

**AGREEMENT
ON-SITE CORRECTIONAL HEALTH CARE SERVICES
CMTS #17613**

THIS AGREEMENT (“Agreement”) is made and entered by and between the City of Henderson, Nevada, a municipal corporation and political subdivision of the State of Nevada (“CITY”), and Corizon Health Inc. (“PROVIDER”) for on-site correctional health care services (“Services”) as described in Scope of Services, attached as Exhibit A.

RECITALS

WHEREAS, the CITY requires on-site correctional health care services; and

WHEREAS, the CITY issued Request for Proposals 106-15 “On-Site Correctional Health Care Services”; and

WHEREAS, the PROVIDER represents that it is experienced and knowledgeable in performing the Services;

NOW, THEREFORE, in consideration of the promises and the terms contained herein, the parties agree as follows:

SECTION 1. SCOPE OF SERVICE

Services to be performed by the PROVIDER under this Agreement shall consist of the work described in Exhibit A.

SECTION 2. COMPENSATION AND MANNER OF PAYMENT

For the Services described in Exhibit A (“Scope of Services”), the CITY agrees to pay the PROVIDER based on the fees/rates outlined in the Fee Schedule attached as Exhibit B, of this Agreement:

Initial Contract Term: July 1, 2015 - June 30, 2018	Annual Cost	Additional cost per day/per inmate above 540 inmates if Average Daily Population (ADP) is more than 540 inmates
Year 1	\$2,154,567.00	\$1.23
Year 2	\$2,208,221.00	\$1.26
Year 3	\$2,263,464.00	\$1.29

Rates for option years shall be priced using the U.S. Department of Labor’s Consumer Price Index (CPI) for Medical Care Services, West Urban area.

It is expressly understood that the entire Scope of Services must be completed by the PROVIDER and it shall be the PROVIDER's responsibility to ensure that hours and tasks are properly budgeted so that all Services are completed for the total not-to-exceed Agreement amount.

The PROVIDER, as a prerequisite to the obligation on the part of the CITY for payment of fees provided herein, shall submit monthly invoices describing the Services performed during the preceding month. PROVIDER will invoice the CITY by the first (1st) day of the month in which services are to be provided. Invoices shall list all direct and non-direct costs, shall identify names and titles of individuals, and hours worked. The CITY shall pay PROVIDER by the first (1st) day of the month following the month in which services are rendered.

If the CITY fails to make any payment to PROVIDER hereunder within thirty (30) days following PROVIDER's notice to the CITY of non-payment, PROVIDER, among any other rights and remedies pursuant to this Agreement or otherwise available at law or in equity, shall have the right to terminate this Agreement immediately. Failure to terminate this Agreement shall not waive any breach of this Agreement. A waiver of any breach of this Agreement shall not constitute a waiver of any future breaches of this Agreement, whether of a similar or dissimilar nature.

SECTION 3. TIME OF PERFORMANCE

The term of this Agreement shall be July 1, 2015, through June 30, 2018.

The CITY may unilaterally extend this Agreement for two (2) one-year option terms, upon thirty (30) days' written notice to the PROVIDER.

The CITY reserves the right to extend this Agreement for an additional ninety (90) calendar days from its expiration for any reason.

Unless specifically stated to the contrary, all references to days herein shall be deemed to refer to calendar days. In the event that the final date for payment of any amount or performance of any act hereunder falls on a Saturday, Sunday or legal holiday for State of Nevada or CITY governmental offices, such payment may be made or act performed on the next succeeding business day. For purposes of this Agreement, a "business day" is a day that is not a Saturday, Sunday or legal holiday.

The CITY and the PROVIDER recognize the Scope of Services can be altered by unforeseen events which may occur. Therefore, an amendment to this Agreement may be prepared, negotiated, and executed if there has been or is to be a significant change, including but not limited to:

- a. Scope, complexity, or character of the Services to be performed.

- b. Conditions under which the work is required to be performed; such as a change in standards or a change in available base data which would require additional work.
- c. Duration of work if the time period for completion of the Services warrants such adjustment.

Any alteration required by the CITY which results in changes in the Scope of Services will also be specified in an amendment to this Agreement which will set forth the nature, scope, and payment therefore.

SECTION 4. DEFAULT

The occurrence of any of the following events shall be a default by the PROVIDER (“Events of Default”):

- a. If the PROVIDER shall default in the due observance and performance of any term, condition, or covenant contained herein.
- b. If the PROVIDER shall voluntarily terminate operations or consent to the appointment of a receiver, trustee, or liquidator of the PROVIDER for all or a substantial portion of its assets.
- c. If any warrant, execution, or other writ shall be issued or levied upon any property or assets of the PROVIDER that could affect performance of this Agreement and shall continue un-vacated and in effect for a period of thirty (30) calendar days; or
- d. If the PROVIDER should, in the reasonable judgment of the CITY, neglect to execute the work hereunder properly and with proper dispatch in accordance with the time schedule which may have been agreed upon between the parties hereto.

If an Event of Default continues for fifteen (15) days after written notice of such default to the PROVIDER, the CITY may, without prejudice to any other remedy it may have at law or in equity, terminate this Agreement and (i) terminate all of the obligations imposed hereunder, including the obligation of any further payment for the Services of the PROVIDER, except for payment of the reasonable value for all Services performed to the date of termination, or (ii) suspend all payments otherwise due to the PROVIDER hereunder, and finish the work by such means as is reasonable. If the CITY terminates this Agreement and finishes the work pursuant to subsection (ii) above and the total cost of completing the work, including all payments made to the PROVIDER, is less than the total amount budgeted for this Project, then the CITY shall pay to the PROVIDER, within thirty (30) days after the completion of the work, the lesser of (1) the amount of any payment that would otherwise (i.e., in the absence of the default) be due to PROVIDER for any Services performed by the PROVIDER prior to termination and (2) the amount by which the total amount budgeted exceeds the total cost of completing the work. If the CITY terminates this Agreement and finishes the work pursuant to subsection (ii) above and the total cost of completing the work, including all payments made to

the PROVIDER, is greater than the total amount budgeted for this Project, then PROVIDER shall pay the amount by which the total cost of completing the work exceeds the total amount budgeted to the CITY within thirty (30) days after invoicing by the CITY.

