**Your Benefit**
Ease of implementation	Medical staff gathers information through use of proven implementation methodology.
Increased efficiency	Staff has instant access to current and past patient records.
Enterprise Architecture	ERMA is designed to function as part of the overall health care delivery platform. In addition to increasing staff productivity and efficiency, ERMA works to keep the CCS regional and national physicians in a collaborative relationship with the on-site providers in the provision of health care at the highest levels.

ERMA Features and Benefits	
Our Feature	**Your Benefit**
Complete online medical history in one place, regardless of housing location	Through a secure connection, medical staff can access patient data regardless of their movement within the housing areas.
Immediate access to health records available from multiple locations	Providers can securely access data remotely, allowing on-site health care staff to easily collaborate with specialists and other providers across the country. This remote hosted solution is especially valuable for disaster planning.
Dynamic and static documents	ERMA gives users the flexibility to use both direct data entry and scanned paper records to integrate workflows into a single patient chart. These dynamic documents allow for the capture and reporting of almost limitless data types, and can be customized to meet site-specific needs and requirements.
Physician order entry	ERMA supports the integration of medication order entry and HL7 transmission to the pharmacy provider, providing real-time prompting of contra-indications, duplicate therapies, and dosage.
Automated tracking and reporting of customer metrics	Customized monitoring views are used to track key events in the patient care lifecycle, including annual health assessments, dental exams, chronic care visits, and any other site-specific protocols. Because of ERMA's unique design, metrics can be combined for each facility's peer group to show how the facility compares to others.
Automated tracking of chronic and acute problems	The Master Problem list tracks both chronic and acute, active and inactive problems by combining problem (for nurses) and diagnosis (ICD-10 for providers) codes.
Integrated Care Management for off-site services	ERMA's distinctive scheduling capability gives utilization management teams a comprehensive view of the patient's medical history, including on-site and off-site care, inside the correctional facility. The CCS Care Management team provides integrated case notes, allowing on-site providers to continue directing patient care even while the patient is off site for advanced care.
Unique reporting capabilities	Because ERMA was designed exclusively for the correctional environment, its reporting features support the day-to-day activities that occur within correctional facilities.
Customizable queues	Customized queues give instant access to patient populations, allowing for consistent monitoring. For example, patients needing receiving screenings, patients needing health assessments, and patients with special needs can be grouped in queues for single-click access.
Improved care of returning patients	When a patient is released and later re-admitted, their data is immediately available and any chronic care protocols are automatically repopulated.
High availability platform	ERMA is built to be highly available and scalable. ERMA uses Microsoft technology, including SQL Server Enterprise and C#.net. It is load balanced across many web servers and hosted in two fully redundant data centers. Client systems only need the Microsoft .Net Framework and Internet Explorer 8 or higher to access the system.

ERMA Features and Benefits	
Our Feature	**Your Benefit**
More efficient use of nursing resources	Some competing EHR systems necessitate increased staffing due to longer process flows. ERMA is designed specifically for correctional workflows, allowing personnel to perform their jobs more efficiently.
System security as a priority	CCS is focused on the security and accessibility of your health records. We use two-factor authentication that requires both the device accessing ERMA and the user to be pre-authorized. CCS guarantees that all health information is stored on redundant servers within two separate data centers. These centers are SAS 70 certified (the equivalent of NCCHC accreditation for information technology security), ensuring that security and HIPAA standards are met.
UpToDate® provider reference and patient education materials	CCS has integrated the UpToDate Clinical Knowledgebase and Tools set. All users are given single-click access to this valuable medical resource. Client-specific patient education materials can also be integrated into ERMA.

Patient Management Capabilities

ERMA organizes inmate records in a manner that allows record indexing and retrieval by inmate number, social security number, patient name, date of birth, incarceration date, or other identifiable data elements. ERMA organizes data into a virtual medical chart within each patient record with sections of the medical chart customized to each client's needs, including:

- Receiving Screening
- Health Assessment
- Chronic Care
- Master Problem List
- Patient Consent Forms
- Sick Call Notes
- Provider Orders
- Mental Health
- Dental
- Off-Site Care
- Medication Administration Records
- Lab Results

Document Imaging

ERMA supports both dynamic (interactive data entry) and static (scanned) documentation. Scanned documents can be barcoded and rescanned, reducing the time required to attach the document to the patient's chart. Our flexible configuration allows custom workflows to be attached to all documents, including the capturing of electronic signatures from all types of users. For example, receiving screenings can be routed to nurses, physicians, and mental health providers for review, capturing electronic signatures at each step.

Dynamic Documents

In today's correctional environment, the need to collect data is greater than ever. Health care professionals are able to document patient encounters quickly and easily through ERMA's dynamic documents feature, which allows each facility to create a library of customized forms that are used for documentation. These forms, also known as "templates," are created through an administrative tool with strict business rules applied. Administrators determine requirements, options, explanations, and other useful elements to capture in the templates.

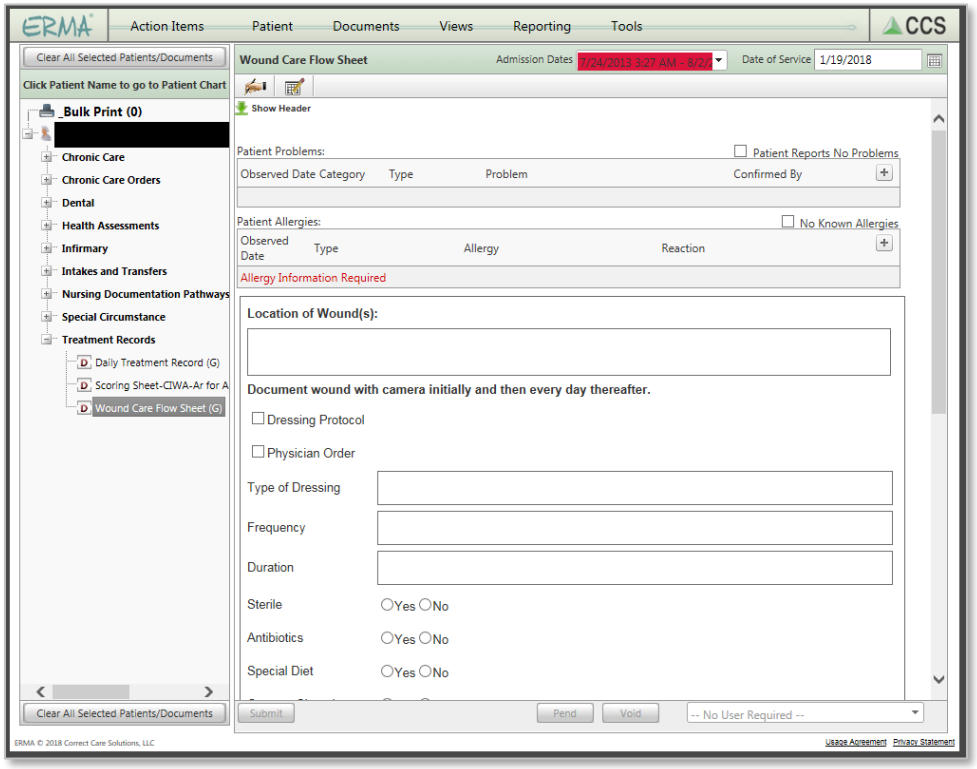
Medical Forms

ERMA's dynamic documents and templates capabilities allow all types of encounters and protocols to be implemented that other systems may treat as separate modules. All of the CCS clinical pathways, dental treatments, mental health, nursing pathways, clinical protocols, and health forms all come standard with ERMA. ***Individual, site-specific customizations can easily be added at no cost***. Over 100 templates come with every ERMA implementation.

Examples of these templates include but are not limited to:

- Nursing Pathways
  - Abdominal Pain
  - Dental Complaints
  - Gastrointestinal Complaints
  - Headache
  - Musculoskeletal
  - Pregnancy
  - Self-Injurious Behavior
- Flow Sheets
  - Diabetic Flow Sheet
  - COWS for Opiate Withdrawal
  - CIWA-Ar for Alcohol/Benzodiazepines
  - Therapeutic Restraint Flow Sheet
- Mental Health
  - Psychiatric Provider Initial Evaluation
  - Columbia Suicide Severity Rating Scale
  - Initial Mental Health Evaluation
  - AIMS
  - Medication Consent forms
  - Suicide Watch Assessment
  - Treatment Plans
- Dental
  - Annual Dental Exam
  - Dental Instructions
  - Dental Extractions

Sample Wound Care Flow Sheet in ERMA



Patient Profile

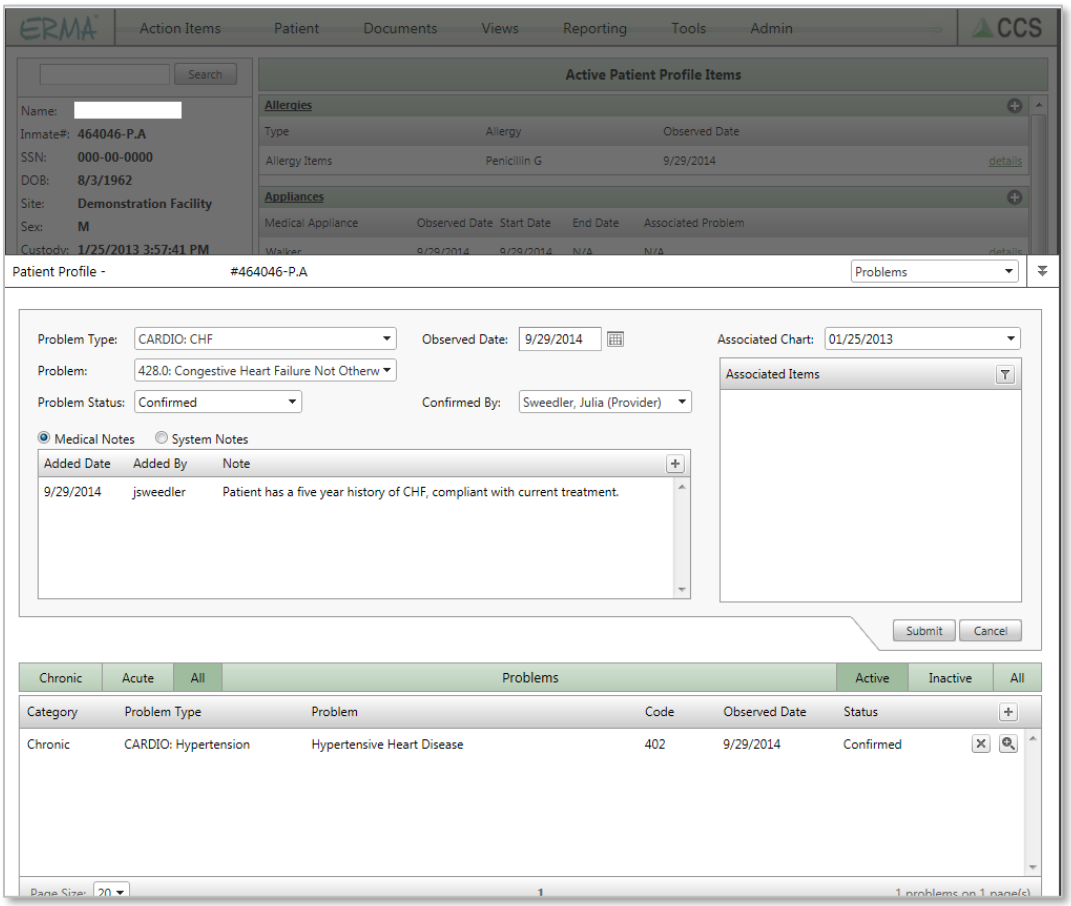
Data flows easily between a dynamic document and the patient profile. For instance, if a nurse documents a problem found during a patient encounter, it will be automatically added to the patient's master problem list. Essential information such as allergies, diets, appliances, and special needs can be easily integrated with dynamic documents. By using dynamic documents to capture data, ERMA improves patient encounters and saves medical staff valuable time.

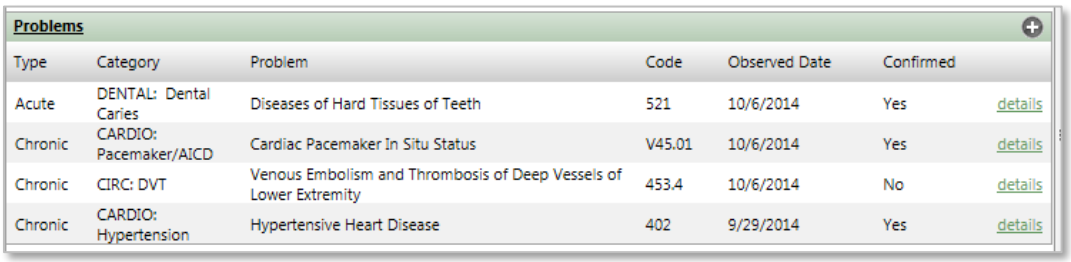
Sample Patient Profile in ERMA

Problem Lists

Health records will comply with the problem-oriented health record format and standards. The ERMA master problem list contains both acute and chronic care problems. Problems are typically identified by nursing staff and are later confirmed by a provider. Problem lists are maintained through the use of a dynamic form or directly by the provider. ERMA also supports the use of ICD-10 and DSM diagnosis codes.

Master Problem List in ERMA





Progress Notes

CCS will document progress notes in the health record for all open medical and mental health cases at each clinical contact and at a frequency dictated by the inmate's condition, status, and level of care. Progress notes will minimally include:

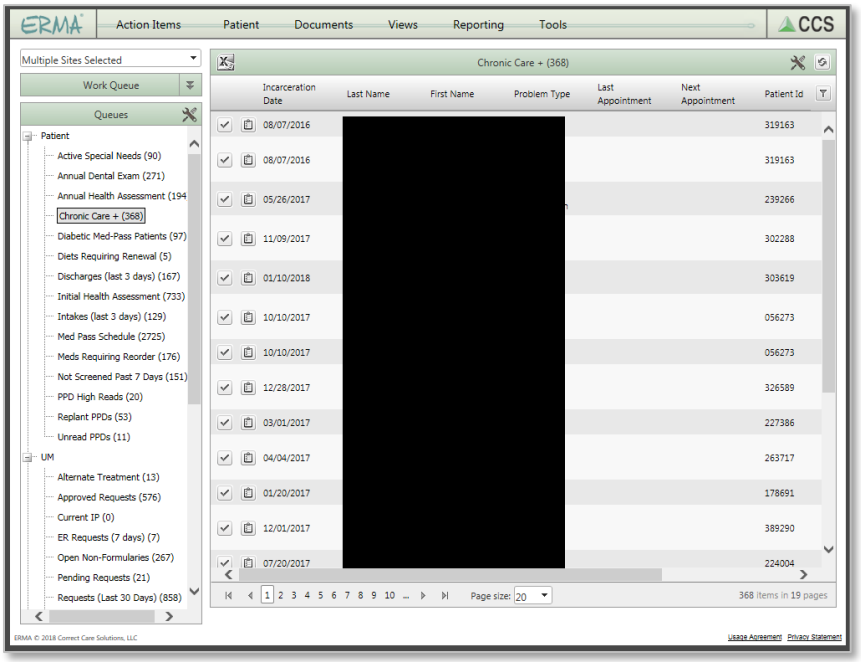
- Documentation of treatment plan implementation and progress
- Documentation of all treatment provided
- Chronological documentation of the inmate's clinical course
- Descriptions of each change in the inmate's condition
- Documentation of suicidality or violent behavior with a history of all attempts of suicide and self-mutilation

The individual providing patient care will enter comprehensive progress notes into ERMA, with time, date, and signature. Progress notes will follow the subjective, objective, assessment, and plan (SOAP) format, with all subjective interpretations supplemented by a description of actual behavior observed or reported. Plans will include patient-specific recommendations based on clinical contact and mental health classification.

Reporting and Work Queues

ERMA allows for the creation of customized reports and work queues based on each site. Reports can be sent to custody staff to ensure prompt and accurate communication of movement needs. Integration with Microsoft SharePoint Services allows reports to be scheduled and delivered automatically as needed. Report automation is often used to notify third parties such as food service vendors or custody staff of special needs and medically ordered diets. Health care staff can also quickly review and reschedule any missed appointments.

Sample Chronic Care Work Queue in ERMA



ONC Certification

The Medicare and Medicaid EHR Incentive Programs, established by the Center for Medicare and Medicaid Services (CMS), provide financial incentives for the meaningful use of certified EHR technology (CEHRT) to improve patient care. To receive an EHR incentive payment, providers have to demonstrate that they are meaningfully using their EHRs by meeting thresholds for a number of objectives.


Drummond group

Certificate of EHR Compliance

This is to certify that:
ERMA - Electronic Record Management Application 4.30

From:
Correct Care Solutions, LLC
http://www.correctcaresolutions.com
1283 Murfreesboro Road
Nashville, TN 37217

Completed EHR Certification of the Following:
EHR Modular (Ambulatory)

Drummond certified
2014 EDITION
EHR MODULAR

Modules Tested: 170.314(a)(2-7, 10, 11, 13);
170.314(d)(1, 5, 6);
170.314(g)(1, 3, 4)
Clinical Quality Measures tested
Additional software used: Microsoft Active Directory

This EHR Module is 2014 Edition compliant and has been certified by an ONC-ACB in accordance with the applicable certification criteria adopted by the Secretary of the U.S. Department of Health and Human Services. This certification does not represent an endorsement by the U.S. Department of Health and Human Services or guarantee the receipt of incentive payments. Drummond Group is accredited by ANSI and approved by ONC for the ONC HIT Certification Program to certify: Complete EHR, EHR Module (s)), and Certification of either types of HIT for which the Secretary has adopted certification criteria under Subpart C of 45 CFR.

Holds Certificate No. 07102014-2676-3
Date Certified: 07/10/2014
Effective Date: 2014 Edition

For and on behalf of Drummond Group:

Rik Drummond, CEO

ANSI
ANSI Accredited Program
PRODUCT CERTIFICATION

This certificate remains the property of Drummond Group and shall be returned immediately upon request.
To be read in conjunction with the scope above or any attached appendix.

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First, the provider's EHR system must be certified as being capable of providing the features and functionality that can lead to this meaningful use. Qualifying CEHRTs are certified for meaningful use by the Office of the National Coordinator (ONC) HIT Certification Program. ***ERMA qualifies as a CEHRT and has been certified for meaningful use by the ONC***.

10.3 Implementation of EHR System

Response to Section 21.10, Question 3

3. Provide a project plan for the implementation of your EMR / EHR system, including timeline for transition of services, and indicate how you intend to minimize the impact on health care services during the transition. In particular, provide detailed information that addresses:
    a. EHR data transfer. How will you ensure orderly transition of medical records and prevent data loss? How will you guarantee continuity of care during the transition? What risks or issues do you foresee?
    b. EHR configuration.
    c. Projected timeline.
    d. Required interfaces with other systems, including Clinical Solutions and WISHIN, and any risks or requirements of those interfaces which may impact the project.

EHR Data Transfer

CCS has considerable experience with the County's current system, CorEMR, and will transfer any data from CorEMR to ERMA so there is no data loss. We will leverage our internal knowledge of the CorEMR system to lead the migration to the ERMA platform. CCS will insure that all critical health record components transition to the new system including:

- Patient Demographics
- Problem List
- Vital Signs
- Medication Orders
- Appointments
- Allergies
- Special Needs
- Lab Reports
- Patient Medical Chart and Diagnostic Items

The intent of the conversion would be to ultimately retire the CorEMR health record and no longer require access to it. Our approach does not result in a dual system or maintaining a reference system in CorEMR. CCS will continue to use the current CorEMR implementation until the data is transferred and the staff is fully transitioned to the ERMA system.

CCS will lead this project beginning at notice of award. Our approach is flexible, but will minimally consist of the following steps:

1. **Discovery**
    a. Documenting data elements currently captured in CorEMR
    b. Understanding and documenting in-place interfaces with third-party systems
    c. Documenting and understanding present state workflows
    d. Consulting with client and staff on strengths and weaknesses of current usage
2. **Analysis**
    a. Requests will be made to CorEMR to obtain data extracts in the CorEMR native format if necessary
    b. Mapping documentation will be created to map data between the two systems and a conversion process flow will be created
    c. Testing of completeness of data extract will be completed to insure all required data elements are included in the extracts
    d. Customer approval will be obtained for conversion and process mapping documents
3. **Development**
    a. Conversion processes will be created and the data staged in the ERMA system
    b. Review of staged data will be conducted by various stakeholders and approval obtained to proceed
    c. Fresh data extracts will be obtained one week prior to go live
    d. Data will be loaded into production ERMA database
    e. Order reconciliation will occur between the two systems to insure all orders are converted properly
    f. Subsequent data extract will be obtained the day of go live and converted

EHR Configuration

CCS will provide the necessary desktop and laptop hardware required for ERMA. We estimate the number of devices to be as follows:

Desktop / Laptop	60-70
POCC Laptops (med pass)	10-15
Tablets for Wellness Checks	5-10
Printers	20-30
ERMA Scanners	2-5

CCS acknowledges that the equipment provided will become property of the County, who will retain ownership. We can provide manufacturer change of ownership documentation if requested.

Interfaces with Other Systems

CCS will ensure seamless and secure communication between ERMA and the existing County systems, including Clinical Solutions and WISHIN. ***ERMA is an open system and easily integrates with third-party systems***.

Clinical Solutions

CCS will ensure seamless and secure communication between ERMA and Clinical Solutions through a bi-directional interface. ***CCS works with Clinical Solutions at other facilities and already has a functional interface with their systems***. ERMA will be the sole repository for information regarding all patient services, including medication orders, which will allow practitioners to initiate, review, and manage orders in a timely and efficient manner.

ERMA already supports the integration of medication order entry and HL7 transmission to Clinical Solutions. This integration gives the pharmacy immediate access to medication orders and the ability to provide any medication substitutions to the on-site staff. ERMA is also integrated with First Databank, a national provider of drug interactions and warnings. This integration gives ordering providers real-time decision support for contra-indications, duplicate therapies, allergies, interactions, and dosage warnings.

Formulary compliance is also integrated into ERMA. If orders are placed for off-formulary medications, an off-formulary request is automatically generated and sent to the Medical Director for approval. Once approved, the order is expedited through electronic transmission to the pharmacy.

WISHIN

ERMA will interface with the Wisconsin Statewide Health Information Network (WISHIN). ERMA supports real-time transaction processing for providing data out to a Health Information Exchange (HIE), complying with all of the standard HIE transactions sets and formats. This will facilitate access to and retrieval of clinical data to provide safer and more timely, efficient, effective, and equitable patient-centered care in Milwaukee County.

CCS has an active engagement and Statement of Work (SOW) with WISHIN and is currently implementing it for our Wisconsin clients in Dane, Waukesha, and Brown Counties. We also have experience developing ERMA interfaces for other statewide HIEs, including Louisiana, Michigan, Kentucky, and Georgia. For additional information, please see section **10.12 Electronic Health Information Exchange: WISHIN**.

Projected Timeline – CONFIDENTIAL/TRADE SECRET

The ERMA implementation project for Milwaukee County will start on Day One of the contract with integration of the CCS Care Management system into day-to-day processes for utilization management. Additionally on Day One, CCS will manage the existing CorEMR system and continue to operate it temporarily to ensure no break in EHR usage. CCS will then fully transition to ERMA in the first 90-120 days of the contract, or on a mutually agreed upon timeline.

The full ERMA implementation will occur based on a mutually agreed upon timeline. CCS has an outstanding track record with ERMA implementations. While some of our competitors fail to meet their promised timelines for EHR implementation, CCS *consistently* delivers on our promises:

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- [redacted]
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Training

Many other EHR systems require intense training sessions that can leave staff feeling overwhelmed and unsure of how to work the system into their everyday processes. Due to the user-friendliness of ERMA, medical personnel can be trained as competent beginner users in as little as 30 minutes. Medical personnel are trained to integrate ERMA into their workflow so that data is captured as close to the time of service as possible. CCS also uniquely provides on-site training and transition support resources, as well as HSA mentoring, throughout the transition. ***Training on ERMA will be provided for the life of the contract AT NO COST to the County.***

Our actual implementation (or operational transition process) begins with staff pre-training. This training is performed online and gives staff the opportunity to learn key aspects of the application to begin preparing for the transition. CCS will then bring trainers on site to conduct role-specific training. Many of our trainers are nurses who have worked in similar institutions during their careers, so they easily relate to and build rapport with the on-site staff. This rapport is important as we "go live" with the EHR system; the trainers will stay at the facility and provide support and on-the-job training for several weeks after the go-live date. CCS will work with every staff member individually on every shift to ensure that not only the EHR is performing as needed, but also that the staff reach a reasonable comfort level with use of the application.

Lastly, CCS provides 24/7 technical support through the Help Desk at our Nashville Home Office. When individuals call the Help Desk, they are supported by CCS-trained technicians who can provide basic training or solve most issues remotely. They can and are encouraged to escalate training issues to our EHR training team for additional event-specific training or additional on-site training and support. These support measures will enable CCS to successfully deliver an effective EHR technology to Milwaukee County.

10.4 Existing County Infrastructure

Response to Section 21.10, Question 4

4. Confirm that the EHR can successfully use existing County infrastructure as described in Section 16: Physical Plant, Equipment, Supplies, Computers, and Telecommunications.

Based on the information provided in Addendum 19, CCS is very comfortable that the County's existing network infrastructure with 1GB network speed will be sufficient to support the successful implementation and operation of ERMA. Once ERMA is implemented, there will be no requirement for the County to provide servers or other hosting services. If the County chooses to transition off of the existing network for HER, CCS can provide a cost proposal to implement an alternative infrastructure.

10.5 Option to Purchase EHR System

Response to Section 21.10, Question 5

5. State whether or not you can provide the County an option to purchase the EMR / EHR should the County wish to do so. Indicate the estimated costs of the purchase and any maintenance costs the County would sustain. Describe how you would transition services upon purchase of the EMR / EHR by the County. Provide examples of other contracts in which you have permitted a correctional system to purchase your EMR / EHR, if any. Indicate at what point in the relationship the purchase was made (beginning of contract, mid-contract, termination).

Upon conclusion of the contract, health records will remain the property of Milwaukee County, and CCS will work to ensure a smooth transition of records. All licenses and portals would be provided to the County for archive retrieval and maintenance.

CCS offers the following two options for transitioning electronic health records:

- CCS would provide a complete SQL Server data dump of all records and fields. This would allow the County to merge these into a new system if one has been chosen. ***This would be done at no cost to the County***.
- Milwaukee County would also have the option to continue to utilize ERMA via a licensing agreement with CCS. We would maintain all storage of the records with the same safeguards that exist today inclusive of duplicate systems running in two separate SAS 70 data warehouses located in separate cities. Any programming requests or report creation, if necessary, would be billed at an hourly rate of $125/hour. Software costs include two consecutive days of training support per year. Any additional training requested by the County would be negotiated separately, although typically a train-the-trainer program works best to minimize costs.

10.6 Transition to a County-Owned EHR System

Response to Section 21.10, Question 6

6. State whether or not you would be willing and able to transition to a new EMR / EHR should the County opt to purchase its own system. Indicate the estimated costs of transition and any additional costs the County would sustain as a result of the transition. Describe how you would transition services to a new EMR / EHR. Provide examples of similar transitions you have performed in the past, if any.

From time to time, our customers choose to purchase and manage an EHR system directly or outside of their medical contract. CCS offers to work with our clients through the entire lifecycle, from RFP through implementation. Working together with our clients helps insure a smooth transition and minimizes the impact on patients and staff. Our experience includes successfully transitioning our client in Shelby County, Tennessee from ERMA to the NextGen EHR system in 2013.

10.7 Security Policies and Safeguards

Response to Section 21.10, Question 7

7. Please provide your administrative, technical and physical security policies and safeguards which will protect and control data security against destruction, loss, unauthorized access or alteration of County confidential and proprietary data, including your standards for safe-guarding Personally Identifiable Information (“PII”); and, Personal Health Information (“PHI” and “e-PHI”).

CCS takes privacy and security very seriously. In today’s cyber security environment, there are constant threats to keeping electronic data secure. CCS has our own internal information security team that oversees our robust information security program. Our program includes all the required components of HIPAA and ISO 27001/27002 compliance. CCS performs regular HIPAA compliance audits, cyber security audits, and penetration testing.

CCS will adhere to all laws relating to confidentiality of patient information. We will secure health records as required by law and other applicable state or federal statutes and regulations. All records will be maintained in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), as well as the Health Information Technology for Economic and Clinical Health (HITECH) amendment to HIPAA.

Compliance training for HIPAA and HITECH is a mandatory part of CCS new employee orientation and is also required annually for all CCS employees and quarterly we conduct cybersecurity awareness training.

CCS is focused on the security and accessibility of your health records. We guarantee that all health information is stored on redundant servers within two separate data centers. These centers are SAS 70 certified (the equivalent of NCCHC accreditation for information technology security), ensuring that security and HIPAA standards are met.

10.8 Disaster Recovery, Continuity, and Data Transfer Policies

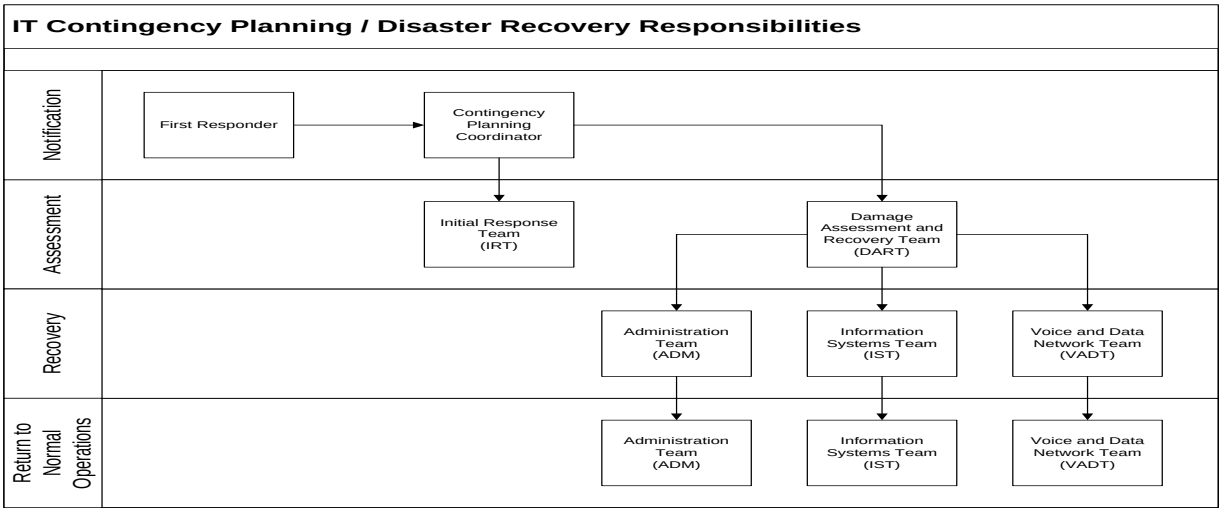
Response to Section 21.10, Question 8

8. Please provide a summary of:
    a. Your disaster recovery process and plan;
    b. Your data/business continuity operation plans; and,
    c. Your policy and process for returning County data in the event of a termination or conclusion of the agreement; and, for verifying that all County data has been securely removed from your systems and/or storage.

ERMA is a hosted application, so no servers are required at the jail facility. This remote hosted solution is especially valuable for disaster planning.

Disaster Recovery

The CCS Information Technology Contingency Plan establishes procedures to recover IT systems following a disruption. Objectives are established to maximize the effectiveness of contingency operations through a phased process consisting of Activation, Recovery, and Reconstitution. Resources are identified ahead of time and trained in carrying out the plan. The plan attempts to coordinate the resources of CCS to respond in emergency or disaster recovery situations.



Data Continuity

All data is maintained in a secure and redundant environment to ensure accessibility and continuous maintenance of all patient information, despite natural or man-made catastrophes. We guarantee that all health information is stored on redundant servers within two separate data centers. These centers are SAS 70 certified (the equivalent of NCCHC accreditation for information technology security), ensuring that security and HIPAA standards are met. The CCS data centers offer the following features:

- Two redundant data centers (Colocation)
- 15 min replication window
- Load Balancing and Fail Over
- Cisco, HP, 3PAR, F5 Hardware
- CommVault Simpana Backup
- Amazon Cloud

Returning County Data

Upon conclusion of the contract, health records will remain the property of Milwaukee County, and CCS will work to ensure a smooth transition of records. All licenses and portals would be provided to the County for archive retrieval and maintenance. CCS would provide a complete SQL Server data dump of all records and fields, which would allow the County to merge these into a new system if one has been chosen. For additional information, please see section **10.5 Option to Purchase EHR System**.

10.9 Access, Authentication, Data Control, and Security Audits

Response to Section 21.10, Question 9

9. Please state whether you are able to meet or exceed the following requirements for your EHR.
    a. Have identification and access controls are in place to limit access to County confidential and proprietary data by authorized users;
    b. Use Azure Service for authentication;
    c. Or, in the alternative, does your application have the ability to be provisioned within the Microsoft Azure framework;
    d. Have procedures and technical controls in place to govern data entering your network from any external source;
    e. Have encryption techniques in place to protect the County confidential and proprietary data when transferred in or out of the hosted environment;
    f. Have a test environment for customers to test the update/upgrade before deploying;
    g. Have a multi-tenant environment;
    h. Have a routine audit of your security systems and controls; and,
    i. A Customer can audit entries in the system.

Access Controls

CCS will manage the security and accessibility of patient health records in compliance with state and federal privacy regulations. The CCS Medical Director will approve health record policies and procedures, and will define the format and handling of health records. The HSA will control access to health records to ensure patient confidentiality. Each patient's health record will be kept separate from the confinement record. Authorized County users will have access to any information deemed necessary in determining an inmate's security rating, housing assignment, job suitability, etc.

Authentication

CCS uses two-factor authentication that requires both the device accessing ERMA and the user to be pre-authorized. This ***unique two-factor authentication*** only allows ERMA access on devices that have been pre-approved, thereby securing ERMA to the device level. New devices can be quickly authorized with the proper approvals. Our authentication model eliminates the need for complicated firewall or internet configurations. Because ERMA is a browser-based internet application, no VPN is required.
ERMA does have the ability to work with Microsoft Azure; however, this should not be applicable to ERMA because ERMA is hosted by CCS and is not hosted in Azure.

Data Exchange

ERMA is built on a Microsoft Server platform and can exchange data in a variety of formats, including XML, HL7, CSV, Web Services, and others. ***We support multiple encryption models*** to ensure that data is exchanged reliability and securely. All data is encrypted at rest and in-transit. No PHI data is stored on local desktops.

CCS will provide all system and database administration services for ERMA. The system operates on a Microsoft SQL Server and all documents, indexes, and data elements are contained within the SQL Server Database.

Environments

The ERMA environment is multitenant and consists of a series of application web servers and Microsoft SQL servers. Data is logically separated between clients and users. CCS maintains and makes available test/training environments for training of new staff and acceptance testing of new ERMA releases.

Audits

CCS has our own internal information security team that oversees our robust information security program. Our program includes all the required components of HIPAA and ISO 27001/27002 compliance. CCS performs regular third-party HIPAA compliance audits, cyber security audits, and penetration testing. Audit logs can be made available to the customer upon request.

10.10 Security, Safeguard, and Control of County Data

Response to Section 21.10, Question 10

10. Please state whether you are able to meet or exceed the following requirements for the security, safeguard and control of County confidential and proprietary data.
    a. All data will be stored, transmitted or process in the contiguous United States;
    b. None of the County data will be shared/sold/licensed with a third party;
    c. Any access to County data will be limited to authorized members of your company;
    d. At present, you have implemented and maintain an information security program that is compliant with laws and regulations, such as HIPAA; and,
    e. None of your data security and/or protection controls are outsourced.

CCS confirms that we will meet or exceed the County's stated requirements for the security, safeguard, and control of County confidential and proprietary data.

10.11 Service Level Parameters

Response to Section 21.10, Question 11

11. Please provide a summary of the Service Level parameters for your EHR, minimum levels, and proposed remedies and penalties for non-compliance with Service Level parameters.

CCS understands that as the EHR and medical provider, we have goal alignment for maintaining constant system availability. During down time, it is our employees and patients that are directly affected. ***ERMA has exceeded 99.9% planned availability during the past 10 years***. There are regular maintenance windows that are scheduled periodically (not to exceed one per month).

10.12 Electronic Health Information Exchange: WISHIN

Response to Section 21.10, Question 12

12. Section 17.3: Electronic Health Information Exchange: Wisconsin Statewide Health Information Network describes the County's expectation for participation in WISHIN and concerns regarding the coordination of continuity of care for inmates leaving County facilities and returning to the community. Indicate confirmation of the requirement and use of WISHIN to ensure continuity of care for patients following release from custody. For inmates with chronic medical and/or mental health conditions, describe any other approach you have to ensuring continuity of care is maintained when patients leave County facilities. How are medical/mental health referrals made? How is health information about the inmate communicated (both within and outside WISHIN)? Do you have a network of medical providers in the community you will use? Provide examples of other locations in which you participate in a similar program.

ERMA will interface with the Wisconsin Statewide Health Information Network (WISHIN). ERMA supports real-time transaction processing for providing data out to a Health Information Exchange (HIE), complying with all of the standard HIE transactions sets and formats. This will facilitate access to and retrieval of clinical data to provide safer and more timely, efficient, effective, and equitable patient-centered care in Milwaukee County.

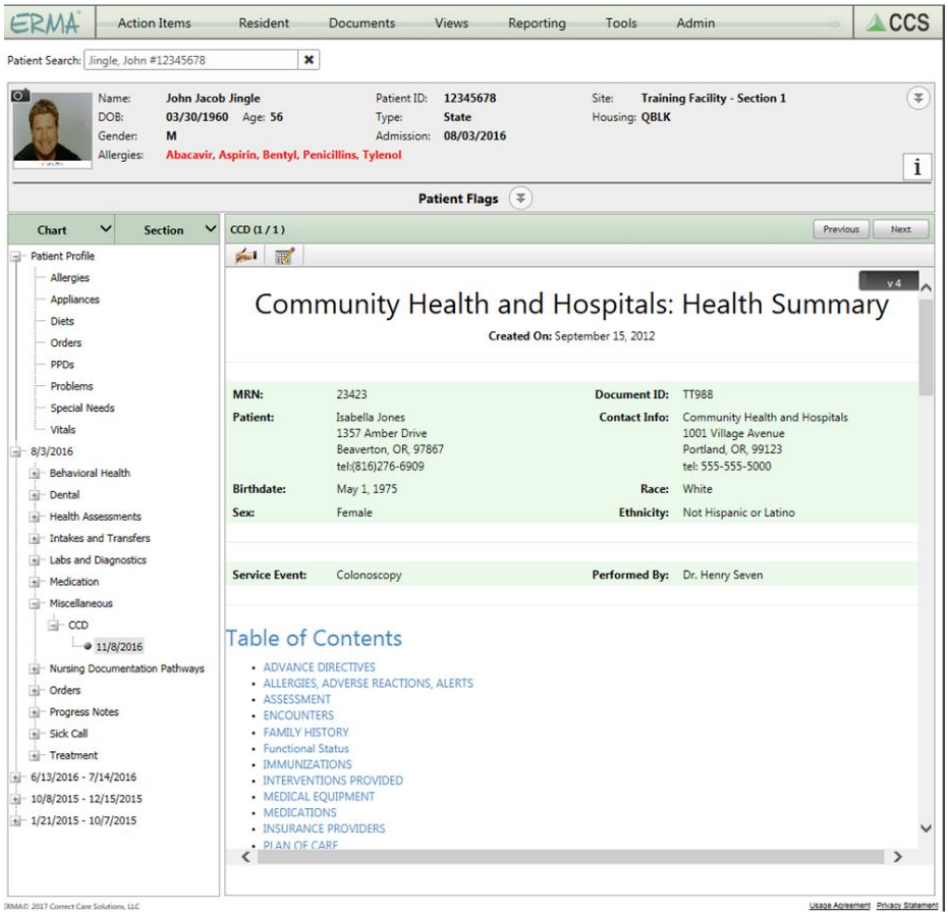
CCS has an active engagement and Statement of Work (SOW) with WISHIN and is currently implementing it for our Wisconsin clients in Waukesha, Dane, and Brown Counties. CCS will contract with WISHIN for a WISHIN Pulse subscription and will fully participate in the WISHIN network. We will be responsible for subscription fees and will comply with all restrictions, staff training and usage, and federal HIPAA regulations.

A health information exchange (HIE) is organized to facilitate the exchange of health care information electronically among medical facilities, health information organizations, and government agencies, according to national standards. This community health record is vital to ensuring continuity of care for inmates upon release. CCS will utilize WISHIN to facilitate access to and retrieval of clinical data to provide safer and more timely, efficient, effective, and equitable patient-centered care. This will be especially beneficial for the History and Physical (14-day health assessment), at which time nursing staff will complete referrals for specialty care as needed. Accessing the HIE will allow CCS staff to obtain records from community providers and gather any data needed to complete the patient's medical, dental, and mental health histories.

CCS currently works with a number of HIE networks, and ***has developed ERMA interfaces for statewide HIEs*** in Louisiana, Michigan, Kentucky, and Georgia. The primary information exchanged is a CCD (Continuity of Care Document), which is essentially a patient profile that assists providers in ensuring patient continuity of care.

ERMA automatically queries the HIE upon intake and can provide CCD documents generally within minutes of incarceration. We look forward to developing a similar interface in Milwaukee County. The following screen shot illustrates what HIE data would look like in ERMA.

Example of HIE Data in ERMA



Referrals and Community Providers

CCS will ensure continuity of care for patients following their release from custody. We will make referrals to medical and mental health providers in the area for follow-up care and medication needs. CCS will use the interface between ERMA and WISHIN to communicate patient health information to community providers. Through our partnership with Cigna, ***CCS has access to a network of more than 2,500 physicians and specialists in the Milwaukee area***.

For additional information regarding discharge planning and linkage with community providers, please see section **5.6 Linkages and Coordination with Community Services**.

10.13 Inmate Management System

Response to Section 21.10, Question 13

13. Describe any experience your organization has with the ProPhoenix Inmate Management System (IMS). How will you ensure that personnel receive appropriate training in a timely manner and how will you document and report that such training has occurred? How will you ensure full usage of the database and conduct periodic audits for data quality purposes? Please see Section 17.5: Inmate Management System for additional detail.

CCS will implement a bi-directional interface with ProPhoenix to capture inmate demographic and location data and provide requested data; this should minimize the need for dual entry between the EHR and ProPhoenix. ERMA, which was designed specifically for the correctional environment, will interface with ProPhoenix to support the day-to-day activities specific to the facilities' needs. This interface will give medical, behavioral health, and Jail staff instant access to important health care information for each inmate.

CCS has completed more than 100 successful JMS interfaces and many bi-directional JMS interfaces. JMS interfaces can be developed in as little as two weeks from the time clean data is received by CCS. ERMA currently interfaces with 37 different JMS vendors; the County's interfacing requirements will not be an obstacle for CCS and our ERMA system. By developing the interface with the EHR, CCS seeks to minimize dual entry of data between the EHR and JMS, which will increase data integrity and consistency between systems. CCS will ensure that all personnel receive necessary training in a timely manner and appropriately utilize IMS by viewing and entering data into appropriate screens, including:

- Intake data
- Mental health / substance use history
- Suicide query
- Medical orders
- Mental health watch
- Restrictions / special needs
- Incidents
- Disciplinary
- Scheduling
- Medical information view
- Mental health watch view
- Inmate insurance

CCS will ensure that health care staff at both facilities are fully trained in their roles and responsibilities concerning IMS, that each employee has the proper IMS profile(s), and that each employee fully utilizes and updates IMS. We will ensure that personnel assigned IMS access actively maintain their password and accounts, as well as the security of the network and the content of information they access in accordance with HIPAA regulations.

CCS will provide supervision and evaluation of health care staff regarding their usage of IMS. This supervision will include, but not be limited to, ensuring full usage of the database and conducting periodic audits for data quality purposes. If issues are identified, the correctness of the data capture can be monitored through the CQI process. Any deficiencies self-discovered or identified to CCS by the County will be promptly corrected.

10.14 Mortality Review Records

Response to Section 21.10, Question 14

14. Describe your process for conducting, documenting, and reporting on mortality reviews as requested in Section 17.6: Mortality Review Records. How will you meet NCCHC standards?

CCS will conduct a mortality review in accordance with NCCHC standards for every inmate death within 30 days of the death. County legal counsel may take part in the review process, which is described in section **8.2 Peer Review, Mortality Review, and Case Review**. CCS understands that mortality reviews are protected, and disclosure of these reports is exempt from Wisconsin public record provisions.

CCS will provide the County with records and reports of mortality reviews, limited to the requirements of the Consent Decree and as allowable within the limits of our legally binding Patient Safety Organization (PSO) agreement.

The CCS mortality review program consistently meets the requirements of NCCHC standards. When a death is reported, on-site leadership will complete a Patient Informational Report, which will remain on site for accreditation review. CCS site leadership will conduct a clinical review, in conjunction with Operational and Clinical leadership from the CCS Home Office. Within 30 days, an administrative review will be scheduled with Milwaukee County. Documentation, via a standardized signature sheet, will be maintained on site showing the date of the review and who attended. Improvement planning will occur if opportunities are identified. This process has worked well with NCCHC thus far.

11 Insurance, Liability Issues, Litigation and Claims History, Penalties, Disqualifications

The Respondent should answer questions below in the following format: indicate for each response the number of the request that it addresses, including section number; indicate the question number, re-type the question, and provide your response.