SECTION 5. STANDARD OF CARE

The PROVIDER shall, without additional compensation, correct or revise any deficiencies, errors, or omissions caused by the PROVIDER in its analysis, reports, and services. It is also understood and agreed by both parties that if any error is found, the PROVIDER will expeditiously make the necessary correction, at no expense to the CITY, except when the CITY is the direct cause of such error.

SECTION 6. OWNERSHIP OF DOCUMENTS

All materials, drawings, specifications, reports or other documents given, prepared, or assembled by the PROVIDER, which are related to the performance of this Agreement, are deemed to be the property of the CITY. In the event of completion or termination of this Agreement, the CITY reserves the right to require delivery of any and all materials, reports or other like documents not in its possession. However, the PROVIDER may keep copies of these documents for its files. The PROVIDER shall not be liable for the subsequent reuse of same computer disks, reports, and documents for any other project or purpose for which they were not originally intended.

The Ownership of Documents provision shall not apply to any PROVIDER forms and other tangible work product or materials prepared and developed by PROVIDER as part of its general business operations and not specifically for the subject matter of this Agreement.

SECTION 7. INSURANCE

The PROVIDER, upon request, shall furnish the CITY within ten (10) business days with a Certificate of Insurance signed by an authorized representative, as well as any endorsements affecting the coverage required by this clause. All deductibles and self-insured retentions(s) shall be fully disclosed in the Certificates of Insurance.

All insurance coverage required herein must be written by a company with a current A.M. Best's rating of not less than A:VII.

Any failure to comply with reporting or other provisions of the policies including breaches of warranties shall not affect coverage provided to the CITY.

The PROVIDER shall include all subconsultants as insured under its policies or shall furnish separate certificates or endorsements for each subconsultant. All coverage for subconsultants shall be subject to all above requirements.

The PROVIDER and each subconsultant, at its own cost, shall maintain in full force and effect throughout the term of this Agreement the following insurance policies:

- a. General Liability: \$1,000,000 per occurrence for bodily injury and \$2,000,000 in the aggregate and \$1,000,000 per occurrence for property damage and \$2,000,000 in the aggregate.
- b. Automotive Liability (owned or non-owned automobiles): \$1,000,000 combined single limit for bodily injury and property damage for each occurrence.
- c. Professional Liability Insurance (Errors and Omissions/Medical Malpractice): \$1,000,000 per occurrence and \$3,000,000 in the aggregate. This is to cover damages caused by error, omission, or negligent acts related to the professional services to be provided under this contract. If written on a claims-made basis, CONTRACTOR agrees to provide coverage for a "tail" period for a minimum of three (3) years by renewing its professional liability policy on an annual basis throughout the terms of its contract with the CITY, and for a period thereafter to include all applicable statute of limitations, post contract termination. Therefore, all professional liability claims arising from the CONTRACTOR'S services will continue to be covered, even if claims are made after the CITY has ended its contract with CONTRACTOR.
- d. Workers' Compensation: In a form acceptable to the Insurance Commissioner, State of Nevada, statutory limits and Employer's Liability of \$1,000,000 per occurrence, per accident for bodily injury or disease.

The general and automotive liability policies are to contain, or be endorsed to contain, the following:

- a. The CITY, its officers, employees, agents, and volunteers are to be covered as respects: liability arising out of activities performed by or on behalf of the PROVIDER; products and completed operations of the PROVIDER, premises occupied or used by the PROVIDER (its officers, employees, agents, subconsultants). The coverage shall contain no special limitations on the scope of protection afforded to the CITY.
- b. For any claims related to this Agreement, the PROVIDER's coverage shall be primary as respects the CITY, its officers, employees and agents.
- c. The PROVIDER's insurance shall apply separately to each insured against whom a claim is made or suit is brought, except with respect to the limits of the insurer's liability.
- d. Should any of the described policies be canceled before the expiration date thereof, notice will be delivered in accordance with the policy provisions (pursuant to ISO ACORD Form 25, current revision), and in such event PROVIDER shall promptly provide written notice to the CITY. In the event that any of the insurance coverage required hereunder is canceled and not replaced, reduced or restricted, the CITY reserves the right to terminate this Agreement.

SECTION 8. INDEMNITY

The PROVIDER shall indemnify, defend and hold harmless the CITY, its officers, officials, employees and agents from and against any liability, loss, damage, expense and cost (including without limitation costs and fees of litigation) of every nature to the extent arising out of or in connection with work negligently performed hereunder or its failure to comply with any of its obligations contained in the Agreement, except such loss or damage which was caused by the gross negligence or willful misconduct of the CITY.

PROVIDER's obligation to indemnify the CITY as set forth herein shall not apply to any claims, actions, lawsuits, damages, judgments, and/or liabilities of any kind whatsoever to the extent that said claims, actions, lawsuits, damages, judgments, and/or liabilities of any kind result from the sole or partial (liability shall be apportioned) negligence by the CITY and/or any of its agents, officers, commissioners, servants, assigns, and/or employees.