11.1 Risk Management

Response to Section 21.11, Question 1

1. Describe how you will develop and implement a risk management program as requested in Section 10.2: Risk Management.

CCS is committed to ensuring that our client populations live, work, recreate, and eat in a safe and healthy environment. We will abide by all facility rules, regulations, policies, and procedures regarding risk management, and will work with all other health care contractors to ensure the safety of patients, contractors, and facility staff. CCS staff will conduct monthly environmental audits to ensure safety is maintained. We will collaborate with facility administration to develop policies and procedures that will ensure a safe and sanitary environment for inmates and staff of the HOC and MCJ.

CCS will coordinate with facility administration to implement a risk management program that includes:

- Proactive risk assessment and hazard identification as part of the CQI program
- Plans, policies, and procedures for quality improvement initiatives and actions to reduce future risk
- Timely internal and external reporting, investigation, and response to incidents
- Practices aimed at minimizing errors and adverse effects
- Record keeping and confidentiality

CCS will provide data for program evaluation and planning to the Superintendent and/or Jail Administrator in accordance with the requirements of the Consent Decree and as allowable within the limits of our legally binding Patient Safety Organization (PSO) agreement.

The CCS Continuous Quality Improvement Program (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 CCS Quality Improvement Committee (QIC) addresses the following risk management items:

- **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.
- **Emergency Drill Reviews:** The QIC monitors, reviews, and reports on the health staff's response to emergency drills.
- **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.

- **Resolution Tracking:** The QIC tracks deficiencies identified during routine environmental inspections through resolution.
- **Utilization Management:** CCS monitors the provision of care to ensure that medically necessary health care services are provided in the most appropriate setting.
- **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.
- **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.
- **Pharmacy Reports:** CCS uses pharmacy reports to identify outliers and trends, then evaluates and addresses all outliers. The Regional Medical Director typically reviews pharmacy utilization data on a regular basis.

Safety Program

CCS will develop and maintain a comprehensive safety education program that meets all OSHA requirements. 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. All CCS employees receive comprehensive safety, health, and environmental training in accordance with our orientation and continuing education programs. For example, all CCS employees will receive training on Bloodborne Pathogens and Standard Precautions, as well as Hazard Communication.

The HSA will be responsible for ensuring that safety/risk management training is adapted to each facility's requirements, as well as any applicable County 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.

Safety Committee

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. Each CCS site establishes a Safety Committee that meets monthly, prepares written records of said meetings, reviews results of monthly scheduled inspections, reviews Accident Investigation Forms, and discusses hazards and exposures. A CCS Safety Meeting Minutes Report will document each meeting; a copy of the report and meeting notes will be sent to the Corporate Safety Department. The Safety Committee makes suggestions to management for the prevention of future incidents, reviews investigations of alleged hazardous conditions, and submits recommendations to assist in the evaluation of employee safety suggestions.

Injury and Illness Prevention Program

As part of our ongoing commitment to our employees' well-being, CCS has established an Injury and Illness Prevention Program to nurture a culture of safety consciousness, to sustain a high level of safety at our client facilities, and to ultimately help ensure the safest possible workplace for our employees, patients, and clients. Each CCS site is expected to adhere to the CCS Injury and Illness Prevention Manual. The Injury and Illness Prevention Program addresses:

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

Safety and Sanitation Inspections

CCS will coordinate with facility administration 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 Operations Commander or designee. Monthly environmental inspections will be conducted as part of the Continuous Quality Improvement Program (CQIP), which includes environmental risk management. The Quality Improvement Committee (QIC) will track any deficiencies identified during these inspections through their resolution. For additional information, please see section **8.1 General CQI Expectations**.

Critical Clinical Events

The HSA will promote patient safety by instituting systems to prevent adverse and near-miss clinical events. This will be achieved through the CCS CQIP and the CCS Safety Program. The HSA, in conjunction with the CQIP, will establish an error reporting system for health staff to voluntarily report, in a non-punitive environment, errors that affect patient safety. Additionally, near misses and events that are monitored for best practices will be reported.

A critical clinical event (CCE) is an occurrence involving death or serious physical or psychological injury, or risk thereof. CCE reviews are conducted on clinical occurrences that are considered a patient safety issue, including but not limited to:

- Medication errors resulting in negative clinical outcome
- Suicide attempts
- Hospitalizations resulting from delayed care or inappropriate treatment
- Potential serious occurrences that were identified prior to an adverse patient outcome
- All deaths (expected, unexpected, and suicides)
- Inmate-on-inmate sexual assault
- All transgender patients
- Hospital readmission for the same diagnosis or secondary diagnosis within a three-day period
- Hospitalizations as a result of detoxification progressing to delirium tremens
- Hunger strikes that last more than 72 hours
- Use of therapeutic restraints on a patient
- Any significant variance from expected clinical norms at the facility

The HSA, Medical Director, or Regional leadership, as well as facility administration, can recommend a review of an adverse or near-miss clinical event. These reviews can range in type by need, from a chart review by selected staff, to root cause analysis, morbidity review, or in the case of a patient death, a mortality review. CCS will participate in joint review with Milwaukee County when necessary, such as in the case of morbidity or mortality reviews, and will also discuss findings of events that may be less serious in nature, or do not require a morbidity review.

At the conclusion of the CCE review process (to include if cause is due to failure of policy or procedure), a corrective action plan will be maintained on site, along with a record that the CCE review was discussed in the CQI committee meeting. Additionally, the CCS Risk Manager will retain at the CCS Home Office a full record of the CCE review and recommendations, a full record of Root Cause Analysis (if one was performed), and supporting documentation as deemed necessary by the Risk Manager.

CCS will be transparent in discussions with Milwaukee County and will share our findings as allowed. Due to our company's involvement in a Patient Safety Organization (PSO), such analyses are considered Patient Safety Work Product, and are reported to the PSO to enhance learning and to prevent adverse events in the future through that learning. This also allows both CCS and the County to maintain the confidentiality of these analyses (which may identify system weaknesses/deficiencies and corrective action taken), while also providing some protection from discovery.

11.2 Disqualification or Removal from Government Service

Response to Section 21.11, Question 2

2. If you have been disqualified from or removed from government service on any contract or bid as a result of breach of contract on your part, for your criminal or fraudulent activity, or due to your ethics violations in the last three (3) years, state the dollar value of the agreement, the reason for disqualification or removal, and the government agency that held the contract. *If you have not been disqualified or removed from a government contract or bid in the last three (3) years, state "None".*

None. CCS has not been disqualified or removed from a government contract or bid in the last three years.

11.3 Casualty Insurance Structure

Response to Section 21.11, Question 3

3. Describe your company's current casualty insurance structure. Please include coverage limits (aggregate and occurrence), deductibles, whether coverage applies on a per facility basis, and the carriers for your general liability, professional liability, workers' compensation, cyber liability, as well as any umbrella or excess policies. Indicate which policies the umbrella and / or excess cover, and whether coverage follows form. Please indicate any material changes to this program over the past three years, including changes in carriers. Milwaukee County must be named as an additional insured on your general liability coverage policy, and requires waivers of subrogation from all workers' compensation claims.

CCS guarantees our ability to satisfy the RFP's insurance requirements, as demonstrated by the sample Certificate of Insurance provided in this section. Upon contract award, CCS will provide Certificates of Insurance naming Milwaukee County as additionally insured. Following is a description of our casualty insurance structure. There have been no material changes to this program over the past three years.

- General Liability insurance is on a per occurrence basis with $2,000,000 per occurrence and aggregate. Pro Assurance is the carrier. The program has a $2,000,000 SIR.
- Professional Liability is on a claims made basis with $2,000,000 per incident and $5,000,000 aggregate. Pro Assurance is the carrier. The program has a $2,000,000 SIR.
- Excess liability is on an occurrence basis with $10,000,000 per claim and aggregate.
- Workers' Compensation has statutory limits. The SIR is $250,000. The carrier is Zurich.
- Cyber liability has a $5,000,000 per occurrence limit. The carrier is AIG. The retention is $250,000.
- The General Liability, Professional Liability, and Workers' Compensation programs all contain blanket waiver endorsements. The GL/PL has a blanket additional insured endorsement.

The RFP requirement to have dedicated insurance limits of $2,000,000 per occurrence with a $5,000,000 aggregate insurance program specifically dedicated for the contract requires a special layer of insurance coverage. The cost for this dedicated layer of coverage adds a significant premium to our cost. CCS is prepared to provide the required coverage; however, if Milwaukee County will accept a blanket insurance program with limits of $2,000,000 per occurrence and $6,000,000 aggregate, we will not have to purchase the additional insurance and ***can reduce our price by $200,000 annually***. As the provider for 447 facilities and nearly 270,000 patients nationwide, CCS is confident that our typical insurance coverage is sufficient to meet the needs of this contract.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/30/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: DEBBIE HOLSTINE	
DENISE D. BARNES USI HEALTHCARE – A DIVISION OF USI SOUTHWEST, INC. 9811 KATY FREEWAY, SUITE 500 HOUSTON, TX 77024	PHONE (A/C, No, Ext): 713-460-4679	FAX (A/C, No): 713-343-5025
	E-MAIL ADDRESS:	

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
CORRECT CARE SOLUTIONS, LLC 1283 MURFREESBORO RD, SUITE 500 NASHVILLE, TN 37217	INSURER A: PROASSURANCE SPECIALTY INS. CO, INC	10179
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YY)	POLICY EXP (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X REIMBURSEMENT FORM GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC	X	X	ES1866	12/15/17	12/15/18	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS – COMP/OP AGG EMPLOYEE BENEFITS	$1,000,000 $100,000 $N/A $2,000,000 $2,000,000 $2,000,000 $N/A
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS			N/A	N/A	N/A	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$N/A $N/A $N/A $N/A
A	X UMBRELLA LIAB X OCCUR X EXCESS LIAB X CLAIMS MADE DED RETENTION $	X	X	HP2151	12/15/17	12/15/18	EACH OCCURRENCE AGGREGATE	$5,000,000 $10,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under Y / N DESCRIPTION OF OPERATIONS below	N / A		N/A	N/A	N/A	WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT E.L. DISEASE – EA EMPLOYEE E.L. DISEASE – POLICY LIMIT	$N/A $N/A $N/A
A	MEDICAL PROFESSIONAL LIABILITY – CLAIMS MADE – REIMBURSEMENT FORM	X	X	ES1866	12/15/17	12/15/18	$2,000,000 PER INCIDENT/CLAIM EVENT $5,000,000 AGGREGATE	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
LIMITS INCLUDE ALL SELF-INSURED PORTIONS OF THE LIMITS OF LIABILITY
WHERE REQUIRED BY WRITTEN CONTRACT OR AGREEMENT, THE STATE OR COUNTY, ITS OFFICIALS, EMPLOYEES, OFFICERS, AGENTS AND REPRESENTATIVES ARE INCLUDED AS ADDITIONAL INSUREDS ON A PRIMARY AND NON-CONTRIBUTORY BASIS, PROVIDED 30 DAY NOTICE OF CANCELLATION, AND PROVIDED WAIVER OF SUBROGATION.
PROFESSIONAL LIABILITY POLICY LIMITS ARE SPECIFIC AND ONLY APPLICABLE TO MILWAUKEE COUNTY AS RESPECTS THE SERVICES PROVIDED IN RFP # 98180020: CORRECTIONAL MEDICAL SERVICES.

CERTIFICATE HOLDER	CANCELLATION
MILWAUKEE COUNTY, WI SAMPLE	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE

ACORD 25 (2016/03) 17-18 CCS MASTER GL-UMB-PL

11.4 Litigation and Insurance History

Response to Section 21.11, Question 4

4. Provide a complete narrative of your litigation and insurance history, including, but not limited to:
    a. A list of all claims, litigation, lawsuits, arbitrations, and administrative proceedings, including employee claims, grievances, and actions, which have incurred claim value in excess of $100,000, spanning the last five (5) years. Claimant names and exact occurrence dates may be redacted, but please include cause codes / issue types, claim year(s), and a brief description of the status / resolution for each listed claim, including any ongoing court monitoring.
    b. A list of all pending or threatened investigations by any governmental agency, authority, or enforcement body, including fraud and abuse claims.
    c. A description of any measures implemented to address concerns raised by any ongoing governmental investigations (both midstream and long-term), and an explanation of the extent to which the concerns were resolved.
    d. A statement indicating the material criminal history of individuals associated with your organization.

Claims, Litigation, Lawsuits, Arbitrations, and Administrative Proceedings

CCS has no judicial or administrative proceedings that are material to our business or financial capability, or our ability to perform the work requested in the RFP. There is no pending or expected litigation or other conditions that would affect the stability of our company in any way.

CCS maintains a strong and successful litigation history. 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.

Litigation in the governmental health care industry is common, as it is in non-governmental health care businesses. As one of the nation's largest providers of correctional health care (caring for nearly 270,000 patients nationwide with more than 60 million patient contacts annually), a certain amount of litigation is to be expected. Nevertheless, we believe our litigation history reflects relatively modest losses for a business of our size and scope, and is indicative of the high quality services we provide. A study published in the *UC Irvine Law Review* found an average volume of litigation in correctional environments to be 10 lawsuits per 1,000 inmates; ***CCS falls well below this national standard***.

CCS has in place valid procedures for defending litigation brought by inmates related to the provision of health care. Our procedures sufficiently address pro se as well as represented cases. The majority of lawsuits filed against CCS are pro se, where the plaintiff is not represented by legal counsel. ***Nearly all of these cases are ultimately dismissed with no finding of liability against CCS***.

We have provided a list of claims and litigation from the last five years with value exceeding $100,000 in **Attachment O**. ***Please note that this information is confidential/trade secret pursuant to Wis. Stat. § 19.36(5).***

Pending or Threatened Investigations

None. CCS has no pending or threatened investigations by any governmental agency, authority, or enforcement body, including fraud or abuse claims.

Measures Implemented to Address Concerns

None. CCS has had no concerns to address that were a result of any governmental investigations.

Criminal History Statement

None. CCS has no material criminal history to report.

Cooperation in Litigation

CCS acknowledges that the County shall not be responsible for representing or defending, or for any costs, damages or attorneys' fees incurred by CCS or CCS personnel, agents, subcontractors, or independent contractors in connection with any lawsuit.

CCS will make all reasonable efforts to cooperate with the County in the defense of any litigation brought by any person not party to the contract, including suits that concern services, the program, or the contract. We will make all reasonable efforts to cooperate with the County in litigation or other legal proceedings involving the County whether CCS is a party, or where litigation is anticipated but has not commenced. Cooperation in litigation may include, but not be limited to, the timely and accurate provision of documents, including copies of medical records; the appearance of CCS and CCS personnel at meetings, depositions, hearings and trials; and other assistance, including the provision of affidavits, that may be requested from time to time by County counsel, the Wisconsin Attorney General, and Milwaukee County District Attorneys.

Upon the request of the County, CCS will provide the County with the details of any litigation concerning services, the program, or this contract in which CCS or CCS personnel are parties, including the case name and docket number, the name(s) of the plaintiff(s) and defendant(s), the names and addresses of all counsel appearing, the nature of the claim, and the status of the case. The fact that an issue is in litigation will not relieve CCS of any obligations under the Contract.

Contract	Fine/Penalty	Reason
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]
[redacted]	[redacted]	[redacted]

12 Resource General Questions; Medical Oversight

Provide a written narrative describing the methods and/or manner in which you propose to recruit, hire, train, assign, and oversee staff required for the provision of services under this RFP. The narrative should include the names of the person or people who will provide primary management and oversight of the services, including any subcontractors, their qualifications, and their years of experience in performing this type of work. In particular, **demonstrate how your plan will ensure staffing requirements comply with the Consent Decree stipulations, in particular minimum, required, and non-negotiable staffing levels as outlined in Section 11.1: Medical Oversight.**

When answering questions in this section, please refer to Section 11.1: Medical Oversight for additional detail and information.

The Respondent should answer questions below in the following format: indicate for each response the number of the request that it addresses, including section number; indicate the question number, re-type the question, and provide your response.

12.1 Local Organization

Response to Section 21.12, Question 1

1. Describe how your organization is or would be structured locally, and provide an organizational chart. How does this structure support your ability to provide the services you are proposing?

As the health care provider for 27 facilities across 23 Wisconsin counties (including neighboring Waukesha County), ***CCS already has a stable, knowledgeable Regional Management team in place,*** along with Wisconsin-licensed staff who are ready to support our operations in Milwaukee County. With more than **200 employees** actively serving our Wisconsin clients, company knowledge, best practices, and local resources will be readily available to support the success of Milwaukee County's medical program.

Our local support includes Client Services Director Jack Jadin (former Jail Administrator for Brown County), Regional Behavioral Health Manager Michelle Reed, and Operations Manager Jessica Jones—all of whom reside in Wisconsin—as well as local nurses, mental health professionals, and health services administrators who will assist with training, mentoring, and resource management at the HOC and MCJ. We also have a strong PRN pool of providers who are prepared and trained to fill positions at the HOC and MCJ if needed.

Regional Support

Strengthening communication and operational workflows in the CCS program will be our Regional Management Team, containing individuals who are familiar with State of Wisconsin requirements and will work to ensure a compliant program that meets or exceeds the County's needs and expectations. Clinical oversight will be provided by the CCS Medical Director, who will report directly to Regional Medical Director, Dr. Cleveland Rayford. Regional Behavioral Health Manager, Michelle Reed, will oversee our mental health program. Operational oversight will be the responsibility of Regional Manager, Synthia Peterson, and Senior Regional Vice President, Stan Wofford, who reports directly to the Executive Vice President of the CCS Local Detention Division, Brad Dunbar.

CCS takes pride in being a large company with the ability to offer volume-based buying power and resources to our partners, while still keeping our homegrown, family culture and hands-on approach to client service. Our program is designed to ensure that ***no CCS site will ever feel as though it is unsupported*** or operating in a vacuum.

CCS is a truly hands-on provider; following the transition period, Mr. Wofford, and/or Ms. Peterson will continue to visit the site at least monthly to evaluate medical processes and meet with facility administration.

Our Director of Business Development, Rich Field, will work in conjunction with our Director of Client Services, Jack Jadin, to serve as the CCS client liaison to Milwaukee County for all aspects of the contract to ensure continued satisfaction with our service. ***This is our corporate pledge to Milwaukee County as your medical provider***.

> *"**CCS leadership is always visiting our facility** and auditing their own staff to ensure they provide superior service to the client. Our level and quality of communication with CCS is extremely high and instills confidence in our partnership…In my opinion, **CCS is the pinnacle provider available** and we are happy to have them as part of our team."*
>
> Dave Adams,
> Deputy Chief of Support Services
> Will County Sheriff's Office, IL

The organizational chart provided in section **3.2 Coordination of Services** shows our Regional Management structure.

12.2 Senior Management and Oversight

Response to Section 21.12, Question 2

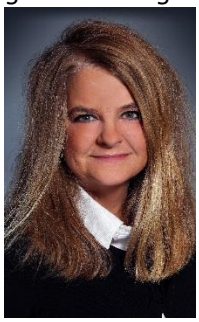
2. Provide the name(s) of the person or people who will provide senior management and oversight of the services, along with any subcontractors, and include their qualifications and years of experience performing this type of work. This description should include a description of the level of qualifications, experience, and credentials the members of your management and operations team(s) for this project, as well as their roles. In addition, please:
    a. Identify the employee assigned as the contract lead for the Contract, and attach the employee's resume and a brief bio that includes their experience managing similar contracts, experience with correctional health care, and length of time with your organization.
    b. Designate a representative from your local or regional business office who will act as escalation contact under the Contract. The escalation contact should be available on an emergency basis to handle critical risks and threats.

In this section, we have provided an overview of the qualifications, experience, and credentials of senior management staff who will be involved with the implementation of CCS services in Milwaukee County and the subsequent management of operations. These are more than just names in a proposal, but rather faces you will see walking the hallways of the HOC and MCJ, supporting our program. To demonstrate the qualifications of our staff, we have provided detailed resumes for the CCS Regional Management Team in **Attachment I**.

Stan Wofford, MBA, CCHP
Senior Regional Vice President

Mr. Wofford provides guidance and management to regional leaders as a Senior Vice President. He is responsible for supervisory training, quality improvement, risk minimization, and accreditation compliance. Mr. Wofford oversees the development and implementation of health systems; accreditation preparation, including the American Correctional Association, National Commission on Correctional Health Care, and various state audits/accreditations; troubleshooting; client retention; and staffing issues resolution. He also acts as a site liaison for Home Office staff. Mr. Wofford joined CCS in 2007 as a Health Services Administrator and, through hard work and dedication, worked his way up to his current position. He earned his bachelor's degree in health care management from Southern Illinois University and his master's degree in business administration from North Central University in Arizona.

Synthia Peterson, RN, MSN, BSN
Regional Manager



Ms. Peterson has held several nursing and management positions, including Director of Nursing and Contract Management. In her current role as Regional Manager for CCS, she provides operational oversight of contracted facilities in her region. Ms. Peterson is also a Professor of Clinical Nursing at Bradley University in Peoria, Illinois. She earned a Master of Science degree in Nursing Administration from Bradley University and a Bachelor of Science degree in Nursing from the University of Illinois in Chicago. Ms. Peterson also holds a Post-Master's Certificate in Forensic Nursing from Duquesne University in Pittsburgh, Pennsylvania.

Cleveland Rayford, MD
Regional Medical Director

Dr. Rayford has been in practice for 27 years, with most of his time spent in correctional medicine. He has extensive experience serving in a Medical Director capacity for several entities, including the Arkansas Department of Correction, where he supervised a site medical unit, providing clinical care for the most seriously ill patients and monitoring all inpatients in the ARDOC system. In his current role as Regional Medical Director for CCS, Dr. Rayford is responsible for the clinical management and oversight of CCS sites in his region. He will supervise the CCS site Medical Director and provide utilization management of services provided on site or referred outside the facility. Dr. Rayford received both his BS in biology and his medical degree from the University of Arkansas.

Michelle Reed, MA
Regional Behavioral Health Manager

Ms. Reed has been with CCS since 2003 in the roles of Treatment and Reintegration Unit Manager, Mental Health Coordinator, and since 2011, Regional Behavioral Health Manager. She is licensed in several states and brings over 16 years of mental health and correctional experience in jails and prisons. Ms. Reed received her master's degree in Clinical Psychology from Pittsburgh State University, and has spent her entire professional career in the correctional health care field.

Jack Jadin
Director of Client Services

Mr. Jadin has more than 28 years of law enforcement experience, with approximately 20 of those years directly related to service in the corrections division. He has more than 12 years of supervisory experience in corrections with progressively increasing levels of responsibility. Mr. Jadin formerly served as the Jail Administrator for the fourth largest jail in Wisconsin with a budget of over $19 million and a staff of approximately 180 people. He also has experience in contract management and bid writing. Mr. Jadin will be responsible for ensuring communication between facility administration and the CCS Home Office, as well as working with our Operations Team to ensure compliance with all appropriate points of service. He will be fully accessible as a client liaison for the duration of the contract. ***Mr. Jadin resides in Wisconsin.***

Rich Field
Director of Business Development

Mr. Field is completing his 11th year with CCS. He has travelled from coast to coast with CCS and is currently the Business Development Director for the Midwest Region. Mr. Field has more than 30 years of experience in health care sales and service and finds CCS a rare opportunity in combining his interest in health issues and finding community solutions.

Contract Lead and Escalation Contact

The organizational chart provided in section **3.2 Coordination of Services** illustrates the hierarchy of escalation for Milwaukee County. The County will work directly with the HSA to voice concerns regarding the medical program. Both the HSA and the County have the ability to escalate a concern to the Regional Manager if additional insight is needed or resolution has not been realized. If needed, the concern would then be escalated to the Senior Regional Vice President, and ultimately to the Executive Vice President of Local Detention, Brad Dunbar. The County, the HSA, and the Regional Manager are all empowered to seek assistance from the Senior Regional Vice President.

Synthia Peterson, Regional Manager, will serve as the contract lead for our contract with Milwaukee County. As Regional Manager, Ms. Peterson will directly support, monitor, and guide the medical program's contract compliance through on-site visits, close monitoring of outcomes, and ongoing interactions with health care and custody staff. As a working supervisor, she will be involved in understanding each facility's staffing needs and will be available to respond to any issues or concerns that arise.

Stan Wofford, Senior Regional Vice President, will serve as the primary escalation contact under the contract. Mr. Wofford, along with Ms. Peterson and the HSA, will be available on an emergency basis to handle critical risks and threats.

Home Office Support

CCS also has more than 400 additional Home Office team members prepared to support the County's health care program. The CCS Home Office in Nashville, Tennessee will directly support our on-site medical and administrative staff at the HOC and MCJ. Our Home Office support includes a staff of Human Resource professionals to guide all recruiting and hiring, as well as Leadership Development and Clinical Education teams to train new and retained staff members. Our Finance and Accounting teams will provide regular, thorough reporting for Milwaukee County. Our Information Technology department will ensure that all technology meets the County's needs and requires minimal resources.

In addition to the proposed on-site staff, and the CCS Executive and Regional Teams, Milwaukee County's medical program will also be supported by the following Home Office personnel:

CCS Home Office Resources for Milwaukee County	
HR Manager Stephanie Popp *24/7 HR Support Line*	615-324-5706 SPopp@correctcaresolutions.com *866-673-6176*
Employee Benefits Tanya Blake	615-324-5709 TBlake@correctcaresolutions.com
Employee Relations Joy Arsenault	615-324-5722 JArsenault@correctcaresolutions.com
Physician/Provider Recruiter Evan Jones	214-403-7775 ETJones@correctcaresolutions.com
Nurse Recruiter Lynette Perry	615-312-7221 LyPerry@correctcaresolutions.com
Recruiting Coordinator Dejin Numan	615-815-2739 DNuman@correctcaresolutions.com
IT & Network Development Support Richard Lee *24/7 IT Support Line*	615-844-5400 RLee@correctcaresolutions.com *866-631-0051*
Legal Counsel Lori Schwartzmiller	615-844-5517 LSchwartzmiller@correctcaresolutions.com
Accounts Payable Manager Stephanie Girdley	615-324-5729 SGirdley@correctcaresolutions.com
Designated Payroll Coordinator Becky Howell	615-312-7290 bhowell@correctcaresolutions.com
Designated Case Manager Tony Dyer	615-312-7268 TDyer@correctcaresolutions.com

12.3 Other Key Personnel

Response to Section 21.12, Question 3

3. If available, identify other key personnel who will be working on the County's contract. Other key personnel should include, but are not limited to, your: Chief Executive Officer, Chief Medical Officer, and Chief Financial Officer. Also to be included are Site Health Services Administrator, Site Medical Director, Site Director of Nursing, and Site Mental Health Director. Please include resumes for each individual you identify in response to this Request. In the event that key personnel have not been identified for the listed positions, please provide your criteria in detail for identifying and selecting individuals for these types of roles.

Executive Leadership

The CCS Executive Team has unmatched experience in the correctional health care industry, with more than 400 years of combined correctional health care experience among them. We also have several former Sheriffs and Jail Administrators in consulting roles who have nearly 175 years of combined law enforcement experience. The entire CCS team will be fully engaged in the operation of programs and services for Milwaukee County. Following is a description of the experience and qualifications of our Chief Executive Officer, Chief Medical Officer, and Chief Financial Officer. We have provided resumes for these individuals in **Attachment I**.

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.

Carl Keldie, MD
Chief Clinical Officer

Dr. Keldie joined CCS as Chief Clinical Officer in 2015. His primary responsibility is ensuring that CCS provides our patients with quality health care. 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. Dr. Keldie's 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 a bachelor's degree in biology from the University of South Florida and a 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.

Juan Perez
Chief Financial Officer

Mr. Perez is a highly capable executive with extensive accounting and finance experience, including public accounting, as well as public and private equity-sponsored companies. He joined CCS in April 2016 with a solid background in mergers, acquisitions, and divestitures. Mr. Perez's industry experience includes high tech, manufacturing, resort, health care, real estate, telecom, financial services, and ISPs. He is an excellent leader with proven experience leading and assembling large finance organizations while increasing productivity. Mr. Perez is a licensed CPA.

Site Leadership

The CCS leadership team for the HOC and MCJ will supervise and direct the activities of all health care providers concerning inmate medical services. The CCS medical program will be managed administratively by the HSA and clinically by the Medical Director. Our leadership team will ensure that our programming follows the tenets of the contract between CCS and Milwaukee County, as well as CCS protocols and industry standards.

Site leadership staff for the HOC and MCJ will be determined following contract award. Once on-site personnel have been selected, CCS will provide resumes and applicable licenses/certifications to the County. For now, we have provided sample job descriptions for the Site Health Services Administrator, Site Medical Director, Site Director of Nursing, and Site Mental Health Director in **Attachment G**. ***Please note that this information is confidential/trade secret pursuant to Wis. Stat. § 19.36(5).***

Additionally, in **Attachment I**, we have provided redacted resumes for potential candidates for the Health Services Administrator, Medical Director, Staff Physician, and Mental Health Director, as well as several other key positions.

Health Services Administrator

CCS will assign a Health Services Administrator (HSA) who will be the designated Responsible Health Authority for the HOC and MCJ, and will manage the County's medical program based on defined goals, objectives, policies, and procedures. The HSA will ensure that the health care program is conducted in accordance with state and local regulations, as well as NCCHC standards and requirements of the Consent Decree.

The HSA will be responsible for coordinating contract requirements with the Contract Monitor or designee. This individual will monitor the implementation and effectiveness of procedures and programs, and will work with the Contract Monitor to address and resolve any issues in the performance of services. The HSA will be on site at least 40 hours per week and on call 24/7. Our proposed staffing plan is provided in section **12.5 Required Minimum Health Care Coverage**.

The HSA will oversee the administrative requirements of the medical program, including recruitment, staffing, contracts, data gathering and review, monthly reports as required, health record keeping, and other contract services management. The HSA will provide administrative supervision for the CCS Medical Director and all other medical staff, and will also perform the following essential job functions:

- Monitor the implementation and effectiveness of procedures and programs
- Evaluate financial/statistical data and program needs/problems, and make recommendations for improvements
- Develop, utilize, revise, interpret, and ensure compliance with CCS and facility policies and procedures
- Monitor subcontracted services, including pharmacy, lab, X-ray, and specialty providers
- Maintain communication and a good working relationship with facility administration, CCS employees, correctional personnel, contracted providers, and outside agencies

Medical Director

CCS will assign a site Medical Director to be the designated Responsible Physician for clinical services. The Medical Director will be on call 24/7 and will provide clinical oversight to the CCS medical program in accordance with NCCHC standards. This singularly designated physician health authority will work to ensure the appropriateness and adequacy of the health care program for the incarcerated population.

The Medical Director will be overseen by our Regional Management Team, including Regional Medical Director, Dr. Cleveland Rayford, and Regional Manager, Synthia Peterson, who will work with medical personnel to ensure standards-compliant programming as well as consistency of care and continuous quality improvement.

Directors of Nursing

The Directors of Nursing (DONs) will be RNs with practical nursing experience and advanced expertise in the administration of Nursing Services. They will have the authority, responsibility, and accountability for structuring, planning, and implementing the Nursing Services Program. The DONs will be responsible for supervising RNs, LPNs, and ancillary staff. During the scheduled absence of a DON, an RN will be assigned to act as RN Supervisor.

The DONs will perform the following essential job functions:

- Provide clinical oversight for nursing staff
- Participate in the planning, priority setting, and development of policies and procedures for health care activities that comply with NCCHC standards, facility policies, and requirements of the contract and Consent Decree
- Coordinate and monitor orientation, in-service training, and continuing education with the HSA
- Coordinate the development, provision, and evaluation of patient care according to the standards of nursing practice in the State of Wisconsin
- Conduct recruitment/retention efforts for nursing service
- Prepare and submit reports for the HSA in a timely manner as requested

*Mental Health Director**

**Note: We have used the naming convention (Mental Health Director) used throughout the majority of the RFP in our proposal. However, our Staffing Chart, as well as our organizational chart, matches the position title given in the RFP's staffing matrix (Director of Mental Health) as required by the RFP.*

CCS will assign a Mental Health Director to provide clinical and administrative oversight for the mental health program and staff within the facility, as well as consultation regarding the mental health program. The Mental Health Director will also provide clinical supervision and direction, professional education, and staff development of mental health professionals at the facility. This individual will plan, manage, supervise, and coordinate the clinical services of mental health staff at the institutional level as designated by the Regional Behavioral Health Manager. The Mental Health Director will perform the following essential job functions:

- Direct and supervise all mental health treatment planning for inmates; review, as needed, inmate individual treatment plans developed by mental health services staff; coordinate mental health treatment planning with other treatment programs in the facility
- Supervise and monitor mental health services staff; allocate mental health staff to ensure that institutional needs for clinical and consultative services are met in a timely, professional manner
- Provide oversight of mental health services staff's clinical documentation in the health record, to include periodic chart reviews and in-service training to staff on aspects of documentation of mental health care
- Provide in-service opportunities to mental health services staff to ensure compliance with CCS and facility in-service requirements; maintain documentation regarding material provided and staff attendance; provide oversight and direction of any training provided by mental health staff to other facility staff
- Perform management and administrative functions under the direction of the Regional Behavioral Health Manager and the HSA; provide documentation of clinical services to the as requested
- Assign specific duties and clinical responsibilities to mental health staff in accordance with their position descriptions, education, and professional experience
- Provide clinical and consultation services in accordance with the policies and procedures of the facility, as well as NCCHC standards

- Perform direct clinical services consistent with expectations of professional training and experience
- Maintain open communication with facility administrative, custody, medical, and support staff to facilitate operation of mental health services and resolution of problem situations
- Represent the interests of mental health services with the institution's administrative staff under the direction of the Regional Behavioral Health Manager and facilitate cooperation in the delivery of mental health services
- Provide timely notification to the Regional Behavioral Health Manager of clinical concerns that may impact an individual inmate or the mental health services program
- In conjunction with the Chief Psychiatrist, provide clinical oversight of crisis intervention services; immediately notify the Regional Behavioral Health Manager of any suicide attempts, completed suicides, use of therapeutic restraints, or use of forced medications; review any inadequacies with crisis intervention services and implement corrective steps as needed

d. Describe how you intend to meet the minimum requirements as listed in Section 11.1.2: REQUIRED (Minimum) Health Care Coverage, and indicate your plan to achieve the requirements. In particular, state how you intend to encourage the use of full-time staff as opposed to agency / interim / locum medical staff to fill required hours.
e. As applicable, please state your physician, nurse practitioner, physician assistant, psychiatrist, psychiatric social worker, registered nurse, and dentist turnover statistics for the past twelve (12) months.
f. Explain the termination provisions contained in your physician contracts.

Health care services will be provided by persons who are fully qualified and appropriately credentialed according to the licensure, certification, or registration in the State of Wisconsin. CCS will ensure that all employees and contractors are properly licensed or certified for their positions. We will also ensure that employees complete any annual training necessary to maintain their licenses and/or certifications.

For additional information, please see section **13 Licensure, Credentialing and Qualifications of Medical Staff**. Detailed information regarding staff training is provided in sections **12.12 Contractor Personnel Orientation** and **12.13 Contractor Training and Documentation**.

The HSA will be responsible for consistency of the health care program at both facilities, and will provide coordination, continuity, and cost-effective use of resources. The HSA, who will possess the required correctional health care experience, will enable medical, mental health, psychiatry, dental, and ancillary services to operate as a single correctional health program. The HSA will work closely with the County Contract Monitor to ensure compliance with the requirements of the contract and the Consent Decree.

Plan for Required Staffing

CCS developed our proposed staffing plan for Milwaukee County based on the requirements of the RFP and the Consent Decree; our significant medical and behavior health experience in jails similar in size and scope; a review of the facilities' layout during the Pre-Proposal Conference and Site Tour; an understanding of the programs of importance in Milwaukee County; NCCHC accreditation standards; and the desire to ensure cost savings and efficiencies.

CCS is proposing to support the required staffing plan without increase or change to positions. The staffing plan takes into consideration specific needs of the inmate population, capabilities of the on-site staff, and details of the physical plant. The CCS program will be managed administratively by the HSA and clinically by the Medical Director. Following is a detailed description of how we intend to fulfill the County's staffing requirements.

Staff Oversight

The CCS medical program for Milwaukee County will be managed administratively by the HSA and clinically by the Medical Director. CCS will ensure administrative supervision of the health care staff by the HSA, who will be supported by a DON at both the HOC and the MCJ. The DON will be responsible for all daily operations within the facilities. During hours that the DON is not scheduled to be on site, the CCS staffing plan allows for RN Supervisors at each facility who will float as needed, and will ensure that assignments are adjusted as appropriate so that all services are provided to Standards of Care. For additional information, please see section **12.9 Supervision**.

Health Care Practitioner Coverage

In compliance with the RFP, our staffing plan includes clinical practitioner coverage 7 days a week and 24/7 coverage dedicated to the intake area to ensure stabilization of newly committed detainees with chronic or acute medical issues, to conduct sick call, and to attend to urgent and emergent matters. A physician or mid-level provider will also be on call 24/7.

The CCS staffing plan also calls for a mid-level practitioner to manage all chronic care needs of patients. This includes initial evaluation, treatment planning, case management, coordination of off-site care if needed, and discharge planning needs.

One ARNP will be designated as the Lead, dedicating time to CQI, education on patient management, and recruiting and training needs, in addition to seeing patients. CCS will provide a mid-level practitioner with training and experience in OB to ensure a weekly (at a minimum) OB/GYN clinic for pregnant patients. The staffing plan coverage includes:

- Medical Director – 40 hours/week
- Physician – 60 hours/week
- Lead ARNP – 40 hours/week
- ARNP/PA – 24/7 coverage and a total of 10.0 FTEs

DON

The DON at each facility will be a Registered Professional Nurse with experience in the practice of nursing and with advanced studies and expertise in administration of Nursing Services. The DONs have the authority, responsibility, and accountability for structuring, planning, and implementing the Nursing Services Program. Duties include but are not limited to: knowledge and practical application of NCCHC standards, staff training and education, staff scheduling, review of nursing documentation, chronic care schedules, intake processes, CQI audits, ad hoc audits, performance reviews, grievance management, emergency response, and responding to staff concerns.

24/7 RN Coverage

The RN is responsible and accountable for direct supervision of the total health care delivery system in his/her assigned nursing unit of the facility, in conjunction with the delivery of patient care through the process of collecting health status data, nursing diagnosis goal setting, planning, implementation, and evaluation. RNs direct and guide patient teaching and ensure ancillary personnel provide only those services which they are prepared or qualified to perform. Under the direction of the DON, the CCS plan includes the following RN coverage:

- RN Staff Development – 80 hours/week
- RN Infection Control – 40 hours/week
- RN Quality Assurance – 40 hours/week
- RN – Mental Health – 80 hours/week
- RN Supervisor – 6.5 FTEs, plus 24/7 coverage during hours that the DON is not on site
- RN – 24/7 coverage with an additional 31.0 FTEs

Intake

To ensure timely processing, the staffing plan for Milwaukee County ensures 24/7 staffing by two RNs. During times of increased volume, additional staff will be dispatched to intake to assist. CCS has an automated process to track timeliness of intake screenings on a daily basis and will ensure that urgent medical and mental health needs are proactively identified and addressed.

Sick Call/Transfers/Clinic Services

The CCS staffing plan ensures sufficient staff to manage sick call, transfers, and all clinic services. LPNs, Unit Clerks, and Certified Medical Assistants (CMAs) will further support the medical clinic, mental health, intake, and medical observation areas.

Medication Administration

Medication administration will be conducted utilizing a combination of LPNs and RNs. The CCS staffing plan includes sufficient coverage to ensure all medications are ordered and received in a timely manner, and that medication carts are prepared efficiently. CCS will designate one LPN as the Pharmacy Nurse in each facility to ensure organization of the pharmacy area, timely medication orders and returns, and timely medication administration, and to function as a member of the Pharmacy and Therapeutics Committee.

Mental Health Services

CCS will provide mental health services consistent with the minimum required staffing. The CCS staffing plan includes 24/7 coverage at the MCJ to handle intake orders and mental health sick call, to assess urgent or emergent mental health issues, and review medication needs. On-call providers will be available to the HOC during off hours for crisis intervention or emergency response as needed.

The CCS staffing plan incorporates:

- Chief Psychiatrist – 40 hours/week
- Psychiatrist – 8 hours/week
- Psychiatric ARNP – coverage 7 days/week for a minimum of 16 hours/day
- Director of Mental Health – 40 hours/week
- Psychologist – 40 hours/week
- Psychiatric Social Worker Supervisor – 80 hours/week
- Psychiatric Social Worker – 24/7 coverage with an additional 10.0 FTEs
- Mental Health RN – 80 hours/week
- Case Manager – 120 hours/week

Dental Services

The CCS staffing plan includes a combination of Dentist and Dental Assistant hours and provides sufficient coverage to provide timely access to adequate dental care. The methodology utilized for determining the number and types of dental professionals needed to provide care is based on volume (i.e., number of intakes, length of stay, statistical data), the number of chairs available, and the availability of health care professionals to provide oral screening, and triage, and current backlog. This information was gleaned from the statistics provided and facilities similar in size were reviewed for trends and a projection of needs. The CCS staffing plan includes a total of 40 hours of Dentist and 40 hours of Dental Assistant coverage, and ensures all Standards of Care are met.

Medical Record Services

CCS has allotted sufficient staff to manage all clerical and medical records needs under the direction of a Medical Records Supervisor. Certain functions related to database management and automated reporting will be managed out of our Nashville Home Office.

On-Call Services

CCS understands the need for on-site staff to be supported by providers and administrative personnel when not on site. A combination of the following positions will be on call for the HOC and MCJ:

- Health Services Administrator– 24/7/365
- Medical Director– 24/7/365
- Director of Nursing – 24/7/365
- Director of Mental Health or designee – 24/7/365
- Counselor – The staffing plan provides 24/7 MHP coverage at the MCJ, which be available as needed to the HOC
- Psychiatrist – 24/7/365

Staffing Chart

CCS has developed the following staffing chart showing the staff required to provide appropriate clinical coverage, in accordance with the requirements of the RFP and the Consent Decree. Actual shift schedules under the new contract will be mutually agreed upon by CCS and Milwaukee County. We look forward to the opportunity to discuss our plan in detail and make any needed adjustments as the program and our understanding of the services available to the County's inmate population evolves.

CCS Proposed Staffing									
Day Shift									
Position	**Mon**	**Tue**	**Wed**	**Thu**	**Fri**	**Sat**	**Sun**	**Hrs/Wk**	**FTE**
Health Service Administrator	8	8	8	8	8			40	1.00
Administrative Assistant	16	16	16	16	16			80	2.00
Medical Records Supervisor	8	8	8	8	8			40	1.00
Medical Records Clerk	16	16	16	16	16	16	16	112	2.80
Medical Director	8	8	8	8	8			40	1.00
Physician	12	12	12	12	12			60	1.50
Lead ARNP	8	8	8	8	8			40	1.00
ARNP/PA	32	32	32	32	32	16	16	192	4.80
Director of Nursing	16	16	16	16	16			80	2.00
RN – Infection Control	8	8	8	8	8			40	1.00
RN – Quality Assurance	8	8	8	8	8			40	1.00
RN – Staff Development	16	16	16	16	16			80	2.00
RN – Supervisor						18	18	36	0.90
RN – Intake	16	16	16	16	16	16	16	112	2.80
RN (Registered Nurse)	56	56	56	56	56	40	40	360	9.00
LPN (Licensed Practical Nurse)	64	64	64	64	56	56	56	424	10.60
CMA (Certified Medical Assistant)	32	32	24	32	32	16	16	184	4.60
Unit Clerk	16	16	16	16	16	16	8	104	2.60
Dentist	8	8	8	8	8			40	1.00

Dental Assistant	8	8	8	8	8			40	1.00
Chief Psychiatrist	8	8	8	8	8			40	1.00
Psychiatrist						4	4	8	0.20
Psych ARNP	16	16	16	16	16	16	8	104	2.60
Director of Mental Health	8	8	8	8	8			40	1.00
Psychologist	8	8	8	8	8			40	1.00
Psychiatric Social Worker Supervisor	16	16	16	16	16			80	2.00
Psychiatric Social Worker	40	40	40	40	40	16	16	232	5.80
Case Management	24	24	24	24	24			120	3.00
Total Hours/FTE – Day								**2,808**	**70.20**
Evening Shift									
Medical Records Clerk	16	16	16	16	16	16	16	112	2.80
ARNP/PA	16	16	16	16	16	16	16	112	2.80
RN – Supervisor	16	16	16	16	16	16	16	112	2.80
RN – Intake	16	16	16	16	16	16	16	112	2.80
RN (Registered Nurse)	48	48	48	48	48	40	40	320	8.00
LPN (Licensed Practical Nurse)	56	56	56	56	56	56	56	392	9.80
CMA (Certified Medical Assistant)	8	8	8	8	8	8	8	56	1.40
Unit Clerk	16	16	16	16	16	8	8	96	2.40
Psych ARNP	8	8	8	8	8	8	8	56	1.40
Psychiatric Social Worker	16	16	16	16	16	16	16	112	2.80
RN – Mental Health	8	8	8	8	8			40	1.00
Total Hours/FTE – Evening								**1,520**	**38.00**
Night Shift									
ARNP	8	8	8	8	8	8	8	56	1.40
RN – Supervisor	16	16	16	16	16	16	16	112	2.80
RN – Intake	16	16	16	16	16	16	16	112	2.80
RN (Registered Nurse)	32	32	32	32	32	32	32	224	5.60
LPN (Licensed Practical Nurse)	32	32	32	32	32	32	32	224	5.60
Psychiatric Social Worker	8	8	8	8	8	8	8	56	1.40
RN – Mental Health	8	8	8	8	8			40	1.00
Total Hours/FTE – Night								**824**	**20.60**
Weekly Total									
Total Hours/FTE per week								**5,152**	**128.80**

Substitution Card

Substitutions of staff are permissible only when a position requiring a higher licensure level is substituted for a position of a lower licensure level. There shall be no substitution of staff at a lower licensure level for a position classified as requiring a higher licensure level. The following substitutions are permitted based on licensure:

- LPN can substitute for CMA
- RN can substitute for LPN or CMA
- MD/Physician can substitute for mid-level provider
- Psychiatrist can substitute for mid-level psychiatric provider
- Director of Mental Health can substitute for QMHP

Recruitment and Retention

CCS will recruit, interview, hire, train, and supervise all health care staff. We will begin our recruiting efforts with current staff at the HOC and MCJ, as described in section **3.3 Transition Plan**. If needed, we will then recruit locally within Milwaukee County for any open positions.

CCS is confident in our ability to fully staff the HOC and MCJ medical program, despite the national nursing shortage. In order to consistently recruit and retain highly qualified employees, CCS has developed industry-leading talent acquisition and employee retention programs. Our initiatives include strategic talent acquisition plans, competitive benefits programs, opportunities for professional development, and structured onboarding programs to educate new employees and welcome them to the CCS team.

CCS is constantly taking action to improve employee retention rates for all of our locations. We are proud to say that **over 96% of all CCS jail positions are filled with permanent employees**.

A key part of the CCS recruitment plan includes reaching out to local nursing schools to attract health care professionals to a career in corrections. CCS has developed programs for nursing students in many of our client facilities, including those in Wisconsin, which we discuss later in this section. We also prioritize growing our team from within, giving employees opportunities to move up within the organization.

Once we have identified strong candidates, we offer them benefit-related incentives to entice those who may be looking at a slightly higher rate of pay as per diem staff to commit to full-time employment with our company. CCS continually researches rates of pay in different areas to ensure that our salary ranges remain competitive. Our benefits program exceeds market standards and is designed to attract and retain health care staff while recognizing the diverse needs and goals of our workforce. By showing our employees that they are a valued part of our company, CCS is able to save our clients unnecessary operational expense and added costs created by turnover.

Talent Acquisition

CCS provides on-site support to our clients through our highly skilled Human Resources department, which facilitates the recruitment, development, and retention of health care professionals in our client communities. Our dedicated talent acquisition team of Physician Recruiters, Nurse Recruiters, Managers, and Coordinators actively source high-potential candidates, screen applicants, and conduct interviews.

Local, regional, and national recruitment campaigns keep a constant flow of qualified candidates within reach to discuss opportunities. Our recruiting team begins with our extensive candidate database, and concurrently sources through our broad resources for qualified candidates. ***Our first focus is recruiting locally*** and then, if circumstances merit, employing a nationwide search. National recruitment efforts focus on geographic locations where health care professionals are more plentiful and unemployment is higher, which increases the likelihood that candidates will be willing to relocate.

CCS uses the iCIMS Applicant Tracking System (ATS) to maximize our talent acquisition processes. Hiring Managers work with a dedicated Recruiter and the CCS recruiting team to post any open positions in the ATS. The iCIMS Talent Acquisition Software Suite helps CCS leverage mobile, social, and video technologies to manage our talent acquisition lifecycle.

iCIMS assists CCS in building talent pools, in addition to automating our recruitment marketing, applicant screening, and onboarding processes. The talent acquisition process is illustrated in the following figure.

The CCS Talent Acquisition Process

CCS performs primary source verification of credentials and licensure concurrently during the interviewing and screening process. We then select the best candidates based on qualifications and credentials, experience, references, interview results, and other information. Using competency-based behavioral interview questions and partnering with our clinical and operational specialists enables CCS to make informed hiring decisions.

National Recruiting & Sourcing Tools

With continuing challenges of lower unemployment rates for health care professionals, CCS is vigilant in our constant search for talent. We continually look for cutting-edge ways to source and communicate with candidates while also using tried-and-true strategies, like extending a phone call to a candidate directly. On an ongoing basis, CCS uses a wide variety of national recruiting tools that provide access to health care professionals throughout the country, including:

CCS also uses resources that share job postings and information across dozens of other recruiting databases and job sites through a single source. Our strategic use of various databases ensures a continuous feed of the newest resumes and candidates into the Applicant Tracking System that our recruiters use to find the best candidates in the shortest amount of time.

Internal Recruiting

It is CCS practice to post all job openings internally and externally. Internal applicants are given initial consideration for opportunities based on our desire for team members to be able to advance their careers. 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, as part of the internal application process, he or she must answer questions that validate they have informed their manager of their interest in another position or site. 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 Recruiting

A key part of the CCS recruitment plan includes reaching out to local nursing schools and residency programs to attract health care professionals to a career in corrections. CCS has developed programs for nursing students in many of our client facilities, and we are expanding our outreach to residency programs. We have found that by increasing community interest and education regarding corrections, we have been able to attract and recruit health care providers who may have otherwise overlooked a career in our industry. For information regarding our specific plans for programs in Milwaukee County, please see section **12.8 Staffing Coverage**.

Metrics and Technology

CCS is strongly invested in technology to promote our open positions and provide us with robust analytics to help us understand the growing needs in staffing, as well as the outcomes of our efforts. Following are the results of our recruiting efforts from 2017:

- Total Hires – 7,958 (positions filled from internal and external applicants)
- Average Hires per Month – 663
- Average Time to Find – 31 days
- Average Time to Accept – 37 days
- Average Time to Fill – 37 days

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 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 preference, marital status, age, disability, or national origin.

Employee Retention

CCS understands the importance, for continuity of care, of ensuring the majority of our employees are full-time employees. Consistent staffing improves the quality of patient care and minimizes issues that can lead to grievances and lawsuits. CCS focuses on prudent staff deployment in order to promote high efficiency, fewer mistakes, and improved morale. As a result, we have an excellent retention rate with low turnover.

Commitment to People Development

CCS created our People Development program to invest in our employees' long-term professional satisfaction and well-being. Our dedication to People Development creates lower employee turnover, reduces costs due to replacement and training, and strengthens team spirit through mutual respect and recognition of each employee's contributions.

CCS believes that a successful operation begins with motivated employees who are well-equipped to satisfy the needs of our clients. We begin with the identification, validation, and recruitment of the very best people, then we orient them to our CCS culture and operations through an established onboarding process. CCS offers a full range of opportunities for our employees' continued professional development, including training programs, continuing education, clinical exposure, promotion preparation, succession planning, and peer reviews.

Employee Survey Responses

"Working for and with CCS has been a great opportunity for me. I enjoy everything the company does for the sites as a whole as well as on an individual basis. They continue to help us grow and develop as a group through effective communication, patience, and understanding."

"When I started in corrections, I worked for [a competitor]…I know CCS has a vested interest in my success and personal well-being. I have the tools needed to do my job, and through CORE and startups I have been able to expand my knowledge and believe my opinion and talents are important. ***This is the company I want to retire from****."*

Nurse Outreach and Support

CCS has adopted several outreach techniques for our valued nursing professionals, including advanced training opportunities and open communication through the Nurse Channel, an online resource for CCS nursing professionals. In addition to providing useful information, the Nurse Channel also recognizes CCS nurses that have done an outstanding job upholding our high standards for patient care.

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. Each year, CCS employees and their children who have graduated high school are encouraged to apply for CCS-sponsored college scholarships. In 2018, CCS awarded four $2,500 scholarships to children of CCS employees who had graduated high school.

Employee Recognition

CCS attracts and retains skilled and competent personnel through a number of employee incentives. However, incentives alone do not build loyalty; a friendly company culture ensures the long-term satisfaction of our employees. CCS understands that the primary reason for dissatisfaction in the health care field is feeling undervalued. From the recruiting process through the life of their career, each person is treated with respect, incentivized and rewarded for dedication and performance, and viewed as a valuable asset of our team.

Enhancing our ability to retain health care professionals throughout the life of a contract is our employee recognition program. CCS has a formal Employee Recognition Program based on our company slogan: "The *Right* People Doing the *Right* Things *Right*." The program, known as "R^3 Recognition," is designed to reward employees for outstanding performance and exemplary service. The purpose of the Employee Recognition Program is to motivate positive job behavior and build a sense of pride in each employee. By recognizing our top performing employees, we are able to increase employee morale, as well as increase quality of care.

Each CCS location incorporates "R^3 Recognition" into its local operations. The primary program is the 5H Award, which represents the values by which CCS strives to exist: **H**unger, **H**onesty, **H**ard Work, **H**umility, and **H**umor. CCS encourages the use of the 5H Program in an effort to continuously recognize employees whose contributions echo these values. In order to recognize a particular staff member, each CCS location or territory is responsible for creating their own R^3 Recognition Committee and celebrating recognized employees on a monthly and quarterly basis.

CCS presents recognition awards each month and quarter based on attendance, customer service, teamwork, and overall performance. On an annual basis, the leadership team of each CCS business unit will choose one individual from each of the quarterly 5H Award Winners to be nominated for the President's Award. All nominees for the quarterly award, Quarterly Award Winners, and President's Award Winners are recognized on the CCS website and are eligible to receive a monetary award, certificate of recognition, and a gift.

Flexible Scheduling

When possible, CCS allows flexible scheduling to meet the needs of our employees. We employ part-time and per diem personnel to provide coverage for scheduled absences and to supplement any full-time staffing needs.

Human Resources Hotline

CCS offers a 24/7 Human Resources hotline for employees who need guidance regarding an issue outside of regular business hours.

Wellness Program

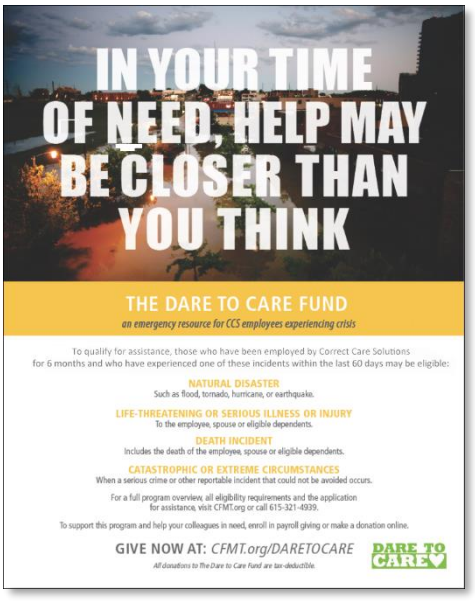
CCS places a great deal of importance on the health and well-being of our staff. Employees are encouraged to participate in the CCS Wellness Program, which offers exercise programs, healthy eating tips, and other initiatives that promote a healthy lifestyle. Various CCS sites offer incentives or contests to encourage employee participation in programs that create a healthier staff, including smoking cessation and weight control programs.

Employee Assistance Program

CCS offers an Employee Assistance Program (EAP) through Aetna. All CCS employees and their household dependents have 24/7 access to a range of free services and educational materials to help with a variety of life/work challenges and crisis management. Assistance is available through a confidential phone call or referral to a specialist for up to three sessions of in-person support. The Aetna EAP also gives employees access to a variety of discounted services and programs designed to promote health and wellness.

Dare to Care

CCS established our Dare to Care Employee Assistance Fund to support our valued team members when they need it most. CCS employees and their eligible dependents can apply for economic assistance to help meet their needs in the event of unexpected economic hardship. Employees may be eligible for assistance if they experience extreme or catastrophic circumstances beyond their control, including loss of property due to natural disaster; life-threatening illness or injury; or the loss of a family member.



CCS started Dare to Care in 2010 in response to the flooding that devastated the City of Nashville. Since its inception, ***the Dare to Care fund has provided nearly $913,000 in financial assistance*** to more than 500 CCS employees and their families in need.

In 2017, CCS employees in Texas and Florida were significantly impacted by Hurricanes Harvey and Irma, with many displaced from flooding and requiring immediate assistance. In addition to CCS continuing to pay impacted employees while their facilities were closed, ***Dare to Care issued more than 95 grants to these employees, totaling approximately $200,000***.

CCS partners with the Community Foundation of Middle Tennessee to manage all funds and award gifts, which keeps the application process private and ensures that requests for assistance are reviewed by an impartial and experienced third party. Dare to Care is funded through employee donations and matching contributions from CCS.

Staffing Performance Requirements

CCS understands that negotiated contractual performance penalties will be imposed in the event that positions are left unstaffed beyond a specified period of time. We have a successful track record of ensuring appropriate staffing levels at our client facilities, and we are confident in our ability to do the same in Milwaukee County. Our robust recruitment strategy and sourcing tools allow us to act swiftly when vacancies and other potential staffing needs occur to ensure there are no long-term vacancies.

CCS uses PRN or overtime coverage as temporary solutions until permanent positions are filled. CCS avoids the use of agency nurses as much as possible. Our solid relationships with agencies are used only as “a bridge” to continue to provide quality patient care until a permanent solution is secured. With more than 200 employees actively serving our Wisconsin clients, local resources will also be available to cover any staffing needs or assist with emergency response if needed.

Client Testimonial

*"You have dramatically improved staffing levels in all categories and **eliminated the use of agency nurses**. This is attributable not only to the leadership but climate and culture you have created within our organization. This has been heard repeatedly in conversations with your on-site line staff; an impressive accomplishment."*

Chief James Coleman
Shelby County, TN

Effective Recruitment and Retention Strategies

CCS is able to reduce staffing vacancies for our clients through our organized, proactive recruiting and hiring practices. We maintain a database of candidates that we have independently sourced, in addition to candidates who have shown interest in our opportunities. CCS will also seek to form partnerships with local nursing programs to enhance the availability of qualified nurses for the HOC and MCJ.

CCS will begin recruiting efforts for any open positions with the current staff at the HOC and MCJ. If needed, we will then recruit locally within Milwaukee County for any open positions. Our dedicated talent acquisition team of Physician Recruiters, Nurse Recruiters, Managers, and Coordinators will actively source high-potential candidates in Wisconsin. Our first focus is recruiting locally and then, if circumstances merit, employing a nationwide search.

CCS offers benefit-related incentives to entice those who may be looking at a slightly higher rate of pay as per diem staff to commit to full-time employment with our company. We are proud to say that ***over 96% of all CCS jail positions are filled with permanent employees*** (any open positions are temporarily filled through overtime and PRN staffing pools). We attribute our retention success and low turnover to maintaining competitive salary and benefits packages, embracing diversity, rewarding superior performance, and providing meaningful work in a friendly environment.

Staffing Reports

CCS realizes the importance of delivering what we promise, especially regarding on-site staffing, and we will work to keep these costs as low as possible. We will track and report to the County all staff hours worked, as well as hours not provided.

To demonstrate compliance with the contracted staffing plan and the Consent Decree, CCS will provide the Contract Monitor or designee with a monthly statistical report showing staffing fill rates. Each month, we will provide accounting of actual days/hours worked by the entire medical staff to the Contract Monitor in the form of an FTE report. These reports, which are compiled by pay period, provide true transparency and allow for auditing down to the individual and shift. Because these reports are automatic, all historical reports can be searched, queried, and drilled down in mere moments.

Our automated FTE reporting system allows for ***100% auditable reporting*** of contract versus worked staffing reports.

Sample FTE Report

CCS CORRECT CARE SOLUTIONS

Total Hrs in Period: 160

Staffing Report - Position Level (FTE)

* = Backfill Position

Position	#	Contract Totals			Productive Hours					Non-Productive Hours					Total
		Actual FTE	Contracted FTE	Variance	Regular	Overtime Hourly	Overtime Salary	Holiday Worked	Total Productive	Vacation, Sick, & PTO	Holiday	Training	Other	Total Non-Productive	Paid FTE
Administrative Assistant Clinical Site		1.041	1.000	0.041	1.000	0.041	0.000	0.000	1.041	0.000	0.000	0.000	0.000	0.000	1.041
Certified Medical Assistant	*	8.438	11.900	-3.462	7.905	0.533	0.000	0.000	8.438	0.542	0.000	0.000	0.150	0.692	9.129
Dental Assistant	*	0.881	1.200	-0.319	0.881	0.000	0.000	0.000	0.881	0.072	0.050	0.000	0.000	0.122	1.003
Dentist	*	0.914	1.000	-0.086	0.903	0.000	0.011	0.000	0.914	0.100	0.000	0.000	0.000	0.100	1.014
Dentist Hourly		0.000	0.200	-0.200	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Director of Nursing		1.219	1.000	0.219	0.969	0.000	0.200	0.000	1.169	0.050	0.000	0.000	0.000	0.050	1.219
Health Services Administrator		1.072	1.000	0.072	0.992	0.000	0.080	0.000	1.072	0.000	0.000	0.000	0.000	0.000	1.072
Limited License Psychologist		0.000	2.000	-2.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
LPN	*	22.776	32.100	-9.324	21.428	1.347	0.000	0.000	22.776	1.079	0.050	0.000	0.100	1.229	24.004
MD1400 0974 Job Code NOT in the		0.817	0.000	0.817	0.817	0.000	0.000	0.000	0.817	0.000	0.000	0.000	0.000	0.000	0.817
Medical Director	*	1.034	1.200	-0.166	0.963	0.000	0.072	0.000	1.034	0.000	0.000	0.000	0.000	0.000	1.034
Medical Records Clerk		4.961	5.800	-0.839	4.447	0.122	0.000	0.000	4.569	0.375	0.017	0.000	0.000	0.392	4.961
Mental Health ARNP	*	0.164	2.500	-2.336	0.164	0.000	0.000	0.000	0.164	0.000	0.000	0.000	0.000	0.000	0.164
Mental Health Director	*	1.069	1.000	0.069	1.000	0.000	0.069	0.000	1.069	0.019	0.000	0.000	0.000	0.019	1.088
Mental Health Professional	*	8.987	7.800	1.187	8.622	0.366	0.000	0.000	8.987	0.452	0.050	0.000	0.000	0.502	9.489
Nurse Educator	*	1.028	1.000	0.028	0.995	0.000	0.033	0.000	1.028	0.000	0.000	0.000	0.000	0.000	1.028
Nurse Practitioner	*	2.078	1.700	0.378	1.864	0.000	0.214	0.000	2.078	0.050	0.000	0.000	0.000	0.050	2.128
Nurse Practitioner Hourly		0.000	0.800	-0.800	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Pharmacy Technician	*	5.731	5.600	0.131	5.484	0.247	0.000	0.000	5.731	0.100	0.150	0.000	0.000	0.250	5.981
Physician Hourly		0.000	1.200	-1.200	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Psychiatrist		0.000	0.700	-0.700	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Psychiatrist Hourly	*	0.962	0.400	0.562	0.963	0.000	0.000	0.000	0.962	0.000	0.000	0.000	0.000	0.000	0.962
Psychologist Hourly		0.000	2.000	-2.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Quality Improvement Coordinator	*	0.752	1.000	-0.248	0.734	0.000	0.017	0.000	0.752	0.250	0.000	0.000	0.000	0.250	1.002
RN	*	20.066	33.900	-13.834	18.883	1.183	0.000	0.000	20.066	0.434	0.000	0.000	0.000	0.434	20.500
RN Charge Nurse	*	0.798	0.000	0.798	0.781	0.017	0.000	0.000	0.798	0.200	0.000	0.000	0.000	0.200	0.998
RN2500 0973 Job Code NOT in the		0.795	0.000	0.795	0.750	0.045	0.000	0.000	0.795	0.000	0.000	0.000	0.000	0.000	0.795
X ray & Lab Technician	*	1.000	1.000	0.000	0.998	0.002	0.000	0.000	1.000	0.000	0.006	0.000	0.000	0.006	1.006
Grand Total		86.584	119.000	-32.416	81.544	3.902	0.695	0.000	86.142	3.721	0.323	0.000	0.250	4.295	90.437

* = Backfill Position

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Termination Provisions in Physician Contracts

In the event that CCS subcontracts with a physician, the contract will provide that either party may terminate the agreement without cause with 30 days' written notice. The contract will also provide that CCS may terminate the agreement immediately for breach and/or in the following instances:

1) In the event Provider fails in any material respect to provide or arrange for the provision of Professional Services in accordance with the terms of this Agreement;
2) If Provider loses the authority to provide health services in the state where the Facility is located;
3) If actions of the Provider result in allegations of moral turpitude or tend to reflect poorly on the Company, Client, or Facility, including, but not limited to, loss of privileges at a health facility or exclusion, suspension, or debarment from a government payor program;
4) If Provider is adjudicated guilty of a felony or any crime of moral turpitude or crime involving immoral conduct;
5) Upon the termination or expiration of the Master Contract for any reason, or upon the last day on which Company provides services at the Facility;
6) In the event that Provider loses security clearance or access to the Facility (for any reason);
7) If Provider is not approved to remain a subcontractor by any party with whom Company or Client has contracted to arrange for services at the Facility;
8) If Provider, in the opinion of Company, is providing poor patient care or care which threatens patient health or safety or otherwise fails, or is unable or unwilling, to fulfill the requirements of this Agreement;
9) If Provider has not provided, to Company's sole satisfaction, the information or action(s) necessary to comply the insurance requirements of this Agreement;
10) At the direction of the Client; or
11) If, in the sole opinion of Company, this Agreement has become or may be contrary to any law, order, regulation, decree, or ordinance.

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In addition to our aggressive recruiting strategies, CCS also uses an employee referral bonus program that incentivizes our nearly 13,000 employees to also be 13,000 recruiters. We believe in the philosophy of "pipeline recruiting," so we are constantly recruiting to ensure we have a pipeline of candidates for when positions do become vacant. For additional information regarding our unique mental health recruiting abilities, please see section **5.5 Mental Health Staffing**.

12.7 Job Descriptions

Response to Section 21.12, Question 7

7. If you have job descriptions for positions listed in Section 11.1.2: REQUIRED (Minimum) Health Care Coverage, please provide them. If you do not, please describe how you will develop descriptions as requested in Section 11.4.1: Staffing Matrix: Administration, and how you will update them, including frequency of updates and update process.

All positions in our staffing plan will work within their scope of practice, directed by job descriptions that include qualifications and specific duties and responsibilities. CCS will provide the Superintendent and Jail Administrator with written job descriptions and protocols for all assignments at the HOC and MCJ.

Job descriptions and post orders detailing assignment expectations for all medical and mental health staff will be provided within 30 days of contract start. Employees will be given a copy of their job description to review at the time of their employment, and the job description will be used for performance evaluations. We have provided sample job descriptions in **Attachment G**. ***Please note that this information is confidential/trade secret pursuant to Wis. Stat. § 19.36(5).***

CCS will update job descriptions as necessary. When an employee's job description is updated, the employee must review and sign the job description to ensure their understanding of what is required of them. CCS will ensure that all personnel review and sign their job descriptions on an annual basis.

12.8 Staffing Coverage

Response to Section 21.12, Question 8

8. Describe how you ensure your coverage schedules are responsive to evolving needs of the facility. Provide an example of a facility in which you had to frequently modify a coverage schedule and the outcome of your efforts. How will you meet the requirements of Section 11.2: Staffing Coverage?
    a. As the priorities of the HOC and MCJ change, and in response to input by the court monitor for the Christensen Consent Decree, it may be necessary to increase staffing levels or include specific position titles. Please how you plan to provide adequate staffing, which may require you to hire additional FTEs. Please describe any risks or concerns you may have and how you propose to address them.

CCS has a successful track record of ensuring appropriate staffing levels, and we will staff the HOC and MCJ appropriately to ensure the timely provision of health care as required by the RFP and the Consent Decree. We feel strongly that the financial and clinical risk of *not* staffing a position is significant, and our strong litigation history validates this approach.

CCS will review staffing on a monthly basis in conjunction with processes and the ability to achieve contract compliance and CQI thresholds. Operational analysis is an ongoing process that will incorporate corrective action plans and may require staffing analysis if metrics and compliance are not achieved over a sustained period of time. These will be ongoing conversations with Milwaukee County at the monthly meetings, and CCS will make adjustments as needed to ensure appropriate patient care.

CCS understands that the County will continually review staffing levels, which may include a formal staffing analysis. We further understand that based on a review of operational needs, the County may require the reassignment and/or rescheduling of a staffing matrix position to meet the County's evolving needs. CCS will assist the County by continuously tracking medical services workloads to determine whether a revised staffing plan would improve patient care efficiencies while creating cost savings. Staffing schedules may be modified upon the mutual agreement and written consent between CCS and the County, with approval of the Court Monitor.

CCS has experience and demonstrable success working with facilities under Consent Decrees, including the Shelby County Detention Center in Tennessee and the Orleans Parish Prison in Louisiana. At both of these sites, CCS has successfully worked with our client partners to provide the required staffing and services to address problems that existed prior to our arrival. In both Shelby and Orleans, CCS has had to modify staffing schedules based on the changing requirements of the Court Monitor, and we have been successful in making these modifications. The best example of this success—Shelby County is no longer under a Consent Decree thanks to in large part to our efforts. For additional information, please see section **12.10 Experience with Consent Decrees**.

Ensuring Appropriate Coverage

CCS will ensure the same staff category coverage during periods of planned or unplanned absence. The CCS staffing plan and relief factor calculations ensure adequate coverage for holidays, weekends, vacation and sick days, emergencies, and any other extenuating circumstances that may arise. CCS will use part-time and per diem personnel to provide coverage for scheduled absences and to supplement any full-time staffing needs.

CCS will maintain a PRN (per diem) pool to ensure backfill and relief coverage is available when needed. PRN pool employees are staff members who are committed to several shifts per month and who are open to working when full-time staff members are absent. Our PRN staff will complete orientation and ongoing training consistent with our full-time team members to ensure they are capable and ready to provide continuity of services. CCS determines the number of PRN employees on the requirement that they work a sufficient number of shifts to be familiar with the current policies and procedures.

On-Call Coverage

CCS understands the need for on-site staff to be supported by providers and administrative personnel, even when these individuals are not on site. A combination of the following positions will provide on-call services for the HOC and MCJ:

- Health Services Administrator– 24/7/365
- Medical Director– 24/7/365
- Director of Nursing – 24/7/365
- Director of Mental Health or designee – 24/7/365
- Counselor – The staffing plan provides 24/7 QMHP coverage at the MCJ, which will be available as needed to the HOC
- Psychiatrist – 24/7/365

Emergency Coverage

CCS will provide emergency coverage for both facilities by qualified medical and mental health professionals. All on-duty, on-site staff will be immediately available for emergencies interchangeably, both within their assigned facility and by assignment to other facilities. This will require the same security clearances for both MCJ and HOC. For additional information regarding emergency response, please see section **4.4 Emergency Medical Services and Ambulance Transport**.

Call-Back Coverage

CCS will establish a physician/mid-level provider "call back" schedule at the HOC (the MCJ staffing plan includes 24/7 coverage), which will allow for urgent but non-emergent services such as suturing to be provided on site during off hours. We will ensure that any provider subject to on-call for a health care emergency procedure or evaluation will be able to arrive at the facility within 60 minutes.

CCS will also provide properly trained nurses with guidance for applying Steri-Strips or Dermabond to lacerations/wounds and assessing sprains for temporary splinting/immobilization until the patient can be seen by a provider, which should reduce the need for call-back services. ***By training our nurses in emergency response and offering call back physician services, CCS expects to reduce off-site/ER trips and hospital stays for Milwaukee County.***

Students and Interns

CCS will encourage and facilitate program participation of students (nursing), interns, residents, and postdoctoral fellows pursuant to appropriate agreements, including affiliation agreements. CCS has developed programs for nursing students in many of our client facilities, and we are expanding our outreach to residency programs. We have found that by increasing community interest and education regarding corrections, we have been able to attract and recruit health care providers who may have otherwise overlooked a career in our industry. We look forward to establishing similar programs in Milwaukee County.

CCS will provide written descriptions and goals for all internships, which will receive prior approval and clearance by County administration. Interns will be fully supervised and will adhere to strict supervisory guidelines. Students and interns will not be substituted for Matrix staff and will not be included in the staffing plan for the delivery of services required herein.

CCS will seek to form partnerships with local nursing and internship programs to enhance the availability of qualified health care professionals for the HOC and MCJ. We have spoken with the schools who currently partner with Milwaukee County and we will look to collaborate with them to continue the programs currently in place.

CCS has also had promising discussions with the College of Nursing at the University of Wisconsin-Milwaukee regarding possible partnerships for Mental Health Nursing Practitioner, Family Nurse Practitioner, and Population Health clinicals. We have provided a Letter of Intent from UW-Milwaukee in **Attachment E**.

12.9 Supervision

Response to Section 21.12, Question 9

9. Describe how you will ensure that all personnel receive appropriate supervision as requested in Section 11.3: Supervision.

CCS will ensure that all personnel receive supervision appropriate with their level of training, knowledge, experience, and licensure. Personnel providing supervision will have adequate training, continuing education, knowledge, and experience, and the appropriate level of licensure, to supervise any services performed by the supervisee.

All direct inmate care clinicians, including but not limited to physicians, dentists, advanced practice RNs, nurse practitioners, RNs, LPNs, and licensed qualified mental health professionals will participate in a clinical performance enhancement review (peer review) at least annually, consistent with NCCHC accreditation standards. For additional information, please see section **8.2 Peer Review, Mortality Review, and Case Review**.

Supervision: Medical

The Site Medical Director will provide general supervision of all medical services and administrative supervision of dental services. The HSA will provide general supervision of the DON and administrative positions. The Director of Nursing (DON) will provide general supervision of all nursing services. The Dentist will provide general supervision of all dental services. Supervision will be documented monthly with identification of any issues that arise in the conduct of the supervision. The Medical Director will be overseen by our Regional Medical Director, Dr. Cleveland Rayford.

Supervision: Mental Health Services

The Site Mental Health Director will provide general supervision of all mental health services. QMHPs will be appropriately licensed or license eligible in Wisconsin. All QMHPs will receive peer and clinical supervision no less than annually. Supervision will be documented at least twice yearly with identification of any issues that arise in the conduct of the supervision. The Mental Health Director will be overseen by our Regional Behavioral Health Manager, Michelle Reed.

12.10 Experience with Consent Decrees

Response to Section 21.12, Question 10

10. Describe your experience working with correctional facilities to provide medical services under a consent decree, if any. How do you ensure collaboration with assigned court monitors and compliance with decree requirements?

CCS will abide by all requirements stated in the Consent Decree and will work cooperatively with the court-appointed monitor at all times while the Consent Decree is in force. CCS has experience and demonstrable success working with facilities under Consent Decrees, including the Wicomico County Detention Center in Maryland, the Shelby County Detention Center in Tennessee, and the Delaware Department of Corrections; ***each of these sites had their Consent Decrees lifted under CCS***. We will bring the same commitment to Milwaukee County, as we have in other facilities, to adhering to the stipulations and conditions of the Consent Decree.

CCS currently provides services to the Bernalillo County Metropolitan Detention Center in New Mexico the Orleans Parish Prison in Louisiana, and four facilities in Wayne County, Michigan, where we are adhering to the DOJ directives and successfully working with our client partners to provide the required staffing and services to address problems that existed prior to our arrival at these facilities. We are also experienced in tracking compliance with Consent Decree requirements and adherence to established performance measures.

Following is an excerpt from *The Advocate* reporting on the results of the Semiannual Report Card on the Orleans Parish Sheriff's Office, issued by the Department of Justice's Monitoring Team.

U.S. Department of Justice Semiannual Report on the Orleans Parish Sheriff's Office

The monitoring team, in a 154-page report, wrote that inmate medical care, which Gusman has outsourced to a third-party company called Correct Care Solutions, appears to be "as close to constitutional requirements as in any recent years."

"More work needs to be done, but the level of care has improved dramatically since Correct Care Solutions Inc. began providing services to perhaps the most physically and mentally ill population in Orleans Parish," the report said.

The Advocate (September 9, 2015)

Consent Decree Turnaround: Delaware DOC

When CCS began providing services for the Delaware Department of Corrections (DOC) in July 2010, the DOC had been under a consent decree for four years under its previous health care provider. CCS continually focused on improving care and increasing on-site services. After just two years with CCS as their health care provider, the DOC was released from the Consent Decree in 2012. In our first year of service, we reduced ambulance responses to the facilities by 26%, reduced vehicle transports by 49%, and increased the number of patients seen by practitioners by 22%.

Consent Decree Turnaround: Wayne County, MI

CCS began providing services at four Wayne County detention facilities in January 2017. Although the County is still under a Consent Decree, CCS has made huge strides and significant program improvements in a short amount of time. At the inception of the contract between Wayne County and CCS, a set of patient care key performance indicators (KPIs) were evaluated. The KPIs looked at the level of patient care provided in a number of areas, including intake, history and physicals, sick call, and chronic care to name a few. Compliance with these KPIs was based on NCCHC standards.

The KPIs were evaluated in January 2017 and demonstrated that less than 40% of patients were receiving care at the level outlined by the KPIs and the NCCHC. Since CCS began providing services, the KPIs are continually monitored and demonstrate that ***on a consistent basis, over 90% of patients receive health care at the level compliant with the KPIs and NCCHC standards***.

In addition to the delivery of patient care, CCS has worked with Wayne County on other projects to prepare the County for their initial NCCHC audit and accreditation. CCS has worked with the County to ensure their physical plant has identifiable clinic space that is compliant with NCCHC standards. The CCS team has worked with members of multiple County departments to review County policies for NCCHC compliance. ***As a result of these efforts, Wayne County submitted their first-ever application for NCCHC accreditation in June 2018***.

Consent Decree Turnaround: Shelby County, TN

Under its previous health care provider, Shelby County had been under a Department of Justice (DOJ) consent decree for over 12 years. ***Within 18 months with CCS providing medical services, the decree was lifted***. CCS added a proactive, therapeutic special needs program for our seriously mentally ill adult and juvenile offenders and focused on significantly improving communication within the Mental Health Department and between Mental Health and Medical Services.

When CCS took over the contract, we doubled the number of annual physicals being conducted each year, absorbed the significant volume increase in both intakes and sick calls, and significantly reduced litigation and grievances from the inmate population. Since contract inception, CCS has been under or at budget every year and was awarded a new contract through the competitive bid process.

With our oversight and commitment to standards and quality of care, both the Shelby County Jail and East Women's Facility have obtained Triple Crown (NCCHC, ACA, and CALEA) accreditation. We have provided a letter of endorsement from Shelby County on the following page.

CCS Helps Shelby County Remove Consent Decree

"Prior to CCS services, Shelby County had spent more than 10 years under a Department of Justice consent decree; even after years of service, your predecessor was unable to provide the support and programing needed to satisfactorily meet the requirements of this decree. Today, with CCS as our partner, we have not only been released from that consent decree – we are one of only 33 agencies in the United States recognized as achieving the 'Triple Crown' of accreditation (ACA, NCCHC, and CALEA)."

James Coleman, Chief Jailer
Shelby County (Memphis), TN

Shelby County Sheriff's Office

Bill Oldham, Sheriff

March 14, 2017

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

Dear Patrick:

I am pleased today to write this letter of recommendation for your company, Correct Care Solutions, and endorse CCS as a qualified, quality correctional health care provider. During our long-standing partnership, we have been encouraged by your commitment to corporate support for our program; CCS continually exceeds our expectations in this regard.

Since CCS commenced service on July 1, 2006, your organization has provided uninterrupted services to the 3,000 inmates housed in the Shelby County Jails system. You and other CCS leaders, including Dr. Audrey Townsel, Regional Manager; Bill Kissel, Senior Regional Vice President; and Chris Bove, President of Local Detention, have had a very hands-on approach to providing services to our agency. Upon contract implementation, you significantly improved staffing levels and you have maintained strong retention initiatives. I believe this is directly connected to the leadership and culture you have created within the medical unit, which is heard frequently in conversations with your on-site staff. Off-site trips are managed appropriately by consistent staffing, resulting in valuable cost savings to Shelby County – a crucial component of your service in today's economic situation. Your combination of staff retention, efficient processes, and cost controls is unmatched; Shelby County feels like we have a true healthcare partner.

All of this has contributed to the successful operation of a quality program in Shelby County Jails. Prior to CCS services, Shelby County had spent more than 10 years under a Department of Justice consent decree; even after years of service, your predecessor was unable to provide the support and programming needed to satisfactorily meet the requirements of this decree. Today, with CCS as our partner, we have not only been released from that consent decree – we are one of only 33 agencies in the United States recognized as achieving the "Triple Crown" of accreditation (ACA, NCCHC, and CALEA).

We have confidence that CCS is continually striving to meet the common goals of our two organizations. Shelby County has a valued partner, and we appreciate the passion and commitment that CCS has for open and consistent communication and quality improvement.

In closing, I am pleased and proud of the relationship which has been developed over the past eleven years. We look forward to a long partnership and support the highest endorsement possible as a recommendation. Please feel free to have any potential client contact me for further discussion.

Sincerely,

Robert L. Moore
Chief Jailer

201 POPLAR AVENUE, 9TH FLOOR, MEMPHIS, TENNESSEE 38103

12.11 Staffing Diversity

Response to Section 21.12, Question 11

11. Describe how you will meet the requests in Section 11.7: Staffing Diversity. How does your staffing pattern encourage and reflect cultural competency and sensitivity?

CCS will strive to reflect cultural competency and cultural sensitivity in our staffing pattern for the HOC and MCJ. We will work to provide an adequate degree of matching staff characteristics to program participant characteristics and demographics. CCS will recognize diverse groups and strive to hire personnel that reflect the ethnic and linguistic diversity of the population it serves.

CCS, an equal opportunity/affirmative action employer, complies with all applicable federal and state laws and regulations regarding nondiscrimination and affirmative action. CCS is actively engaged in recruiting, hiring, and promoting underrepresented communities. All qualified applicants will receive consideration for employment and minorities, women, individuals with disabilities, and veterans are encouraged to apply.

CCS is committed to a policy of equal opportunity for all persons and does not discriminate on the basis of race, color, sex, pregnancy, gender identity or expression, sexual orientation, marital status, age, national origin, political affiliation, physical or mental disability, religion, protected veteran status, genetic information, personal appearance, or any other legally protected status in all aspects of employment.

Culturally and Linguistically Appropriate Services

CCS shares Milwaukee County's goal of achieving health equity for all people, and we are committed to applying our understanding of and respect for cultural diversity to increase the quality of services for all patients. CCS promotes health equity by ensuring that our inmate health care programs meet National Culturally and Linguistically Appropriate Services (CLAS) Standards, as well as NCCHC standards.

According to the Department of Health and Human Services (HHS), the Principal Standard of CLAS is to "provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs." Incorporating CLAS Standards reduces medical and mental health disparities that exist due to differences in gender, age, race or ethnicity, sexual orientation, gender identity, education, income, or disabilities.

CCS strives to ensure CLAS by hiring and promoting culturally and linguistically diverse leadership and workforce. We have recruiting initiatives in place for hiring bilingual staff and multicultural staff. In addition to our typical recruiting methods, we advertise in community newspapers and on websites targeted specifically to reach professionals who are ***representative of the population in the local community***. For example, in areas where Spanish is a predominant language, CCS directs recruiting efforts to Spanish-speaking job seekers.

CCS understands that hiring a multicultural workforce alone is not sufficient to ensure CLAS. We must also provide all employees with education and training on CCS policies and procedures, working in a multicultural environment, and how to understand the diverse needs and health expectations of different cultures.

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 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 preference, marital status, age, disability, or national origin.

12.12 Contractor Personnel Orientation

Response to Section 21.12, Question 12

12. Submit an orientation program for all health care staff as requested in Section 11.5.1: Contractor Personnel Orientation. Describe how you will track, document, and report on personnel orientation.

Initial Security Orientation by the County

CCS will ensure that all new hires are appropriately oriented to the operations of the HOC and MCJ. All new health care staff will participate in security training as required by the County prior to providing services under the contract. Full-time staff will complete eight hours of security training, while part-time staff will complete four hours of security training. Exceptions will be noted for intermittent staff such as specialty staff that will require escort.

The CCS orientation program will also include training on security and contraband regulation. Medical staff will receive training on security classification and other security concerns as appropriate. Security is an essential part of risk management in the correctional environment; therefore, all new employees and subcontractors will receive training specific to safety and security in a correctional setting and will have an understanding that they will never be involved in securing or restraining an inmate. Staff will also be educated on the following precautions:

- Do not provoke an inmate
- Always keep a safe distance from inmates
- Do not inform an inmate of appointment times, dates, etc.
- Alert custody staff if you feel threatened or unsafe
- Always be aware of your surroundings
- Always maintain your role as a medical professional

CCS will exercise security measures consistent with facility rules, regulations, policies, and procedures. Health care personnel are subject to the same security regulations as other facility staff, and CCS will collaborate with facility administration to ensure that security regulations are maintained without compromising access to care.

Professional Conduct and PREA Training

In addition to the new employee security orientation, CCS staff will also attend annual training on professional conduct and PREA provided by the training staff. CCS staff will be subject to all rules and standards of conduct of the County, including County policy prohibiting smoking or the possession or use of tobacco and marijuana products at any facility or its grounds. Staff will also comply with the provisions of Prevention and Elimination of Workplace Violence.

CCS staff will maintain professional boundaries with inmates. Any act by CCS staff that violates professional boundaries is prohibited. All allegations and incidents involving the violations of professional boundaries will be reported and fully investigated and may result in action up to and including criminal prosecution. CCS staff will wear external name badges or labels. Body piercings and tattoos that pose security risks or compromise therapeutic boundaries shall not be allowed.

CCS PREA Policy and Training

CCS complies with the Prison Rape Elimination Act of 2003 (PREA). Inmates who are victims of any form of sexual violence will be treated according to PREA and facility policy. CCS maintains a "zero tolerance" policy regarding rape or sexual abuse of inmates, and we have an established policy for responding to allegations of such acts. 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 will ensure that all staff members are properly educated on PREA standards and procedures. All CCS employees receive initial and annual training on the purpose and requirements of PREA. The training explains the issues surrounding prison sexual assault, the importance of reporting incidents, and the level of involvement from other government agencies. Following the training, employees are tested on their knowledge of PREA and certified based on demonstrated competency.

Dr. John Newby, CCS Regional Vice President for the Maine Department of Corrections, is a PREA Certified Auditor for the Bureau of Justice Assistance, giving CCS unique insight into PREA standards.

CCS Orientation Program

CCS will submit an orientation program for all health care staff. We will provide the County with comprehensive orientation curricula, schedules, appropriate forms, tracking and record keeping, and required location of documentation to support evidence of orientation of personnel. Each new employee receives a binder containing a copy of the CCS Onboarding Book of Knowledge, a spreadsheet that outlines the required onboarding steps all health care staff must complete, as well as additional required onboarding steps for specific positions. We have provided a sample of the onboarding steps for all health care staff in **Attachment Q**. ***Please note that this information is confidential/trade secret pursuant to Wis. Stat. § 19.36(5).***

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

Phase 1: Onboarding

Critical to the future success of any new employee is his or her 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 Onboarding process: Orientation, On-the-Job Training, and Follow-up.

Onboarding Step 1: Orientation

Each new hire is scheduled to participate in an eight-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 new employees in the success of the company. *Since this proposal is being submitted electronically, we will provide a CCS New Hire Welcome DVD upon request*.

Onboarding 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 work with the new employees to ensure that the expected knowledge is transferred. This portion is not considered complete until the new employee feels capable of performing the job.

Onboarding Step 3: Follow-up

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

Phase 2: Performance Enhancement

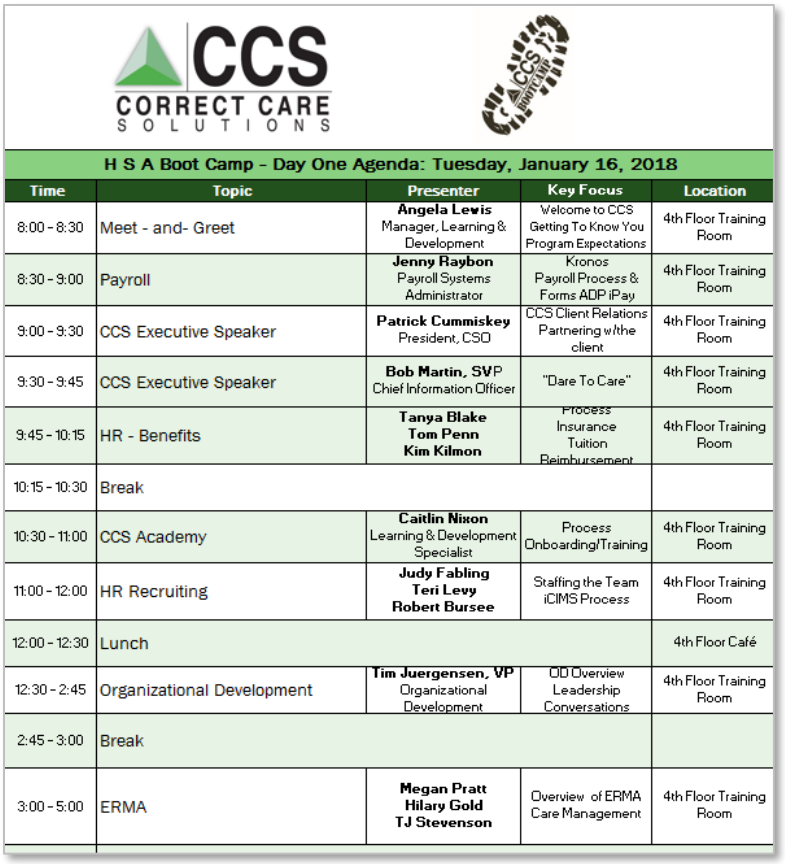
Performance Enhancement training consists of skills labs and webinars. On a scheduled basis, medical personnel participate in online training, as well as in-service learning opportunities such as “Lunch and Learn” sessions. Additionally, webinars and DVDs that interface with a variety of Subject Matter Experts (SMEs) are offered to staff members as applicable for their roles.

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. The Leadership Development training sessions are a collaborative effort between our Home Office and on-site leaders.