The CITY agrees to provide PROVIDER with notice of claims to which indemnity is being requested within thirty days of the CITY's receipt of notice of the claim. Notice shall be provided to PROVIDER's Risk Management Department, as follows:

Risk Management Department
103 Powell Court
Brentwood, TN 37027

PROVIDER's indemnification and defense obligations hereunder will not apply for expenses incurred or settlements offered or effected, prior to notice to PROVIDER. PROVIDER shall have the right to control the defense and/or settlement of the claim.

SECTION 9. ASSIGNMENT

The CITY and the PROVIDER each bind itself and its partners, successors, administrators, and assigns to the other party of this Agreement and to the partners, successors, executors, administrators, and assigns of such other party in respect to all covenants of this Agreement, except neither the CITY nor the PROVIDER shall assign, sublet or transfer its interest in this Agreement without written consent of the other. Nothing contained herein shall be construed as creating any personal liability on the part of any officer or agent of any public body, which may be a party hereto.

SECTION 10. WAIVER

No consent or waiver, express or implied, by either party to this Agreement or any breach or default by the other in the performance of any obligations hereunder shall be deemed or construed to be a consent or waiver to or of any other breach or default by such party hereunder.

Failure on the part of any party hereto to complain of any act or failure to act of the other party or to declare that other party in default hereunder, irrespective of how long such failure

continues, shall not constitute a waiver of the rights of such party hereunder. Inspection by, payment by, or tentative approval or acceptance by the CITY or the failure of the CITY to perform any inspection hereunder shall not constitute a final acceptance of the work or any part thereof and shall not release the PROVIDER of any of its obligations hereunder.

SECTION 11. DESIGNATION OF REPRESENTATIVES

Pamela Lauer, Superintendent of Corrections, or her authorized representative, is hereby designated as the CITY representative with respect to the work to be performed for the CITY under this Agreement. Said representative shall have complete authority to issue task orders, transmit instructions, receive information, interpret and define CITY policies and decisions with respect to the Services of the PROVIDER.

The PROVIDER hereby designates Scott Bowers, President and COO, as its representative and coordinator having responsible charge of all work performed under this Agreement. Said representative or coordinator shall have complete authority to act on behalf of the PROVIDER.

SECTION 12. PROVIDER REPRESENTATIONS

The PROVIDER represents that it is financially solvent, able to pay its debts as they mature, and possessed of sufficient working capital to complete this Agreement; and that it is able to furnish the plant, tools, materials, supplies, equipment and labor, and is experienced in and competent to perform the work contemplated by this Agreement, and that it is qualified to do the work herein and is authorized to do business in the State of Nevada.

The PROVIDER further represents that the PROVIDER holds a license, permit or other special license to perform the Services included in this Agreement, as required by law, or employs or works under the general supervision of the holder of such license, permits or special license.

SECTION 13. PROVIDER'S EMPLOYEES

The PROVIDER shall be responsible for maintaining satisfactory standards of employee competency, conduct and integrity, and shall be responsible for taking such disciplinary action with respect to its employees as may be necessary. In the event the PROVIDER fails to remove any employee from the contract work whom the CITY deems incompetent, careless, or insubordinate, or whose continued employment on the work is deemed by the CITY to be contrary to the public interest, the CITY reserves the right to require such removal as a condition for the continuation of this Agreement.

The PROVIDER's shall assign key personnel for this Agreement. The key personnel shall remain assigned to the Project by the PROVIDER throughout the duration of this Agreement. The PROVIDER shall not reassign any of the key personnel without the written authorization of the CITY. Additionally, in the event of termination or resignation of key personnel assigned to the Project, the PROVIDER shall replace key personnel in a timely manner and in consultation with the CITY.

SECTION 14. INDEPENDENT CONTRACTOR

It is hereby expressly agreed and understood that in the performance of the Services provided herein, the PROVIDER and any other person employed by it shall be deemed to be an independent contractor and not an agent or employee of the CITY.

SECTION 15. APPLICABLE LAW

This Agreement shall be construed and interpreted in accordance with the laws of the State of Nevada.

SECTION 16. COMPLIANCE WITH LAWS

The PROVIDER shall, in the performance of its obligations hereunder, comply with all applicable laws, rules and regulations of all governmental authorities having jurisdiction over the performance of this Agreement, including but not limited to the Federal Occupational Health and Safety Act, Title VII of the Federal Civil Rights Act of 1964 et seq., including the Equal Employment Opportunity Act of 1972; 42 U.S.C. § 1981, the Age Discrimination in Employment Act of 1967, as amended (“ADEA”), the Americans with Disabilities Act, and Nevada’s Employment Practices Statutes (NRS 613.330 et seq.), as applicable.

SECTION 17. SEVERABILITY

In the event that any provision of this Agreement shall be held to be invalid or unenforceable, the remaining provisions of this Agreement shall remain valid and binding on the parties hereto.

SECTION 18. PROHIBITION AGAINST CONTINGENT FEES

The PROVIDER warrants that no person or entity has been employed or retained to solicit or secure this Agreement upon an agreement or understanding for a commission, percentage, brokerage or contingent fee. For breach or violation of this warranty, the CITY shall have the right to annul this Agreement without liability or, in its discretion, to deduct from the Agreement price or consideration, or otherwise recover, the full amount of such commission, percentage brokerage or contingent fee.

SECTION 19. PUBLICITY

The CITY shall approve, in advance, all publicity concerning the Services of the PROVIDER with respect to the performance of the Agreement.

SECTION 20. CONFIDENTIALITY

The PROVIDER shall treat all information relating to the Services provided and all information supplied to the PROVIDER by the CITY as confidential and proprietary information of the CITY, and shall not permit its release to other parties or use for any public announcement or

publicity releases without the CITY's advance written authorization. The PROVIDER shall also require subconsultants and vendors to comply with this requirement and shall include this confidentiality provision in its agreements with all subconsultants and vendors related to the Services.