CCS Leadership Boot Camp

CCS Leadership Boot Camp, held at our Home Office in Nashville, gives our new leaders the opportunity to learn about CCS values, policies, practices, and culture. Boot Camp is a three-day interactive experience focusing on People Skills, Patient Care, Processes and Procedures, Partnering with our clients, and operations. CCS will ensure that the HSA for Milwaukee County has the opportunity to attend our Boot Camp program.



H S A Boot Camp - Day One Agenda: Tuesday, January 16, 2018

Time	Topic	Presenter	Key Focus	Location
8:00 - 8:30	Meet - and- Greet	**Angela Lewis** Manager, Learning & Development	Welcome to CCS Getting To Know You Program Expectations	4th Floor Training Room
8:30 - 9:00	Payroll	**Jenny Raybon** Payroll Systems Administrator	Kronos Payroll Process & Forms ADP iPay	4th Floor Training Room
9:00 - 9:30	CCS Executive Speaker	**Patrick Cummiskey** President, CSO	CCS Client Relations Partnering w/the client	4th Floor Training Room
9:30 - 9:45	CCS Executive Speaker	**Bob Martin, SVP** Chief Information Officer	"Dare To Care"	4th Floor Training Room
9:45 - 10:15	HR - Benefits	**Tanya Blake** **Tom Penn** **Kim Kilmon**	Process Insurance Tuition Reimbursement	4th Floor Training Room
10:15 - 10:30	Break			
10:30 - 11:00	CCS Academy	**Caitlin Nixon** Learning & Development Specialist	Process Onboarding/Training	4th Floor Training Room
11:00 - 12:00	HR Recruiting	**Judy Fabling** **Teri Levy** **Robert Bursee**	Staffing the Team iCIMS Process	4th Floor Training Room
12:00 - 12:30	Lunch			4th Floor Café
12:30 - 2:45	Organizational Development	**Tim Juergensen, VP** Organizational Development	OD Overview Leadership Conversations	4th Floor Training Room
2:45 - 3:00	Break			
3:00 - 5:00	ERMA	**Megan Pratt** **Hilary Gold** **TJ Stevenson**	Overview of ERMA Care Management	4th Floor Training Room

New Practitioner Orientation

New CCS practitioners (physicians and mid-level providers) undergo a structured New Practitioner Orientation process focused on critical thinking and clinical decision making in the correctional environment. The training is presented by CCS Chief Clinical Officer, Carl Keldie, MD, or designee. New practitioners receive an orientation manual that also serves as a reference tool for information related to their daily work in corrections.

Over the first 12 months of their employment with CCS, practitioners work with an assigned coach/mentor to ensure a thorough onboarding and to provide them with resources for their clinical work in correctional health care. At the end of the first 120 days of employment, practitioners participate in a focused clinical review, and at the end of their first year, they participate in a peer review with their mentor or Regional Medical Director.

CCS practitioners receive ongoing training and clinical decision support from the CCS Clinical Department. Our Associate Chief Clinical Officer and Regional Medical Directors mentor and coach our on-site providers. Regional Medical Directors are available to our on-site medical staff for knowledge sharing and clinical decision support. The CCS Clinical Department conducts webinar events to train practitioners on timely and relevant correctional health care issues.

New Practitioner Clinical Orientation

Completion Checklist

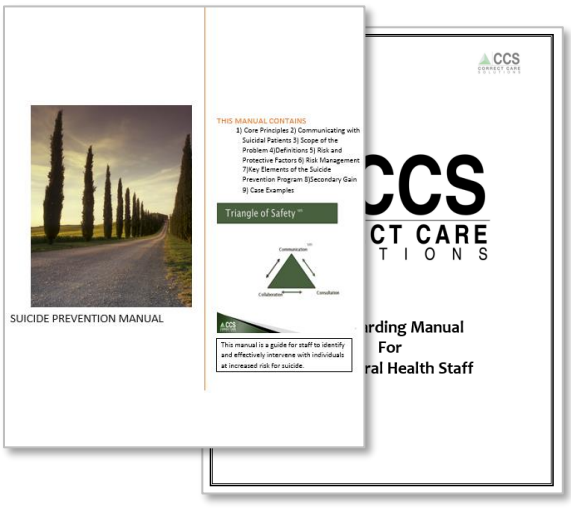
	Practitioner Initials	Mentor Initials	Date
☐ 7 Minutes to			
☐ Alcohol &			
☐ Opiate Wi			
☐ Suicide R			
☐ Trauma			
☐ Consent & R			
☐ CCSMGR			
☐ UptoDATE			

New Practitioner Orientation

	T - 30 Days	Month 1	Month 2	Month 3
SAFETY	Custodial Specific Facility (HSA) Tour of Facility Facility Specific Training Pearls to Live By	Behavioral Outliers (Practitioner) Indications for Special Items (Practitioner) Mentor Call (Practitioner & Mentor)	Family Concerns/Calls Mentor Call (Practitioner & Mentor) Diversion	Mentor Call (Practitioner & Mentor)
QUALITY	ETOH Withdrawal (Video & Mentor) 7 Minutes to Save (PPT & Mentor) Alcohol & Benzodiazepine Withdrawal Opiate Withdrawal Suicide Risk Reduction Seizures ERMA Consent & Refusals	ERMA CCS Philosophy & the 5 H's Deliberate Indifference Radiology Pharmacy ER Utilization Lab UptoDATE	Chronic Care (Pratitioner) Grievances CQI & Patient Safety Work Product Accomodations, including Prosthetics 7 Minutes to Save (PPT & Mentor) Primary & Secondary Survey Use of Force Head Trauma Chest Pain	Mental Health for Somatic Practitioners Compassionate Release 7 Minutes to Save (PPT & Mentor) Altered Mental Status Respiratory Distress Triaging the Surgical Abdomen Common Cause of Abdominal Pain Ingestions Choking Dental for Somatic Practitioners Focus Review and Call
SERVICE	Time & Attendance (HR) HR Requirements (HR) CCSMGR (IT or Ops) Email & Password (IT) On-Call Expectations (Practitioner & Mentor) Health Care Process in Jail Clinical Considerations for Accomodation Needs	EHR for Operations & Charts (HSA) No-Miss Medications Therapeutic Diets & Food Allergies Addiction Withdrawal Duties of the Site Practitioner	Infectious Disease: MRSA (Methicilin Resistant Staph Aureus), TB Highlights of CCS Care Guidelines: Asthma, Diabetes, Hypertension, Seizures HIV Anti-coagulation Hep C Treatment Planning Infirmary Care Mental Health: Suicide, Malingering, Hungerstrikes, Self-injurious Patient Contract Discussion Bedside Manner	Release Medications Available Resources & Networking

Qualified Mental Health Professional Orientation

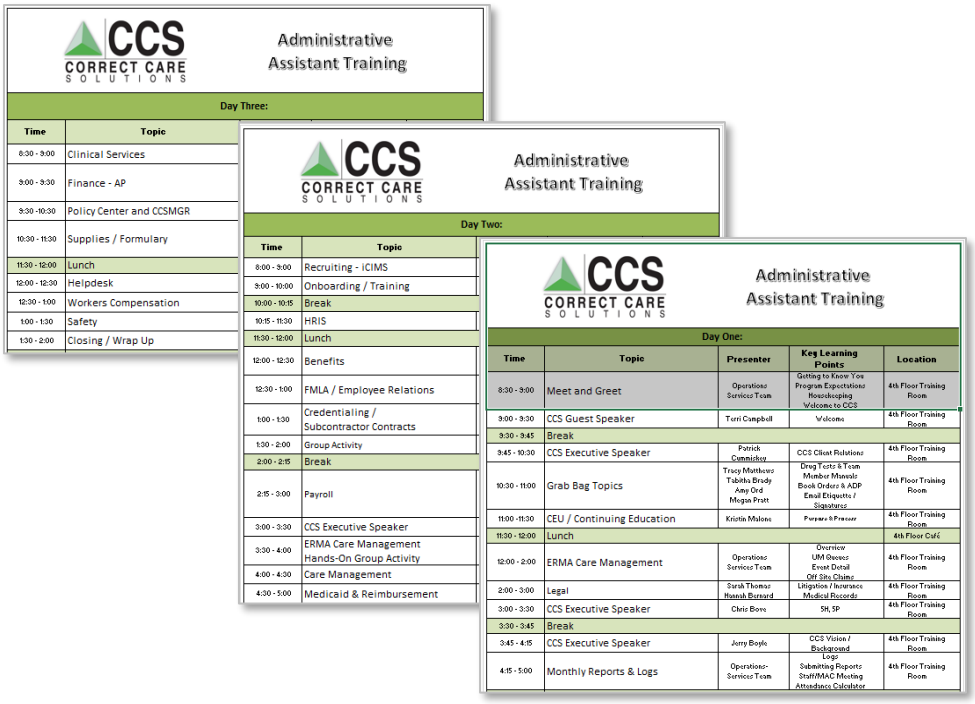
Mental health professionals receive an Onboarding Manual specifically designed for our behavioral health staff. Additionally, each mental health staff member is assigned a mentor who works directly with them throughout the 60-day onboarding process to ensure they are well-prepared for success in their new position.



Administrative/Support Personnel Orientation

The Operations Support team provides in-person training for administrative personnel at the site level and quarterly training at our Nashville Home Office. The team also provides remote operational support and assistance by phone and email on a daily basis.

CCS offers a quarterly three-day Administrative Assistant (AA) training program at our Home Office. The program provides in-depth information on all departmental processes and procedures necessary for the AA to be successful in their role. Representatives from each Home Office department cover their respective processes, allowing administrative staff receive information directly from and establish a relationship with all departments. CCS also conducts a monthly administrative conference call for all HSAs and AAs covering an array of topics such as human resources, workers' comp, ERMA, payroll, and more. Attendees have an opportunity to ask questions or discuss challenges, and to offer information regarding Best Practices during this call.



Administrative Assistant Training

Day Three:

Time	Topic
8:30 - 9:00	Clinical Services
9:00 - 9:30	Finance - AP
9:30 -10:30	Policy Center and CCSMGR
10:30 - 11:30	Supplies / Formulary
11:30 - 12:00	Lunch
12:00 - 12:30	Helpdesk
12:30 - 1:00	Workers Compensation
1:00 - 1:30	Safety
1:30 - 2:00	Closing / Wrap Up

Administrative Assistant Training

Day Two:

Time	Topic
8:00 - 9:00	Recruiting - ICIMS
9:00 - 10:00	Onboarding / Training
10:00 - 10:15	Break
10:15 - 11:30	HRIS
11:30 - 12:00	Lunch
12:00 - 12:30	Benefits
12:30 - 1:00	FMLA / Employee Relations
1:00 - 1:30	Credentialing / Subcontractor Contracts
1:30 - 2:00	Group Activity
2:00 - 2:15	Break
2:15 - 3:00	Payroll
3:00 - 3:30	CCS Executive Speaker
3:30 - 4:00	ERMA Care Management Hands-On Group Activity
4:00 - 4:30	Care Management
4:30 - 5:00	Medicaid & Reimbursement

Administrative Assistant Training

Day One:

Time	Topic	Presenter	Key Learning Points	Location
8:30 - 9:00	Meet and Greet	Operations Services Team	Getting to Know You Program Expectations Housekeeping Welcome to CCS	4th Floor Training Room
9:00 - 9:30	CCS Guest Speaker	Terri Campbell	Welcome	4th Floor Training Room
9:30 - 9:45	Break			
9:45 - 10:30	CCS Executive Speaker	Patrick Commiskey	CCS Client Relations	4th Floor Training Room
10:30 - 11:00	Grab Bag Topics	Tracy Matthews Tabitha Brady Amy Ord Megan Pratt	Drug Tests & Team Member Manuals Book Orders & ADP Email Etiquette / Signatures	4th Floor Training Room
11:00 -11:30	CEU / Continuing Education	Kristin Malone	Purpose & Process	4th Floor Training Room
11:30 - 12:00	Lunch			4th Floor Café
12:00 - 2:00	ERMA Care Management	Operations Services Team	Overview UM Queues Event Detail Off Site Claims	4th Floor Training Room
2:00 - 3:00	Legal	Sarah Thomas Hannah Barnard	Litigation / Insurance Medical Records	4th Floor Training Room
3:00 - 3:30	CCS Executive Speaker	Chris Bove	5H, 5P	4th Floor Training Room
3:30 - 3:45	Break			
3:45 - 4:15	CCS Executive Speaker	Jerry Boyle	CCS Vision / Background	4th Floor Training Room
4:15 - 5:00	Monthly Reports & Logs	Operations-Services Team	Logs Submitting Reports Staff/MAC Meeting Attendance Calculator	4th Floor Training Room

Tracking, Documenting, and Reporting on Personnel Orientation

CCS enrolls new employees in initial and ongoing mandatory compliance courses within our CCS Academy Learning Center (described in section **12.13 Contractor Training and Documentation**). Within the CCS Academy Learning Center, we provide employees with certificates of completion, and we maintain a database of all completed courses available by division, sub-division, region, and employee.

Beginning in October 2018, CCS will use the CCS Academy Learning Center to track Day 1 – Year 1 Onboarding. This will allow our Learning and Development team to monitor progress of each employee's onboarding, provide documentation of attestation that the employee has received the required training, and provide reporting on status and completion of orientation.

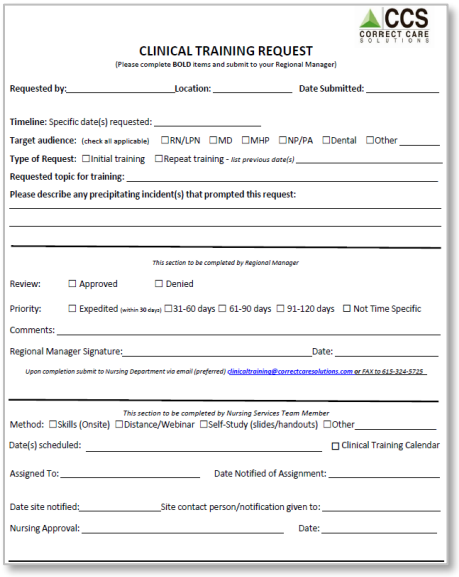
12.13 Contractor Training and Documentation

Response to Section 21.12, Question 13

13. Describe your methods to develop and provide training, and publish and monitor a calendar of trainings on the various topics listed in the Employee Health Education sections of this RFP as requested in Section 11.5.2: Contractor Training and Documentation. How will you track and report on trainings and mastery?

CCS, in conjunction with the County, will develop and publish a calendar of not less than monthly training on various topics related to employee health education. We will maintain a database of all orientation and training of personnel by individual, facility, date, topic, and number of hours. CCS will provide a training report to each facility upon request of the County.

CCS routinely offers continuing development and training opportunities for our employees, and we will work with Milwaukee County to ensure that on-site personnel receive corrections-specific training opportunities. We offer both in-house and community opportunities for continuing education programs applicable to a career in correctional health care. By encouraging our employees to take advantage of these opportunities, CCS is building an even stronger, more professional staff equipped to meet our clients' diverse needs.



CLINICAL TRAINING REQUEST

(Please complete **BOLD** items and submit to your Regional Manager)

Requested by:_____ **Location:** _____ **Date Submitted:** _____

Timeline: Specific date(s) requested: _____

Target audience: (check all applicable) ☐RN/LPN ☐MD ☐MHP ☐NP/PA ☐Dental ☐Other _____

Type of Request: ☐Initial training ☐Repeat training - *list previous date(s)* _____

Requested topic for training: _____

Please describe any precipitating incident(s) that prompted this request:

This section to be completed by Regional Manager

Review: ☐ Approved ☐ Denied

Priority: ☐ Expedited (within 30 days) ☐31-60 days ☐ 61-90 days ☐ 91-120 days ☐ Not Time Specific

Comments: _____

Regional Manager Signature:_____ Date: _____

Upon completion submit to Nursing Department via email (preferred) clinicaltraining@correctcaresolutions.com or FAX to 615-324-5725

This section to be completed by Nursing Services Team Member

Method: ☐Skills (Onsite) ☐Distance/Webinar ☐Self-Study (slides/handouts) ☐Other_____

Date(s) scheduled: _____ ☐ Clinical Training Calendar

Assigned To:_____ Date Notified of Assignment: _____

Date site notified:_____ Site contact person/notification given to: _____

Nursing Approval: _____ Date: _____

The HSA will be responsible for ensuring that health care personnel receive regular training on topics specific to the HOC and MCJ. CCS identifies new topics on an ongoing basis through the Continuous Quality Improvement Program (CQIP). Additional training may be requested through a Clinical Training Request submitted to the Regional Manager. The HSA will maintain documentation of completed training in an individualized training record for each employee.

In-Service Training

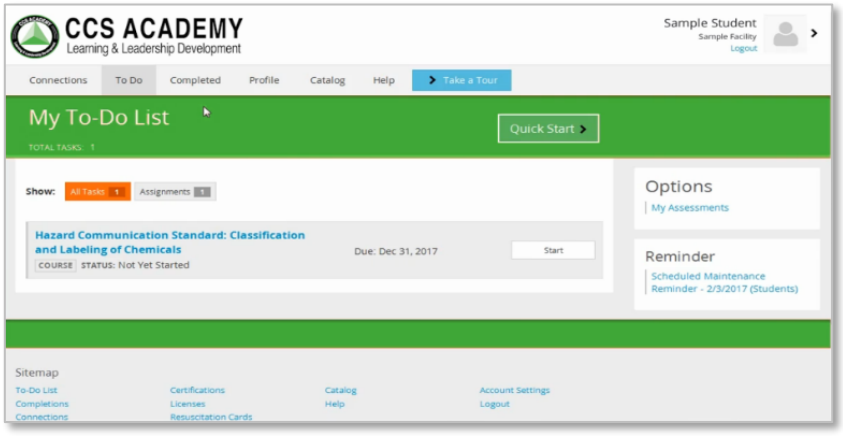
CCS maintains a video library and other reference materials that facilities can use to build site-specific training programs. The CCS Training Department also offers self-study continuing education and training programs, which can be tailored to meet the specific needs of the HOC and MCJ. The self-study programs are available electronically and the CCS Training Department is available for assistance as needed.

The self-study training programs build on the foundation established during the orientation process and are conducted in accordance with professional and legal standards. For example, CCS ensures that all staff members are trained on PREA standards by providing education, testing their knowledge, and providing certification based on demonstrated competency; Suicide Prevention training is a mandatory part of CCS new employee orientation and is also required annually for all CCS employees and subcontractors.

CCS Academy Learning Center

CCS has partnered with HealthStream to create the CCS Academy Learning Center, which we use to deliver, track, and manage training content, including E-learning courses, classroom courses, other learning events, certifications and licenses, and more. When an employee signs in to CCS Academy, they are taken to the To Do tab, which shows all assigned training courses with due dates.

When new trainings are added to an individual's To-Do list, they receive an email notifying them of the new required training and the due date for completion. Mandatory courses for all CCS employees include, but are not limited to: HIPAA, Sexual Harassment, Bloodborne Pathogens, and Hazard Communication. Site-specific courses can also be added to the Learning Center.



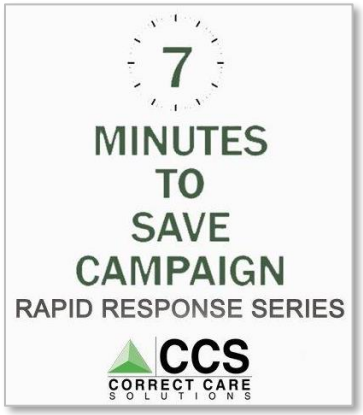
Once an employee has completed all assigned courses, they also have the option of completing elective courses to further their professional development. Further, if an employee completes a course outside of CCS, they have the option to add it to their completed courses transcript. Employees can also add information regarding certifications, licenses, resuscitation cards, and more to their personal profile.

7 Minutes to Save

CCS understands we have to be both resourceful and respectful of the time requirements for providing guidance and education to both health care and custody staff. With this in mind, CCS developed our *7 Minutes to Save* campaign, which presents topics vital to the management of urgent and emergent issues encountered within a correctional setting in ***short, easy-to-comprehend training sessions.***

7 Minutes to Save is a Rapid Response Series designed to standardize our approach to trauma evaluation. The program addresses many topics, including suicide prevention, pregnancy, trauma, and optimized care for patients experiencing alcohol and drug withdrawal. Training topics for health care staff include:

- Abdominal Pain
- Alcohol & Benzodiazepine Withdrawal
- Altered Mental Status
- Chest Pain
- Ingestions
- Opiate Withdrawal
- Primary & Secondary Trauma Survey
- Seizure
- Respiratory Distress
- Suicide Prevention
- Use of Force



In addition to our Rapid Response Series, the CCS Clinical Department has developed a *7 Minutes to Save* series focused on Patient Care. The goal of the Patient Care Series is to equip our clinicians with up-to-date information to guide their recommendations for diagnostic and therapeutic interventions. The training series emphasizes intentional concern for patient needs based on the **STEEEP** principle, which dictates that patient care should be **S**afe, **T**imely, **E**ffective, **E**fficient, **E**quitable, and **P**atient Centered:

- **SAFE** – Avoids injuries to patients from care that is intended to help them
- **TIMELY** – Reduces waits and delays for both those who receive care and those who give care
- **EFFECTIVE** – Based on scientific knowledge, extended to all likely to benefit, while avoiding underuse and overuse
- **EQUITABLE** – Provides consistent quality, without regard to personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status
- **EFFICIENT** – Avoids waste, including waste of equipment, supplies, ideas, and energy
- **PATIENT-CENTERED** – Respects and responds to individual patient preferences, needs, and values, ensuring that patient values guide all clinical decisions

Specialized Nurse Education

CCS has established a Nursing Services Department whose mission is to promote correctional nursing care focused on patients, formed in a collaborative and supportive environment, and grounded in evidence-based competencies and practice. The CCS Nursing Services Department is leading the charge in making CCS the leader in health care delivery through excellence in nursing practice.

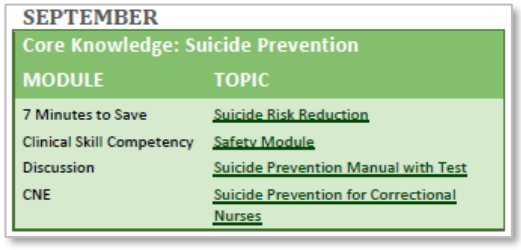
Nursing Services' primary focus is the development and delivery of nursing education through an assortment of training initiatives, including Continuing Nurse Education (CNE), independent/self-study, in-person clinical education, distance education (webinars, conference calls, etc.), and corrections-specific video training.

In addition to our cutting-edge training programs, CCS has developed educational materials that can be placed conspicuously in our sites to remind nurses of basic protocols, like **SBAR** communication (**S**ituation, **B**ackground, **A**pplicable nursing data, **R**equest/Recommendation).

Continuing Education

While employees are ultimately responsible for their own development, it is our philosophy to provide CCS team members with the proper tools to build on their knowledge and further their success. CCS maintains a Continuing Nurse Education (CNE) provider license that allows us to offer continuing education credits to nursing personnel as an employee benefit. Employees have the opportunity to complete a variety of CNE modules focused on topics commonly seen in the corrections environment.

Core Competency Training and Evaluation

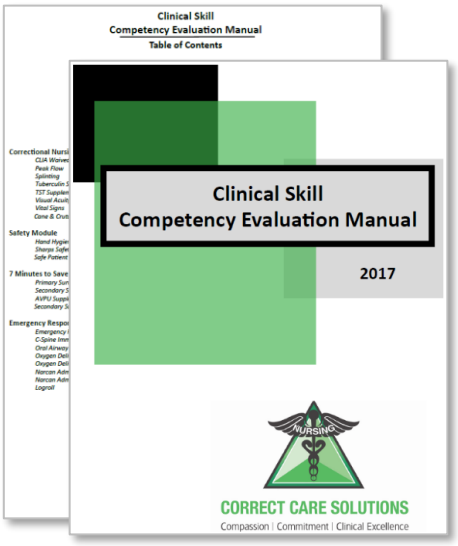


CCS offers regular nurse training opportunities to ensure that our nurses keep their skills sharp and stay on top of the latest developments in clinical practice.

The CCS Nursing Services Department distributes an Annual Clinical Training Calendar with monthly training assignments focused on a variety of Core Knowledge topics, such as Patient Evaluation, Emergency Response, Suicide Prevention, and Withdrawal Management. We have provided sample training calendars for 2018 Q3 and Q4 in **Attachment Q**. ***Please note that this information is confidential/trade secret pursuant to Wis. Stat. § 19.36(5).***

Each monthly training assignment includes a Clinical Skill Competency (CSC) component designed to provide technique refreshers and verification of clinical skills. The Clinical Skill Competency modules are part of the Clinical Skill Competency Evaluation Manual developed by the CCS Nursing Services Department to ensure that our nurses are well-equipped to care for our patients.

The purpose of the Clinical Skill Competency Evaluation Manual is to identify competent clinical practice, areas requiring additional training, and opportunity to improve skill sets through practice and re-evaluation. The manual presents nursing professionals with a variety of scenarios to assess their clinical competency and decision-making ability. CCS nurses must successfully demonstrate the clinical skill covered in each CSC module in order to pass their evaluation.



Nurses are trained and evaluated on clinical skills essential for the effective and efficient delivery of health care in the correctional environment, including but not limited to conducting receiving screenings, health assessments, and sick call. The CSC evaluations are developed by the Corporate Director of Nursing in collaboration with the Patient Safety Officer, based on current evidence and peer-reviewed nursing resources. The manual is reviewed and approved annually and updated as needed.

DON Training

CCS presents quarterly three-day onboarding training for all new Directors of Nursing (DONs) at our Home Office. This intensive educational event provides hands-on skills training and advanced correctional nursing instruction, equipping our DONs with additional skills and resources they can take back to their sites and their staff.

The CCS Nursing Services Department has also established a Nursing Services Hotline for DONs to call and ask questions related to nursing practice, training questions, or resource needs. The Nursing Services Hotline is answered during regular business hours by an RN who is knowledgeable about state-specific scope of practice and CCS clinical policies, resources, and processes.

12.14 Training of Custody Staff

Response to Section 21.12, Question 14

14. Describe how you will coordinate and participate in development of training curricula, presentation for orientation, and in-service trainings for County custody staff as requested in Section 11.5.3: Training of Custody Staff. Provide an example of a situation in which you have performed this task in another location.

CCS will coordinate with the County and participate in the development of a curriculum and the presentation for orientation and in-service training of County employees. In accordance with Addendum 12 and the NCCHC, these trainings will be performed at least once every two years on topics including:

- CPR/AED/first aid
- Suicide prevention
- Communicable disease (HIV, hepatitis, tuberculosis, influenza, MRSA)
- Identification and referral of health care problems
- Infectious disease
- Biohazards materials and waste
- PREA
- Substance abuse
- Intoxication and withdrawal
- The identification and treatment of mental illness
- Progressive cognitive diseases
- Management and treatment of special populations
- Other training as deemed necessary by the County

CCS routinely trains correctional officers on responding to potential emergency situations, on handling life-threatening situations, and on their responsibility for the early detection of illness and injury, including recognizing the signs of mental illness.

Example of Coordinated Efforts

CCS frequently works in tandem with our clients to in the development and presentation of training curricula for custody staff. For our client in Westchester County, New York, we have implemented a comprehensive annual training program that is required for all correctional officers. The curriculum template used by our staff in Westchester mirrors the one developed by the CCS training department, which can be tailored to meet the specific needs of any client/facility. We have provided an example of our Officer Training Program curriculum on the following page.

Sample Officer Training Program Curriculum

CORRECT CARE SOLUTIONS
OFFICER TRAINING PROGRAM
COMMON MEDICAL EMERGENCIES

Learning Goal (Mission Statement)

Course is designed to ensure Correctional Officers are trained on how to recognize the need to refer an inmate to a qualified health care professional, as well as assist medical staff by initially responding to and treating common medical emergencies in the correctional environment prior to medical arriving on scene.

The use of standard precautions is stressed. Emphasis is placed on skills needed for identifying and rendering only basic immediate help and contacting qualified medical personnel for further assistance.

Outline of Instruction

1. Module Objectives
2. Introductions - Instructor and Topic
3. Bloodborne Pathogens - Universal Precautions
4. Access to Care / Deliberate Indifference
5. Confidentiality of Medical Information
6. Medical Emergencies - Recognize Signs and Symptoms of Common Medical Emergencies
    a. Alcohol & Benzodiazepine Withdrawal
    b. Altered Mental Status
    c. Chest Pain
    d. Diabetic Emergencies (Hyperglycemia and Hypoglycemia)
    e. Head Trauma
    f. Health-Associated Infections
    g. Heat-Related Illness
    h. Ingestions
    i. Opiate Withdrawal
    j. Recognizing Signs of Mental Illness
    k. Respiratory Distress
    l. Rhabdomyolysis
    m. Seizures (Seven Minutes to Save)
    n. Suicide Prevention (Seven Minutes to Save)

CCS has also successfully implemented Crisis Intervention Team (CIT) training for correctional officers at multiple client sites, including the Westchester County Correctional Facility in New York and the Bridgewater State Hospital in Massachusetts. We encourage officers who work with patients in specialized mental health areas to engage in this training.

The CIT training program for Bridgewater State Hospital is provided through a partnership with NAMI Massachusetts. The 40-hour CIT training is an evidence-based curriculum that provides officers with specialized skills and knowledge that enable them to interact with patients with mental illness to prevent escalation of crisis situations and reduce physical harm and emotional distress/trauma to patients and officers. This results in a decrease of use of force incidents and an increase in officer self-efficacy when responding to patients with mental illness.

12.15 Employee Health Education

Response to Section 21.12, Question 15

1. Describe how you will provide County employees with an occupational health and education program as requested in Section 11.5.4: Employee Health Education. Provide an example of a situation in which you have performed this task in another location.

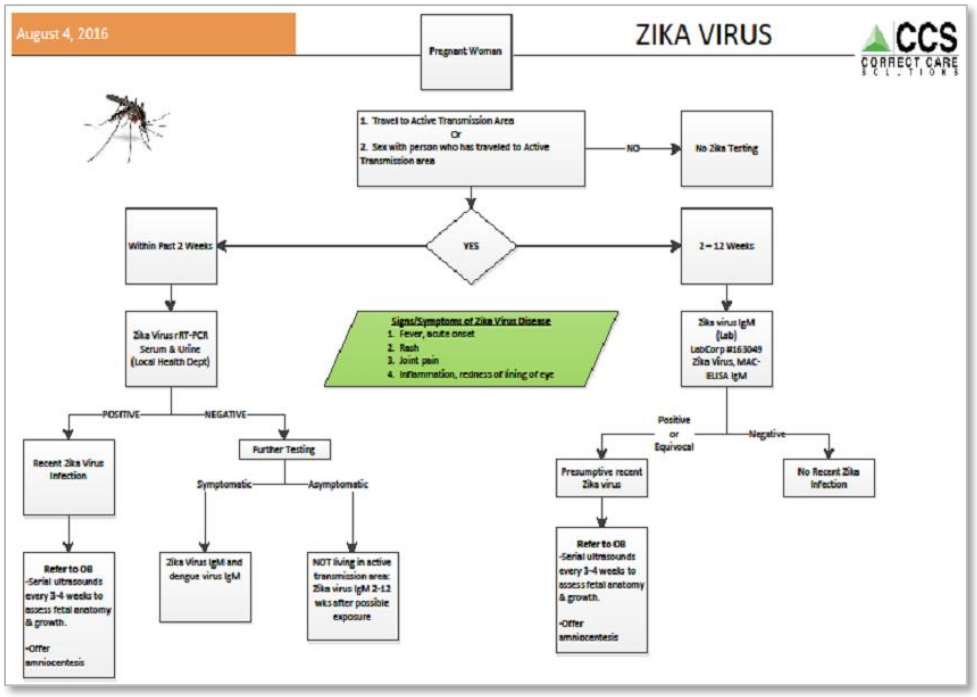
CCS will provide County employees with an occupational health and education program, which will focus on both employee occupational health issues and inmate health issues. CCS will develop the content of the employee health education in consultation with and subject to the approval of the County. Following is an example where CCS provided occupational health education for one of our clients.

Occupational Health Education

In 2015, CCS and our client partner in Westchester County, NY had an occupational health scare when they experienced a case of active tuberculosis. The CCS staff acted quickly to bring the Department of Health in the loop and assisted in coordinating a facility-wide contact tracing with PPD placements on all inmates and custody staff and regularly scheduled short educational sessions. Although this issue is not unique to correctional facilities, the manner in which CCS coordinated an expedited approach to testing and education worked to significantly reduce anxiety among the inmates and staff.

In 2016 when the Zika virus went from to an obscure disease to an international health emergency, CCS developed guidance for our staff to assist in the identification, diagnosis, and treatment of the disease. Education to our custody partners was of particular importance to ensure an understanding of the transmission of the disease. CCS HSAs provided short education sessions during roll call to educate staff, which helped to alleviate anxiety and resulted in an informed custody partner.

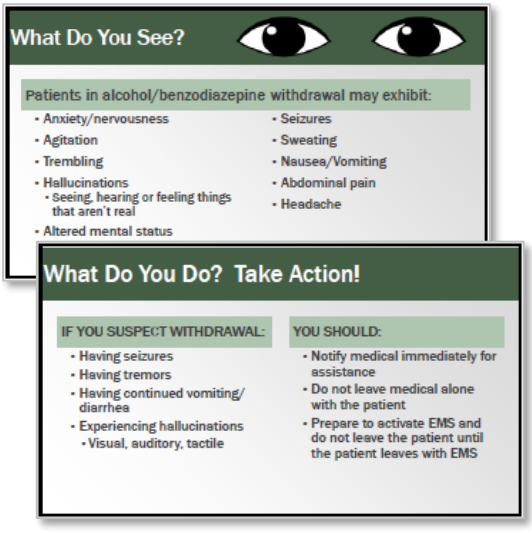
Educational Diagram for Zika Virus



Education on Inmate Health Issues

CCS routinely educates custody staff on the importance of recognizing and responding to specific medical and mental health concerns. Custody staff are a vital part of the process for delivering health care to inmates. Because correctional officers are often the first to respond to problems, CCS offers training for correctional staff on responding to potential emergency situations, handling life-threatening situations, and their responsibility for the early detection of illness and injury.

CCS has developed a Health Training for Correctional Officers program that complies with the requirements of NCCHC Standard J-C-04 and can be offered as a supplement to facility-provided education. The program is comprised of 16 training modules addressing the essential information that custody staff must understand when presented with potentially urgent or emergent situations.



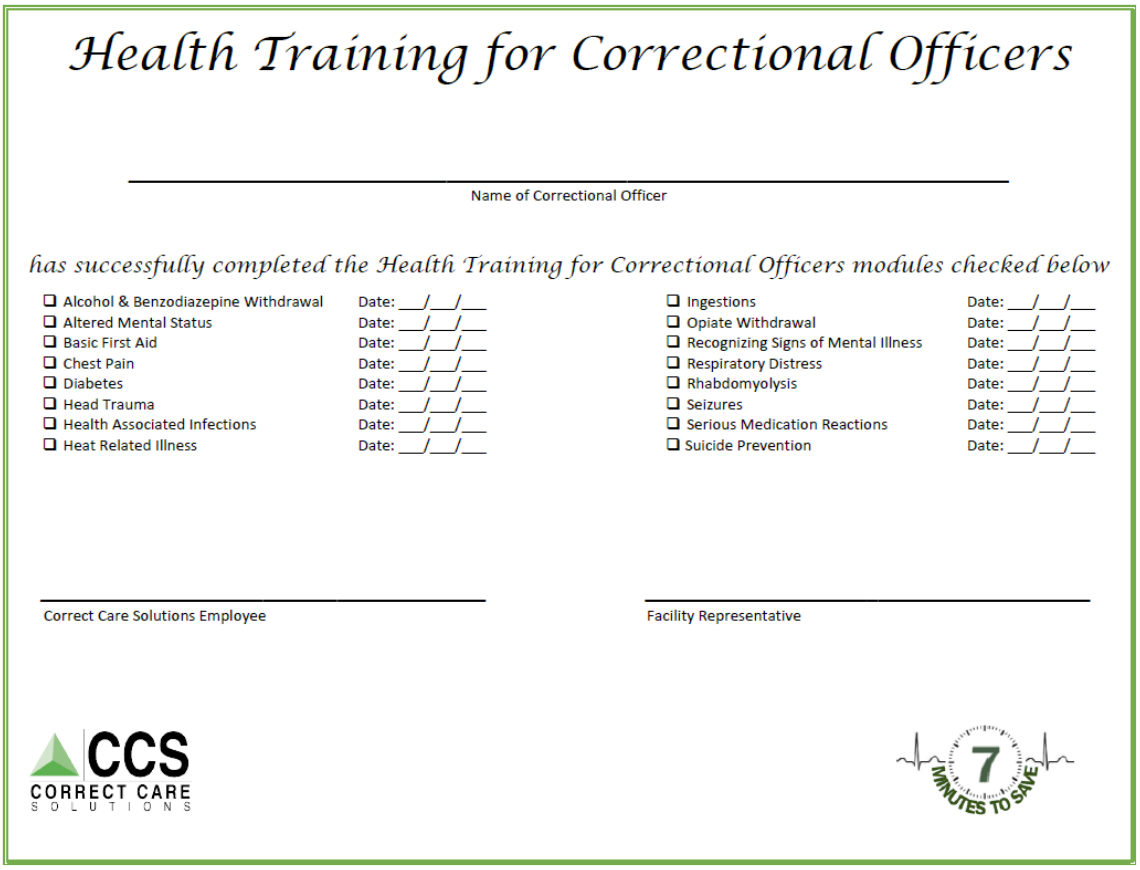
Each training module includes a topic-specific slideshow presentation, a curriculum outline for the presenter/trainer, and handouts for custody staff. CCS health care staff will present the training topics, which are based on our *7 Minutes to Save* Rapid Response Series and are designed to be presented in a brief amount of time (average 7-15 minutes).

Training topics for custody staff include:

- Alcohol & Benzodiazepine Withdrawal
- Altered Mental Status
- Basic First Aid
- Chest Pain
- Diabetes
- Head Trauma
- Health Associated Infections
- Heat Related Illness
- Ingestions
- Opiate Withdrawal
- Recognizing Signs of Mental Illness
- Respiratory Distress
- Rhabdomyolysis
- Seizures
- Serious Medication Reactions
- Suicide Prevention

CCS can collaborate with the Superintendent and the Sheriff to develop additional training topics specific to the HOC and MCJ as needed. The frequency of training is typically based on accreditation standards and/or facility policy; however, CCS recommends a minimum of monthly training. Training sessions will be scheduled in coordination with facility administration, and the HSA or designee will maintain documentation of completed training sessions.

Certificate of Completion – Health Training for Correctional Officers



Health Training for Correctional Officers

_____
Name of Correctional Officer

has successfully completed the Health Training for Correctional Officers modules checked below

❑ Alcohol & Benzodiazepine Withdrawal	Date: __/__/__	❑ Ingestions	Date: __/__/__
❑ Altered Mental Status	Date: __/__/__	❑ Opiate Withdrawal	Date: __/__/__
❑ Basic First Aid	Date: __/__/__	❑ Recognizing Signs of Mental Illness	Date: __/__/__
❑ Chest Pain	Date: __/__/__	❑ Respiratory Distress	Date: __/__/__
❑ Diabetes	Date: __/__/__	❑ Rhabdomyolysis	Date: __/__/__
❑ Head Trauma	Date: __/__/__	❑ Seizures	Date: __/__/__
❑ Health Associated Infections	Date: __/__/__	❑ Serious Medication Reactions	Date: __/__/__
❑ Heat Related Illness	Date: __/__/__	❑ Suicide Prevention	Date: __/__/__

_____
Correct Care Solutions Employee

_____
Facility Representative

CCS CORRECT CARE SOLUTIONS

7 MINUTES TO SAVE

12.16 Essential Subcontractors

Response to Section 21.12, Question 16

2. If any services provided in any part of your Proposal rely on the experience, accounting and operational controls, or technical skills of any subcontractor or third party ("Essential Subcontractor"), state:
    b. The name of the Essential Subcontractor;
    c. The role(s) and/or responsibilit(ies) the Essential Subcontractor will undertake;
    d. A letter from each Essential Subcontractor indicating that the organization concurs with the role(s) and responsibilit(ies) you have described above.
    e. The overall extent to which your ability to provide the services is dependent on the Essential Subcontractor(s), and your plan to deliver services if the Essential Subcontractor becomes unavailable.

CCS has national contracts with the following providers, with whom we will partner to provide various ancillary services for the HOC and MCJ. Because of our ongoing partnership with these providers, we receive cost-effective and competitive pricing. We have provided Letters of Intent from our subcontractors in **Attachment E**.

CCS has contracts with multiple subcontractors on a national level that have the ability to step in with little to no notice to provide services should the primary subcontractor not be able to fulfill their contractual agreement with CCS.

- **Institutional Eye Care:** CCS has a national contract with Institutional Eye Care (IEC) to provide on-site optometry services and eyeglasses. IEC was founded in 1983 and has grown to be the largest vision service provider in the country devoted solely to inmate eye care. They currently serve more than 1,000 local, county, state, and federal facilities across 44 states.
- **MobilexUSA:** CCS has a national contract with MobilexUSA to provide on-site radiology services. Mobilex is the country's leading provider of mobile X-ray and ultrasound services, serving more than 6,000 facilities nationwide. CCS will work with Mobilex and the County to establish a routine schedule for on-site radiology services.
- **Laboratory Corporation of America:** CCS will provide on-site laboratory services through our national contract with Laboratory Corporation of America (LabCorp). With more than 35 years of experience serving physicians and their patients, LabCorp operates a sophisticated laboratory network, performing more than one million tests on more than 370,000 specimens each day. The laboratory program for the HOC and MCJ will include necessary supplies, timely pickup and delivery, and accurate reporting within 24 hours on most labs.
- **Stericycle:** CCS has a national contract with Stericycle to ensure the safe disposal of used needles, sharps, and biohazardous waste. We will be responsible for annual registrations with state and federal agencies and will ensure that all medical waste is disposed of in accordance with state and federal regulations.

In addition to our national contracts, CCS will partner with Clinical Solutions for the provision of pharmaceuticals. For additional information, please see section **6.1 Use of County Pharmacy Provider**.

12.17 Management Methodology

Response to Section 21.12, Question 17

3. Describe your management methodology, including your methodology for oversight and control of quality improvement. How do you identify and resolve issues during the course of a contract? What is your process for making critical decisions? Please include a clear escalation chain within your organization.

CCS will provide a full range of professional management services to ensure the continued quality of our program for Milwaukee County. We will use our Continuous Quality Improvement Program to evaluate the medical program and ensure contract compliance. The CCS CQIP will ensure that clinical care delivery at the HOC and MCJ is conducted in accordance with our high expectations, as well as NCCHC standards and requirements of the Consent Decree.

CCS 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. We will conduct CQI studies to examine areas where overlap or hand-off occurs, as well as other problem-prone, high frequency/volume, and risk management processes. CCS 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. For additional information, please see section **8.1 General CQI Expectations**.

Oversight and Control of Quality Improvement

The multidisciplinary Quality Improvement Committee (QIC) will direct all Quality Improvement activities. The QIC will be responsible for performing monitoring activities, discussing the results, and implementing corrective actions as indicated. The QIC will review significant issues or changes and will provide feedback for the purpose of correcting any deficiencies or improving processes.

Identifying and Resolving Issues

CCS will conduct periodic site audits, reviews, and evaluations to identify operational barriers, if any. When identified, issues are relayed to the appropriate regional and corporate staff members for immediate action. CCS will also use the audit findings to address areas needing improvement during staff meetings and trainings. Through these audits and reviews, as well as utilization management reviews and CQI meetings, our dedicated team evaluates operational procedures and implements changes through which facilities might remove any obstacles to compliance with accepted standards.

Corrective Action Plans

CCS is dedicated to continuously improving our services and program offerings for the clients we serve. When we find performance issues at our sites, or areas in need of improvement, we implement appropriate corrective action (e.g., Corrective Action Plans) to address such issues and take steps toward ensuring they are avoided in the future. Our on-site managers and Regional team will work with the County on any areas requiring correction or adaptation to ensure optimal care is provided to the inmate population.

Critical Decisions

Critical decisions are a collaborative effort in which we identify the purpose and stakeholders to:

1. Define the Problem
2. Determine the Root Cause of the Problem
3. Develop Alternative Solutions
4. Select a Solution
5. Implement the Solution
6. Evaluate the Outcome

Escalation Chain

The organizational chart provided in section **3.2 Coordination of Services** illustrates the hierarchy of escalation for Milwaukee County. The County will work directly with the HSA to voice concerns regarding the medical program. Both the HSA and the County have the ability to escalate a concern to the Regional Manager if additional insight is needed or resolution has not been realized.
If needed, the concern would then be escalated to the Senior Regional Vice President, and ultimately to the Executive Vice President of Local Detention, Brad Dunbar. The County, the HSA, and the Regional Manager are all empowered to seek assistance from the Senior Regional Vice President. For additional information, please see section **12.2 Senior Management and Oversight**.

12.18 Customer Service and Response Times

Response to Section 21.12, Question 18

4. Provide your management policies governing customer service and response times. Describe your process for handling customer change orders, requests, and complaints. In particular, describe the manner in which issues are addressed and resolved, including escalations.

The HSA will be the contract liaison for any change orders, requests, or complaints and will be available 24/7. The HSA will rely on the on-site management team to assist in resolving immediate issues, but will have the support of the Regional Management team, including Regional Manager Synthia Peterson and Senior Regional Vice President Stan Wofford for administrative issues; Regional Medical Director Dr. Cleveland Rayford for clinical issues; and Regional Behavioral Health Manager Michelle Reed for mental health issues. The Regional Management team will also be available by phone 24/7 and will arrange to travel to the facilities as soon as possible if needed outside of regularly scheduled visits. Additionally, CCS has a 24/7 Human Resources hotline for assistance in handling issues or complaints.