SECTION 21. SUBCONSULTING AGREEMENTS

The PROVIDER agrees to include in all professional subconsulting agreements, in connection with performance of the terms and obligations imposed under this Agreement, the following:

- a. A provision that the PROVIDER agrees to pay the subconsultant when paid for that portion of the work by the CITY, that no liability arises on the part of the PROVIDER to the subconsultant for payment of the subcontracted work until payment has been made by the CITY, and that if the CITY has paid the PROVIDER for said subcontracted work, then the subconsultant's only recourse is against the PROVIDER and not against the CITY, either through the institution of legal or equitable action or the attachment of any lien.
- b. A provision that the subconsultants have no more rights against the CITY than that of the PROVIDER.
- c. A provision that the subconsultant agrees to be bound by all the terms, conditions and obligations of this Agreement.

Further, Services specified by this Agreement shall not be subcontracted by PROVIDER without prior written approval of the CITY. Approval by the CITY of PROVIDER's request to subcontract, or acceptance of or payment for subcontracted work by the CITY shall not in any way relieve the PROVIDER of responsibility for the professional and technical accuracy and adequacy of the work. The PROVIDER shall be, and remain, liable for all damages to the CITY caused by negligent performance or non-performance of Services under this Agreement by the PROVIDER's subconsultant or its sub-subconsultant. The compensation due under Section 2 of this Agreement shall not be affected by the CITY's approval of the PROVIDER's request to subcontract.

SECTION 22. ARBITRATION

All claims, disputes, and other matters in question between the parties to this Agreement, arising out of or relating to this Agreement or the breach thereof will be decided by arbitration. Arbitration will be used in accordance with the rules of the American Arbitration Association unless the parties mutually agree otherwise. No arbitration, arising out of or relating to this Agreement, shall include, by consolidation, joinder or in any other manner, any additional person not a party to this Agreement except by written consent containing a specific reference to this Agreement and signed by the CITY and the PROVIDER, and any other person sought to be joined. Any consent to arbitration involving any additional person or persons shall not constitute consent to arbitration of any dispute not described therein or with any person not named or

described therein. This agreement to arbitrate and any agreement to arbitrate with any additional person or persons duly consented to by the parties of this Agreement shall be specifically enforceable under the prevailing arbitration law.

Notice of the demand for arbitration shall be filed in writing with the other party to this Agreement and with the American Arbitration Association. The demand shall be made within a reasonable time after the claim, dispute, or other matter in question has arisen. In no event shall the demand for arbitration be made after the date when institution of legal or equitable proceedings based on such claim, dispute, or other matter in question would be barred by the applicable statute of limitations.

In the event that either party demands arbitration, it is agreed by the parties hereto that all means of discovery, including, but not limited to depositions and interrogations will be afforded to the parties in the arbitration, with the appointed arbitrator having all authority to impose sanctions against either party for failing to comply with the rules of discovery provided under the Nevada Rules of Civil Procedure. The award rendered by the arbitrators shall be final, and judgment may be entered upon it in accordance with applicable law in any court having jurisdiction thereof. Arbitration shall be conducted in Henderson, Nevada.

All costs to initiate the arbitration are to borne by the filing party. Final costs are to be borne by the unsuccessful party, unless the arbitral tribunal apportions such costs among the parties if it determines that the apportionment is reasonable, taking into account the circumstances of the case.

SECTION 23. NOTICES

All notices that are required or which may be given by either party to the other hereunder shall be in writing and delivered by personal delivery, by overnight delivery service, or by prepaid certified or registered U.S. mail, return receipt requested, addressed to the receiving party at the address appearing below or such other address as the receiving party may designate by notice given in the manner provided in this section. Such notice shall be deemed to have been received on the earlier of the date of personal delivery, the date of delivery through overnight delivery service, the date of receipt shown on the return receipt, or three (3) days after mailing in accordance with this section.

CITY: City of Henderson
Police Department, Detention Center
Attention: Pamela Lauer, Superintendent
P.O. Box 95050
240 Water Street
Henderson, Nevada 89009-5050

PROVIDER: Corizon Health, Inc.
Attn: Scott Bowers, President and COO
103 Powell Court

On-Site Correctional Health Care Services
CMTS# 17613
Page 10 of 14

Brentwood, TN 37027

WITH CC TO: Corizon Health, Inc.
Attn: Chief Legal Officer
103 Powell Court
Brentwood, TN 37027

SECTION 24. MODIFICATION

This Agreement may be modified or amended only by a written instrument duly executed on behalf of the parties hereto.

SECTION 25. TERMINATION

This Agreement may be terminated by the CITY after an Event of Default in accordance with Section 4.

This Agreement may be terminated by the PROVIDER in the event the CITY defaults in the due observance and performance of any term, condition, or covenant contained herein and such default is not cured within thirty (30) days after the PROVIDER delivers written notice of such default to the CITY.

Either party may terminate this Agreement for any reason upon ninety (90) calendar days' written notice to the other party. In the event a party delivers notice of its intent to terminate under this Agreement pursuant to this paragraph, the PROVIDER shall terminate performance of the Services on a schedule acceptable to the CITY. If termination is for the CITY's convenience, the CITY shall pay the PROVIDER for all the Services performed and termination expenses, including, but not limited to, costs for charges incurred by the PROVIDER that cannot be cancelled.

SECTION 26. ENTIRE AGREEMENT

This Agreement constitutes the entire agreement between the parties hereto with respect to the matters covered thereby. All prior negotiations, representations and agreements with respect thereto not incorporated in this Agreement are hereby canceled.

SECTION 27. FORCE MAJEURE

If the PROVIDER's Services under this Agreement are delayed for reasons beyond the PROVIDER's reasonable control that could not have reasonably been foreseen by PROVIDER, the time of performance shall be adjusted appropriately. Except where the Services are under a continuous service contract for more than one (1) year from the beginning date (as above provided), the fees shall be subject to renegotiation; any change in such fees shall apply only to the unfinished Services as of the effective date of such change.

SECTION 28. WAIVER OF CONSEQUENTIAL DAMAGES

Neither party shall be liable to the other for consequential damages, including, without limitation, loss of use or loss of profits incurred by one another or their subsidiaries or successors, regardless of whether such damages are caused by breach of contract, negligent act or omission or any other act of either of them.

SECTION 29. RELIANCE ON DATA

In performance of the Services, the PROVIDER shall have the right to rely upon data and information provided by the CITY, but will use such data or information to the extent such information would be relied upon by a reasonably prudent consultant.

SECTION 30. FISCAL FUNDING

Funding of this Agreement is dependent on budget appropriations set each fiscal year. If necessary funds to continue with the specified Services are not allocated by the CITY, this Agreement shall terminate at the expiration of the appropriated funds.

SECTION 31. BOOKS AND RECORDS

The PROVIDER and its sub-consultant(s) shall maintain all books, documents, papers, accounting reports and other evidence relating to the Services, and shall permit the CITY and its authorized representatives access to and the right to inspect all such books, documents, papers, accounting reports, and other evidence at all reasonable times during the Agreement term and for three (3) years from the date of final payment. In addition, those records which relate to any disputes, litigation, or the settlement of claims arising out of such performance shall be maintained and made available until three (3) years after the date of resolution of such dispute, litigation, or claim.

SECTION 32. SAFETY REQUIREMENTS

The PROVIDER and its sub-consultant(s) shall comply with all Safety Requirements as outlined in Safety Requirements attached to this Agreement as Exhibit C.

SECTION 33. CONFLICT OF INTEREST

The PROVIDER represents and warrants that it presently has no interest, and shall not have any interest, direct or indirect, which would conflict in any manner with the performance of work and services required under this Agreement. Without limitation, the PROVIDER represents to the CITY that the PROVIDER has no present, and will have no future conflict of interest between providing the CITY services hereunder and interest the PROVIDER may presently have, or will have in the future, with respect to any other person or entity (including but not limited to any federal or state regulatory agency) which has any interest adverse or potentially adverse to the CITY, as determined in the reasonable judgment of the CITY. In the event that any conflict of

interest should nevertheless hereinafter arise, the PROVIDER shall promptly notify the CITY of the existence of such conflict of interest so that CITY may determine whether to terminate this Agreement.

SECTION 34. SUSPENSION

The CITY may suspend performance by PROVIDER under this Agreement for such period of time as the CITY, at its sole discretion, may prescribe by providing written notice to the PROVIDER at least ten (10) business days prior to the date on which the CITY wishes to suspend. The PROVIDER shall not perform further work under this Agreement after the effective date of suspension until receipt of written notice from the CITY to resume performance, and the time period for PROVIDER's performance of the Services shall be extended by the amount of time such performance was suspended. In the event the City delivers notice of its intent to suspend services under this Agreement, the PROVIDER shall suspend performance of the Services on a schedule acceptable to the CITY. If termination or suspension is for the CITY's convenience, the CITY shall pay the PROVIDER for all the Services performed and any costs for charges incurred by the PROVIDER that cannot be canceled.

SECTION 35. TIME OF ESSENCE

Time is of the essence as to each and every provision of this Agreement.

SECTION 36. AUTHORITY

The PROVIDER represents and warrants that the person signing this Agreement on behalf of the PROVIDER has all requisite authority to bind the PROVIDER to the terms and obligations of this Agreement.

SECTION 37. EXHIBITS

Each of the Exhibits referenced in this Agreement is incorporated herein by reference. In the event of an inconsistency between any provision of this Agreement and the terms and conditions of the Exhibits, the provision of this Agreement shall govern.

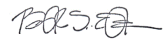
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IN WITNESS WHEREOF, the CITY has made and executed this Agreement and caused the seal of said CITY to be affixed hereto, and the CONSULTANT has hereinto set his hand as of the date below.


CITY COUNCIL APPROVAL:

May 19, 2015
Date


CITY OF HENDERSON
CLARK COUNTY, NEVADA

DocuSigned by:

1BBF9CF746884C5...
BRISTOL S. ELLINGTON
Interim City Manager

ATTEST:


DocuSigned by:

50944383111E44F...
SABRINA MERCADANTE, MMC
City Clerk

APPROVED AS TO FORM:

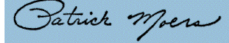
DocuSigned by:

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JOSH M. REID
City Attorney

DS
BR
CAO
Review


APPROVED AS TO FUNDING:

DocuSigned by:

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RICHARD A. DERRICK
Chief Financial Officer

APPROVED AS TO CONTENT:

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47E7AF94CB834CB...
PATRICK MOERS
Chief of Police

CORIZON HEALTH, INC.

DocuSigned by:

D8409BE0CB72419...
SCOTT BOWERS
President and COO

6/29/2015
Date

EXHIBIT A

SCOPE OF SERVICES

PROVIDER is responsible for providing the services listed in Exhibit A as well as any additional services stated in PROVIDER's proposal, attached hereto as Attachment A, as part of the health care services program:

A. Receiving Screening

A receiving screening exam shall be performed on all inmates upon their arrival at the COHDC. The exam must be performed by qualified health care personnel in the booking area medical office.