IT Customer Service

CCS offers the highest level of technical support programs in the industry. We will work closely with Milwaukee County throughout implementation and thereafter to provide continued, uninterrupted support for our ERMA system. CCS provides 24/7 technical support through the Help Desk at our Nashville Home Office. The CCS IT department provides a helpdesk hotline for ERMA support during normal business hours; after-hours emergency support is provided through a voicemail call-back process. CCS monitors ERMA 24/7 and will respond to all outages.

Our IT specialists are available 24/7 to troubleshoot any software or hardware problems that occur at our client sites. When individuals call the Help Desk, they are supported by CCS-trained technicians who can provide basic training or solve most issues remotely. They can and are encouraged to escalate training issues to our EHR training team for additional event-specific training or additional on-site training and support. These support measures will enable CCS to successfully deliver an effective EHR technology to Milwaukee County.

Following completion of the ERMA implementation, CCS will provide operational support consisting primarily of system maintenance and scheduled updates. We continually strive to make our care delivery systems better through process and technology. CCS releases monthly updates to resolve any existing issues, and quarterly updates for new feature additions. All updates are automatically uploaded to ERMA—***no installation is required***. CCS will provide a thorough training plan and documentation for all system changes.

ERMA also allows for the creation of customized reports based on each facility's needs. If the County requires a new report or a change to an existing report, the HSA would work with the Regional Manager on the requirements to ensure that the request is consistent with CCS and accreditation standards. The CCS IT Business Services Department will be available as a dedicated resource for Milwaukee County. The Business Services Project Manager will coordinate internal resources to fulfill the requested change or enhancement from inception through implementation and training.

13 Licensure, Credentialing and Qualifications of Medical Staff

When answering questions in this section, please refer to Section 12: Licensure, Credentialing, and Qualifications for additional detail and information.

The Respondent should answer questions below in the following format: indicate for each response the number of the request that it addresses, including section number; indicate the question number, re-type the question, and provide your response.

Licensure

CCS will ensure that all employees and contractors are properly licensed or certified for their positions. All positions in our staffing plan will work within their scope of practice, directed by job descriptions that include qualifications and specific duties and responsibilities. Medical and mental health services will be provided by persons who are fully qualified and appropriately licensed, certified, or registered in the State of Wisconsin. CCS will also maintain proof of malpractice insurance for all applicable employees.

CCS will have all applicable employees attest to their completion of any annual training necessary to maintain their licenses and/or certifications. All health care personnel will maintain current first aid and CPR/AED certification and attend appropriate workshops to maintain their licensure.

Personnel Files

Once on-site personnel have been selected, CCS will provide applicable certification and licensing information to Milwaukee County. Prior to employment, CCS will provide the County with copies of all background and credentialing information for professional staff, including appropriate licenses, proof of professional certification, Drug Enforcement Administration (DEA) numbers, malpractice insurance coverage, evaluations, position responsibilities, and current resumes.

CCS will ensure that personnel files (or copies thereof) of CCS and contract employees assigned to the HOC and MCJ are maintained at the Home Office and on site, and are readily available to the designated County authority. Personnel files will include copies of current registration certificates for licensed practitioners. CCS will make updated data and other relevant information available to the County upon request, in accordance with the Wisconsin Privacy Act.

13.1 Percentage of Board-Certified Physicians

Response to Section 21.13, Question 1

1. State the percentage of your physicians who are board-certified.

CCS has 334 somatic physicians company-wide, 170 of whom are board certified (50.9%). With psychiatrists added, we have a total of 546 somatic physicians and psychiatrists company-wide, 315 of whom are board certified (57.7%).

13.2 Individual Responsible for Provider Selection and Credentialing

Response to Section 21.13, Question 2

2. Identify the individual in your organization responsible for the selection, credentialing, and re-credentialing of providers.

Provider Selection

CCS has dedicated talent acquisition team of Physician Recruiters who actively source high-potential candidates. Our Physician Recruiter for Wisconsin, Evan Jones, will use competency-based behavioral interview questions to screen applicants. He will then partner with CCS clinical and operational specialists to make informed hiring decisions.

CCS performs primary source verification of credentials and licensure concurrently during the interviewing and screening process. We then select the best candidates based on qualifications and credentials, experience, references, interview results, and other information.

Screening Process

The CCS recruiting team screens potential medical staff using thorough screening forms that include questions regarding previous corrections experience in addition to general clinical experience. Recruiters work closely with HSAs or other site leadership to develop interview strategies and value-based questions that best meet the site's specific needs. Examples of corrections-specific questions include:

- Is there anything in your background that would prevent you from working in a secure environment?
- Do you have previous experience in correctional medicine?
- Why are you interested in this line of work versus pursuing opportunities in another health care setting?

Eligibility criteria is then reviewed against the position-specific job description, which includes training and certification requirements. Based on the results of the screening, candidates either move forward to the interview stage or are removed from consideration.

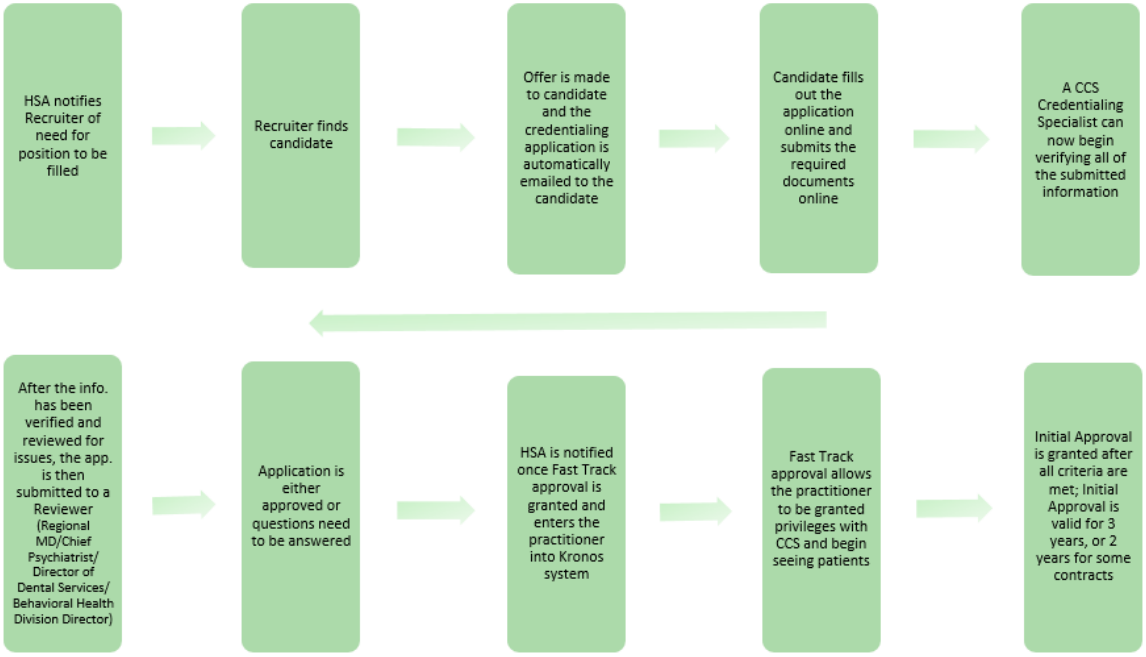
CCS is also in the process of implementing competency-based position profiles and corresponding behavior-based interview guides. This approach is already proving effective, and our goal is to develop these materials for the top 25 field-based positions by the end of 2018.

Provider Credentialing

The CCS Credentialing Department, which is part of our corporate Clinical Department, oversees credentialing activities. Regional or Senior Reviewers approve or deny credentialing, and the Credentialing Department tracks the process. Michael McDonald, LCSW, CCHP, is the Credentialing Manager and Clinical Liaison for CCS.

CCS has a credentialing process to ensure all medical personnel are up to date on state licensure requirements. All direct medical and mental health providers must complete the CCS credentialing process prior to starting work. The credentialing process (described below) begins as soon as CCS determines we will be making an offer of employment to the candidate. The CCS Credentialing Department oversees credentialing activities.

The CCS Credentialing Process



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 all required forms, including:

- Completed credential application
- Copy of current state license (verified)
- Copy of current malpractice certificate of insurance if not covered by CCS
- Copy of DEA
- Copy of diploma
- Copy of certifications (if applicable)
- Copy of CPR
- Copy of resume

CCS Credentialing Specialists verify all of the information listed in the following table. Once all of the verifications have been completed and all files have been submitted, a Review Committee reviews the HCP's credentialing file and denies or grants the HCP interim privileges. Final Initial Approval is given after references and all required documentation have been submitted and verified.

Credentialing Criteria and Verification	
Criteria	**Verification Method**
Valid, current, and unrestricted state professional license	Primary source verification through issuing state
No recorded revocation or limitation of professional license	Primary source verification and National Practitioner Data Bank
Current DEA privileges with no involuntary restrictions	Primary Source verification with Federal DEA
Current state Controlled Substance Registration with no involuntary restrictions (if applicable)	Primary Source verification with the appropriate state agency
Acceptable malpractice claims history	National Practitioner Data Bank
Graduation from accredited medical school (or other professional program for non-physician professionals)	National Student Clearinghouse (NSC) for Primary Source Verifications or direct verification through the institution if not available through NSC; for Physicians and Physician Associates, a second verification occurs with the American Medical Association (AMA) report
Acceptable completion of accredited residency program	American Medical Association (AMA) report
Never been subject to any medical staff monitoring or special review activity of public record (or reasonably discoverable upon proper inquiry)	National Practitioner Data Bank
No recorded expulsion or suspension from receiving payment under Medicare or Medicaid programs	National Practitioner Data Bank and verification of no reports from the Office of Inspector General (OIG)
No recorded conviction or charge of a criminal offense	National Practitioner Data Bank
No record of disciplinary actions in prior states in which provider practiced	National Practitioner Data Bank
Board certification in listed specialty (where certification is applicable)	American Medical Association (AMA) report

13.3 Provider Monitoring

Response to Section 21.13, Question 3

3. Describe how you monitor disciplined providers on an ongoing basis.

CCS conducts peer reviews with providers at 30 and 90 days and annually thereafter. Should a provider need additional guidance, CCS uses a progressive discipline approach starting with development and implementation of a detailed performance improvement plan (PIP). The PIP is evaluated at appropriate timeframes and feedback is given to the provider. However, should the deficiency be egregious, the provider is immediately suspended upon further investigation and the Medical Executive Committee (MEC) reviews the circumstance and provides appropriate sanctions.

Additionally, CCS has a Continuous Query policy that is used to assess whether participating providers have sanctions, complaints, and quality issues between credentialing cycles. The policy also describes appropriate actions to be taken against providers when such occurrences are identified. The policy applies to all physicians, mid-level practitioners, optometrists, dentists, physical therapists, pharmacists and masters or doctorate level behavioral health professionals (whether a CCS employee, contracted practitioner, or locum tenens) providing services at any CCS location.

The CCS Credentialing Department enrolls all practitioners in a Continuous Query through the Proactive Disclosure Service of the National Practitioner Data Bank (NPDB). If a provider has an event reported to the NPDB, CCS Credentialing Specialists receive a Continuous Query report and notify the appropriate Regional or Senior Reviewer within five days of receipt. The Reviewer then contacts the provider for an explanation of the content of the report and takes appropriate action, based on the reported incident and the provider's explanation.

13.4 Publication Monitoring

Response to Section 21.13, Question 4

4. Describe how you monitor publications regarding disciplined providers on an ongoing basis?

The CCS Credentialing Department checks licensures continuously or at any time there is a question about a practitioner's credentials. The Continuous Query process described in section **13.3 Provider Monitoring** covers publications regarding disciplined providers. The same process applies—if there is a publication regarding a CCS provider, our Credentialing Specialists receive a Continuous Query alert from the Proactive Disclosure Service of the National Practitioner Data Bank. The Credentialing Specialist forwards the NPDB report to the appropriate Regional or Senior Reviewer, who then contacts the provider for an explanation and takes the appropriate action.

It is the responsibility of each provider to report any of the following to the CCS Credentialing Department and Regional Management:

- Any change in status of any credential, license, permit, or affiliation
- Any adverse action, loss of licensure, change in board certification, or any other alteration of any credential previously approved
- Any health condition, legal action, malpractice claim, indictment, conviction of a felony, or any event that alters or may alter the provider's ability to provide health care

13.5 Re-Credentialing Frequency and Process

Response to Section 21.13, Question 5

5. State how often you re-credential providers. Briefly describe your re-credentialing process.

CCS requires all HCPs to be re-credentialed every three years upon the anniversary date of the original Fast Track credentialing. The CCS Credentialing Department maintains a list of providers with re-credentialing due dates and updates files annually. A Credentialing Specialist sends an online re-credentialing application to the provider no less than 60 days before their privileges expire. The provider is then responsible for completing the online application and submitting it in a timely manner.

Once the provider submits the online re-credentialing application, it is reviewed by the Credentialing Specialist, who then submits the re-credentialing file to the appropriate Regional or Senior Reviewer. The Reviewer's decision is final and no appeal of the decision is permitted. Once a decision has been made, the Credentialing Department informs the provider of the final determination.

The Credentialing Specialist is responsible for ensuring the re-credentialing paperwork is completed. The Credentialing Specialist will send electronic notices to the provider on the following schedule:

1. First Notice – 60 days before expiration to the provider and copied to the HSA
2. Second Notice – 45 days before expiration to the provider and copied to the HSA, Regional Manager, and Credentialing Manager
3. Third Notice – 30 days before expiration to the provider and copied to the HSA, Regional Manager, Credentialing Manager, Regional or Senior Reviewer
4. Fourth Notice – 15 days before expiration to the provider and copied to the HSA, Regional Manager, Credentialing Manager, Regional or Senior Reviewer, and Regional Vice President

A lack of response from the provider may result in the suspension or loss of the provider's privileges.

13.6 Terminated Providers

Response to Section 21.13, Question 6

6. State how many providers have been terminated from your Wisconsin network or other networks over the past three (3) years based on information you obtained in the recredentialing process.

Our Credentialing Department is not aware of any providers that have been terminated over the past three years based on information obtained in the re-credentialing process.

13.7 QA Policy for Monitoring Providers

Response to Section 21.13, Question 7

7. If you maintain a written Quality Assurance (QA) policy used to monitor providers, please attach protocols and procedures. If you do not maintain a written QA policy, please describe how quality standards are developed, communicated, reassessed, and revised.

CCS uses our peer review process (described in section **8.2 Peer Review, Mortality Review, and Case Review**) to monitor providers. We take an active approach in the clinical provision of care from a Home Office perspective, and feel proactive management is always preferable and can often avoid the need for sanctions. Our Regional Medical Directors are involved with the Site Medical Directors, aiding them in management of other on-site providers as needed, providing education on both a scheduled and an as-needed basis, and taking a leading role in the peer review of clinical leaders at the site. In our experience, this helps to identify issues early on so they can be corrected and remedied prior to the need for remediation or sanctions.

13.8 Remedy of Provider QA Issues

Response to Section 21.13, Question 8

8. Describe the actions you take to remedy QA issues at the individual provider level (i.e., education / sanctions). If you have a written policy, please attach. If you do not have a written policy, describe your procedures.

When an individual communicates a concern about the appropriateness of a medical, dental, or mental health provider's clinical judgment, such concerns will be forwarded to the Chief Medical/Chief Mental Health Officer. In some cases, these concerns will be referred to the peer review panel for formal review. These include patient care complaints, or observations by other health services providers, security, or other non-medical providers. All serious complications of surgical procedures or other medical treatments will be referred for peer review.

If any problems are identified, CCS will conduct performance reviews more frequently and report any unsatisfactory performance to the Contract Monitor, Superintendent, and Jail Administrator. CCS will report any problematic practices or behavior to Milwaukee County within one business day, with documentation of investigation within one week or more quickly if requested. Problematic practices or behavior might include misconduct or breaches of County policies and procedures, fraternization with inmates, patient care errors, leaving posts uncovered without appropriate relief, unprofessional conduct as deemed by CCS and/or the County, and any criminal activity.

Should serious issues be identified, a Human Resources investigation, or a more in-depth peer review with improvement planning may occur. Should these initiatives' outcomes not be as satisfactory as desired, CCS may work with the provider to find a more suitable position.

14 Inspections, Audits, and Reporting

Inspections, audits, and reporting will be required under this RFP as follows:

The Contractor will be responsible for communicating directly with the County on reports, complaints, requests, and modifications to services, as needed.

Contractor will abide by all terms and conditions regarding inspections, audits, and reporting contained in Section 18: Contract Administration.

Additionally, the Contractor will make available upon the County's request proof of insurance and other such reports or documents as may be needed.

Provide a statement certifying that you have read and agree to abide by the above. In addition, please provide a written narrative indicating how you intend to comply.

CCS has read and agrees to abide by Milwaukee County's contractual terms and conditions regarding inspections, audits, and reporting contained in Section 18 of the RFP. We will be responsible for communicating directly with the County on reports, complaints, requests, and modifications to services, as needed. CCS will also make available upon the County's request proof of insurance and other such reports or documents as may be needed.

Records and Audits

Pursuant to §56.30(6)(d) of the Milwaukee County Code of Ordinances, CCS will allow Milwaukee County, the Milwaukee County Department of Audit, or any other party the County may name, when and as they demand, to audit and examine records in any form and format, meaning any medium on which written, drawn, printed, spoken, visual or electromagnetic information is recorded or preserved, regardless of physical form or characteristics, which has been created or is being kept by CCS, including, not limited to, handwritten, typed or printed pages, maps, charts, photographs, films, recordings, tapes (including computer tapes), computer files, computer printouts and optical disks, and excerpts or transcripts from any such records or other information directly relating to matters under this Contract, at no cost to Milwaukee County.

CCS understands and agrees that any subcontracting by the prime Contractor in performing the duties described under this Contract shall subject the subcontractor and/or its associates to the same audit terms and conditions as the prime Contractor. There must be a written contractual agreement between the prime Contractor and its County approved subcontractor(s) and/or associates which binds the subcontractor to the same audit contract terms and conditions as the prime Contractor. The prime Contractor and any subcontractor(s) shall maintain and make available to Milwaukee County the aforementioned audit information for no less than five years after the conclusion of each contract term.

Cooperation with Investigations

CCS will cooperate with investigations conducted by the County, including but not limited to investigations that concern inmates, County employees, services, the program, personnel, and the contract. We will report to the Jail Administrator and the Superintendent regarding initiation and results of all investigations, corrective actions, and personnel actions conducted by CCS regarding personnel, the program, and the contract. CCS acknowledges that the findings of a County investigation shall be dispositive of the matter.

15 References

Provide three references where you have provided within the last three (3) years services of a similar nature and scope. This is may include contracts that were canceled, terminated or not extended. Please describe services or solutions provided, number of staff assigned to the client, number of locations served for the client, and any additional information necessary to understanding the scope of work provided for the client. Include name and telephone number of contact person(s), which can be used as references for services provided and solutions purchased. Selected reference organizations may be contacted and/or visited.

CCS is dedicated to continuously improving our services and program offerings for each client we serve. We have selected references from four sites similar to Milwaukee County's, which we believe can best articulate our strengths and our ability to meet and exceed the requirements and expectations of the RFP.

We have also provided references from two of our Wisconsin clients as a testament to our operations in the State. If desired, CCS will gladly arrange for Milwaukee County personnel to tour any of our client facilities to see our programming and our ERMA system (which is used in Waukesha, Dane, and Brown Counties) in person.

We have provided our references in a separate PDF document as specified in the RFP and in Addendum 29. A summary of contact information for our references is provided below.

Louisville Metro Dept. of Corrections
400 S 6th St.
Louisville, KY 40202
Mark Bolton, Director
502-574-2188
mark.bolton@louisvilleky.gov

Wayne County, Michigan
3501 Hamtramck Dr.
Hamtramck, MI 48212
Dr. Keith Dlugoksinski
313-224-7901
Kdlugoki@waynecounty.com

Mecklenburg County Sheriff's Office
801 E 4th St.
Charlotte, NC 28202
Rachel Vanhoy, Business Manager
704-336-2543
Rachel.vanhoy@mecklenburgcountync.gov

Waukesha County Sheriff's Dept.
515 W Moreland Blvd.
Waukesha, WI 53188
Capt. Angela Wollenhaupt
262-548-7177
AWollenhaupt@waukeshacounty.gov

DeKalb County Sheriff's Office
4415 Memorial Dr.
Decatur, GA 30032
Major LoRandy Akies, Jail Commander
404-298-8508
Loakies@dekalbcountyga.gov

Dane County Sheriff's Office
115 W Doty St.
Madison, WI 53703
Capt. Tim Ritter
608-284-6165
ritter@danesheriff.org

16 No Exceptions to RFP

Respondent is advised that exceptions to any terms and conditions contained in this RFP or the Contract must be stated with specificity in its response to the RFP. The points available under this criterion may be deducted if the Respondent takes exception to any language to this RFP package. Upload exceptions as a separate document within proposal, where requested.

CCS has read and understands the requirements and conditions of the RFP. We acknowledge each of the terms and conditions listed in the RFP and will meet or exceed the functional and technical requirements specified therein. CCS respectfully requests the opportunity to discuss the following during contract negotiations. We understand that alternative language is subject to negotiation and approval by the County.

Citation	Requested Clarification/Exception	Alternative Language
Page 21, Paragraph 2.15, "Contract Termination"; and Page 89, Paragraph 18.4, "Termination"	CCS respectfully takes exception to the cited sections to the extent, if and only if, such sections do not provide the Contractor a right of contract termination without cause. On page 21, it does provide that "in the event Contractor terminates for any reason...must deliver to the County written notice...not less than 180 days prior to the effective date of termination..." In contrast, on page 89, paragraph 18.4(3) titled "Unrestricted right of termination," it appears only the County has a right of termination without cause. CCS respectfully requests clarification.	Contractor Termination Without Cause: Notwithstanding anything to the contrary contained in this Agreement, Contractor may, without prejudice to any other rights it may have, terminate this Agreement for their convenience and without cause by giving one hundred eighty (180) days' advance written notice to the County.
Page 21, Paragraph 2.15, "Contract Termination"; and Page 89, Paragraph 18.4, "Termination"	CCS respectfully takes exception to the cited sections to the extent, if and only if, such sections do not provide the Contractor a right to cure any allegations of default. On page 21, it states that it will be in the County's "sole discretion" whether or not a cure period will be provided. In contrast, on page 89, paragraph 18.4(2) titled "Termination for Default," it clearly states that the Contractor will be given a 30-day cure period. This term CCS can agree to in its entirety. CCS respectfully requests clarification.	CCS can agree to the terms as provided (with no proposed modifications) on page 89, paragraph 18.4(2).
Page 79, Paragraph 15.1, "Standards of Care"	CCS respectfully takes exception to the accreditation penalties only to the extent that the Contractor is to be liable for any accreditation deficiency that results in a penalty and/or breach of contract when such deficiency pertains to anything outside of medical and/or was the result of the acts or omissions of the County.	CCS respectfully requests that an additional paragraph be added to the cited paragraph, which provides as follows: In no event will Contractor be assessed penalties related to accreditation deficiencies if such deficiency is not related to the medical requirements to meet accreditation and or if the deficiency was caused by the acts or omissions of the County.

Past Performance Evaluation & Supplier Qualifier Report

CONFIDENTIAL/TRADE SECRET

References

References

CCS is dedicated to continuously improving our services and program offerings for each client we serve. We have selected references from four sites similar to Milwaukee County's, which we believe can best articulate our strengths and our ability to meet and exceed the requirements and expectations of the RFP.

We have also provided references from two of our Wisconsin clients as a testament to our operations in the State. If desired, CCS will gladly arrange for Milwaukee County personnel to tour any of our client facilities to see our programming and our ERMA system (which is used in both Waukesha and Dane Counties) in person.

Louisville Metro Dept. of Corrections
400 S 6th St.
Louisville, KY 40202
Mark Bolton, Director
502-574-2188
mark.bolton@louisvilleky.gov

Mecklenburg County Sheriff's Office
801 E 4th St.
Charlotte, NC 28202
Rachel Vanhoy, Business Manager
704-336-2543
Rachel.vanhoy@mecklenburgcountync.gov

DeKalb County Sheriff's Office
4415 Memorial Dr.
Decatur, GA 30032
Major LoRandy Akies, Jail Commander
404-298-8508
Loakies@dekalbcountyga.gov

Wayne County, Michigan
3501 Hamtramck Dr.
Hamtramck, MI 48212
Dr. Keith Dlugoksinski
313-224-7901
Kdlugoki@waynecounty.com

Waukesha County Sheriff's Dept.
515 W Moreland Blvd.
Waukesha, WI 53188
Capt. Angela Wollenhaupt
262-548-7177
AWollenhaupt@waukeshacounty.gov

Dane County Sheriff's Office
115 W Doty St.
Madison, WI 53703
Capt. Tim Ritter
608-284-6165
ritter@danesheriff.org

Louisville Metro Dept. of Corrections			
Address	400 S 6th St. Louisville, KY 40202		
Contact Name	Mark Bolton, Director		
Phone	502-574-2188	**Fax**	502-574-4058
Email	mark.bolton@louisvilleky.gov		
Period of Performance	12/1/13 – Present		
Accreditation	NCCHC, ACA		
ADP	2,000 adults; 75 juveniles		
# of Facilities Served	3	**# of Staff Assigned**	105
Transitioned from	Corizon		

Summary of Services Provided

CCS is responsible for the comprehensive health care needs of adult and juvenile offenders housed in the Louisville Metro Jail Complex, Community Correctional Center, and Youth Detention Center in Louisville, Kentucky. We provide 24-hour coverage inclusive of medical, dental, mental health, and psychiatry services. CCS is responsible for all utilization management functions and we continually strive to find cost savings for our client by maximizing on-site services. Louisville uses our full ERMA solution, which interfaces with their Jail Management System.

Significant Achievements and Successes

Prior to CCS contract implementation, the previous provider struggled to maintain a consistent and effective detoxification program for the vast volume of inmates being admitted at risk of withdrawal. As a result, protocol development, patient safety, and subsequent reduction in adverse events leading to off-site emergency trips were a key focus for CCS as we entered this partnership, and have become areas of marked success for this program.

LOUISVILLE METRO DEPARTMENT OF CORRECTIONS
LOUISVILLE, KENTUCKY

GREG FISCHER
MAYOR

MARK E. BOLTON
DIRECTOR

August 28, 2018

Alex English
Correct Care Solutions

Mr. English:

As Director of the Louisville Metro Department of Corrections, I am writing in support of Correct Care Solutions (CCS) as a premier provider of comprehensive inmate health care services in the jail industry. CCS has been the provider of inmate health care services, including medical, mental health, dental, detox services and electronic health records at the Louisville Metro Department of Corrections (local metropolitan jail system) since December 2013.

Since the inception of our contract with CCS, they have improved our capabilities for on-site patient care, the CCS team have created a professional environment and a community care set of standards, in turn reducing our risk of catastrophic health related events. Additionally, our CCS partners have played a critical role in our achievement of not only ACA accreditation, but NCCHC accreditation as well. Louisville Metro Department of Corrections is now the only large jail in the state to have been awarded the NCCHC accreditation.

CCS has driven enhancements that have not only been of benefit to our inmates, but to our operational staff as well. The interface between security operations and inmate health care has never been better and the level of team work and support from their corporate level down to the clinical level is what has made the difference. They work closely with our independent health care contract compliance monitor to ensure the terms and conditions are being delivered and performance metrics are met and enhanced.

I am pleased to recommend CCS as an extremely qualified jail correctional health care provider and extend the invitation for any prospective stakeholder to contact me direct or come to Louisville for a site visit and see firsthand how well jail inmate health care services are being delivered in Louisville by the CCS Team.

Sincerely,

Mark Bolton, Director

Louisville Metro Department of Corrections

Mecklenburg County Sheriff's Office			
Address	801 E 4th St. Charlotte, NC 28202		
Contact Name	Rachel Vanhoy, Business Manager		
Phone	704-336-2543	**Fax**	704-336-6118
Email	Rachel.vanhoy@mecklenburgcountync.gov		
Period of Performance	10/1/08 – Present		
Accreditation	NCCHC, ACA		
ADP	2,800		
# of Facilities Served	3	**# of Staff Assigned**	88
Transitioned from	Corizon		

Summary of Services Provided

CCS is responsible for the comprehensive health care needs of inmates housed in the multi-facility jail system of the Mecklenburg County Sheriff's Office in Charlotte, North Carolina. We provide 24-hour coverage inclusive of medical, dental, mental health, and psychiatry services. CCS is responsible for all utilization management functions and we continually strive to find cost savings for our client by maximizing on-site services. We also partner with the Sheriff's Office to provide TB testing and training on blood borne pathogens for custody staff, as well as training on mental health needs and inmate health care system processes in the Jail Academy.

Significant Achievements and Successes

CCS proudly maintains an accredited, efficient, and cooperative working partnership with Mecklenburg County. Within one month of starting our contract, CCS implemented an on-site infirmary, allowing for significant reduction in hospital days. More recently, CCS team members assisted with the planning and design of the medical unit in the newly constructed Arrest Process Area at the Central Jail.

In an effort to overcome psychiatry recruitment challenges in the Charlotte area, CCS implemented a telepsychiatry program that has been highly successful. During the course of our partnership, CCS has reviewed and updated staffing based on facility openings and closings, security input, decreased ADP, and the development of new programs. We estimate that ***this has saved our client in excess of $1.5 million dollars during the past four years***.

Mecklenburg County Sheriff's Office

700 East Fourth Street
Charlotte, NC 28202

T (704) 336-2543 • F (704) 336-6118

www.mecksheriff.com

Irwin H. Carmichael
Sheriff

Rodney M. Collins
Chief Deputy Sheriff

Thomas M. Plummer
Chief Deputy Sheriff

May 5, 2017

Patrick Cummiskey, President, CCS Group Holdings
Correct Care Solutions
1283 Murfreesboro Road, Suite 500
Nashville, TN 37217

LETTER OF REFERENCE

Dear Mr. Cummiskey:

Thank you for the opportunity to serve as a reference for Correct Care Solutions (CCS). Although I could write a fairly detailed and lengthy referral I will keep it brief. However, to discuss further please contact me at 980-314-5195. Following is my reference for CCS with the understanding that we feel fortunate to work with as our partners in ensuring the delivery of comprehensive medical, dental and mental health services to over 1,500 inmates (down from almost 2,900 when the contract began in 2008) to the Mecklenburg County Sheriff's Office.

CCS is our third medical provider since 1996 and we are very fortunate to have the caliber of on-site and off-site resources they provide. They have worked very hard to be partners with our agency and those partners in the community such as the local hospitals and they have developed a very good rapport with them. We recently celebrated the third-year anniversary of the implementation of a Request Manager Application (RMA) that provides for scheduled sick calls, etc. This has proven to be a great efficiency and coupled with the ERMA system, the sick call process has been greatly improved. They partnered with ARAMARK to implement this at no cost to our agency. Additionally CCS has continued to maintain accreditations for the American Correctional Association (ACA) and the National Commission on Correctional Healthcare (NCCHC). Since inception, CCS has been responsive to our budgetary requests and has ensured outstanding patient care and operates our infirmary efficiently and effectively saving dollars and staff resources from having to be at the hospital. CCS also utilizes advanced telemedicine protocols which allow inmates to receive services on-site.

Sincerely,

Rachel Vanhoy, Sr. Fiscal Administrator

DeKalb County Sheriff's Office			
Address	4415 Memorial Dr. Decatur, GA 30032		
Contact Name	Major LoRandy Akies, Jail Commander		
Phone	404-298-8508	**Fax**	404-298-8101
Email	Loakies@dekalbcountyga.gov		
Period of Performance	1/1/11 – Present		
Accreditation	NCCHC, ACA, CALEA (Triple Crown)		
ADP	3,400		
# of Facilities Served	1	**# of Staff Assigned**	124
Transitioned from	CorrectHealth		

Summary of Services Provided

CCS is responsible for the comprehensive medical needs of inmates housed in the DeKalb County Jail in Decatur, Georgia. We provide 24-hour medical coverage inclusive of all medical care. CCS is responsible for all utilization management functions and we continually strive to find cost savings for our client by maximizing on-site services. The County uses our full ERMA solution, which interfaces with their Jail Management System.

Significant Achievements and Successes

Prior to CCS contract implementation, DeKalb County was sending all dialysis patients off-site and incurring no direct charge from Grady Memorial Hospital due to an agreement between the County and the Hospital. However, CCS and the County worked together to analyze the amount of time and money being spent transporting and securing patients who required services at Grady. When it was determined that the cost of providing services on site was less than the transportation costs and subsequent security risk, CCS established an on-site dialysis center. We also restructured the County's on-site chronic care clinics, providing better on-site care for patients with chronic health conditions.

Quote from our Client

"While the partnership between the DeKalb County Sheriff's Office and CCS is new, the transition has been smooth and consistent with the goals and objectives set forth in their proposal. CCS immediately hired additional nursing, mid-level clinicians and doctors to meet the growing population of inmates with chronic and acute illnesses. To facilitate a smooth transition, CCS identified and dedicated two members of the corporate office to acclimate on-site staff with CCS systems, processes, and policies and procedures."

Xernia L. Fortson, Esq.
Retired Director of Administration & Legal Affairs,
DeKalb County Sheriff's Office

DeKalb County Sheriff's Headquarters & Jail
4415 Memorial Drive
Decatur, Georgia 30032
404-298-8100 404-298-8101<fax>
Web Address: www.dekalbsheriff.org

Jeffrey L. Mann, Sheriff

Administration & Legal Affairs
4415 Memorial Drive
Decatur, Georgia 30032
(404) 298-8100

Jail Division
4425 Memorial Drive
Decatur, Georgia 30032
(404) 298-8818

Court Division
556 N. McDonough Road
Decatur, Georgia 30032
(404) 371-3881

Office of Professional Standards
4415 Memorial Drive
Decatur, Georgia 30032
(404) 298-8125

Training, Background & Recruitment Division
4415 Memorial Drive
Decatur, Georgia 30032
(404) 298-8175

Field Division
4415 Memorial Drive
Decatur, Georgia 30032
(404) 298-8402

September 12, 2016

Patrick Cummiskey, President
Correct Care Solutions Group Holdings
1283 Murfreesboro Road, Suite 500
Nashville, Tennessee 37217

Re: Letter of Reference for Correct Care Solutions, Inc. (CCS)

Dear Mr. Cummiskey:

This letter is written on behalf of Sheriff Jeffrey L. Mann as a reference on Correct Care Solutions contract compliance and work performance in the current contract with the DeKalb County Sheriff's Office. As you know, after a competitive bid process we entered into a contract for the provision of comprehensive medical services for up to 3400 inmates in January 2011.

One of the biggest initiatives for the Sheriff's Office was to implement an electronic health records system with an aggressive timeline of six (6) months. By the end of the first year of the contract, our agency had a fully integrated electronic medical records system. Not only did CCS meet the deadline but has continued to meet benchmarks necessary to transition to a paperless system as well. Although CCS does not provide the mental health or dental services at the DeKalb County Jail, your commitment to the electronic health record system was inclusive of all facets of healthcare provided. In fact, you developed a team of competent technologists and project managers solely dedicated to meeting this critical milestone. The implementation of electronic medical records resulted in contract savings that could be used to employee additional nurses and still realize a net savings in the annual contract amount.

CCS has identified, retained and hired very competent onsite staff with an accountable corporate office. The key leadership on the corporate, regional and site level are extremely accessible. Any concerns or challenges are immediately addressed collectively by the onsite team, with guidance and direction by the regional executives. Moreover, it is clear that CCS is committed to staff development and process improvement. This is evidenced by the monthly continuous quality improvement meetings, as well as the monthly medical audit committee meetings where process studies, outcome studies and trend analysis are routinely discussed.

Another area where CCS' value on teamwork is evident is the interplay of your onsite leadership with the mental health, dental and pharmacy vendor personnel to provide comprehensive health care to the inmates housed at the DeKalb County Jail. Our Triple Crown Accredited Agency has undergone reaccreditation audits from both the American Correctional Association (ACA) and the National Commission on Correctional Health Care (NCCHC) during your tenure. Each time, the auditing teams commented and complimented how seamless the healthcare vendors work together to provide the best possible care for our patients. With respect to our accreditations, it is without question that CCS was instrumental in our successful reaccreditation in both our ACA and NCCHC audits in 2013 and 2011/2015, respectively.

Finally, CCS's commitment to find opportunities to add value to this partnership and contract is continual. Most recently, your team analyzed the cost of pharmaceutical drugs and created an avenue for extensive savings in pharmacy.

Overall, the DeKalb County Sheriff's Office is very pleased with the services rendered by CCS. Please do not hesitate to contact me at (404) 298-8124 if you have additional questions.

Respectfully Submitted,

Xemia L. Fortson, Esq.
Chief of Administration
DeKalb County Sheriff's Office
4415 Memorial Drive
Decatur, Georgia 30032
404.298.8124 (Office)
404.298.8101 (Facsimile)
xlfortson@dekalbcountyga.gov

Wayne County, Michigan			
Address	3501 Hamtramck Dr. Hamtramck, MI 48212		
Contact Name	Dr. Keith Dlugoksinski		
Phone	313-224-7901	**Fax**	313-875-4652
Email	Kdlugoki@waynecounty.com		
Period of Performance	1/1/17 – Present		
Accreditation	N/A		
ADP	2866 adults; 200 juveniles		
# of Facilities Served	4	**# of Staff Assigned**	165
Transitioned from	Self-operation		

Summary of Services Provided

CCS is responsible for the comprehensive health care needs of inmates housed in the Andrew C. Baird Detention Facility, Old Wayne County Jail, William Dickerson Detention Facility, and Wayne County Juvenile Detention Facility in Hamtramck, Michigan. We provide 24-hour coverage inclusive of medical, dental, mental health, and psychiatry services. CCS is responsible for all utilization management functions and we continually strive to find cost savings for our client by maximizing on-site services. The County uses our full ERMA solution, which interfaces with their Jail Management System.

Significant Achievements and Successes

In January 2017, at the inception of the contract between Wayne County and CCS, a set of patient care key performance indicators (KPIs) were evaluated. The KPIs looked at the level of patient care provided in a number of areas, including intake, history and physicals, sick call, and chronic care to name a few. Compliance with these KPIs was based on NCCHC standards. The KPIs were evaluated in January 2017 and demonstrated that less than 40% of patients were receiving care at the level outlined by the KPIs and the NCCHC. Since CCS began providing services, the KPIs are continually monitored and demonstrate that ***on a consistent basis, over 90% of patients receive health care at the level compliant with the KPIs and NCCHC standards***.

In addition to the delivery of patient care, CCS has worked with Wayne County on other projects to prepare the County for their initial NCCHC audit and accreditation. CCS has worked with the County to ensure their physical plant has identifiable clinic space that is compliant with NCCHC standards. The CCS team has worked with members of multiple County departments to review County policies for NCCHC compliance. As a result of these efforts, Wayne County submitted their first-ever application for NCCHC accreditation in June 2018.

Waukesha County Sheriff's Dept.			
Address	515 W Moreland Blvd. Waukesha, WI 53188		
Contact Name	Capt. Angela Wollenhaupt		
Phone	262-548-7177	**Fax**	262-548-7563
Email	AWollenhaupt@waukeshacounty.gov		
Period of Performance	1/1/05 – Present		
Accreditation	NCCHC		
ADP	460		
# of Facilities Served	2	**# of Staff Assigned**	25
Transitioned from	Phy-America		

Summary of Services Provided

CCS is responsible for the comprehensive health care needs of inmates housed in the Waukesha County Jail and the Huber Facility in Waukesha, Wisconsin. We provide 24-hour coverage inclusive of medical, dental, mental health, and psychiatry services. CCS is responsible for all utilization management functions and we continually strive to find cost savings for our client by maximizing on-site services.

Significant Achievements and Successes

CCS has provided services to Waukesha County since 2005. ***We are proud to count Waukesha County among our top five oldest clients***. Accreditation has been maintained, quality services are continually provided to the inmate/patient population, and CCS has cooperated with the County during financially difficult times with flexibility and responsiveness to contract adjustments.

Quote from our Client

"CCS is responsive to our concerns and takes a lead role in a joint problem solving approach to any challenge. The CCS corporate officers have gone out of their way to work with and support Waukesha County…I have had privatized contracts for all of my major jail services since the mid 1990's, and ***CCS has been far and above the best company we have worked with****."*

Michael Giese, Jail Administrator
Waukesha County Sheriff's Dept.

OFFICE OF THE SHERIFF

ERIC SEVERSON, *Sheriff*

August 29, 2018

To Whom It May Concern:

Waukesha County, through the Waukesha County Sheriff's Office has contracted with Correct Care Solutions (CCS) for inmate health care services since 2005. CCS provides medical, mental health and dental services to the Waukesha County Jail inmate population and to the unemployed inmates at the work release center.

The provision of health care services to the inmate population is an extremely high risk, high liability area and CCS has provided Waukesha County with exceptional service since the beginning of our professional relationship. CCS has demonstrated a consistent commitment to providing high quality services to an often challenging clientele in a high pressure environment facing an increasingly higher level of illness and need. CCS meets or exceeds our expectations in all areas. We have maintained NCCHC accreditation during their tenure.

The CCS staff, from the corporate level to the on-site health services administrator routinely go out of their way to ensure their responsibilities are completed and goals are met in a timely and proficient manner. They are extraordinarily sensitive to the diverse and unique needs of the correctional client. On-site CCS staff have developed an excellent working relationship with us and work well within the security and safety parameters of our facilities, maintaining clear and appropriate boundaries.

CCS is responsive to our concerns and takes a lead role in a joint problem solving approach to any challenge. The CCS corporate officers have gone out of their way to work with and support Waukesha County, and have been extremely flexible and responsive to occasional changes to the contract required due to emergent budget issues. I have had privatized contracts for all of my major jail services since the mid 1990's, and CCS has been far and above the best company we have worked with. Due to their exceptional service we have experienced, I am pleased to submit this well-deserved letter of recommendation for Correct Care Solutions.

Sincerely,

Michael D. Giese
Jail Administrator
Waukesha County Sheriff

Dane County Sheriff's Office			
Address	115 W Doty St. Madison, WI 53703		
Contact Name	Capt. Tim Ritter		
Phone	608-284-6165	**Fax**	608-284-6112
Email	ritter@danesheriff.org		
Period of Performance	1/1/08 – Present		
Accreditation	NCCHC		
ADP	950		
# of Facilities Served	1	**# of Staff Assigned**	64
Transitioned from	Corizon		

Summary of Services Provided

CCS is responsible for the comprehensive health care needs of inmates housed in the Dane County Jail in Madison, Wisconsin. We provide 24-hour coverage inclusive of medical, dental, mental health, and psychiatry services. CCS is responsible for all utilization management functions and we continually strive to find cost savings for our client by maximizing on-site services.

Significant Achievements and Successes

CCS has experienced continued, sustainable success in Dane County. Our accomplishments include the achievement and continued maintenance of NCCHC accreditation, and the initiation of a Vivitrol program for opioid-dependent inmates released from the Jail. CCS maintains 24/7 mental health staffing at the Jail, a rarity in most correctional facilities. Several CCS employees at the Jail have achieved CCHP certification through the NCCHC, recognizing their knowledge and excellence in the standards and delivery of correctional health care. Many of our staff members have also been recognized with Lifesaving Awards from the Sheriff's Office.

SHERIFF DAVID J. MAHONEY

DANE COUNTY SHERIFF'S OFFICE

JEFF HOOK, Chief Deputy
(608) 284-6167

DAVID R. DOHNAL
Captain, Administrative Services
(608) 284-6175

RICHELLE J. ANHALT
Captain, Support Services
(608) 284-6166

TIMOTHY RITTER
Captain, Security Services
(608) 284-6165

JANICE TETZLAFF
Captain, Field Services
(608) 284-6870

September 5, 2018

To Whom It May Concern:

Dane County, through the Dane County Sheriff's Office, has contracted with Correct Care Solutions (CCS) for inmate health care services since 2008, adding the mental health care component in 2009. CCS provides medical, mental health and dental services to the Dane County inmate population and to the Huber inmates with work release responsibilities at the Ferris Center.

The provision of health care services to the inmate population is an extremely high risk, high liability area and CCS has provided Dane County with exceptional service since the beginning of our professional relationship. CCS has demonstrated a consistent commitment to providing high quality service to an often challenging clientele in a high-pressure environment facing an increasingly higher level of illness and need. CCS meets or exceeds our expectations in all areas. We have maintained NCCHC accreditation since inception, the most recent audit being October 2017, in which 100% compliance with all essential and important standards was achieved.

The CCS Staff, from the corporate level to the on-site health services administrator, routinely go out of their way to ensure their responsibilities are completed and goals are met in a timely and proficient manner. They are extraordinarily sensitive to the diverse and unique needs of the correctional client. On-site CCS staff has developed an excellent working relationship with us and work well within the security and safety parameters of our facilities, maintaining clear and appropriate boundaries. CCS employs highly trained medical and mental health professionals to provide care as defined as best practices by the National Commissions on Correctional Health Care.

CCS is responsive to our concerns and takes a lead in a joint problem-solving approach to any challenge. The CCS corporate officers have gone out of their way to work with and support Dane County. Due to their exceptional service, I am pleased to submit this well-deserved letter of recommendation for Correct Care Solutions.