At a minimum, the receiving screening should include inquiry into the following:

1. Current illness and health problems including mental, dental and communicable diseases
2. Body deformities and ease of movement
3. Condition of skin, including trauma markings, bruises, lesions, jaundice, rashes and infestations, and needle marks or other indications of drug abuse
4. Previous sexual assault as it pertains to Prison Rape Elimination Act (PREA)
5. Allergies to food or other

Disposition, such as:

1. Referral to an appropriate health care facility on an emergency basis; or
2. Placement in the general inmate population and referral to the appropriate health care service at St. Rose Hospitals or University Medical Center; or
3. Placement in the general inmate population or segregation due to medical or mental health issues.

B. Detoxification

In connection with the receiving screening process, it is frequently determined that a new inmate is suffering from drug and/or alcohol abuse. If this diagnosis is made, an appropriate course of treatment, including a medically approved and supervised detoxification program, will be initiated. The following guidelines will be followed in the treatment of such cases:

1. All inmates being detoxified must be seen by a physician as soon as possible and a physician-approved individualized treatment plan initiated.
2. Inmates who are withdrawing from drugs and/or alcohol or who are being detoxified will be identified to the corrections shift supervisor for determination on whether a "close watch" is necessary.
3. Administration and staff members must be advised of the inmate's problem and the need for observation at regular intervals.
4. The inmate must be evaluated periodically by a nurse during the detoxification process for possible additional actions.
5. The inmate must be made aware of appropriate community agencies that he/she may contact after discharge for rehabilitation help. The Successful Proposer is responsible to supply this referral information to the inmate.

C. Blood Draws

The successful Proposer understands they are required to provide medical staff around the clock with the proper skills, training, and state mandated certification to obtain the subject blood samples for analysis and use in support of criminal prosecution for arrestees driving under the influence of alcohol, and for the collection of DNA samples when needed.

The blood draw technician may be required to testify at Municipal Court, District Court, Justice Court and Department of Motor Vehicles proceedings as part of the City's chain of custody dealing with the blood draw and preservation of evidence for draws pertaining to driving under the influence offenses. The dates, times, and frequency of court appearances cannot be predicted at this time.

D. Health Appraisal

When identified by the City of Henderson Detention Center authority, the health care provider will provide a complete medical screening for those inmates brought to sick call on or about their fourteenth (14th) day of incarceration at the COHDC. The health care provider must identify the appropriate level of successful Proposer's staff able to perform this function in accordance with ICE standards.

The health appraisal must include the following:

1. Review of the Receiving Screening
2. Collection of additional data to complete histories.
3. Recording of height, weight, pulse, blood pressure and temperature.
4. Coordination with a local hospital for mental health evaluations, if deemed necessary.
5. Dental screening for purposes of relieving pain and suffering. Inmates requiring dental work will be identified to the shift supervisor for referral to dentist.
6. Appropriate testing for communicable diseases with approval of the COHDC Superintendent or designee
7. Appropriate laboratory and diagnostic tests with approval of the COHDC Superintendent or designee.
8. Gynecological assessment for females with approval of the COHDC Superintendent or designee.
9. Therapy or proper treatment when indicated with approval of the COHDC Superintendent or designee.

E. Daily Triaging of Complaints

Health complaints from inmates must be processed at least daily as follows:

1. Health trained personnel shall solicit and act upon all complaints with referrals to qualified health care personnel as required.
2. The responsible physician shall determine the appropriate triage mechanism to be utilized for specific categories of complaints.
3. There must be an established medical grievance process.

F. Sick Call

Sick call services are provided to assure each inmate the opportunity to access health care service and are the first regular health care activity which the inmate may voluntarily utilize. Providing sick call care involves two activities; the first is use of triage (sort/directing) of inmate complaints and inquiries, and the second is the provision of physician assessment and clinical treatment.

1. Inmates participating in sick call shall be screened by qualified nursing personnel who will either examine and treat the inmate, or refer him/her to the physician and/or other medical source.
2. Following the triage process, the inmate shall be scheduled for further evaluation by a higher level practitioner, if indicated. Scheduling for sick call will be developed in conjunction with the COHDC designee to reduce disruption of institutional operations and to allow for proper security personnel availability.
3. Routine physician care shall be provided on-site. The use of a sick call program based on the triage system helps to ensure maximum utilization of manpower since inmates are seen at the most appropriate level of care.
4. The successful Proposer will provide the COHDC sick call area with the following:
 - a. Twenty-four (24) hours per day, seven (7) days per week Registered Nurse coverage.
 - b. A physician shall visit the COHDC fourteen (14) hours per week, in addition to being on call twenty-four (24) hours per day to respond to emergencies not requiring hospitalization.
 - c. A nurse practitioner shall visit the COHDC fourteen (14) hours per week, in addition to being on call twenty-four (24) hours per day to respond to emergencies not requiring hospitalization.
 - d. A psychiatrist shall visit the COHDC twelve (12) hours per week in addition to being on call all twenty-four (24) hours per day to respond to emergencies.
 - e. A dentist shall visit the COHDC four (4) hours per week to provide care.
 - f. A manual on nursing care procedures.
 - g. A separate medical record for each inmate.
 - h. Electronic Medical Record-keeping system (EMR)
 - i. Business and management services and supplies to include a fax machine, copiers, computers, mobile computers, and filing mechanisms.

G. Dental Services

The successful Proposer will be required to establish dental services within the Henderson Detention Center to include providing the qualified personnel to run the dental services and providing a dental chair.

H. Hospital Care

The successful Proposer will not be responsible for any hospitalization or specialty care costs. If hospitalization of an inmate is required, the medical insurance of inmates will determine facility referral. The successful Proposer is expected to determine if an inmate should be sent to a hospital when the problem is beyond the scope of the successful Proposer's physician.

The successful Proposer will be required to change an inmate's bandages and dressings upon that inmate's return from the hospital, if applicable.