Sincerely,

David J. Mahoney
Sheriff of Dane County

DJM/klc

Attachment A – Organizational Chart with Affiliated Entities

CONFIDENTIAL/TRADE SECRET

Attachment B – Current Client List

CONFIDENTIAL/TRADE SECRET

Attachment C – Former Client List

CONFIDENTIAL/TRADE SECRET

Attachment D – Sample Emergency Bag and Competency Checklists

Emergency Response Bag Contents List

MEDICAL SUPPLIES	QTY	EXPIRATION DATE
AED with set of pads	1	
Extra set of AED pads	1	
Ace wrap	1	
Alcohol pads	12	
Blood pressure cuff	1	
Burn sheet	1	
C-Collar *(adjustable)*	1	
ER Referral forms	2	
Eye wash	1	
Glucometer	1	
Glucose test strips *(bottle)*	1	
Ice packs	2	
Iodine pads	10	
Notebook/pen (*for documentation)*	1	
Pen light	1	
SAM splint	1	
Stethoscope	1	
Thermometer *(digital)*	1	
Tongue Depressors	2	
Triangular Bandage	1	
MEDICATIONS	**QTY**	
Aspirin 325mg *(bottle)*	1	
D50	1	
Epinephrine Auto-injector	1	
Glucagon for injection 1cc/each	2	
Insta-glucose 15gm tube	1	
Narcan nasal spray	3	
Nitro tabs 0.4mg *(bottle)*	1	
OTHER (SITE SPECIFIC) ITEMS	**QTY**	

PERSONAL PROTECTION (PPE)	QTY	EXPIRATION DATE
Gloves *(various sizes)* *minimum of*	2ea	
Protective eyewear/face shield	1	
Hand cleanser/sanitizer	1	
Biohazard bag	1	
CPR mouth shield/barrier	1	
Small sharps container	1	
SAFETY SHARPS	**QTY**	
20g IV catheter	2	
18g IV catheter	2	
Needles: 25g, 22g, 18g	2ea	
Syringe: 3mL, 10 mL,	2ea	
Trauma scissors	1	
Disposable safety lancets	5	
Disposable razor	1	
OB kit *(scalpel inside kit)*	1	
INFUSION	**QTY**	
IV tubing	2	
IV start kits	3	
Normal saline 500mL	1	
Normal saline for injection *(flush)*	4	
RESPIRATORY	**QTY**	
Nasal cannula/oxygen tubing	1	
Non-rebreather/oxygen tubing	1	
Bag valve mask/oxygen tubing	1	
Oral airway *(various sizes)*	1ea	
Oxygen tank with regulator *(portable)*	1	
WOUND CARE	**QTY**	
Plastic tape/paper tape	1ea	
0.9% Normal saline 500ml bottle	1	
2x2 sterile gauze	4	
4x4 non-sterile gauze pack	1	
4x4 sterile gauze	4	
ABD pads	3	
Band aids	10	
Kerlix bandage	1	

Emergency Response Bag
Contents Verification Log

Facility: _____

Month: _____ Year: _____

Day	Nurse Signature	Tag #	O2 PSI	AED Test
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
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29				
30				
31				

CCS
CORRECT CARE
SOLUTIONS

HEALTH CARE PROVIDER
EMERGENCY EQUIPMENT/ RESPONSE
COMPETENCY CHECKLIST

Employee Name_____ Site_____

		Able to Locate Equipment/ Supplies	Employee Competency Validated by Trainer (Initial)		COMMENTS
Initials to verify competency		**EMPLOYEE**	**DATE**	**INITIALS**	
Procedures					
	Complete an EKG				
	• Proper lead placement				
	• Documentation/log				
	Oxygen Administration				
	• Airway management				
	• Changing tanks				
	• Regulators/O-rings				
	• Nasal cannula				
	• Non-rebreather mask				
	Suction Patient				
	• Oral				
	• Nasal				
	• Pharyngeal				
	IV Management				
	• Start line using aseptic technique				
	• Checking proper location of catheter				
	• Documentation				
	• Dressing changes				
	Respond to a Medical Emergency				
	• Cardiac				
	• Trauma				
	• Diabetic				
	• Respiratory				
	• Emergency drugs				
	Obtain Pulse OX				
	Performing CPR				
	• Pocket masks				
	• Ambu bag				
	AED				
	• Safe Operation				
	• Lead placement				
	• 911 activation				

Treatments					
	Administer Nebulizer TX				
	Wound Care/Dressing Changes				
	Fingerstick Blood Sugar				
	Alcohol/Drug Withdrawal Monitoring				
	Peak Flow Measuring				
	Weights				
	Restraint Monitoring				
Equipment					
	Clean/Wrap Tools for Sterilizer, Individual & Suture Pack				
	Operate Sterilizer				
	Perform HI/LO Controls on Glucometer				
	Use Vital Signs Monitor				
	Use Copy Machine				
	Use Fax Machine				
	Use Stretcher				
	Emergency Response Bag				
	Centrifuge				
	IV Pumps				

Employee Signature _____ Date _____

Supervisors Signature _____ Date _____

CCS
CORRECT CARE
SOLUTIONS

Disaster Bag/Mobile Equipment Inventory List

Item Description	Quantity
Ace Wraps, 6 inch	2
Ace Wraps, 4 inch	2
Ace Wraps, 3 inch	2
Ace Wraps, 2 inch	2
Alcohol Prep Pads	12
Ambu Bag	1
Ammonia Inhalants	1 box
Antiseptic Wipes	10
Automatic External Defibrillator	1
AED Pads	2
Bacitracin	1 tube
Bandaids	12
Bandaids – Extra large	3
Bandage Scissors	1
Bee Sting Kit	1
Betadine Swabs	4
Biohazard Bag	1
Barrier Gowns	4
BP Cuff	
Large & Regular	1 each
Burn Dressings, 60 X 96	4
Burn Sheets	4
Cervical Collars	2
CPR Microshields	2
Dressings	
2” Kling	2
3” Kling	2
4” Kling	1
3x3 Adaptic	2
Combine Pads	3
Steri Strips	2 packs
2x2	6

Item Description	Quantity
4x4	6
Oval Eye Pads	4
Vaseline Gauze	2
Eye Wash	1 bottle
Flashlight & Extra Batteries	1
Fox Splint	2
Gloves- sm/med/lge	4 of each
Gloves –sterile; sm/med/lge	2 of each
Glucagon- Injectable	1
Glucometer	1
Lancets	3
Strips	1 box
Goggles	2
Hemostat clamp	1
Ice Pack – Disposable	1
Instant Glucose	1
IV Catheter, Jelco, 22g	2
IV Flush	2
IV Solution, 500cc bag	2
IV Tubing, Primary Venoset	2
Masks – Surgical	2
MyClyns	1
Normal Saline Irrigation, 250cc	2
Oral Airways	
Large	1
Medium	1
Small	1
O2 Tubing	1
O2 Mask	1
O2 Nasal Cannula	1
Oxygen Tank, w/Disaster Bag	1
Paper, Pad for Writing	1
Pen & Sharpies	2 ea
Penlight	1
Pulse Ox	1

Item Description	Quantity
Q-Tips	1 pack
Stethoscope	1
Syringe w/Needle	2
Tape, Roll	2
Thermo Rescue Blanket	1
Thermometer	1 digital
Tongue Blades	6
Tourniquet	1
Triage Tags	1 set
Triage Area Identification Items	1
Triangular Bandage	1

Attachment E – Letters of Intent

Letter of Intent
Comprehensive Medical Services Contract
Milwaukee County Jail

This Letter of Intent ("LOI") is made by and between CORRECT CARE SOLUTIONS, LLC ("CCS") and Bell Ambulance ("Provider"). Signature to this LOI signifies that the parties will work together in good faith to obtain and administer a Provider Services Agreement to provide health care services for inmates of Milwaukee County Jail ("Facility"), located in the state of Wisconsin.

The effective date of this LOI will be the effective date of the contract between the Facility and CCS, and it will remain in effect for one year, to renew yearly, or until replaced by a full contract, unless otherwise terminated by either party.

CCS agrees to:

1. Establish LOI between Provider and CCS; prepare the proposal; activate the contract between CCS and Facility, provide contract administration; consolidate and adjudicate the bills; schedule the services; conduct case management services; provide an excellent Web-based patient management system; and provide reporting on financial data and utilization of services.

2. Pay Provider claims within 45 days from receipt in accordance with the rates established upon award.

Provider agrees to:

1. Provide Ambulance Services to patients from Facility.
2. Negotiate in good faith with CCS for mutually acceptable reimbursement rates should CCS win the award of the Facility contract.

GENERAL TERMS

Provider and CCS agree to hold the information contained in this LOI in confidence as the party does with other similar information and to refrain from duplicating, using, or disclosing it, in whole or in part, to another party, except as required by law or for the purposes of this LOI .

This LOI shall not be assignable without prior written consent of both parties.

Sincerely,

Signature

Scott Mickelsen, CCEMTP/Director of Client Services
Name/Title

8/20/2018
DATE

39-1307909
Tax ID

Matt Fuqua, Director of Network Development
CORRECT CARE SOLUTIONS, LLC

8.20.2018
DATE

Letter of Intent
Comprehensive Medical Services Contract
Milwaukee County Jail

This Letter of Intent ("LOI") is made by and between CORRECT CARE SOLUTIONS, LLC ("CCS") and Curtis Ambulance ("Provider"). Signature to this LOI signifies that the parties will work together in good faith to obtain and administer a Provider Services Agreement to provide health care services for inmates of Milwaukee County Jail ("Facility"), located in the state of Wisconsin.

The effective date of this LOI will be the effective date of the contract between the Facility and CCS, and it will remain in effect for one year, to renew yearly, or until replaced by a full contract, unless otherwise terminated by either party.

CCS agrees to:

1. Establish LOI between Provider and CCS; prepare the proposal; activate the contract between CCS and Facility, provide contract administration; consolidate and adjudicate the bills; schedule the services; conduct case management services; provide an excellent Web-based patient management system; and provide reporting on financial data and utilization of services.

2. Pay Provider claims within 45 days from receipt in accordance with the rates established upon award.

Provider agrees to:

1. Provide Ambulance Services to patients from Facility.
2. Negotiate in good faith with CCS for mutually acceptable reimbursement rates should CCS win the award of the Facility contract.

GENERAL TERMS

Provider and CCS agree to hold the information contained in this LOI in confidence as the party does with other similar information and to refrain from duplicating, using, or disclosing it, in whole or in part, to another party, except as required by law or for the purposes of this LOI .

This LOI shall not be assignable without prior written consent of both parties.

Sincerely,

James G. Baker Jr.
Signature

James G. Baker Jr. C.E.O.
Name/Title

8/15/18
DATE

39-1133823
Tax ID

Matt Fuqua
Matt Fuqua, Director of Network Development
CORRECT CARE SOLUTIONS, LLC

8.19.18
DATE

Letter of Intent
Comprehensive Medical Services Contract
Milwaukee County Jail

This Letter of Intent ("LOI") is made by and between CORRECT CARE SOLUTIONS, LLC ("CCS") and Meda Care Ambulance Service, LLC ("Provider"). Signature to this LOI signifies that the parties will work together in good faith to obtain and administer a Provider Services Agreement to provide health care services for inmates of Milwaukee County Jail ("Facility"), located in the state of Wisconsin.

The effective date of this LOI will be the effective date of the contract between the Facility and CCS, and it will remain in effect for one year, to renew yearly, or until replaced by a full contract, unless otherwise terminated by either party.

CCS agrees to:

1. Establish LOI between Provider and CCS; prepare the proposal; activate the contract between CCS and Facility, provide contract administration; consolidate and adjudicate the bills; schedule the services; conduct case management services; provide an excellent Web-based patient management system; and provide reporting on financial data and utilization of services.

2. Pay Provider claims within 45 days from receipt in accordance with the rates established upon award.

Provider agrees to:

1. Provide Ambulance Services to patients from Facility.
2. Negotiate in good faith with CCS for mutually acceptable reimbursement rates should CCS win the award of the Facility contract.

GENERAL TERMS

Provider and CCS agree to hold the information contained in this LOI in confidence as the party does with other similar information and to refrain from duplicating, using, or disclosing it, in whole or in part, to another party, except as required by law or for the purposes of this LOI .

This LOI shall not be assignable without prior written consent of both parties.

Sincerely,

Signature

Chris Walters Director of Operations
Name/Title

8/22/18
DATE

81-4265214
Tax ID

Matt Fuqua, Director of Network Development
CORRECT CARE SOLUTIONS, LLC

8.22.18
DATE

Letter of Intent
Comprehensive Medical Services Contract
Milwaukee County Jail

This Letter of Intent ("LOI") is made by and between CORRECT CARE SOLUTIONS, LLC ("CCS") and Paratech Ambulance Service, Inc. ("Provider"). Signature to this LOI signifies that the parties will work together in good faith to obtain and administer a Provider Services Agreement to provide health care services for inmates of Milwaukee County Jail ("Facility"), located in the state of Wisconsin.

The effective date of this LOI will be the effective date of the contract between the Facility and CCS, and it will remain in effect for one year, to renew yearly, or until replaced by a full contract, unless otherwise terminated by either party.

CCS agrees to:

1. Establish LOI between Provider and CCS; prepare the proposal; activate the contract between CCS and Facility, provide contract administration; consolidate and adjudicate the bills; schedule the services; conduct case management services; provide an excellent Web-based patient management system; and provide reporting on financial data and utilization of services.

2. Pay Provider claims within 45 days from receipt in accordance with the rates established upon award.

Provider agrees to:

1. Provide Ambulance Services to patients from Facility.
2. Negotiate in good faith with CCS for mutually acceptable reimbursement rates should CCS win the award of the Facility contract.

GENERAL TERMS

Provider and CCS agree to hold the information contained in this LOI in confidence as the party does with other similar information and to refrain from duplicating, using, or disclosing it, in whole or in part, to another party, except as required by law or for the purposes of this LOI .

This LOI shall not be assignable without prior written consent of both parties.

Sincerely,

Signature

Chris Walters Director of Operations
Name/Title

8/22/18
DATE

39-1287112
Tax ID

Matt Fuqua, Director of Network Development
CORRECT CARE SOLUTIONS, LLC

8.22.18
DATE

Stericycle®
Protecting People. Reducing Risk.™

September 7, 2018

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

This letter of intent confirms that Stericycle will provide biohazard waste services to the Milwaukee County Jail and House of Correction, Milwaukee, WI should Correct Care Solutions (CCS) be successful in its bid. Said services will be provided under the contract currently in place between CCS and Stericycle.

Stericycle is a healthcare compliance company with annual revenues of approximately $3.6 billion in 2017. Headquartered in Lake Forest, IL, Stericycle has approximately 25,000 employees worldwide and treats over 1 billion pounds of biohazard waste annually in the US.

Stericycle has over 60 processing facilities and over 100 transfer stations in the United States. In addition to that, we have a fleet of over 2,000 vehicles.

As the national provider of biohazard waste services, we service over 1 million US customers. Our clients include the largest healthcare companies in the US including over 4,000 hospitals and thousands of non-hospital customers including: labs, physician practices, oncology centers, health clinics, plasma centers, dialysis clinics, and prisons.

Sincerely,

Marc Witte

Marc Witte
Senior National Account Manager
Stericycle

INSTITUTIONAL EYE CARE LLC

Sharing your Vision for Excellence in On Site Health Care since 1983

August 18, 2018

Correct Care Solutions, Inc.
1283 Murfreesboro Road, Suite 500
Nashville, Tennessee 37217

RE: Milwaukee County House of Corrections and Office of the Sherriff, WI

Dear Correct Care Solutions,

This correspondence is a Letter of Intent committing Institutional Eye Care LLC to provide Correct Care Solutions, Inc. prescription eyeglass and on-site optometry services to the Milwaukee County House of Corrections and Office of the Sherriff in Wisconsin should they be awarded the contract. We are currently initiating on site vision services at these facilities.

Institutional Eye Care will continue to provide prescription eyeglass and on-site optometry services to meet all specifications set forth in the Request for Proposal.

All eyeglasses will meet or exceed FDA and ANSI Dress Safety standards. Our optical lab currently turns standard eyeglass orders around in around three business days of order receipt. We guarantee standard prescription eyeglass shipment within ten days. All eyeglasses carry a one year warranty against manufacturing defect.

In state licensed and credentialed optometrists will continue to be utilized. Routine optometric care will meet all current standards of community care. All services will be provided within the state's scope of optometric care and on-site equipment parameters. Services will be provided at a mutually agreed upon schedule with the facility(s) to meet the requirements as specified in the Request for Proposal

Institutional Eye Care is the largest vision service provider in the country devoted solely to inmate eye care. We are Correct Care Solutions' corporate eyeglass provider and have continuously provided on-site vision services for Correct Care Solutions at many of their other venues for years. We currently service over 1,000 separate local, county, State and federal facilities in 44 states – including Wisconsin. We provide on-site vision services in all 50 states and began international service in January 2000. Institutional Eye Care's correctional experience began in 1983.

We look forward to continue providing prescription eyeglasses and on-site optometry services for Correct Care Solutions, Inc. at the Milwaukee County House of Corrections and Office of the Sherriff in Wisconsin.

Sincerely yours,

Jeffrey R Lose, OD
Institutional Eye Care LLC

27499 Riverview Center Blvd Ste 429
Bonita Springs, FL 34134

Phone 866 604-2931
Fax 570 524-2817

www.InstitutionalEyeCare.com

Mobilex USA®
a TridentUSA® HEALTH SERVICES company

8/20/2018

Sandra Kayser
Sr. Director of Proposal Development
Correct Care Solutions
1283 Murfreesboro Rd.-Suite 500
Nashville, TN 37217

Dear Sandra:

It is our understanding that Correct Care Solutions (CCS) is submitting a bid to become the medical services vendor for the Milwaukee County House of Correction (HOC) located at 8885 S. 68th Street, Franklin, WI 53132 and the Milwaukee County Jail (MCJ) located at 949 N. 9th Street, Milwaukee, WI 53233.

MobilexUSA is interested in working with Correct Care Solutions to provide x-ray and ultrasound services for both HOC and MCJ.

We are looking forward to the opportunity to work with Correct Care Solutions.

Sincerely,

Greg Ward

Greg Ward,
Executive Vice President of Business Development
TridentUSA Health Services
(615) 714-4561 cell

Laboratory Corporation of America™ Holdings
358 South Main Street
Burlington, NC 27215
Telephone: 336-229-1127
Facsimile: 336-436-4048

September 4, 2018

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

This letter of intent confirms that Laboratory Corporation of America Holdings (LabCorp) will provide laboratory services to the Milwaukee County House of Corrections and Office of the Sheriff, Milwaukee, Wisconsin, should Correct Care Solutions (CCS) be successful in its bid. Said services will be provided under the contract currently in place between CCS and LabCorp.

LabCorp is a clinical reference laboratory with annual revenues of approximately $10.2 billion in 2017. Headquartered in Burlington, North Carolina, LabCorp has approximately 48,000 employees worldwide and offers a broad range of genomic/esoteric tests. LabCorp tests more than 470,000 specimens daily for over 220,000 clients nationwide.

LabCorp operates a national network of 38 primary testing locations, more than 1,700 Patient Service Centers, and offers specialized disciplines of esoteric testing expertise through the LabCorp Speciliaty Testing Group.

- The Center for Esoteric Testing
- The Center for Molecular Biology and Pathology (CMBP)
- Litholink Corporation
- National Genetics Institute
- Endocrine Sciences
- Dianon Pathology
- Genetica DNA Laboratories
- Cellmark Forensics
- Monogram Biosciences
- Integrated Genetics
- Integrated Oncology
- Colorado Coagulation
- MedTox
- ViroMed

LabCorp's clients include physicians, patients and consumers, biopharmaceutical companies, state and federal governments, managed care organizations, hospitals, clinics, correctional facilities, government agencies, and many Fortune 1000 companies, and other clinical laboratories.

Sincerely,

Jane Clery

Jane Clery
AVP National Accounts

UNIVERSITY of WISCONSIN
UWMILWAUKEE

Department of University Safety & Assurances

Risk Management Office

September 10, 2018

Jim J. Olson
Risk Manager

Engelmann Hall 270
P.O. Box 413
Milwaukee, WI 53201-0413
414 750-4699 cell
414 229-6729 fax
olson69@uwm.edu
www4.uwm.edu/usa/

Rich Field
Director of Business Development
Correct Care Solutions
1283 Murfreesboro Road, Suite 500
Nashville, TN 37217

Dear Mr. Field

Thank you for opening discussions with the College of Nursing at the University of Wisconsin – Milwaukee concerning potential opportunities for partnership. If Correct Care Solutions (CCS) is successful in its bid to provide comprehensive health services to the Milwaukee County House of Corrections, we look forward to continuing discussions about possible partnership in the following areas:

- Mental Health Nurse Practitioner clinical site
- Family Nurse Practitioner clinical site
- Population Health clinical site

The College of Nursing at UW-Milwaukee is Wisconsin's largest nursing program, educating over 1,200 undergraduate students and 300 graduate students to enter the nursing workforce prepared to face healthcare challenges locally and globally. Our faculty, staff, students and alumni are renowned leaders in creating bold and effective solutions for advancing local, national and global health, and our clinical partners are vital to our mission. We look forward to further discussion with CCS directed towards establishing a partnership to meet these needs in our community.

Sincerely,

Jim J. Olson
AGENCY RISK MANAGER

Copy: Chris Peters, BSN, RN
Academic Affairs Coordinator
UW-Milwaukee College of Nursing

Attachment F – Sample Disaster Plan

CONFIDENTIAL/TRADE SECRET

Attachment G – Sample Job Descriptions

CONFIDENTIAL/TRADE SECRET

Attachment H – Sample Health Education Materials

Attachment I – Resumes

RESUMES –
Regional & Executive Leadership

Stanley Wofford, MBA, CCHP

Senior Regional Vice President

Education	**MBA in Healthcare Administration** North Central University, Prescott, AZ **BS in Healthcare Management** Southern Illinois University, Carbondale, IL
Licensure / Certifications	Certified Correctional Healthcare Professional (CCHP) Certified Emergency Medical Technician – Ambulance, National Registry of EMTs Certified Command Fitness Coordinator
Professional Experience	**Correct Care Solutions** **2007 - -Present** **Senior Regional Vice President** (2011 – Present) Responsible for operational oversight of CCS contracted facilities in the Midwest region. Supervises Regional Managers and Health Services Administrators in assigned region and indirectly responsible for supervising CCS and subcontracted employees at assigned sites. Monitors and maintains all aspects of contract operations to ensure that medical, dental, and mental health programs are established and consistent with contract requirements and national and state standards. **Regional Manager, Operations** (2009 – 2001) Responsible for direct operational oversight of Health Services Administrators (HSAs) at CCS contracted sites in the Midwest region, including supervision, training, quality improvement, risk minimization, and accreditation compliance. He was responsible for accreditation preparation, maintaining positive client relations through employing budgetary controls, monitoring operational performance and effectiveness. **Health Services Administrator** (2007 – 2009) CCS/El Dorado Correctional Facility, Kansas DOC Responsible for the operation of the medical program at the KSDOC facility to ensure compliance to contract specification. Led a staff of more than 100 medical, dental and mental health professionals, and oversaw a 26-bed inpatient infirmary, dental clinic, outpatient medical clinics and two mental health department. Prepared monthly statistical, operational, and financial reports and ensured compliance with site-specific policies and procedures.
Military Service	**United States Navy (Retired)** **1984 – 2007** **Medical Administrator, Military Entrance Processing Station; Omaha, NE** (2006 – 2007) Supervised the medical processing of over 200 military applicants per month. Conducted medical briefings, physical exams, hearing tests, and eye exams. **Supervisor/ Clinical Manager - Emergency Department, Naval Hospital; Guam** (2004 – 2006) Conducted health care orientation to new Marines. Led and trained over 130 personnel, providing administrative, operational, and medical support to Marines Forces Reserve Unit. Developed occupational health and safety standard for the Marine Corp Unit. **Senior Medical Department Representative, HMC – I&I STF; Lansing, MI** (2001 – 2004) **Awards / Commendations:** • Distinguished Service Medal • Navy and Marine Corps Commendation Medal (3) • Navy and Marine Corps Achievement Medal (4) • Letter of Commendation (6) • Certificate of Commendation

Synthia A Peterson, RN, BSN, MSN, CFN

Regional Manager

Education	• University of Illinois, Chicago, IL — B.S.N. *(1994)* • Bradley University, Peoria, IL — M.S.N *(2001)* • Kaplan University, Davenport, IL – Post Masters Certificate in Forensic Nursing *(2007)*
Licensure	• R.N. – 041-284807
Professional Experience	• **Regional Manager** – **Correct Care Solutions** *(2014-Present)* Monitors the implementation and effectiveness of procedures and overall healthcare functions Evaluates financial and statistical data and overall program needs. Makes recommendations for improvements. Develops, utilizes, revises, interprets and ensures compliance with policies and procedures Evaluates and recommends methods of improving operational efficiency and cost effectiveness Oversees recruitment, evaluation and training of Medical Directors, Health Services Administrators and Directors of Nursing and all healthcare staff Analyzes financial statements and creates and maintains financial forecasts Monitors all sentinel events and utilizes all means of limiting liability Functions as a liaison between the clinic/facility and the Corporate office Identifies the problem areas of operations, proposes solutions, conducts ongoing evaluation of healthcare services and program, proactively identifies potential problems and develops and takes corrective actions Promotes Quality Improvement standards. • **Director of Contract Man./Nursing** – **Correctional Healthcare Companies (CHC)** *(2007-2014)* Served as the functional leader ensuring excellence in nursing, leading the development of systems and programs that supported the advancement of nursing practice Developed and maintained nursing policies, procedures and protocols Continuous nursing improvement through evidence based practice Oversee nursing education and staff nurse's professional development to ensure quality educational programs • **Health Services Administrator of Peoria County Jail /Director of Nursing for HPL – Health Professional LTD (HPL)** *(1998-2004)* • **RN, Staff Nurse** – **OSF St. Francis Medical Center** *(1995-1998)* • **NAII/RN Med/Surg Floor** – **Rush Pres St. Luke's Medical Center** *(1993-1995)*

Cleveland E. Rayford, MD, MA

Regional Medical Director

Education	**Master of Arts, Health Care Management** Webster University, St. Louis, MO **Doctorate of Medicine** University of Arkansas, Little Rock, AR **Bachelor of Science, Biology** University of Arkansas, Pine Bluff, AR
Residency Training Program	**Resident in Internal Medicine** University of Missouri, Kansas City, MO
Licensure & Certifications	• **Drug Enforcement Administration Certification** • **Licensed Physician: AR, MO, IL, MI, IN** • **CPR/AED/ACLS Certification** • **Board Eligible in the American Board of Internal Medicine**
Professional Affiliations	**American College of Physicians** **University of Arkansas Medical School and University of Arkansas Alumni Associations**
Professional Experience	**Correct Care Solutions; Nashville, TN** Regional Medical Director 2015 – Present Responsible for the clinical management and oversight of contracted regional sites. Supervises CCS site Medical Directors and provides utilization management of services provided or referred within these CCS medical departments. **Corizon Health; Brentwood, TN** Site Physician 2013 – 2015 **Grace Hill Health Center; St. Louis, MO** Staff Physician 2012 – 2013 **Corizon Health; Brentwood, TN** Site Physician for Southeast Correctional Center (MO) 2011 – 2012 **Correctional Medical Services; St. Louis, MO** Medical Director for Farmington Correctional Center 2006 – 2007 Medical Director for St. Clair County Jail 1998 – 1999

	Wexford Health Sources; Pittsburgh, PA Regional Medical Director – Illinois 2000 – 2005 Managed of 25 physicians and mid-level practitioners in contracted sites within the State of Illinois and provided clinical oversite and utilization management at these facilities. Developed and conducted peer review system. **St. Mary's Hospital; East St. Louis, IL** Staff Physician 1998 – 2000 Provided medical care for large primary care patient population, as well as clinician for the Urgent Care Clinic. **Southern Illinois Healthcare Foundation; Centerville, IL** Staff Physician 1995 – 1998 Dr. Rayford was the Director of laboratory services and chaired the Medical Records Committee for Touchette Regional Hospital. Completed Public Health Services Corps obligation and developed senior programs and grants for the facility. **PHP Healthcare; Pine Bluff, AR** Arkansas DOC Diagnostic Unit Physician, 1994 – 1995 Medical Director, 1989 – 1990 Supervised medical unit of 500 inmate facility and provided clinical care for most seriously ill patients. Monitored all inpatients in the correctional system. **Private Practice; Pine Bluff / Camden, AR** Physician – Internal Medicine 1989 – 1994
Publications	"Being a Better House Officer" "AIDS in Prison" (editorial); *101 Questions and Answers about Jail and Correctional Health Care* (September 2013 Publication) *Rehabilitation: Physical, Mental and Spiritual* (Fall 2016)

Michelle Reed, MA

Regional Behavioral Health Manager

Education	• Pittsburg State University, Pittsburg, Kansas — Masters of Science in Psychology with Clinical emphasis; MPAC and CAMPP Accredited *(1998)* • Southwest Missouri State University, Springfield, Missouri — Bachelor of Science in Psychology with a minor in Management *(1993)*
Licensure	• Licensed Clinical Psychotherapist, Kansas # 923 • Previously Licensed Masters Level Psychologist, Kansas # 723 (2000-2009) • Licensed Professional Counselor, Wisconsin # 4333-125 • Licensed Professional Counselor, South Dakota # 7184 (inactive) • Professional Counselor of Mental Health, Delaware # PC-0000609 (inactive) • Licensed Psychological Associate, Texas #36675 (inactive) • Psychological Examiner, Arkansas #13-48E (inactive) • National Certified Counselor #304923 • Certified Clinical Mental Health Counselor #304923
Professional Experience	• **Regional Behavioral Health Manager** – **Correct Care Solutions** *(2011-Present)* Oversee jail sites with Behavioral Health Services across the United States as a member of the Clinical Strategies team for Correct Care Solutions. Provide administrative and clinical supervision when appropriate. Work with Business Development, People Strategies, and Operations to provide quality behavioral health services. Develop policy and procedures, active in CQI and accreditation, hire and train new behavioral health staff, temporarily fill in at sites as Mental Health Coordinator/Director due to vacancy, monitor critical clinical events, actively involved in new site start -ups, create and facilitate training and group modules used across CCS sites, attend mortality reviews, create templates and forms for staff documentation, and work closely with CCS clients to oversee behavioral health services. • **Owner** – **Michelle Reed, LLC** *(2016-Present)* Contract and provide Crisis Intervention Team Training for jails and prisons, provide consultation services for behavioral health and maintain a private practice. • **Mental Health Director (Dane County Jail) – Correct Care Solutions** *(2008-2009)* Responsible for supervision of sixteen staff including mental health, discharge planner, and psychiatric staff. Responsibilities include: complete quality improvement monthly, assuring staff adhere to Dane County Jail contract requirements, conduct weekly staff and multidisciplinary treatment team meetings, monitor staff attendance, supervise interns, maintain a case load of individual clients, facilitate group therapy, implement treatment plans, identify and transfer SPMI inmates to Mendota and gather/prepare for National Commission on Correctional Health Care audits. • **Mental Health Coordinator (Wyandotte County Jail)** – **Correct Care Solutions** *(1995-1998)* Responsible for supervision of three staff including mental health professionals, and psychiatric staff. Responsibilities include: complete quality improvement monthly, assuring staff adhere to Wyandotte County contract requirements, conduct weekly staff and multidisciplinary treatment team meetings, monitor staff attendance, supervise interns, maintain a case load of individual clients, including juveniles, implement treatment plans, identify and transfer SPMI inmates to Rainbow Hospital and gather/prepare for National Commission on Correctional Health Care audits. • **Mental Health Coordinator (Topeka Correctional Facility)** – **Correct Care Solutions** *(2006-2008)* Responsible for supervision of twelve staff including mental health professionals, discharge planner, activity therapist, and psychiatric staff for the female correctional facility. Responsibilities include: complete quality improvement monthly, assuring staff adhere to

department of corrections contract requirements, conduct weekly staff and multidisciplinary treatment team meetings, monitor staff attendance, supervise interns, maintain a case load of individual clients, facilitate group therapy, implement treatment plans, identify and transfer SPMI inmates to Larned State Security Hospital and gather/prepare for National Commission on Correctional Health Care audits.

- **Treatment and Reintegration Unit Program Manager (Lansing Correctional Facility)** – **Correct Care Solutions** *(2002-2006)*
  Responsible for supervision of staff of 6 on intensive mental health unit treating SPMI inmates. Also responsible for care and treatment and discharge plans such as mental health follow-up or need for civil commitment. Have also provided management services for other facilities across the state of Kansas.

- **Mental Health Professional, Licensed Master's Level Psychologist (Lansing Correctional Facility and Larned Correctional Mental Health Facility)** – **Prison Health Services/Correct Care Solutions** *(1998-2000)*
  Provide individual and group counseling to mentally ill inmates. Facilitate group therapy with a focus on psycho-education. Instruct training classes to staff about mental illness and psychology. Facilitate multidisciplinary treatment team meetings. Formulate reports for the Kansas Parole Board. Administer and score psychological testing.

Jack Jadin

Director of Client Services

Education	**Certificate in Jail Management** National Institute of Corrections – Longmont, CO **Certificate of Completion – Criminal Justice Executive Development Institute** Fox Valley Technical College – Appleton, WI **Associate – Police Science** Northeast Wisconsin Technical College – Green Bay, WI **Associate – Marketing Sales/Management** Northeast Wisconsin Technical College – Green Bay, WI
Professional Experience	**Correct Care Solutions – Nashville, TN** Director of Client Services 2015 – Present Serves as the CCS client liaison for contracted facilities in the Midwest Region to ensure that the client is satisfied with our service from transition and through the duration of the contract. Director of Business Development 2010 – 2015 **Brown County Sheriff's Department – Green Bay, WI** 1988 - 2010 Jail Administrator; Division Director 2004 – 2010 Managed and led an organization of 180 officers and support staff. Procured and managed service contracts with support providers. Oversaw operations of the Brown County Jail facilities and provided safety and security to the community and the 750 inmates that it incarcerates. Secured budgetary resources and provided policy directives to allow team members to be successful in the achievement of department goals. Lieutenant 1999 – 2004 Facility Administrator for Brown County Jail – Work Release Facility, with 33 staff and 204 inmates. Assisted in jail budgeting, planning, and policy preparation. Provided work programs for inmate reintegration into the community upon release from jail. Oversaw jail diversion programs. Sergeant 1998 – 1999 Assigned to Jail Division and Investigation Division. Provided supervision and leadership to others at a shift level. Patrolman 1988 – 1998 Assigned to Patrol, Courts, Jail, and Transportation sections of the department. **Kewaunee County Sheriff's Department – Kewaunee, WI** Patrolman 1983 – 1988 Assigned to Patrol, Communications, and Jail sections of the department.

Jorge A. Dominicis

Chief Executive Officer

Education	**Finance and International Business** Florida International University; Miami, FL **Florida Post-Secondary Education Planning Commission** Gubernatorial Appointee 1985 - 1986
Professional Experience	**Correct Care Solutions, Nashville, TN** Chief Executive Officer 2014 - Present Provides leadership and management of the parent company, CCS, and the company's three divisions, CCS Division, GEO Care Division, and GEO Care Australia Division. Responsible continued organic and strategic growth of the company and the integration of the three CCS divisions. **The GEO Group, Inc., Boca Raton, FL** Senior Vice President 2004 - 2014 Presided as the Senior Vice President of the parent corporate entity, GEO Group, the world's leading provider of correctional, detention and community re-entry services. Served as the President of three separate GEO companies during his tenure: GEO Community Services (*2013 – 2014*); GEO Care, Inc. (*2008 – 2013*); and Atlantic Shores Healthcare, Inc. (*2004 – 2008*). Responsible for the overall operations and business development of GEO's Community Services Division, growing the division revenue to $441M as of December 2012. Accomplishments included developing more than $100M in annualized organic revenue, leading the integration of $300M in corporate acquisitions, recruiting and retaining an outstanding team of corporate professionals, and leading the successful transition of GEO Care to a stand-alone, management owned business. **Florida Crystals Corporation, West Palm Beach, FL** Vice President 1991 - 2004 Responsible for corporate affairs, including Public Relations, Government Relations, and community/ charitable involvement for the privately owned and diversified agriculture, consumer products, real estate, and energy company that is a leading domestic sugar producer and North America's first fully integrated cane sugar company. **Policy Coordinator, Florida House of Representatives, Speaker's Office. Tallahassee, FL** 1998 - 1999 **Legislative Aide, Florida House of Representatives, Speaker's Office. Tallahassee, FL** 1986 – 1988 **Florida Post-Secondary Education Planning Commission Gubernatorial Appointee** 1985 - 1986
Leadership	• St. Mary's Board of Directors 2007 - 2012 • Palm Health Care Foundation, Board of Directors 2003 - 2009 • Sunfest, Board of Directors 2003- 2007 • United Way Board of Directors 1991-2001 • Palm Beach Community College, Board of Trustees, Chair 1999 - 2000

- Workforce Development Board, Board of Directors, Chair 1996; 1997
- Florida Atlantic University, Board of Trustees 2001 - 2004
- Criminal Justice Commission, Board of Directors 1995 to Chair in 2003

Jorge Dominicis – Chief Executive Officer

Carl J. Keldie, MD, FACEP

Chief Clinical Officer

Education	• Flexible Internship, Carraway Methodist Medical Center, Birmingham, AL, 1978 – 1979 • Doctor of Medicine, University of South Florida College of Medicine, 1975 – 1978 • BA, Biology, University of South Florida, 1971 – 1975
Professional Experience	• **Chief Clinical Officer Correct Care Solutions May 26, 2015 – Current** • **Correctional Healthcare Consultant September 2013 – Current** • **Clinical Assistant Professor, Department of Surgery, Division of Correctional Medicine Nova Southeastern University, College of Osteopathic Medicine October 2013 - Current** • **Health IT Physician Consultant: December 2013- September 2014**: Electronic Medical Record Deployment for Community Health Services. • **Clinical Reviewer/Physician Liaison Vanderbilt University Medical Center for Patient and Professional Advocacy October 2013 – April 2014** Providing physician overview for coding and analyzing surveillance data in PARS, the Patient Advocacy Reporting System, to identify unnecessary variation in safety and quality outcomes. • **Chief Medical Officer, Corizon, Brentwood, TN December 2011 – March 2013.** Chief Medical Officer of one of the nation's largest inmate healthcare providers, supervises and directs healthcare delivery for contracts covering over 300,000 inmates in 29 states. • **Chief Medical Officer Prison Health Services, Inc., Brentwood, TN, October 2000 – June 2011.** Coordinated an extensive CQI program including the review of over 3,000 sentinel events, standardizing the reporting of process measures and recruiting and placing a Physician Patient Safety Officer. Developed and deployed a credentialing program which became URAC certified. Launched a Disease Management program for Medical, Psychiatry, and Infectious Diseases with a focus on Hepatitis C and HIV disease program. Shaped a utilization management program using InterQual software to provide prospective, concurrent and retrospective Utilization Management. Chaired the multidisciplinary Pharmacy and Therapeutics Committee responsible for formulary management of over 250,000 inmate patients over a 10 year period. Provided oversight for telemedicine service at over 120 facilities in 15 states. • **InPhyNet Hospital Services (formerly Emergency Medical Services Associates, Inc.), Ft. Lauderdale, FL, 1982 – 2000.** Provided point of care emergency medicine in 14 states. Provided supervision for care delivered in over 20 states. Supervised service provided to Department of Defense beneficiaries in Army, Navy, Air Force and Marine facilities. Regional Medical Director for South Broward Hospital District in Hollywood Florida providing direct patient care and supervising care for over 200,000 ED visits per year at 3 Adult Emergency Departments, 2 Pediatric Emergency Departments and an Acute Psychiatric facility. • **National Health Service Corps: Rural Manpower, Shortage Area, Smithfield, NC, 1979 – 1982.**

Professional Licenses and Certifications	• Medical Licensure in Florida, North Carolina, Michigan • American Board of Emergency Medicine, Re-Certification in 2000 and 2011: Current through December 2021 • Certified Correctional Health Professional, 2008 • Fellow Society of Correctional Physicians, 2015 • American Society of Professionals in Patient Safety (ASPPS) • Just Culture Certification
Professional Associations	• Fellow American College of Emergency Physicians • American Medical Association • Society of Correctional Physicians • American Correctional Association • National Commission on Correctional Health Care

Juan C. Perez
Chief Financial Officer

Summary Statement	Has more than 20 years of experience in leading turnarounds for both PE-sponsored and public companies, M&A, IPOs, Banking, Investor Relations, Accounting and Finance Departments, Treasury, and Corporate Governance. Industry Experience in High Tech, Telecommunications, Manufacturing, Hospitality, Real Estate, Financial Services, and ISPs. Excellent leader with proven experience leading and assembling large finance organizations while increasing productivity. Extensive experience in working with Audit Committees and Boards of private equity owned and public companies. Certified Public Accountant with Big "4" experience.
Education	**Bachelor of Science, Business Administration, 1993** University of Colorado at Boulder **Certified Public Accountant – Colorado**
Professional Experience	**Correct Care Solutions, Nashville, TN** Chief Financial Officer 2017 - Present As CFO, responsible for directing the fiscal functions of the corporation in accordance with generally accepted accounting principles issued by the Financial Accounting Standards Board, the Securities and Exchange Commission, and other regulatory and advisory organizations and in accordance with financial management techniques and practices appropriate within the software industry and for newly public companies. **Warbird Consulting Partners, LLC, Atlanta, GA** Director – Advisory 2014-2017 • Interim CFO • Finance Operations Transformation • Audit, Finance & Accounting Support • M&A Transaction Execution and Post-Closing Integration • Financial Accounting Due Diligence • Accounting Policies/Procedures • System Vendor Selection, Implementation & Optimization • Treasury Functions & Global Cash Forecasting • Financial Planning & Analysis – Board/Bank/Management/KPI Reporting and Systems **Intrawest Resorts Holdings, Denver, Colorado** Senior Vice President, Corporate Controller and Treasurer 1983-1993 • Successfully listed the Company on the NYSE in February 2014. Proceeds totaling $250 million. Managed the drafting of the S-1. • Negotiated agreements and documentation associated with the 2012 and 2013 debt refinancing each exceeding $600 million in value. • Negotiated agreements and documentation associated with the 2013 restructuring of the Company, which cancelled subordinated debt valued at $1.4 billion. • Successfully migrated the accounting, finance, and treasury operations from Vancouver to Denver. • Reorganized finance and accounting department to support public company reporting requirements and deadlines. Reduced expenses $1.0 million while reducing financial close from 8 to 4 days. **Accruit, LLC, Denver, Colorado** Chief Financial Officer, Treasurer and Corporate Secretary 2008-2011 • Negotiated the sale of a segment of Accruit's business to PriceWaterhouse Coopers in 2010,

and also negotiated a Joint Business Relationship agreement with PriceWaterhouse Coopers.
• Leveraged banking relationships by entering into marketing arrangements which increased interest income earned for the Company by 100%.
• Reduced expenses by 40% and reorganized the company.

Silicon Mountain Holdings, Inc., Boulder, Colorado
Chief Financial Officer, Treasurer and Corporate Secretary
2007-2008
• Led Silicon Mountain Holdings through a reverse acquisition IPO in September 2007.
• Restructured the Finance and Human Resources functions at Silicon Mountain Holdings reduced costs by 28%.

Quovadx, Inc., Greenwood Village, Colorado
Vice President, Corporate Controller and Chief Accounting Officer
2000-2007
• Key member of the Quovadx executive management team that turned around the Company when it was going through a restatement of its 2003 and 2002 results and NASDAQ had initiated a delisting action in May 2004.
• Coordinated and participated in the negotiations, directed due diligence for nine acquisitions, three of which were public companies. The purchase price of the acquisitions ranged from $2.1 million to $93.1 million. Actively involved in the sale of five subsidiary divestitures and parent Company in 2007.
• Managed the restatement process and relisting of the Company in 2004.
• Developed transfer-pricing strategy for five international subsidiaries.
• Responsible for Oracle 11i implementation.
• Reduced financial close at Quovadx from 21 days to 9 days.

US West, Inc. – SEC Reporting/Technical Accounting Manager	**1999 – 2000**
Coors Ceramics Company – Financial Reporting Manager	**1997 – 1999**
Price Waterhouse, LLP – Audit Senior	**1993 – 1997**

RESUMES –
Site Leadership Candidates

Health Services Administrator

[redacted] Beaver Dam, WI 53916 [redacted]

J. R. M.

Objective

To obtain a position as a Health Services Administrator, where my knowledge and experience can help to provide top-quality healthcare in the Correctional setting while also setting and achieving business goals.

Experience

January 2017-Present | Correct Care Solutions | Woodstock, IL & Waukesha, WI

Health Services Administrator

- Manages and evaluates the Health Care Delivery Program in accordance with State and Local Regulations
- Ensure medical, dental, and mental health program activities are based upon goals, objectives, aims, and policies and procedures of CCS and the facility
- Evaluate financial and statistical data, program needs and problems, and make recommendations for improvements
- Monitor subcontracted services to include pharmacy, lab, x-ray, and specialty providers
- Maintain communication and a good working relationship with facility administration, CCS employees, correctional personnel, contracted providers, and outside agencies
- Experience in managing budgets and analyzing contracts

February 2014-January 2017 | Correct Care Solutions | Madison, WI

Director of Nursing

- Experience in the practice of nursing and possessing advanced studies and expertise in administration of Nursing Services
- Had the authority, responsibility and accountability for structuring, comprehensive planning, and implementing the Nursing Service Program
- Participated in planning, priority setting and the development of policies and procedures for health care activities that comply with facility and contractual requirements and NCCHC and State standards.
- Coordinated and monitored orientation, in-service training, and continuing education with the H.S.A.
- Prepared and submitted reports as requested for Health Services Administrator (H.S.A.) in a timely manner
- Was a member of the Infection Control, Quality Improvement, and Pharmacy and Therapeutic Committee and attends monthly meetings, assuring all QI screens and monthly reports are submitted timely
- Served as representative for and/or liaison between nursing services and other health care providers as well as H.S.A. and coordinates patient care with other departments

[redacted] Beaver Dam, WI 53916[redacted]

J. R. M.

- Was able to apply principles of critical thinking to a variety of practical and emergent situations and accurately follow standardized procedures that may call for deviations

July 2012-February 2014 Correct Care Solutions Madison, WI

Registered Nurse

- Assisted in the delivery of patient care through the nursing process of assessment, planning, implementation and evaluation
- Assisted in the assessment of the physical, psychological, and social dimensions of patients
- Counted controlled substances, syringes, needles and sharps at the beginning of each shift with another staff member and sign count logs
- Responded to "codes" or all medical emergencies as notified by Security staff
- Administered medications according to proper techniques and procedures Used pharmacy knowledge and available resources to include drug reaction and overdose in administration of medications

Education

September, 2016-January, 2018 Grand Canyon University Phoenix, AZ

Bachelor of Science

- Recipient of American Association of Occupational Health Nurses (AAOHN) Scholarship
- Current cumulative 3.94 GPA

August, 2010-May, 2012 Moraine Park Technical College Beaver Dam, WI

Associates Degree in Nursing

- Member of Student Nurses Association
- Multiple campuses and clinical rotations attended
- Graduated with 3.5 GPA

Awards & Licenses

- CCHP certification achieved, recognizing expertise in standards and delivery of Correctional Healthcare
- Registered Nurse Licensure
- CPR Certified

References

References are available on request.

Medical Director

K.K., MD

Fontana, WI

Work Experience

Site Medical Director
Wisconsin Department of Corrections
2014 to Present
Review Quality of Care and directly implement improvements to achieve quality goals.
Utilization review.

Site Medical Director
Indiana Department of Corrections - Westville, IN
2010 to 2013
Manage medical staff of 80 people; Conduct regular audits; Continuous Quality Improvement
Direct patient care of varying acuity

Private Practice Physician
Self-employed - Highland, IN
2007 to 2010
Practice focused on Bariatrics and Preventive Care

Hospitalist
Columbia-St. Mary's Hospital - Milwaukee, WI
2005 to 2007
Managed hospitalized patients; Member of Ethics, and Morbidity & Mortality Committees

RESIDENT PHYISICIAN, Internal Medicine
Illinois Masonic Medical Center - Chicago, IL
2002 to 2005

Education

Doctor in Medical
National University of Ireland - Cork
2002

B.A. in English Writing
Marquette University - Milwaukee, WI
1993
Reporter for university newspaper

Staff Physician

B.W., MD

Random Lake WI 53075

Education

1991 – 1994	*Family Practice Residency* Tacoma Family Medicine, Tacoma General
1991	*M.D.* University of Minnesota, Duluth/Minneapolis/St Paul
1985	*B.S. Summa Cum Laude* University of Wisconsin – Green Bay

Practice Experience

11/2016 – Present	*Physician* Wisconsin Department of Corrections – Taycheedah CI, Kettle Moraine CI
8/2002 – 11/2016	*Physician* Independent Practice – Random Lake WI
12/2005 – 5/2008	*Medical Director* Hospice Advantage – Sheboygan WI
1/2002 – 8/2002	*Physician*, Emergency Medicine & Inpatient West Bend Clinic – Kewaskum WI
5/1999 – 12/2001	*Family Practice Physician* Holy Family Memorial Family Practice Clinic – Manitowoc WI
5/1989 – 5/1999	*Family Practice Physician* Shell Lake Clinic – National Health Service Corps – Shell Lake WI
2/1997 – 9/1997	*Family Practice Physician* Mora Medical Group Clinic – Mora MN
1/1995 – 1/1997	*Family Practice Physician* Sandstone Medical Group – National Health Service Corps – Sandstone MN
6/1994 – 5/1998	Locum Tenens Physician – Emergency Medicine & Urgent Care – WA & MN

Licensure / Certification

Wisconsin Medical License – Active – Expires 10/2019
American Board of Family Practice – 1994, 2001, currently board eligible

Chief Psychiatrist

[redacted]
Board Certified Psychiatrist
[redacted]
Mequon, WI 53092

[redacted]

Experience
Independent Assessments and Evaluations Wisconsin
Experience with civil commitments, competency testing and testimony in criminal proceedings.

American Behavioral Clinics **Mequon, WI**
Psychiatrist **September 2017 -- Present**

Milwaukee Health Services, Inc. **Milwaukee, WI**
Behavioral Health Director **April 2016 – Present**

Outreach Community Health Centers **Milwaukee, WI**
Psychiatrist **April 2015 – April 2016**

Renew Counseling **Milwaukee, WI**
Psychiatrist **January 2014- October 2014**

Achievement Associates **Mequon, WI**
Adult psychiatrist **January 2011- January 2017**

Shorehaven Behavioral Health Inc. **Brown Deer, WI**
Adult psychiatrist **February 2011 – April 2013**

Milwaukee Health Services, Inc. **Milwaukee, WI**
Adult psychiatrist treating severely mentally ill patients in community clinic setting
July 2001 – April 2015

State of Wisconsin, Department of Corrections **Fond du Lac, WI**
Psychiatrist; for the last year and a half managing medication for Monarch Special Management Unit for severely mentally ill female offenders. Providing testimony for evaluations related to Chapter 51. **June 2006 – October 2010**

Affiliated Services, INC **West Bend, WI**
Adult psychiatrist, part owner **July 2004 – June 2008**

Covenant Behavioral Health **Milwaukee, WI**
Psychiatric consultant **March 2000 – June 2006**

Altenberg Clinic **Racine, WI**
Psychiatric consultant **March 2000 – March 2004**

Milwaukee County Mental Health Complex **Milwaukee, WI**
Psychiatrist in Psychiatric Crisis Service **July 2000 – April 2003**

Psychiatric Services **Racine, WI**
Adult psychiatrist **July 1999 – June 2000**

Milwaukee County Mental Health Complex **Milwaukee, WI**
Psychiatric Officer of the Day **March 1997 – July 1999**

Zablocki Veterans Administration Medical Center **Milwaukee, WI**
Psychiatric Officer if the Day **April 1997 – June 1998**

St. Francis Medical Center **La Crosse, WI**
Observation Internship **January 1993 – April 1993**

Lutheran Hospital **La Crosse, WI**
Observation Internship **October 1992 – December 1992**

Riga Hospital #6 **Riga, Latvia**
Hematology and injection nurse **1989 – 1992**

Jacob Priman's Museum of Anatomy **Riga, Latvia**
Museum curator's assistant **1988**

Education

University of Wisconsin, Milwaukee Clinical Campus, Milwaukee, WI
Psychiatric Residency **1995 – 1999**

Latvian Medical Academy **Riga, Latvia**
Medical Doctor Degree, General Medicine **1986 – 1992**
Graduated with Honors, Class President

Examinations

The American Board of Psychiatry and Neurology, Oral examination
Board certified in Psychiatry **Jan 2003**
The American Board of Psychiatry and Neurology, Written examination
Nov 2001

USMLE Step 3	**May 1996**
USMLE Step 2	**March 1994**
USMLE Step 1	**June 1994**
Latvian State Medical Boards	**June 1992**
Riga High School #3	**June 1986**

Diploma with honors “Silver Medal”

Personal

US Citizen
Married
Two children

Psychiatrist

[redacted] • South Milwaukee • Wisconsin 53172

Education

University of Maryland, College Park
Honors Program
Bachelor of Science in Neurobiology and Physiology
May 1995

Medical College of Wisconsin, Milwaukee
Doctor of Medicine
May 2000

Departments of Anesthesiology and Internal Medicine
Medical College of Wisconsin Affiliated Hospitals, Milwaukee
Preliminary Medicine Internship
December 2001

Medical College of Wisconsin Affiliated Hospitals, Milwaukee
Psychiatry Residency
Served as Chief Resident 2004-2005
June 2005

Certifications

Board-Certified, Psychiatry by American Board of Psychiatry and Neurology

Medicine and Surgery License, Wisconsin

DEA Registration

DATA 2000 Buprenorphine certified with Waiver for 275 patients

I have the privilege of practicing psychiatry and have done so over the past 12 years in multiple settings. This has advanced my knowledge base and proficiency with the treatment of multiple mental disorders in the context of private practice, employed hospital practice, independent contractor work, as well as government and academic job settings.

Faculty Appointments, Awards, & Honors

Assistant Clinical Professor, **Department of Psychiatry**
Medical College of Wisconsin, Milwaukee, WI

Chief Resident, Psychiatry, Medical College of Wisconsin 2004-2005

Medical Student Teaching Award, Medical College of Wisconsin 2004-2005

Resident of the Year in Psychiatry, Medical College of Wisconsin 2005

Current Clinical Interests and Activities

- Substance use disorders Evaluation and Treatment: detoxification, buprenorphine and Vivitrol use
- Addiction Intensive Outpatient, Partial Hospitalization, and Residential Treatments
- Ketamine IV management for treatment-refractory depression and chronic pain
- Psychotropic Medication Management of general mental health disorders
- Telepsychiatry
- Psychodynamic Psychotherapy
- Cognitive-Behavioral Therapy (CBT)

Employment, Independent Contracts, and Private Practice

8/14 to Present	**Telepsychiatry, Psychiatry, Psychotherapy, and Addictions** Horizon Healthcare Inc
3/16 to 6/17	**Staff Psychiatrist, Aurora Behavioral Health**
8/14 to 3/16	**Private Practice Psychiatry, Addictions, and Psychotherapy Spectrum Healthcare, S.C.**
2/11 to 3/16	**Private Practice Psychiatry, Addictions, and Psychotherapy West Grove Clinic, LLC**
5/11 to 8/14	**Telepsychiatry / Psychiatry and Addictions Acacia Wellness Center, LLC**
9/09 to 9/10	**Staff Psychiatrist, VA Medical Center Acute Inpatient Hospital Treatment**
10/08 to 9/09	**Staff Psychiatrist, Wheaton Franciscan Behavioral Health**
12/06 to 10/08	**Partner, Milwaukee Psychiatric Physicians Chartered**
7/05 – 11/06	**Private Practice Psychiatry & Psychotherapy**

Television and Media Appearances

- Fox 6 News WITI Milwaukee, Live TV Interview, ***Change in Season Means Change in Mood for Some***, Originally Aired December 13, 2008
- Fox 6 News WITI Milwaukee, Taped TV Interview on ***Seasonal Affective Disorder,*** Originally Aired December 14, 2008 on local Fox Networks and affiliates around the country
- WRJN News-Talk 1400 AM, Racine, Milwaukee, and Kenosha Wisconsin, *All Saints & You*, 30 minute taped interview on ***Seasonal Affective Disorder,*** Aired January 17, 2009
- WRJN News-Talk 1400 AM, Racine, Milwaukee, and Kenosha Wisconsin, *All Saints & You*, 3 to 4 minute Podcast on ***Seasonal Affective Disorder,*** Recorded January 12, 2009

Publications & Presentations

[redacted]R "*Isoflurane for the Treatment of Status Asthmaticus.*" Poster Presentation at the Midwest Anesthesiology Resident's Conference, 2001

[redacted] "*Causes of False Negative Transcranial Doppler Examinations in Occlusive Cerebrovascular Disease.*" Poster Presentation at the American Society Of Neuroimaging

[redacted] "*Causes of False Positive Transcranial Doppler Exams In Occlusive Disease.*" Poster Presentation at the American Society Of Neuroimaging

[redacted] "*Sensitivity and Specificity of Transcranial Doppler for Detection of Posterior Circulation Occlusive Disease.*" Poster presentation at the Symposium on Cerebral Hemodynamics, The Institute for Applied Physiology and Medicine, 1995

Other Activities / Hobbies:

5/10 to Present **Executive Producer, Film Production Company**
Kantaros World Productions, LLC
14200 West Fieldpointe Drive, New Berlin, WI 53151

Mental Health Director

[redacted]

Psychologist/Pain Psychologist - Aurora Medical Group
Oshkosh, WI
[redacted]

Work Experience

Psychologist/Pain Psychologist
Aurora Medical Group
October 2016 to Present

Job Duties: 50% pain psychologist. Conduct psychological evaluations of clients with chronic pain being considered for surgical interventions. Provide behavioral treatment for chronic pain clients. 50% general psychology. Provide psychological assessment and psychotherapy to clients ranging in age from 13 to 95. Clients treated for anxiety, depression, PTSD, Borderline Personality Disorder, Adjustment Disorders, Schizophrenia, grief, as well as other disorders.

Psychologist
AURORA MEDICAL GROUP - Oshkosh, WI
October 2016 to Present

Provide psychotherapy and psychological evaluations to a wide range of clients. Ages served 13 to 95. Half of the position is devoted to provision of behavioral pain management and psychological assessment of clients experiencing chronic pain.

Psychological Consultant-Independent Contractor
2014 to Present

Job Duties: Conduct psychological evaluations for Wisconsin Chapter 51, mental health commitments and Wisconsin Chapter 54/55, Guardianship and Protective Placement. Provide expert court testimony regarding the results of the evaluations.

Psychologist Supervisor
Green Bay Correctional Institution
2016 to November 2016

Job Duties: Supervise the provision of all psychological services and mental health crisis intervention provided within the institution. Clinical supervision of professional and para-professional clinical staff. Recruit, hire, train and evaluate PSU staff, ensuring compliance with appropriate standards of practice and legal requirements. Lead multi-disciplinary teams both within GBCI and throughout the DOC. Develop and implement special projects and assignments for GBCI. .Current projects include the development of a diversion unit to prevent placement of inmates with serious mental illness being placed into restricted housing (segregation) and creating a Dialectical Behavior Treatment team.

Psychologist Manager (Psychology Director)
Bureau of Health Services-Department of Corrections
August 2010 to January 2016

Job Duties: Provide oversight on the provision of all psychological services and mental health crisis intervention provided within the Wisconsin Department of Corrections. Clinical supervision of institution

psychologist supervisors. Clinical supervision of institutions with vacant psychologist supervisor positions. Review and create policies regarding the provision of mental health services. Chair committees on psychological services. Participate in committees on continuity of care between the Department of Corrections and the Department of Health Services. Establish quality improvement standards for mental health services. Review compliance with mental health standards. Collaborate with institution wardens and superintendents on compliance with mental health standards and policies.

After Hours Crisis Worker

Winnebago County Behavioral Health - Oshkosh, WI
June 2013 to September 2015

Provide crisis mental health assessments at the request of local law enforcement and hospitals. Perform safety checks for individuals in crisis. Brief crisis counseling for clients experiencing mental health crisis.

Psychologist Supervisor

Waupun Correctional Institution
2002 to 2010

Job Duties: Supervise the provision of all psychological services and mental health crisis intervention provided within the institution. Clinical supervision of professional and para-professional clinical staff. Recruit, hire, train and evaluate PSU staff, ensuring compliance with appropriate standards of practice and legal requirements. Lead multi-disciplinary teams both within WCI and throughout the DOC. Develop and implement special projects and assignments for the DOC. Actively contributed to the Integrated Corrections System, Mental Health Committee. This committee was responsible for the development of the essential areas to be included in an electronic mental health record. This project is currently on hold while the DOC negotiates with the software vendor. Graduate of the DOC's Leadership Development Program (LDP). The LDP was a seven month program that included mentoring, seminars and completion of a major project. Provide direct service to the inmates as outlined below.

Psychologist

Waupun Correctional Institution
1995 to 2002

Job Duties: Provide individual therapy, brief psychological assessments, psychological evaluations, group psychotherapy and mental health crisis intervention. There are currently over 1220 adult male offenders housed at WCI. Nearly 40% of offenders at WCI have a diagnosed Axis I mental illness. Of these inmates most also have a diagnosed personality disorder and substance abuse disorder. WCI represents one of the more difficult environments with some of the most difficult clients to provide mental health services. Despite the challenges many clients have been able to learn ways to control their symptoms, improve their medication compliance and change antisocial behaviors.
Supervisor: Dr. Robert Wheeler, Ph.D.

Psychologist

Waupun Correctional Institution
August 1998 to November 1999

Supervisor: Dr. Robert Wheeler, Ph.D.

Dissertation Chair

Waupun Correctional Institution

1998 to 1998

Dr. Bruce Wampold, Ph.D.

Internship Sites

Wisconsin Department of Corrections
1994 to 1995

Oakhill Correctional Institution, Waupun Correctional Institution, Columbia Correctional Institution, Milwaukee Probation and Parole, and Ethan Allen School.
Supervisors: Dr. Patricia Allen, Ph.D. as the overall supervisor. On site supervisors were: Dr. Lawrence Kane, Ph.D., Dr. Robert DeYoung, Ph.D., Dr. Richard Althouse, Ph.D., Dr. Norman Goldgarb, Ph.D., and Dr. Michael Hagen, Ph.D.

Emergency Telephone Specialist

Mental Health Center of Dane County Emergency Services Unit
1992 to 1995

Job Duties: Provide suicide and homicide risk assessment, supportive counseling, consultation services for police and other community mental health providers, referrals, and follow-ups.
Supervisor: Karen Stevenson, MSW

A Social Perspective on Person-Environment Fit Models

Journal of Counseling Psychology
1994 to 1994

Social Skills of and Social Environments Produced by Different Holland Types: 1994, A Social Perspective on Person-Environment Fit Models.
Journal of Counseling Psychology,
Primary Investigator: Dr. Bruce Wampold, Ph.D.

Education

Ph.D. in Counseling Psychology

University of Wisconsin - Madison, WI
1998

M.S. in Counseling Psychology

University of Southern Mississippi - Hattiesburg, MS
1991

B.A. in Psychology and Communications

University of Minnesota - Duluth, MN
1987

Certifications/Licenses

Licensed Psychologist-Wisconsin

[redacted]

[redacted]

Clinic Director - Acadia Healthcare - West Milwaukee Comprehensive Treatment Center
Waukesha, WI
[redacted]

Talented individual with over 15 years of service to providing person centered care to individuals in the Human Services field. Currently licensed as an Advanced Practicing Social Worker (APSW), Intermediate Clinical Supervisor (ICS), Clinical Substance Abuse Counselor (CSAC), and SMART Recovery Facilitator. Strong focus on development and facilitation of training programs for staff and community members. A devoted community focused professional who is active in professional associations by serving as the current Recovery & Addiction Professionals of Wisconsin (NAADAC Affiliate) President, NAADAC Student Chair - Elect, and NASW member.

Work Experience

Clinic Director

Acadia Healthcare - West Milwaukee Comprehensive Treatment Center - West Milwaukee, WI
September 2017 to Present

Charismatic leader, Customer centric leadership, World class person-centered care
• Developed day-to-day process for management and operation of facility in accordance with new company operations.
• Implemented new process and protocols for CARF accreditation.
• Provided oversight in expansion of facility and patient centered services by expansion of groups.
• Expanded and strengthen community outreach by attending community events to educate and establish contacts within the community to become a needed resource.
• Provided education on delivery of treatment services, protocols, State regulations, Federal regulations, and company initiatives.
• Provided oversight in managing staff, setting direction and deploying resources for patient care.
• Responsible for maintaining compliance with all Federal and State Laws and Regulations, including the submission of corrective action plans to said agencies i.e. FDA, DEA and State ADP;
• Implemented Patient Advocacy Counsel to address patient concerns within the facility.

Adult Inpatient Social Worker

Roger's Behavioral Health - West Allis, WI
December 2016 to September 2017

Solution focused approach, Innovative thinker, Team focused
• Instrumental participant in renovation of Substance Abuse and Mental Health program delivery.
• Engaged patients and family members to participate in education, treatment services, and aftercare.

• Collaborate with the multi-disciplinary treatment team to develop the plan of care, including implementing goals and interventions identified on person-centered treatment plans.
• Strong advocate for patients with mental health and addiction needs within the Milwaukee area.
• Provided clinical supervision to facility staff of 10 for obtaining substance abuse credentials.
• Supported and developed addiction program materials for addiction recovery services.

Clinical Supervisor

10th Street Comprehensive Treatment Center - Milwaukee, WI
September 2013 to December 2016

Empowering team leader, Collaborative team effort, Strong communication skills, Results driven
• Demonstrated extensive knowledge of CARF accreditation, state regulations, and DEA compliance as evidenced by receiving no recommendations in August 2015 CARF survey.
• Collaborated with Clinical Services Coordinator in the development of Wisconsin specific policies and procedures for quality assurance.
• Provided new hire orientation for all staff in addition to group/individual trainings on ethics, cultural diversity, state regulations, use of technology in therapeutic settings through diverse methods, national addiction trends, and CARF accreditation.
• Provided weekly clinical supervision through documentation of assessment of professional competencies, clinical skills and recommendations through weekly meetings and direct and periodic observation.
• Increased census by 77% during period of employment.
• Patient satisfaction scores improved to exceed company benchmarks during term of employment.
• Expansion of group services offered to patients from 8 to 16 groups per week.
• Delivered MAT training and education via community outreach with local, state, and county officials.
• Instrumental in organizing and providing addiction trainings to area police departments.
• Served on community collations to create change within the Milwaukee Area on addiction services.

Program Coordinator - Southern Region Outpatient Services

Genesis Behavioral Services, Inc - Milwaukee, WI
August 2012 to September 2013

August 2012 to September 2013
Dedicated advocate for clients, Integrated community approaches, Business developer
• Collaborated with probation agents to provide case management and addiction treatment for mutual clients.
• Monitored and coordinated performance of client's needs through an individualized treatment plan.
• Encouraged client's progress and utilization of the community resources and support systems.
• Collected data from a wide variety of sources and develop the most in-depth and comprehensive knowledge and understanding of the client.
• Assisted in monitoring and supervision of clients in the facility.
• Supported and encouraged family participation in the client's treatment program.
• Documented clearly and concisely all assessments, treatment provided, and major communication regarding clients, in appropriate format. Maintain current and complete client records.
• Participated in quality assurance activities to ensure adequate program functioning and quality client care.
• Collaborated with the Department of Corrections' agents to ensure service satisfaction.

Substance Abuse Counselor - Treatment Specialist

State of Wisconsin, Racine Correctional Institute - Racine, WI
September 2011 to August 2012

Multifaceted therapeutic approaches, Creative group facilitator, Role model to staff
• Developed, implemented, and monitored specialized clinical treatment programs to meet the needs of individuals in the corrections setting.
• Provided education and counseling services for individual, group, and community basis.
• Formulated and implemented individual and group interventions in the areas of reintegration, restorative justice, and job readiness.

• Implemented treatment plan goals set by DOC and clients.
• Maintained communications with community agencies, resources, and support systems for reintegration.
• Facilitated programs based on cognitive behavioral therapy techniques

Substance Abuse Counselor

State of Wisconsin, Winnebago Mental Health Institute - Oshkosh, WI
September 2009 to September 2011

Supportive mentor, Multidisciplinary focused, Advanced program developer
• Developed, implemented, and monitored specialized clinical treatment programs to meet the needs of patients who are diagnosed with co-occurring disorders.
• Implemented SMART Recovery, Rational Recovery, and modified 12 Step programs for patients.
• Monitored caseload of co-occurring consumers; provide symptomology education and counseling services in an individual, group, and community basis.
• Key contributor in multi-discipline treatment team focused on assessment, Individualized Treatment Plans, and evaluation of patient progress.
• Implemented AODA elements of Individualized Treatment Plans and monitor changes on an ongoing basis though out treatment.
• Actively participated with agency leadership in policy and procedure development relative to the program responsibility areas.
• campus wide training on dual disorder issues
• Provided recommendations to treatment process as a member of a multidisciplinary team.
• Implemented Level 4 Gender Specific Treatment and Trauma Informed Care
• WMHI Committee Co-Chair for Mental Health Awareness Week, WMHI Community Relations, and Petersik Hall Unit Policies and Program.
• Completed all elements of supervision of internships and certified AODA clinicians.
• Point of contact for clinical supervision for Petersik Hall (medium security forensic unit).

Substance Abuse Counselor / Continuing Care Specialist

ThedaCare Behavioral Health - Menasha, WI
March 2008 to September 2011

Supportive advisor for change, Team focused, Community educator
• Demonstrated and instruct use of WI-UPC, Short UPC, SASSI, Motivational Interviewing.
• Developed, facilitated, and Case Manager for eight continuing care groups, over 80 clients
• Project Manager and supervisor to develop, facilitate, and supervise training programs for staff members on Electronic Medical Records (EMR), Matrix Treatment Model, and Motivational Interviewing.

• Development and facilitate Day Treatment Program, Level 2, and Early Intervention Program, Level 1 care.
• Certified WIPHL Health Educator and Motivational Interviewing
• Developed processes to maintain, gather, and track treatment statistics for STAR-SI project.
• Published professional for local news and media articles regarding addiction trends.

Education

Concordia University - Mequon, WI
January 2015 to December 2015

Masters of Social Work in Social Work
University of Wisconsin - Milwaukee, WI
December 2015

Anger Management
Fox Valley Technical College - Appleton, WI
January 2007 to May 2007

Bachelor of Science in Human Services
University of Wisconsin - Oshkosh, WI
May 2007

[redacted]

MANAGER OF PSYCHOLOGICAL SERVICES AND ALLIED HEALTH - MILWAUKEE PUBLIC SCHOOLS

Milwaukee, WI

[redacted]

[redacted]

Authorized to work in the US for any employer

Work Experience

MANAGER OF PSYCHOLOGICAL SERVICES AND ALLIED HEALTH

MILWAUKEE PUBLIC SCHOOLS

July 2016 to Present

• Manage, coordinate and develop staff and services delivered by school psychologists, occupational therapists, physical therapists, school nurses, audiologists and speech/language pathologists.
• Serve as District Section 504 Coordinator.
• Co-manage the Violence Prevention Program's systemic efforts to support, sustain, and grow social and emotional programming as a part of the district's strategic plan. Also provide guidance and support for schools and staff in the areas of social and emotional learning (SEL), restorative practices, mindfulness, anti-bullying efforts and crisis prevention/intervention.
• Serve as primary contact person for the District Crisis Response Team and manage responses to district crises. Work directly with school administrators and Regional Superintendents to assess, coordinate, and supervise district communications and personnel following traumatic experiences that affect a school community.
• Member of Milwaukee County Pediatric Death Review Committee.
• Serve on Core Team of OCR Resolution Committee, responsible for designing and implementing policies to reduce racial disproportionality in district's disciplinary practices.

Psychologist

Consultations and Presentations

October 2010 to Present

WISCONSIN SCHOOL PSYCHOLOGISTS' ASSOCIATION
• Provided an overview of the impact on the Americans with Disabilities Act amendments (2008) on school districts' Section 504 policies and procedures.

Student Discipline

CLINICAL PSYCHOLOGIST IN PRIVATE PRACTICE

August 2000 to Present

• Provided numerous presentations to staff members, parents, and community groups.
• Topics included Section 504, ADHD, Threat Assessment, Manifestation Determinations, Student Discipline, Compliance and Legal Issues, Dispute Resolution Strategies and Options, and IDEA criteria.

Psychologist

CLINICAL PSYCHOLOGIST IN PRIVATE PRACTICE - Milwaukee, WI

September 1993 to Present

• Assess children and adults referred for a variety of learning, emotional, behavioral, social or family issues.
• Conduct court-ordered psychological evaluations.
• Provide clinical supervision to therapists.
• Conduct individual and family therapy sessions.
• Assess victims to determine the psychological impact of crimes.

STUDENT SERVICES MANAGER/EQUITABLE EDUCATIONAL OPPORTUNITIES COORDINATOR

MILWAUKEE PUBLIC SCHOOLS
December 2010 to June 2016

• Duties were split between Offices of Specialized Services and Student Services
• Primary responsibilities included:
➢ investigated and coordinated responses to IDEA complaints filed with the Wisconsin Department of Public Instruction and, when necessary, developed corrective action plans;
➢ responded to informal concerns raised by parents, advocates, attorneys, and staff members to resolve disputes regarding special education, discipline, and school placements;
➢ coordinated district's response to requests for Independent Educational Evaluations;
➢ provided technical assistance and monitored complaints that were entered into the Parent Dispute Resolution System;
➢ investigated and responded to complaints of disability-based discrimination against MPS students and served as the district's Section 504 Coordinator;
➢ served as district's contact person for all aspects of Due Process Hearings, Special Education Mediations, and Facilitated IEPs;
➢ supervised policies and procedures for students who committed serious breaches of discipline and reviewed all cases referred to an Independent Hearing Officer;
➢ provided the district's response to questions regarding parenting/guardian issues, and surrogate parents;
➢ established policies, training procedures, and coordinated procedural compliance with student restraint and seclusion laws;
➢ reviewed and responded to transfer requests due to extreme hardships for students with disabilities;
➢ responded to a variety of issues related to student records, including official requests to amend student records;
➢ investigated and responded to all formal allegations of discrimination against MPS students, including those involving OCR and DPI;
➢ developed educational and treatment options for expelled students;

SECTION 504/IDEA FACILITATOR/SCHOOL PSYCHOLOGIST

MILWAUKEE PUBLIC SCHOOLS
August 2000 to November 2010

* Served as primary district contact person for issues related to Section 504 policies and procedures.
* Provided annual training to MPS Section 504 coordinators.
* Assisted district in developing training materials and trainings addressing psychological disorders, eligibility criteria for IDEA/504, and legal issues.
* Developed and disseminated Section 504 handbooks, policies, and procedures.
* Served as district Crisis Team Facilitator.
* Worked to develop threat/risk assessment protocol for students.
* Assisted district in handling complaints or disputes involving students with disabilities.

CONSULTANT
ARROWHEAD SCHOOL DISTRICT
February 2010 to February 2010

Reviewed district's Section 504 forms and handbook.
• Presented information to administrators, Section 504 Coordinators, and School Social Workers to address Section 504 compliance issues.

CONSULTANT
WEST BEND SCHOOL DISTRICT
August 2007 to August 2007

Reviewed district's Section 504 forms and handbook.
• Presented information to promote compliance with the Section 504.

SCHOOL PSYCHOLOGIST
MILWAUKEE PUBLIC SCHOOLS
August 1991 to August 2000

* Conducted comprehensive student evaluations.
* Provided individual and group counseling services to students.
* Consulted with teachers, parents and administrators.
* Served as facilitator and trainer for Collaborative Support Team (CST) Project.

PSYCHOLOGY LECTURER/CONSULTANT
FROEDTERT HOSPITAL
September 1990 to September 1996

* Provided lectures and consultative services to a Diabetes management program.
* Developed psychological assessment protocols used as part of patient intake.
* Consulted with clients who were non-compliant with diabetes management.

SITE COORDINATOR
CLINICAL PSYCHOLOGIST IN PRIVATE PRACTICE
June 1994 to August 1996

Coordinated local testing and data collection used in the standardization of the Universal Nonverbal Intelligence Test and the Cognitive Assessment System.

PRE-DOCTORAL PSYCHOLOGY INTERN
CURATIVE REHABILITATION CENTER
July 1990 to August 1991

* Rotations included:
➢ Inpatient Rehabilitation Unit at Froedtert;
➢ Pediatric Services at Curative Rehabilitation Center;
➢ Neuropsychological Assessment at Curative.

Education

PH.D. in EDUCATION
University of Wisconsin - Milwaukee, WI
1993

M.S. in EDUCATIONAL PSYCHOLOGY
University of Wisconsin - Milwaukee, WI
1987

B.S. in PSYCHOLOGY
Marquette University
1984

Psychologist

[redacted]
Milwaukee, WI
[redacted]

Work Experience

PSYCHOLOGIST LICENSED

Taycheedah Correctional Institution - Fond du Lac, WI
2009 to Present

Provide clinical monitoring, individual therapy, crisis management, and on-call services at a maximum security correctional facility for adult women; perform intake screening and diagnostic assessment; evaluate appropriateness for transfer to minimum security institutions; assess risk of harm to self and others; develop curricula and facilitate anxiety management groups in general population, segregation, and mental health special management unit; facilitate initial adjustment groups for newly admitted offenders; provide psychological input into security decisions; provide consultation to treatment and non-treatment staff; conduct training on psychological issues to non-psychology staff; and participate in individual supervision, psychology staff meetings, multidisciplinary team meetings, and off-ground trainings. Supervisor: Michelle Harris, Psy.D.

PSYCHOLOGIST LICENSED

Robert E Ellsworth Correctional Center - Union Grove, WI
2011 to 2011

Filled open position until new psychologist was hired; provided clinical monitoring, individual therapy, and crisis management at a minimum security correctional facility for adult women; performed intake screening and diagnostic assessment; assessed risk of harm to self and others; completed segregation rounds; conducted training on psychological issues to non-psychology staff; and trained the newly hired psychologist. Supervisor: Robert VerWert, Ph.D.

PSYCHOLOGY INTERN

Ethan Allen School, Division of Juvenile Corrections, Wisconsin Department of Corrections - Wales, WI
2008 to 2009

Provided individual, group, and family therapy at a secure correctional facility for adolescent boys; administered, scored, and wrote complete psychological assessment batteries; assessed risk of harm to self and others; provided short term treatment and crisis intervention for newly admitted youths; developed curricula and facilitated anger management groups; helped facilitate psychoeducational substance abuse treatment groups; helped facilitate sex offender treatment groups; provided consultation services to non-clinical staff and psychiatry staff; provided testimony to the juvenile equivalent of a parole board; and participated in individual, rotation, and group supervision; didactic seminars; and case presentations. Supervisor: Michael Hagan, Ph.D.

PSYCHOLOGY INTERN

Southern Oaks Girls School, Division of Juvenile Corrections, Wisconsin Department of Corrections - Union Grove, WI
2008 to 2009

Conducted individual therapy and psychological evaluation at a secure correctional facility for adolescent girls, and provided testimony in family court.

LIFE SKILLS COACH

Wisconsin Children's Long Term Support Program - Milwaukee, WI
2008 to 2009

Worked with an autistic youth; focused on basic skill building and exposure to different life situations. Contact: Connie Dow.

DISSERTATION CONSULTANT

Self Employed - Chicago, IL
2008 to 2009

and Milwaukee, WI
Assisted graduate students with their dissertation research; focused on research design, statistical analysis, and interpreting results.

Chair

Department of Psychology, DePaul University - Chicago, IL
2008 to 2008

Chicago, IL
Title: The Three-factor Model of the Important People Inventory: A Longitudinal Investigation of General and Alcohol Social Support. Chair: Leonard Jason, Ph.D.

INVITED GUEST PRESENTER

Alcoholism, Drug Abuse, and Addiction, DePaul University - Chicago, IL
2008 to 2008

Presented to undergraduate students on the Oxford House substance abuse recovery model. Instructor: Jessica Velcoff, M.A.

ASSESSMENT EXTERN

Pediatric Developmental Center, Advocate Illinois Masonic Medical Center - Chicago, IL
2007 to 2008

Administered, scored, and wrote complete child and adolescent psychological assessment batteries focusing on developmental disorders; presented feedback to families; and participated in weekly individual and group supervision, didactic seminars, and case presentations. Supervisor: Carol Rolland, Ph.D.

PREVENTION SPECIALIST

Crossroads Program, Community Mental Health Center, DePaul University - Chicago, IL
2007 to 2008

Facilitated school-based psychoeducational violence prevention groups with behavioral-disordered adolescents in the Cabrini Green Public Housing Projects who were at-risk for court involvement; designed curricula; conducted comprehensive needs assessments; recruited group members; conducted home visits; provided case management; advocated for client needs; provided testimony in juvenile court; consulted with schools; collaborated with other community organizations; and participated in weekly individual and group supervision, didactic seminars, and case presentations. Supervisor: Shirley Woods, L.C.S.W.

PROGRAM ASSISTANT

Parent-Child Interaction Therapy, Community Mental Health Center, DePaul University - Chicago, IL
2007 to 2008

Conducted literature reviews, created website, and marketed program at referral sources. Supervisor: Karen Budd, Ph.D.

STATISTICAL CONSULTANT

Urban Networks Associates - Chicago, IL
2007 to 2008

Analyzed and interpreted data; wrote up results for center evaluations.

EVALUATION CONSULTANT

Urban Networks Associates - Chicago, IL
2006 to 2008

Conducted an evaluation of a school-based cognitive-behavioral violence prevention group model for adolescents; revised and administered assessment measures; entered and analyzed data; wrote report; and conducted classroom observations and interviews for an evaluation of literacy programs in urban elementary schools. Supervisor: Marizaida Sánchez-Cesáreo, Ph.D.

RESEARCH ASSISTANT AND DATA MANAGER

Oxford House Project, Center for Community Research, DePaul University - Chicago, IL
2004 to 2008

Entered and analyzed data; used statistical procedures such as factor analysis, Structural Equation Modeling, and Hierarchical Linear Modeling; wrote and edited grants; wrote papers for publication and use in court; and presented at conferences across the U.S. Topic areas: substance abuse recovery homes, social support, mutual-aid/12-step programs, sense of community, and NIMBY (i.e., not in my backyard). Supervisor: Leonard Jason, Ph.D.

INVITED GUEST PRESENTER

DePaul University - Chicago, IL
2007 to 2007

Presented to second year graduate students on the externship application process. Professor: Bernadette Sanchez, Ph.D.

RESEARCH MENTOR

Community Mental Health Center, DePaul University - Chicago, IL
2006 to 2007

Mentored an undergraduate student on an honors thesis project; focused on conducting literature reviews, running data analyses, presenting at conferences, and writing papers for publication. Supervisor: Leonard Jason, Ph.D.

POLICY RESEARCH CONSULTANT

Community Mental Health Center, DePaul University - Chicago, IL
2006 to 2007

Conducted policy research related to holding substance abuse treatment on demand referendums in various U.S. cities. Supervisor: Bradley Olson, Ph.D.

RESEARCH ASSISTANT

Oxford House Project, Center for Community Research, DePaul University - Chicago, IL
2006 to 2007

Analyzed data, wrote papers for publication, and presented at conferences. Topic areas: social desirability, neighborhood environments, substance abuse recovery homes, and mutual-help/12-step programs. Supervisor: Joseph Ferrari, Ph.D.

TEACHING ASSISTANT

Social Psychology, DePaul University - Chicago, IL
2006 to 2007

Graded exams and papers; proctored exams. Professor: Joseph Ferrari, Ph.D.

Community Mental Health Center, DePaul University - Chicago, IL
2005 to 2007

Chicago, IL
Performed outpatient, school, and home-based cognitive-behavioral and systems-oriented therapy with low-income, urban children, adolescents, and families; administered, scored, and wrote complete child and adolescent psychological assessment batteries; presented assessment feedback to families and schools; provided case management; advocated for client needs; consulted with schools; collaborated with other community organizations; and participated in weekly individual and group supervision, didactic seminars, and case presentations. Supervisors: Catherine Pines, Ph.D.; Trina Davis, Ph.D.; Richard Renfro, Ph.D.; and Kathy Grant, Ph.D.

INVITED GUEST PRESENTER

DePaul University - Chicago, IL
2005 to 2006

Presented to first year graduate students on completing the master's thesis. Professor: Susan McMahon, Ph.D.

Chair

Community Mental Health Center, DePaul University - Chicago, IL
2005 to 2005

Chicago, IL
Title: The Impact of Network Social Support on Alcohol Use: Different Relationships and Drinking Habits. Chair: Leonard Jason, Ph.D.

FACILITATOR

DISCUSSION GROUP CO - Chicago, IL
2005 to 2005

Co-taught a summer course on community psychology to research interns and volunteers. Professor: Leonard Jason, Ph.D.

CONSULTATION EXPERIENCE

VIOLENCE PREVENTION GROUP LEADER

St. Vincent DePaul Daycare - Chicago, IL
2004 to 2005

Facilitated a school-based social skills group with preschool children using a manualized, cognitive-behavioral violence prevention curriculum. Supervisor: Katie Norris, M.A.
RESEARCH EXPERIENCE

RESEARCH ASSISTANT
Center for Cognitive Sciences, University of Minnesota - Minneapolis, MN
2003 to 2004

Recruited participants, collected data, and trained new personnel. Topic areas: readability and comprehension. Supervisor: Celia Wolk Gershenson, Ph.D.

RESEARCH ASSISTANT
Department of Psychology, University of Minnesota - Minneapolis, MN
2003 to 2003

Served as a confederate. Topic area: stereotype threat. Supervisor: Marti Hope Gonzales, Ph.D.

TEACHING EXPERIENCE

Education

Ph.D. in Clinical Psychology
DePaul University - Chicago, IL
2009

M.A. in Clinical Psychology
DePaul University - Chicago, IL
2007

B.M. in Music Performance
University of Minnesota - Minneapolis, MN
2004

[redacted]

Forensic Psychologist - Private Practice
West Bend, WI
[redacted]

Authorized to work in the US for any employer

Work Experience

Forensic Psychologist

Private Practice
1994 to Present

Family Court/Custody Evaluations
Competency-Guardianship Evaluations
Social Security Evaluations

Have provided testimony in the following areas:
Domestic Violence
Sexual Abuse
Alienation/Estrangement
Relocation
Mental Health Issues

Chief Psychologist

Washington County Human Services Department
1989 to Present

Provide Evaluations for Juvenile, and Family Court.
Psychological evaluations in areas of Children in Need of Protection and Service matters, Parental Capacity/Fitness, Psycho-sexual Evaluations of Juveniles including risk assessment, Civil Commitment Evaluations, Evaluations in Termination of Parental Rights matters, and Guardianship/ Protective Placement.

In addition to the above also provide supervision to psychology practicum students in conducting forensic evaluations. Provide supervision to Master Level Therapists and other clinical staff. Provide consultation to Mobile Crisis Program, and Community Treatment Program.

Assistant Clinical Professor

Academic Appointment
1992 to 1996

Provided supervision and training for third and fourth year Psychiatric Residents in the area of Forensic Psychology.

Education

Doctor in Psychology
Chicago School of Profession Psychology
February 1989

Master of Arts in Clinical Psychology
Roosevelt University
January 1981

Bachelor of Arts in Psychology
University of Illinois
December 1974

Certifications/Licenses

Psychologist
October 2017

[redacted]

Licensed Clinical Psychologist
Milwaukee, WI
[redacted]

I have worked in a variety of capacities in behavioral health over the past 15+ years, including group homes/ residential facilities, long term care, hospitals, primary care clinics (both urban and rural), a homeless shelter, and community counseling clinics. I am licensed as a psychologist in Illinois, Wisconsin and New York. I have training and experience in primary care behavioral health (aka integrated care) and currently work as an embedded behavioral health provider in an internal medicine clinic. I am interested, also, in workforce development for primary care integration, ethical issues in integrated care, the use of brief interventions for depression and anxiety, women's health, telehealth and other technological innovations for behavioral health treatment, and training/supervision of medical and psychology residents.

Willing to relocate to: Chicago, IL - Milwaukee, WI
Authorized to work in the US for any employer

Work Experience

Psychologist - Behavioral Health Integration

Aurora Health Care - Milwaukee, WI
January 2016 to Present

Embedded behavioral health provider in an internal medicine clinic. Member of the behavioral health integration team, focusing on development of the model within a large health care organization. Work with PCPs, RNs, and other medical staff to provide rapid access to behavioral health services. Participate in warm hand-offs and curbside consultation. Complete PHQ Andy GAD with patients. Complete diagnose and treatment plannning. Provide empirically-based interventions in short-term episodes of care. Utilize EHR for documentation and communication with team.

Licensed Psychologist

Mark D. Parisi, PsyD & Associates - Chicago, IL
Responsibilities
Independent contractor working in local nursing/rehabilitation centers with primarily older adults.

Psychologist

Lake Shore Behavioral Health, Inc - Buffalo, NY
August 2010 to April 2012

Managed a caseload of adult clients at a community mental health clinic, including diagnosis, treatment planning, and provision of psychotherapy. Collaborated with psychiatric staff and local social service agencies. Administered and interpreted psychological tests. Trained clinical staff, developed curriculum for adult psychosocial rehabilitation program (PROS), and provided consultation to staff agency-wide.

Psychology Intern

Cherokee Health Systems - Knoxville, TN

July 2009 to July 2010

APA-accredited clinical/counseling psychology internship in a federally qualified health center / network of clinics in East Tennessee. Trained in integrated primary behavioral care (behavioral health consultant model) with patients across the lifespan. Managed a caseload of adolescent and adult clients in a community mental health clinic. Facilitated a psychosocial group for adult day treatment program. Collaborated with PCPs, nurses, and psychiatrists, providing brief, targeted treatment for both mental health and health behavior issues. Occasional psychological testing/interpretation.

Lecturer

Marquette University - Milwaukee, WI
2006 to 2010

Instructor of record for primarily graduate-level courses, including Lifespan Development, Psychopathology, and Introduction to Counseling. Also taught an undergraduate course in Child/ Adolescent Development. Responsible for syllabus development, lectures, grading, and use of D2L for posting grades/coordinating online-only coursework.

Advanced Practicum Student / Therapist

Medical College of Wisconsin Clinics at Froedtert Hospital - Milwaukee, WI
July 2007 to July 2008

Conducted pre-transplant psychological evaluations for patients ranging in age from 19 - 64, writing reports incorporating assessment data (MCMI-III, MBMD, MBHI, BSI, SA-45, AUDIT). Provided brief and long-term psychotherapy for pre- and post-transplant patients presenting with mood/anxiety disorders, personality disorders, substance abuse, and adjustment disorders. Conducted bedside evaluations and supportive therapy as needed.