I. Mental Health Services

The successful Proposer shall identify mental health problems at the time of receiving and screening. If any mental health problems are apparent after screening, the medical provider will identify inmates to the provided psychiatrist and COHDC personnel and make recommendations such as assessment, housing and transfer to outside agencies. If deemed necessary, the services of a local mental health evaluator will be utilized at no expense to the medical provider or the City. The successful Proposer shall work with local mental health agencies for possible referral.

J. Inmate Worker Examinations

The successful Proposer shall give inmate workers a pre-assignment medical examination and periodic reexaminations to ensure freedom from diarrhea, skin infections, and other illnesses transmissible by food or utensils or injuries that would prevent them from working. All inmate workers should be physically able to perform duties as assigned, free from communicable diseases and open infected wounds, and injury free. Inmates considered for inmate worker duties will be identified by the COHDC staff, and tuberculosis tine test will be given.

K. Medications and Controlled Substances

All prescription and non-prescription medication will be the responsibility of the successful Proposer. The COHDC will provide a locked storage area for both medications requiring refrigeration and those not needing refrigeration. The successful Proposer will work with the COHDC staff to develop an effective medication distribution system which includes multiple doses of medications. The following specifics apply to handling medications and controlled substances.

1. The system used for dispensing and administering medications will meet applicable Nevada Administrative Code, the Nevada Pharmacy Act and Federal Controlled Substance Act.
2. Medications will be prescribed only after a personal evaluation by a licensed medical practitioner.
3. Medications (except psychotropic) will be prescribed by the Medical Director or other licensed medical practitioner.
4. All questionable medication orders or drug prescriptions that inmates are booked with will be verified by the Medical Director or a prescription written by the Medical Director and the medication the inmate was booked will be provided to the booking officer to be placed in the inmate's personal property.
5. All medications disbursed will be done by licensed medical contract personnel and recorded in a medication log book and the appropriate inmate's medical file.
6. All controlled substances, syringes, needles, and surgical instruments will be stored under security conditions. A daily recorded inventory of these will be maintained.
7. A formulary will be developed by the successful Proposer for the COHDC.

8. All prescriptions will be reviewed at least every 90 days. All outdated or unused medications will be returned to the pharmacy for disposal based upon written policy developed by the Medical Director and approved by the COH.
9. For those inmates that are HIV positive or who are infected with Hepatitis virus, the successful Proposer will be responsible for treatment of medical care, and prescriptions.

L. Equipment

The COHDC will provide a desk, chairs, a refrigerator, and an examination table for use by the medical provider. All other equipment will be the responsibility of the successful Proposer.

M. Miscellaneous Supplies/Services

The successful Proposer is responsible for miscellaneous office supplies, medical records and the storage thereof, telephone expenses, pager rental, employee relations, travel and related expenses.

N. Laboratory and Radiology Services

All laboratory specimens will be gathered by the healthcare personnel and sent off-site to a laboratory service to be determined and paid by the COHDC. Results of the laboratory test will be placed in the inmate's medical record upon receipt and all abnormal results will be reviewed by the medical director. The successful Proposer will determine and approve radiology and labs. The successful Proposer will be responsible for payment of all routine radiology and labs.

O. Medical Records

Medical records will be maintained in the health care area. It is important that each record is complete, filed promptly and most importantly, contains accurate entries. The information acquired in a health professional/patient relationship is considered confidential. For this reason, the active medical records will be maintained separately from the individual's confinement record.

The successful Proposer shall:

1. Keep all medical records in an Electronic Medical Recordkeeping system.
2. Assist with information gathering.
3. Assist in conducting chart audits.
4. File all reports and notes within the medical record quickly and accurately.
5. Assist with the medical audit process.
6. Collect and maintain statistical data.
7. Retrieve, store and transfer medical records in a timely manner.
8. Educate the health care staff in the use of the specific chart forms.
9. Collect the following in medical records:
 - a. The completed receiving screening form.
 - b. Health appraisal data forms.
 - c. All findings, diagnoses, treatments, and dispositions.
 - d. Lab and X-ray reports
 - e. Records and written reports concerning injuries sustained prior to admission.

On-Site Correctional Health Care Services
CMTS# 17613

- f. Consent and refusal forms.
- g. Signature and title of documenter.
- h. Release of information forms.
- i. Place, date and time of health encounters.
- j. Discharge summary of hospitalizations.
- k. Health service reports, e.g. dental, psychiatric and other consultations.

P. Special Medical Problems

For inmates with special medical conditions requiring close medical supervision, including chronic and convalescent care, a written individualized treatment plan shall be developed by the responsible physician. The plan should include directions to health care and other personnel regarding their roles in the care and supervision of the patient.

Q. Health Education

As part of primary health care, health education services will be an important and required component of the total health care delivery system. Health education includes patient education, in-service education, first aid and CPR training, PREA training and suicide prevention training for all the health care staff.

R. Administration

The successful Proposer must provide for the clinical and managerial administration of the health care program.

S. Support Services

The successful Proposer must demonstrate their ability to manage and support the program they propose. Examples of areas to be discussed include policies and procedures, quality assurance, and cost containment, as described in Section VI of this RFP.

T. Statistical Activity Reporting

A comprehensive annual statistical report will be forwarded to the COHDC Superintendent or designee with cumulative information from the monthly and daily reports.