Advanced Practicum Student / Therapist

7Cs Community Counseling Clinic - Milwaukee, WI
May 2006 to June 2007

Provided individual and group psychotherapy for homeless adult male clients with substance use and co-occurring disorders. Conducted psychological assessments for clients referred from within the shelter and from the Red Cross (e.g. WAIS-III, WRAT-4, MCMI-III, MMPI-II, Cognistat, WMS-III, Rey Complex Figure Test, Rey Auditory Verbal Learning Test, and Continuous Performance Test). Supervised practicum students.

Employee Assistance Program Counselor - Level II

NEAS, Inc - Waukesha, WI
November 2003 to August 2006

Provided services via telephone to clients nationwide, including brief counseling, crisis management (e.g. following bank robberies, during Hurricane Katrina), work/life assistance, case management of mandatory employer referrals, and coordination of services with in-person EAP providers.

Post-Master's Clinical Trainee / Therapist

The Counseling Center of Milwaukee - Milwaukee, WI
January 2004 to January 2005

Provided brief and long-term psychotherapy for adult clients at a non-profit community mental health center. Responsible for intake, diagnosis, and treatment planning. Worked with clients presenting

with adjustment disorders, relationship issues, family of origin issues, anxiety/mood disorders, and personality disorders.

Practicum Student / Therapist

The Counseling Center of Milwaukee - Milwaukee, WI
August 2002 to May 2003

Provided both long-term and brief therapy for adolescent and adult clients at a community mental health center. Worked with clients presenting with mood disorders, personality disorders, LGBT issues, marital issues, and adjustment disorders. Developed a women's self-esteem group.

Youth Mentor

Pathfinders - Milwaukee, WI
September 2001 to April 2002

Mentored an adolescent client from Pathfinders, an agency that provides services for runaway youth and adolescents with a variety of mental health concerns. Planned weekly social outings and provided support in coordination with client's therapist.

Resident Assistant

Willowglen Academy-North - Sheboygan, WI
August 2000 to November 2000

Supervised eight residents (ages 18-21) at a community-based residential facility and assisted with daily living skills, behavior management, and socialization skills. Participated in monthly staff meetings with social workers to evaluate residents' progress and develop new treatment goals. Occasionally supervised younger group home residents (ages 8-12).

Education

Ph.D. in Counseling Psychology (APA Accredited)

Marquette University - Milwaukee, WI
2010

Master of Arts in Community Counseling

Marquette University - Milwaukee, WI
2003

Bachelor of Arts in Psychology

Marquette University - Milwaukee, WI
2000

Skills

Psychology

Certifications/Licenses

Psychologist

January 2012 to Present

Licensed in New York, Illinois, and Wisconsin

Additional Information

Gap in work history (May 2012 - July 2013) is due to relocation to another state, acquisition of state licensure, and maternity leave.

Psychiatric Social Worker

[redacted]

Social Worker - State of Wisconsin, Milwaukee Secure Detention Facility
Milwaukee, WI
[redacted]

Willing to relocate
Authorized to work in the US for any employer

Work Experience

Social Worker

State of Wisconsin, Milwaukee Secure Detention Facility - Milwaukee, WI
May 2016 to Present

Counsel offender individually or in-groups on specific problems such as improved social skill development, anger
management, coping skills, and effective cognitive intervention techniques,
• Develop a case plan including needs, goals, objectives and methods that will be used to attain goals while in the institution and upon release.
• Discuss with offender his reaction to services/treatment received to aid in evaluating adequacy of service/treatment.
• Write reports on offenders as required by policy or administrative rule (such as program assessments of offenders).

Probation and Parole Agent

State of Wisconsin, Department of Corrections - Milwaukee, WI
June 2005 to May 2016

• Preparing assessments and developing case plans for offenders
• Executing safe and security requirements related to the movement, monitoring, and surveillance of offenders
• Performing community outreach activities and liaison activities
• Supervising the performance and productivity of 100+ offenders' caseload
• Preparing investigations, reports and case records
• Senior Agent Mentor: Delegating responsibility for students with the educational component of direct practice and learning experiences. Evaluating students' competency in a variety of social work education domains. Supervising
and training new agents and interns. Diversity Committee and Agent Interview Panel Committee
4965 N 46thStreet • Milwaukee, WI • 53218
(414)-899-9593 • jssy1977@gmail.com

Financial Specialist

State of Wisconsin, Division of Adult Institution - Milwaukee, WI
December 2000 to June 2005

• Audited, coded, posted, and reconciled inmate money transmittals charges forBusiness Account
• Generated monthly fiscal account activity report for the Institution Business office
• Resolved account classification for monies received for general ledger account

• Typed letters, memos, and narrative reports to Milwaukee County Judges for restitution

Education

Master of Arts in Counseling-Community Emphasis in Counseling-Community
Lakeland College - Milwaukee, WI
August 2015

Master of Science degree in Business Management
Cardinal Stritch University - Milwaukee, WI
January 2011

Bachelor of Science degree in Human Services
Upper Iowa University - Milwaukee, WI
May 2007

PhD in Community Counseling
Capella University - Minneapolis, MN

Skills

Microsoft Office

Certifications/Licenses

Certified Social Worker
February 2017 to February 2019

Department of Safety and Professional Services
Social Worker
Credential No 9636-[redacted]

Substance Abuse Counselor in Training
February 2017 to February 2019

Department of Safety and Professional Services
Substance Abuse Counselor in Training
Credential No 17914-[redacted]

Licensed Professional Counselor (LPC)
February 2017 to February 2021

Department of Safety and Professional Services
Professional Counselor in Training
[redacted]

Additional Information

Effective interpersonal skills, verbal and written communication skills
Quality time management and organizational capabilities
Effective problem solving and decision making abilities
Knowledge of law enforcement techniques

[redacted] MA, LCSW, CSAC, ICS

Milwaukee, WI

[redacted]

I truly enjoy my work as a psychotherapist. I have a naturally intuitive and empathic client centered and holistic style of engaging with clients. I utilize an eclectic variety of skills including Cognitive Behavioral Therapy, Motivational Interviewing and Gestalt techniques to facilitate the psychotherapy process. I have 35 years of clinical experience in mental health and substance abuse counseling field across a wide variety of culturally diverse clients including adults and adolescents age 12 and up. I am also Experienced in providing marriage and couples therapy. I also have significant experience in serving as a Clnical Supervisor and Clinical Director in mental health and addictions Dual Programs. I also enjoy providing clinical supervision and serving as a Clinical Director to ensure Quality of Care for patients as well as a supportive environment for psychotherapists and AODA Counselors.

Authorized to work in the US for any employer

Work Experience

Clinical Supervisor

Acadia Healthcare CTC West Milwaukee - West Milwaukee, WI
May 2018 to Present

Clinical Supervisor: Outpatient Medication Assisted Treatment Program for patient who are addicted to Opiates. Clinical Supervision of counselors, facilitation of patient staffing's and group supervision, patient chart auditing. Direct clinical services to patients.

Outpatient Psychotherapist in Private Practice

Alarus Healthcare LLC - Beaver Dam, WI
June 2017 to Present

Outpatient psychotherapist in private practice as an employee of Alarus Healthcare Beaver Dam. I started this position full-time in June 2017. I became a part-time employee of Alarus Healthcare in January 2018. My duties include psychological and psycho-social assessments, developing a treatment plan, consulting with other professionals, performing case management duties such as referrals to psychiatrists and other medical care professionals, and facilitating individual, couples and family therapy sessions with adults and adolescents age 12 and up.

Clinical Social Worker

State of WI: Department of Corrections, Milwaukee Secure Detention Facility - Milwaukee, WI
January 2017 to Present

I perform psychological evaluations and make treatment and referral recommendations for follow up in the community for persons who are incarcerated at Milwaukee Secure Detention Facility. I also provide individual mental health and dual diagnosis (mental health and AODA) psychotherapy and counseling sessions I also provide clinical consultation to the ATR program Social Workers and other MSDF staff members as requested.

Clinical Social Worker

Milwaukee Secure Detention Facility: State of WI, DOC - Milwaukee, WI
January 2018 to May 2018

Clinical Social Worker for the Alternative to Revocation Program at Milwaukee Secure Detention Facility. I provide mental health assessment and individual counseling. I also provide some AODA assessments.

Caregiver

June 2015 to June 2017

I provided physical and emotional care giving to elderly relatives on a non-paid basis.

Clinical Director

Pacific Coast Detox - Costa Mesa, CA
April 2015 to June 2015

Behavioral Health Care Manager

Beacon Health - Cypress, CA
February 2015 to April 2015

Behavioral Health Care Manager

Health Net Insurance - Huntington Beach, CA
May 2014 to September 2014

Clinical Social Worker and Substance Abuse Counselor

Mendota Mental Health Institute - Madison, WI
September 2011 to February 2014

Psychotherapist and Clinical Substance Abuse Counselor

Achievement Associates Ltd - Mequon, WI
May 2005 to September 2011

Note: I had a brief absence from private practice at Achievement Associates from approximately January 2006 to April 2006, while I worked full-time
as a salaried employee at Waukesha Memorial Hospital. The hospital did
not allow their employees to have private practices.

Behavioral Health Intake Counselor

Aurora Sheboygan Memorial Medical Center
November 2007 to October 2009

Mental Health and AODA Counselor on Inpatient Psychiatric Unit

EAP Counselor /Clinical Operations Manager of EAP Counselor Network

FEI Behavioral Health - Milwaukee, WI
February 2007 to September 2007

SUMMARY OF EXPERIENCE CONTINUED

Intensive Outpatient AODA Coordinator

Wheaton Franciscan Health Care - Racine, WI
September 2006 to February 2007

Mental Health and AODA Outpatient Psychotherapist

Inpatient and Partial Hospital AODA Therapist

Waukesha Memorial Hospital - Waukesha, WI
December 2005 to April 2006

Behavioral Medicine Clinician II

St. Mary's Hospital - Mequon, WI
March 2004 to March 2005

Outpatient Program Services Coordinator
Intensive AODA Outpatient Program Coordinator

Assessment Clinician (AODA and Mental Health)

Children's Service Society of Wisconsin - Milwaukee, WI
February 2003 to March 2004

Clinical Supervisor of psychiatric social workers

St. Charles Youth & Family Services - Milwaukee, WI
December 2000 to December 2002

Outpatient Mental Health and AODA Program Supervisor
Previous Residential Supervisor

Clinical Supervisor for Outpatient Substance Abuse Program

Genesis Behavioral Services - Milwaukee, WI
February 2000 to June 2000

This program's D.O.C. funding ended and the program closed 6/30/00

Residential AODA Program Supervisor

Hazelden Foundation - Chicago, IL
October 1999 to January 2000

Clinical and Program Director

Tellurian Adult Residential Program - Madison, WI
December 1997 to October 1999

Madison, WI
Teresa McGovern Center
For Addictions and Dual Diagnosis Recovery
Clinical and Program Director
SUMMARY OF EXPERIENCE CONTINUED

Counselor/Clinical Supervisor

Hemophilia Council of California - San Diego, CA
November 1992 to November 1997

San Diego Program Manager

Mental Health Counselor

Hemophilia Council of California - San Diego, CA
August 1995 to August 1996

Provided Mental Health and Substance Abuse Counseling to persons with Hemophilia and HIV and their families.

Psychotherapist and AODA Counselor

Family Social Psychology Services - Milwaukee, WI
May 1991 to August 1992

Part-Time Professor
Concordia University - Milwaukee, WI
January 1991 to June 1992

Senior Chemical Dependency/Mental Health Counselor
Northbrooke Hospital - Brown Deer, WI
August 1990 to May 1991

Mental Health and AODA Therapist
Milwaukee Psychiatric Hospital - Wauwatosa, WI
January 1990 to August 1990

Dual Diagnosis Counselor/Program Development
Operation Concern-Operation Recovery - San Francisco, CA
October 1987 to January 1990

Therapist/Substance Abuse Counselor/Program Development/Intern Supervision
Milwaukee Psychiatric Hospital - Wauwatosa, WI
October 1985 to September 1987

AODA Counselor
Waukesha County Council on Alcoholism - Waukesha, WI
July 1985 to October 1985

AODA Counselor
De Paul Rehabilitation Hospital - Milwaukee, WI
December 1983 to July 1985

SUMMARY OF EXPERIENCE CONTINUED

AODA Counselor Intern/Trainee
De Paul Rehabilitation Hospital - Milwaukee, WI
December 1982 to December 1983

SAMPLE ACHIEVEMENTS
A distinguished history in mental health/AODA clinical services with accomplishments including:

CLINICAL DIVERSITY: Presenting a diversity of counseling experience to include:
Therapy Modalities:

Humanistic-Existential Cognitive/Behavioral 12 Step Gestalt Rational Emotive
Reality Therapy Relational and Stress Inoculation Therapies

Populations and Settings:
Alcohol and Drug Abuse Dual Diagnosis Criminal Populations HIV/AIDS Stress
Disorders Health Problems Chronic Mental Illness Chronic Pain Affective Disorders
Psychotic Disorders Personality Disorders Adult Adolescents Couples Families
Inpatient/Hospital Residential Treatment Center Outpatient Clinics Community

Medical Clinics State and County Funded Counseling Programs HMO Clinics Intensive Outpatient AODA Program EAP assessment and Counseling

PROGRAM DEVELOPMENT: Key player in developing and implementing all phases of Operation Concern and Tellurian's Adult Residential Program, successful in dealing with a difficult treatment population. Developed intake procedures AODA Program Services Coordinator at Columbia-St. Mary's Hospital, Ozaukee Campus

VERSATILITY: Developed and implemented successful treatment and counseling programs despite significant budget cuts.

PROBLEM SOLVER: Successfully solved a number of highly complex problems to include: Interagency contracts Standards development and implementation Overall clinical program development Inter agency cooperation and coordination Ensured continuity of patient care for patients with concomitant AODA and Mental Health Problems at Columbia-St. Mary's Hospital-Ozaukee Campus

Education

M.A. in Clinical Psychology in Clinical Psychology
California School of Professional Psychology - San Diego, CA
1994

M.A. in Counseling Psychology in Counseling Psychology
California Institute of Integral Studies - San Francisco, CA
1989

B.A. in Social Sciences and Pastoral Ministry
Concordia University - Mequon, WI
1982

Skills

PSYCHOLOGICAL AND PSYCHO-SOCIAL ASSESSMENT, AODA ASSESSMENT, TREATMENT PLANNING, PSYCHOTHERAPY AND AODA COUNSELING, MARRIAGE AND COUPLES THERAPY, EAP COUNSELING, CLINICAL SUPERVISION

Certifications/Licenses

Licensed Clinical Social Worker
November 1994 to February 2019

WI LCSW LICENSE 2284-123

LMFT
November 1994 to June 2018

CALIFORNIA LMFT LICENSE 32008 (Currently Inactive due to my relocation from CA to WI in January 2017)

Clinical Substance Abuse Counselor (CSAC)

November 1984 to February 2019

WI CSAC LICENSE 11335-132

Independent Clinical Supervisor (ICS)

January 2000 to February 2019

WI INDEPENDENT CLINICAL (AODA) SUPERVISOR LICENSE 11644-135

Additional Information

- Proven ability to balance multiple responsibilities and functions.
- Proven ability to promote clinical excellence in many programs.
- Proven clinical expertise with the dually diagnosed client.

[redacted]

Psychotherapist
West Allis, WI
[redacted]

Seasoned Psychotherapist with more than 25 years of experience providing individual, family, and group treatment services, as well as clinical case management services to individuals and families experiencing life challenges related to mental health and substance abuse issues. Experienced working with school-aged children, adolescents, young adults, adults and families.

CLINICAL SKILLS AND AREAS OF INTEREST:

• Individual & Family Psychotherapy
• Group Psychotherapy
• Family Systems Orientation
• Cognitive Behavioral Therapy
• Relapse Prevention / Recovery
Lifestyle Living
• Stages of Change Orientation
• Juvenile Justice System
Experienced
• Trauma-Informed Care
• Serious / Persistent Mental Health Issues
• ADHD (Youth and Adults)
• Depression & Bipolar Depression
• Anxiety Disorders
• Substance Abuse / Dual Diagnosis
• Trauma / Family Violence (offenders/survivors/family)
• Anger / Aggression Management
• Family Relationship Conflicts
• School Behavior Problems
• Oppositional Defiance / Conduct Disorder

Authorized to work in the US for any employer

Work Experience

Psychotherapist
MCFI / WHOLE HEALTH CLINICAL GROUP - West Allis, WI
November 2016 to January 2017

Salaried Employee: January 2017 to Present).
• Providing individual and family psychotherapy for adults 18-70 years old, within an integrated care, outpatient clinic setting.
• Serving people with mental health, trauma, and/or substance abuse issues; many of whom are faced with serious and persistent mental health issues while living in the community.

• Collaborating with MCFI / NexDay Neuro-Rehabilitation Day Program to provide psychotherapy services for adults with brain injuries and traumatic brain injuries.
• Encouraging involvement of family and support resources in recovery management.
• Maintaining electronic health records and coordination with community resources.

Clinician

NORRIS ADOLESCENT CENTER - Mukwonago, WI
February 1997 to February 2016

Provided individual, group, and family treatment services within residential treatment and in-home settings with court-ordered, adolescent males struggling with co-occurring mental health, substance abuse, and/or delinquency lifestyle recovery needs.
• Completed training to become a trauma-informed care "champion" for the agency.
• ~~~~~~~~~ involvement with monitoring treatment program effectiveness.
• Provided field instruction for graduate students.
• Initially employed to implement outpatient mental health clinic, and then adolescent mental health day treatment program before transitioning to residential treatment services in 2002.

Director

Clinical Services - Milwaukee, WI
January 1996 to January 1997

Provided clinical and administrative management of outpatient mental health clinic.
• Secured and maintained re-certification of outpatient clinic in good standing with the State of Wisconsin.
• Expanded range and quality of services being provided to children, families, adult survivors, and adult offenders of various forms of family violence.
• Provided individual, couples, and family psychotherapy with youth and adults.
• Provided field instruction and supervision to both BSW and MSW level students from the University of Wisconsin-Milwaukee.

Child, Adolescent and Family Psychotherapist

AURORA PSYCHIATRIC HOSPITAL / COMMUNITY COUNSELING CENTER - New Berlin, WI
November 1994 to January 1996

Wauwatosa and New Berlin, Wisconsin (November 1994 to January 1996).
• Provided individual, couples, group, and family treatment services to children, adolescents, and adults in the Child and Family Center and the Attention-Deficit / Hyperactivity Disorder Clinic.
• Developed and implemented specialty treatment groups for adults with ADHD, as well as initiated self-help support groups for these individuals.
• Assisted with the development of comprehensive protocols for evaluating adults and adolescents suspected of having ADHD.
• Conducted community outreach presentations and professional trainings related to ADHD, juvenile fire-setting, parent-teen relationships, and special need children.

Clinical Coordinator

CPC AFTON OAKS / COMMUNITY RESIDENTIAL CENTERS OF SAN ANTONIO - San Antonio, TX
November 1993 to November 1994

Provided individual, family, and group psychotherapy services to youth within a psychiatric-residential treatment center.
• Conducted chemical dependence and psycho-social / mental health assessments.

• Provided therapeutic milieu management.
• Participated in program management team.
• Coordinated multi-disciplinary treatment planning and implementation with adjunct clinical staff.

Services Coordinator / Children Come First Program

RACINE COUNTY HUMAN SERVICES DEPARTMENT - Racine, WI
November 1992 to August 1993

Implemented guidelines for project providing services of severely emotionally-disturbed (SED) and at-risk youth.
• Developed manual of policies, procedures, and assessments.
• Conducted individual, parental, and family system assessments.
• Coordinated and monitored intensive treatment services, as well as provided case specific consultation and problem-solving meeting according to areas of expertise.

Clinical Therapist / Family Assessment and Clinical Treatment Team

WAUKESHA COUNTY HEALTH AND HUMAN SERVICES DEPARTMENT
January 1991 to November 1992

Provided family-based assessment and psychotherapy services to at-risk youth and their families.
• Co-teamed with unit social workers to provided clinical expertise on difficult cases.

Clinical Social Worker / Alcohol and Other Drug Abuse Family Specialist

ST. CHARLES YOUTH AND FAMILY SERVICES
January 1989 to January 1991

Outreach Services and Family Development Center. (January 1989 to January 1991)
• Provided intensive, family-based assessment and psychotherapy services to at-risk youth and affected family members as part of the Intensive Family Development Services and Systemic Family Crisis Intervention and Diagnostic Services teams.
• Primary emphasis of treatment related to sexual abuse trauma and impact of chemical dependence on individuals and families.
• Assisted with clinical supervision.
• Primary writer of application for Outpatient Mental Health Clinic License for the Family Development Center.
• Provided professional training on systemic family-based, sexual abuse, and chemical dependency treatments.
• Provided consultation to in-home, substance abuse program primarily serving urban Latino families.

Education

MASTERS OF SOCIAL WORK in SOCIAL WORK

University of Wisconsin at Milwaukee - Milwaukee, WI
May 1989

BACHELOR OF ARTS in Psychology

St. John's University - Collegeville, MN
May 1986

Case Manager

[redacted]

Mount Pleasant, WI

[redacted]

Work Experience

Forensic Specialist /Case Manager

Wisconsin Community Services - Milwaukee, WI

June 2006 to Present

Coordinate and plan community treatment for individuals found Not Guilty by Reason of Insanity, who has been granted to a conditional release by the court. Works closely with clients are release from mental institutional prison and direct court releases. Engage and develop a supportive one to one therapeutic relationship with each client, monitor ongoing treatment needs and compliance with treatment for individuals on conditional release, by providing assessment, treatment planning, case management, symptom management, medication monitoring, crisis intervention and coordinates community support services.

Care Coordinator

Wrap Around Milwaukee - Milwaukee, WI

May 2008 to February 2011

Maintain a caseload of 8-12 families with a minimum of 14 hours of service contact per month per family to include weekly face-to-face contacts with the youth and family. Identify family members, natural supports, agency representatives and other significant person to uncover the youth's family's strengths and needs, provides assistance with any immediate needs. Monitor the provision and quality of services provided to the family through the Child & Family Team and is the liaison when new services or resources need to be sought or developed. Provide community resources with the assistance of the team. Provide a comprehensive community-based safety plan with innovative strategies to assist the youth in being maintained safely in the least restrictive setting. Completes all the necessary paperwork in a strength-based manner per Wraparound Milwaukee/Agency requirements, (i.e., court letters, change of placement forms, SAR's, Referrals, POC's, Progress Notes, evaluation instruments, consent forms, etc.)

AODA Counselor

Genesis Behavioral Services - Racine, WI

November 2006 to June 2007

Provided outpatient alcohol and drug treatment to clients who battle with addictions. Provided group and individual therapy. Groups and programs for adolescents, DUI and DWI offenders, and criminal justice groups. Coordinate and provide group therapy for clients who displayed anger issues.

Mental Health Technician/ Life Skills Coordinator

Transitional Living Services - Racine, WI

January 2006 to November 2006

Provided direct care to mentally ill and dual diagnosis adults. Assists clients in meeting their

daily living needs, ensures, a standard of cleanliness in the client's living environment and facilitates and recreation and socialization among consumers and within the community. Also provided services coordination to homeless mentally illness clients presently qualified for TLS Homeless Assistance Program. Link services to clients, monitor day to day living arrangements.

Military Experiences:

Administrative Specialist

Mississippi Army National Guard
June 1996 to August 2002

Prepared military and nonmilitary correspondence in draft and final copy. Employs basic principles of English composition and grammar in preparing correspondence. Proofreads typed documents against source documents. Assembles final product for review, authentication, or other disposition. Prepares registered or certified mail for dispatch. Opens, sorts, routes, and delivers incoming correspondence and messages. Prepares suspense control documents and maintain suspense files. Signs receipt for, and picks up registered and certified mail. Dates and dispatches outgoing correspondence and messages. Prepares and maintains functional files. Receives publications, establishes and maintains publications library. Requisitions and stocks blank forms

Education

Master in Psychology

University of Phoenix - Milwaukee, WI
August 2010 to June 2012

Bachelors of Science in Social Work

Missippi Valley State University
August 2001 to May 2005

Attachment J – Sample Community Resource Guide

SAMPLE
COMMUNITY RESOURCE GUIDE
MILWAUKEE, WISCONSIN

September 2018

ALCOHOL & OTHER DRUG ABUSE (AODA) Outpatient Treatment

Amri Counseling
4001 W. Capitol Drive
Milwaukee 53216
(414) 810-6691

Alternatives in Psychological Consultation
10045 W. Lisbon Avenue
Wauwatosa 53222
5757 W. Oklahoma Avenue
West Allis 53219
(414) 358-7146

Benedict Center
135 W. Wells Street, Suite 700
Milwaukee 53203
(414) 347-1774

Bridge Health Clinics
611 W. National Avenue
Milwaukee 53204
600 W. Virginia Street
Milwaukee 53204
(414) 831-4500

Brighter Days
6815 W. Capitol Drive, #305
Milwaukee 53216
(414) 461-9416

Current Initiatives
6815 W. Capitol Drive, # 207
Milwaukee 53216
(414) 616-8805

Empathetic Counseling - Burleigh
5501 W. Burleigh Street
Milwaukee 53210
(414) 828-5617

Fokus Family Services
2821 N. 4th Street, Suite 139
Milwaukee 53212
(414) 264-4217

Gateway To Change
2319 W. Capitol Drive
Milwaukee 53206
(414) 442-2033

Genesis
230 W. Wells Street, Suite 312
Milwaukee 53203
(414) 344-3406

Gro Family Services
6400 W. Capitol Drive
Milwaukee 53216
(414) 445-1400

Innovative Recovery
1314 W. National Avenue
Milwaukee 53204
(414) 383-4432

La Causa
1212 S. 70th Street, Suite 115a
West Allis 53214
(414) 902-1566

LCFS
3800 N. Mayfair Road
Wauwatosa 53222
(414) 536-8348

Meta House
2625 N. Weil Street
Milwaukee 53212
(414) 962-1200

Outreach Community Health Centers
210 W. Capitol Drive
Milwaukee 53206
711 W. Capitol Drive
Milwaukee 53206
(414) 727-6320

Ravenswood Clinic
2266 N. Prospect Ave., Suite 326
Milwaukee 53202
(414) 224-0492

Renew Counseling
1225 W. Mitchell Street #223
Milwaukee 53204
(414) 383-4455

Sebastian Family Psychology
1720 W. Florist Avenue, Suite 125
Glendale 53209
(414) 247-0801

Shorehaven
3900 W. Brown Deer Road, #200
Milwaukee 53209
(414) 540-2170

DOMESTIC VIOLENCE AND SEXUAL ASSAULT

Alma Center
2568 N. Dr. Martin Luther King Jr. Dr.
Milwaukee 53212
(414) 265-0100

Milwaukee Women's Center
728 N. James Lovell St.
Milwaukee 53233
(414) 449-4777
(414) 671-6140 (24-hour crisis line)

Sexual Assault Treatment Center
Aurora Sinai Medical Center 945 N. 12th St.
Milwaukee 53233
(414) 219-5555

Sojourner Family Peace Center
135 W. Wells St., 4th Floor
Milwaukee 53203
(414) 276-1911
(414) 933-2722 (24-hour crisis line)

The Healing Center
611 W. National Ave., 4th Floor
Milwaukee 53204
(414) 671-HEAL (4325)

UMOS Latina Resource Center
802 W. Mitchell St.
Milwaukee 53204
(414) 389-6500
(414) 389-6510 (24-hour Spanish)

HEALTH CARE

Milwaukee Health Services
Isaac Coggs Heritage Health Center
8200 W. Silver Spring Drive
Milwaukee 53218
(414) 760-3900

MLK Heritage Health Center
2555 N. Martin Luther King Drive
Milwaukee 53212
(414) 372-8080

BadgerCare Plus Milwaukee Enrollment Services 1220 W. Vliet St.
Milwaukee 53205
(800) 362-3002 (Member Services)
(800) 291-2002 (HMO Enrollment Specialists)

Sixteenth Street Community Health Center
Cesar E. Chavez Location
1032 S. Cesar E. Chavez Drive
Milwaukee 53204
(414) 672-1353
Parkway Location
2906 S. 20th Street
Milwaukee 53215
(414) 672-1353
(Health, Nutrition and Child Care)
(800) 362-3002

Community Advocates
728 N. James Lovell St.
Milwaukee 53233
(414) 449-4777

Community Healthcare Access Program
Southside Health Center
1639 S. 23rd St.
Milwaukee 53204

Independence*First*
540 S. 1st St.
Milwaukee 53204
(414) 291-7520

TLS Behavioral Health
1040 S. 70th St.
Milwaukee 53214
(414) 476-9675

AIDS Resource Center of Wisconsin
820 N. Plankinton Ave.
Milwaukee 53203
(414) 273-1991

Angel of Hope Clinic
209 W. Orchard St.
Milwaukee 53204
(414) 385-5394

City on a Hill
2224 W. Kilbourn Ave.
Milwaukee 53233
(414) 931-6670

Hillside Family Health Center
1452 N. 7th St.
Milwaukee 53205
(414) 935-8000

Hispanic Medical Center
3527 W. National Ave.
Milwaukee 53215
(414) 384-8930

Keenan Health Center
3200 N. 36th St.
(414) 286-8840

Milwaukee Health Services Isaac Coggs Heritage Health Center
8200 W. Silver Spring Dr.
Milwaukee 53218
(414) 760-3900

MLK Heritage Health Clinic
2555 N. Dr. Martin Luther King Jr. Dr.
Milwaukee 53212
(414) 372-8080

Lisbon Avenue Health Center
3522 W. Lisbon Ave.
Milwaukee 53208
(414) 935-8000

Marquette Clinic for Women and Children
1821 N. 16th St.
Milwaukee 53205
(414) 755-6970

Medical College of Wisconsin Columbia-St. Mary's Saturday Clinic 1121 E. North Ave.
Milwaukee 53212
(414) 588-2865

Northwest Health Center
7630 W. Mill Rd.
Milwaukee 53218
(414) 286-8830

Philippine Center Free Medical Clinic
535 N. 27th St.
Milwaukee 53208
(414) 342-1400

Planned Parenthood of Wisconsin
Multiple locations
(800) 230-PLAN (7526)

Salvation Army
1730 N. 7th Street
Milwaukee 53205
(414) 265-6360

DENTAL CLINICS

Guadalupe Dental Clinic
1112 S. 3rd St.
Milwaukee 53204
(414) 643-8787

St. Elizabeth Ann Seton Clinic
1730 S. 13th St.
Milwaukee 53204
(414) 383-3220

Marquette Dental Clinic
1801 W. Wisconsin Ave.
Milwaukee 53233
(414) 288-6790

Milwaukee Area Technical College (MATC)
700 W. Highland Ave., Room H115
Milwaukee 53233
(414) 297-6573

Milwaukee Health Services Oral Health Clinic
MLK Heritage Health Center
2555 N. Dr. Martin Luther King Jr. Dr.
Milwaukee 53212
(414) 372-8095

HOUSING RESOURCES Homeless Shelters

Joy House
(Part of the Milwaukee Rescue Mission)
830 N. 19th Street
Milwaukee 53233
(414) 344-2211

Milwaukee Rescue Mission
830 N. 19th Street
Milwaukee 53233
(414) 344-2211

Guest House
1216 N. 13th Street
Milwaukee 53205
(414) 345-3240

Cathedral Center
845 N. Van Buren Street
Milwaukee 53202
(414) 831-0394

Hope House of Milwaukee
209 W. Orchard Street
Milwaukee 53204
(414) 645-2122

Community Advocates
728 N. James Lovell St.
Milwaukee 53233
(414) 449-4777

My Home Your Home/Lissy's Place
6200 W. Center St.
Milwaukee 53210
(414) 874-2560

St. Catherine Residence
1032 E. Knapp St.
Milwaukee 53202
(414) 272-8470

MENTAL HEALTH SERVICES

Milwaukee County Behavioral Health Division
9455 Watertown Plank Rd.
Milwaukee 53226
General Number: (414) 257-6995
Access Clinic: (414) 257-7665
Crisis Line: (414) 257-7222
Mobile Crisis Team: (414) 257-7222

Crisis Resource Center (CRC)
2057 S. 14th St.
Milwaukee 53204
(414) 643-8778

Service Access to Independent Living (SAIL) Program
9201 Watertown Plank Rd.
Milwaukee 53226
(414) 257-8095

Wiser Choice Alcohol and Other Drug Abuse (AODA) Program
9201 Watertown Plank Rd.
Milwaukee 53226
(414) 257-8095

IMPACT
611 W. National Ave.
Milwaukee 5320
(414) 649-4380

M&S Clinical Services
2821 N. 4th St., Suite 516
Milwaukee 53212
6550 N. 76th St.
Milwaukee 53223
(414) 760-6060
(414) 263-6000

United Community Center
1111 S. 6th St.
Milwaukee 53204
(414) 643-8530

Wisconsin Community Services, Inc.
3732 W. Wisconsin Ave.
Milwaukee 53208
(414) 343-3583

Achievement Associates
933 N. Mayfair Rd.
Milwaukee 53226
(262) 786-6543

Achievement Associates
933 N. Mayfair Rd.
Milwaukee 53226
(262) 786-6543

Adkins Counseling Services
6001 W. Center St., Suite 208
Milwaukee 53210
(414) 393-1099

AJA Counseling Center
8726 W. Mill Rd.
Milwaukee 53225
(414) 353-9250

AMRI Counseling Services
1915 N. MLK Jr. Dr.
Milwaukee 53213
(414) 810-6691

Aro Behavioral Healthcare
8200 W. Brown Deer Rd.
Brown Deer 53223
(414) 362-8147

Aurora Behavioral Health Services
Multiple locations
(414) 773-4312 (central intake)

Aurora Family Service
3200 W. Highland Blvd.
Milwaukee 53208
(414) 345-4941

Aurora Psychiatric Hospital
1220 Dewey Ave.
Milwaukee 53213
(414) 454-6777

Aurora St. Luke's South Shore Hospital
5900 S. Lake Dr.
Cudahy 53110
(414) 489-4173

Attachment K – Sample Performance Measures and Targets

CONFIDENTIAL/TRADE SECRET

Attachment L – Sample CQI Studies

CONFIDENTIAL/TRADE SECRET

Attachment M – Sample CQI Training

CONFIDENTIAL/TRADE SECRET

Attachment N – Sample Accreditation Materials

CONFIDENTIAL/TRADE SECRET

Attachment O – Litigation and Claims History

CONFIDENTIAL/TRADE SECRET

Attachment P – Sample Employee Handbook

CONFIDENTIAL/TRADE SECRET

Attachment Q – Sample Orientation and Training Programs

CONFIDENTIAL/TRADE SECRET

December 5, 2018

Erin M. Schaffer
Procurement Manager – Contracts
Milwaukee County Department of Administrative Services
633 W. Wisconsin Ave., Suite 901, Rm 945,
Milwaukee, WI 53203
O: (414) 278-4129
Erin.Schaffer@milwaukeecountywi.gov

Dear Ms. Schaffer,

This letter is in response to your email sent on December 4, 2018 inquiring as whether Correct Care Solutions, LLC ("CCS") and Correctional Medical Group Companies, Inc. have combined to form a new entity called Wellpath. In short, there has not been a corporate merger of the two entities to form one entity, rather both will continue to function as separate entities. Perhaps we may clarify by explaining that CCS has begun to use the WellPath brand in an effort to better illustrate the services and operational efficiencies we offer to our patients, and to this end, is also in the process of changing its entity name to Wellpath, LLC. We are committed to providing quality care to our patients with compassion, collaboration, and innovation. A statement further clarifying the nature of the legal relationship between the CCS and CMGC follows.

As you are aware, CCS submitted its Proposal (the "Proposal") in response to the RFP on or around September 24, 2018. On October 1, 2018, following both the submission of the CCS's Proposal and the RFP Proposal Due Date, a corporate transaction (the "Transaction") was consummated which resulted in a change in ownership of CMGC's ultimate parent entity being, CCS-CMGC Holding, Inc. which also owns parent company of CCS, Correct Care Solutions Group Holdings, LLC. CMGC and CCS remain distinct legal entities and are affiliated only through ultimate joint common ownership. If any change to the CCS organizational structure provided in its proposal had to be made it would merely be the addition of CCS-CMGC Holding, Inc. directly above Correct Care Solutions Group Holdings, LLC.

Consistent with the terms of the Proposal, CCS and CMGC have undertaken no joint venture or teaming relationship with regard to this Proposal, and CMGC has no ownership interest in CCS. Furthermore, CCS and CMGC have their own separate insurance policies and each shall continue to service their client agreements as was done prior to the Transaction.

CCS independently formulated and compiled all aspects of the Proposal prior to closing of the Transaction. CCS affirms its commitment to the terms of its Proposal and does not seek to alter, withdraw, or amend its Proposal in any way. CCS guarantees it is capable of and intends to perform all services outlined in CCS's proposal and that the Transaction does not affect CCS' ability to do so.

In regards to your second question, CCS answered all questions in the RFP based upon its history only. Because both companies are separate entities and have their own separate insurance policies we take the position that no changes are necessary to our responses provided to any of the questions in Section 21.11 of the RFP.

Should you have any questions regarding the foregoing, please do not hesitate to contact me at jtraczewski@wellpath.us or (502)-389-5801.

Best regards,

Jeff Traczewski
Senior Vice President, Partnership Development

December 17, 2018

Erin M. Schaffer
Procurement Manager – Contracts
Milwaukee County Department of Administrative Services
633 W. Wisconsin Ave., Suite 901, Rm 945,
Milwaukee, WI 53203
414-278-4129
Erin.Schaffer@milwaukeecountywi.gov

Dear Ms. Schaffer,

Thank you for the opportunity to provide clarification on the current status of our business profile. In response to your correspondence sent on December 10, 2018, I will address each question in the order inquired upon below:

(1) *A complete, detailed description of how Correct Care Solutions, LLC, a Kansas limited liability company ("CCS") became (or will become) Wellpath, LLC, a Delaware limited liability company ("Wellpath").*

Response: CCS first changed its state of domestication from Delaware to Kansas by filing form DMO 53-47 titled "Certificate of Domestication to Foreign State or Country" with the Kansas Secretary of State. Simultaneously, CCS converted from a foreign LLC in Delaware to a domestic Delaware LLC and changed its name to Wellpath, LLC by filing the Delaware "Certificate of Conversion from a Non-Delaware Limited Liability Company to a Delaware Limited Liability Company Pursuant to Section 18-214 of the Limited Liability Act" and the "Limited Liability Certificate of Formation." Copies of each filing are provided as Exhibit 1.

(2) *A description of the relationship, if any, between the current Delaware corporation, Wellpath, Inc., and the proposed successor entity, Wellpath, LLC. If Wellpath, Inc. is somehow acquiring the membership interests in CCS, we need to know how that merger will be achieved (e.g. purchase of membership interests? Assets?).*

Response: There has been at no time, including the present, any relationship, direct, indirect, or otherwise, between Wellpath, LLC and Wellpath, Inc.

(3) *Articles of Organization and/or incorporation, bylaws, and resolutions appointing officers/directors for each of CCS, Wellpath, LLC and Wellpath, Inc.*

Response: As stated above, Wellpath, Inc. has no relationship with Wellpath, LLC. Delaware requires LLCs to form through a Certificate of Formation, rather than Articles of Organization; therefore, CCS has no Articles, but rather a copy of its Certificate of Formation, which is provided as Exhibit 1. Note, the Certificate of Formation for Wellpath, LLC is the same as Correct Care Solutions, LLC's, as they are the same company.

CCS has no directors, as it elected to be member-managed, per Section 8 titled "Management" of its Limited Liability Company Agreement, provided in Exhibit 2 (note, CCS has a Limited Liability Company Agreement rather than Bylaws). The officers elected by resolution can be found in the document titled "Joint Written Consent of the Sole Stockholder and Board of Directors of CCS-CMGC Holdings, Inc.," a copy of which is also provided in Exhibit 2. All information and documents provided in Exhibit 2 are confidential.

(4) *A chart showing the corporate entity structure of CCS/Wellpath, LLC/Wellpath, Inc. showing direct and indirect ownership, up and down the chain, including the ultimate parent corporation and ownership percentages.*

Response: Please see the corporate entity chart provided as Exhibit 3, which details the direct and indirect ownership interest, including the ultimate parent corporation. This chart is confidential.

(5) *Audited financials of CCS/Wellpath showing assets, liabilities, capitalization, etc., of the entity that will be party to the medical services contract.*

Response: The name change from Correct Care Solutions, LLC to Wellpath, LLC in no way impacted our audited financial statements. A copy of our most recent audited financial statements, which are consolidated and confidential, is provided as Exhibit 4.

We invite any further questions regarding additional clarification of the foregoing information, or any other information necessary to assist in your decision process.

Please do not hesitate to contact me at jtraczewski@wellpath.us or 502-389-5801.

Best regards,

Jeff Traczewski
Senior Vice President, Partnership Development

CONFIDENTIAL EXHIBITS

NOT INCLUDED AS PART OF THIS DOCUMENT

December 21, 2018

David N. Farwell
Assistant Corporation Counsel
Milwaukee County Office of Corporation Counsel
901 N 9th Street, Suite 303
Milwaukee, WI 53233
David.Farwell@milwaukeecountywi.gov

Dear Mr. Farwell:

Thank you for the opportunity to provide further clarification on the current status of our business profile. Please allow this letter to serve as our response to your correspondence sent via two emails on December 20, 2018 providing three clarifying questions, which I will address in the order inquired upon:

1) *"Have them resend the organization chart with the new name of Wellpath, LLC in place of the names that are currently on the chart, so we can see where the name change makes an impact."*

   Response: Please see the updated organizational chart enclosed herein reflecting the change in entity names. The name change does not create any impact to any of the companies that have changed their company names. As illustrated in our correspondence dated December 14, 2018, an entity can change its name by filing a name conversion document with the secretary of state.

   Also, we would like to confirm your understanding that: (1) the transaction which resulted in CMGC sharing the same ultimate parent company as CCS took place on October 1, 2018; and (2) following that transaction, on November 27, 2018, CCS decided to change its state of domestication from Kansas to Delaware and to change its name from Correct Care Solutions, LLC to Wellpath LLC as supported by the Kansas and Delaware secretary of state filings submitted with our prior correspondence. However, please be advised that CCS has never been a corporation and was filed as a limited liability company in Kansas; hence it was never "incorporated" in Kanas but "organized" as a limited liability company by filing "Articles of Organization" in contrast to the "Articles of Incorporation" required to file as a corporation.

2) *Who will the contract be with?*

   Response: The contract will be with Wellpath LLC, formerly known as Correct Care Solutions, LLC.

3) *Does the parent company stand behind the financial of the Correct Care Solutions Group Holdings LLC, or what should lower any concern we have regarding the large deficit in fund balance?*

   Did the buyout/merger noted in the Bloomberg article (https://www.bloomberg.com/news/articles/2018-09-21/bad-press-and-lawsuits-no-obstacle-to-a-610-million-prison-loan) materially affect CCS/Wellpath's balance sheet and/or financial condition? If so, how? If not, why not? Please provide a brief narrative so we can present it to our stakeholders.

Response: On October 1, 2018, Correct Care Solutions Group Holdings, LLC, parent company of CCS, was purchased by an investment fund managed by H.I.G. Capital, LLC ("HIG"). Simultaneously, HIG acquired another leading provider of correctional healthcare, Correctional Medical Group Companies, Inc. ("CMGC"). CCS and CMGC were combined under common ownership of CCS-CMGC Holdings, Inc. (the "Company"). Following this combination, the Company expects to generate approximately $1.5 billion in annualized revenue and increased operating cash flows. The Company will have access to a $65 million revolving credit facility to provide for ongoing liquidity needs.

CCS has achieved consistent revenue growth since its founding in 2003, with a compound annual growth rate of 36% over the past five years, making CCS one of the fastest growing correctional health care companies in the nation. To support this growth, we continually invest in our infrastructure in order to meet or exceed our clients' expectations. This rapid growth, combined with proven business practices, makes the Company one of the most financially stable companies in the industry. Our financial strength and leading industry position allow us to provide uninterrupted, consistent, and financially responsible programs for our clients. When the Company commits to a project, we can guarantee that we have the financial ability and the resources to fulfill our contractual obligations.

The Company is owned by a private equity fund and has utilized debt to significantly expand its size and scope, including the expansion as part of HIG's acquisition. As is typical for such companies, our net loss is not a reflection of the financial health of our operations, but reflects the application of U.S. GAAP accounting adjustments related to historical reorganizations occurring during our growth phase. Certain non-cash entries related to our intangible assets, including goodwill, negatively affect our overall GAAP financial results. Further, our interest expense reflects the use of debt to fund our growth in recent years. Despite these factors, CCS generated $8.5 million in cash flows from operations in 2016 and $27.5 million in 2017. With the combination of CCS and CMGC, the Company's cash flows from operations are expected to continue to dramatically expand.

Lastly, please be advised that the above referenced entities have also recently undergone name changes filed on November 27, 2018 as follows:

- Correct Care Solutions, LLC = Wellpath LLC
- Correct Care Solutions Group Holdings, LLC = Wellpath Group Holdings, LLC
- Correctional Medical Group Companies, Inc. ("CMGC") = Wellpath Management, Inc.
- CCS-CMGC Holdings, Inc. (the "Company") = Wellpath Holdings, Inc.
    - All of the above name changes can be verified in the updated attached organizational chart (Exhibit 1). Also attached for reference is the organizational chart provided in our last correspondence (Exhibit 2).

We invite any further questions regarding additional clarification of the foregoing information, or any other information necessary to assist you in this process. Please do not hesitate to contact me at jtraczewski@wellpath.us or 502-389-5801.

Best regards,

Jeff Traczewski
Senior Vice President, Partnership Development

CONFIDENTIAL EXHIBITS

NOT INCLUDED AS PART OF THIS DOCUMENT