1. A monthly statistical activity reporting summary shall be submitted to the COHDC Superintendent or designee quarterly. The report shall identify by day the health activities performed by the personnel on duty including, but not limited to the following:
 - a. Inmates request for various services.
 - b. Inmates seen at sick call.
 - c. Inmates seen by physician.
 - d. Inmates referred to a hospital and reasons for referral.
 - e. Inmates referred to a dentist and reasons.
 - f. Inmates referred for psychiatrist and psychological evaluations.
 - g. Number of DUI blood draws and the results.
 - h. Number of fourteen (14) day history and physical assessments.
 - i. Number of inmates testing positive for venereal disease.
 - j. Number of inmates testing positive for AIDS or AIDS antibodies.
 - k. Number of hours worked by the entire medical staff.

- l. Number of prescriptions prescribed by the physician.
 - m. Other data deemed appropriate by the COHDC Superintendent or designee.
2. Provide a daily narrative report for the previous twenty-four (24) hours, capturing the following data, shall be submitted to the Superintendent's office as needed, to include:
 - a. Inmates referred to hospitals and reasons why.
 - b. Communicable diseases reported and precautions taken.
 - c. Suicide data (i.e. attempts and precautions taken).
 - d. Report on status of inmates in local hospitals.
 - e. Submit completed medical incident reports.
 - f. Submit a copy of completed medical grievance reports.
 - g. A list of lost medical files.
 - h. History and physical status report.

STAFFING REQUIREMENTS

Adequate health care personnel required to provide those services listed in this RFP must be provided by the successful Proposer, consistent with the staffing plan attached hereto as Attachment B. This is to include staffing of physicians, psychiatrists, registered nurses, dentists, administrative/clerical staff and other personnel required to comply with the purpose and intent of this RFP.

GENERAL SPECIFICATIONS

A. Standards

1. All medical services shall be provided in accordance with American Medical Association (AMA) and National Commission on Correctional Health Care (NCCHC) standards.
2. Documentation of licensing and accreditation for all hospitals and/or clinics utilized must be made available to COH upon request.

B. Personnel

1. Each candidate will be interviewed by the successful Proposer with special focus on technical expertise, emotional stability and motivation. The final selection shall be subject to approval by the COH Police Department. This approval shall not be unreasonably withheld.
2. Successful Proposer shall engage only licensed and qualified personnel to provide professional coverage.
3. An on-site visit to the COHDC must be made by all screened candidates prior to a formal decision of employment.
4. Initial and continued employment of staff shall be subject to approval of the COH Police Department. This applies to compliance with the COH Police Department security regulations.
5. All personnel shall be required to pass a background investigation conducted by the COH Police Department as a requisite for initial and/or continued employment. The cost of this investigation will not be the responsibility of the successful Proposer. The successful Proposer will provide the COH Police Department the names, addresses,

On-Site Correctional Health Care Services
CMTS# 17613

telephone numbers, previous employment and other indicative requested data in order to accomplish the investigation.

6. All personnel shall comply with current and future state, federal, and local laws regulations, court orders, Administrative Regulations, Administrative Directives, and policies and procedures of the COH.
7. The COHDC may prohibit entry to any secure facility, or remove there from, a contract employee who does not perform his/her duties in a professional manner.
8. Contract employees are prohibited from giving inmates anything that could be used as a weapon or considered contraband per COHDC policies.
9. The relationship between contract employees and inmates must be professional at all times.

C. Administrative

1. Successful Proposer's staff shall design and implement policies, procedures and protocol for the health care area, and medical staff.
2. Successful Proposer shall be responsible for ensuring that its staff report any problems and/or unusual incidents to the COHDC Superintendent or designee.
3. Successful Proposer's staff shall properly complete employee evaluations for those employees under their direct supervision, in accordance with applicable state rules, as requested by the COH.
4. Successful Proposer shall ensure that its staff documents all health care contacts in the committed person's health care record in the proper medical record format.

D. Schedules

1. The successful Proposer will provide the working schedule of all employees to the COHDC Superintendent or designee and provide any deviations to that schedule accordingly.
2. The COH is contracting for staff and services to be provided by the Successful Proposer. Should the level of services to inmates required by the contract decline due to a position vacancy, the successful Proposer will be responsible for replacement personnel. All replacements shall be subject to the COH Police Department approval.

E. Security

Successful Proposer's personnel shall be subject to all the security regulations and procedures of the COHDC.

F. Referrals

Successful Proposer shall make referral arrangements with medical specialists, subject to the approval of the COH and/or ICE, for treatment of those committed persons with problems which may extend beyond the scope of services provided on-site. The Successful Proposer shall define what portion of these expenses will be paid by the medical contract.

G. Quality Assurance/Action Program

1. Successful Proposer shall provide in-service medical education programs for COHDC and Successful Proposer's personnel.

On-Site Correctional Health Care Services
CMTS# 17613

2. Successful Proposer shall maintain personnel files in the health care unit on contractual personnel which will be made available to the COHDC Administration upon request.
3. Successful Proposer shall institute a quality assurance program consistent with the COHDC Medical Quality Assurance Program, which may include but may not be limited to audit and medical chart review procedures.
4. Periodic meetings (at least once per quarter) shall be held between the COHDC officials, facility staff, and the appropriate successful Proposer's personnel to review significant issues and changes and to provide feedback relative to the Quality Assurance/ Action Program so that any deficiencies or recommendations may be acted upon. Also, when requested by the COHDC Superintendent or designee, the successful Proposer will provide appropriate personnel to participate in Department meetings.

H. In-Service Training

Successful Proposer shall provide appropriate in-service educational programs. All full time healthcare staff, except for physicians, will receive in-service training. Selected topics which require staff training will be identified on an on-going basis through the Quality Assurance Program.

I. Orientation of New Employees

1. Successful Proposer shall be responsible for ensuring that all new health care personnel are provided with orientation regarding medical practices on-site at the COHDC. Orientation regarding other facility operations will be the responsibility of the COHDC Superintendent or designee.
2. Successful Proposer shall distribute a written job description to each member of the health care staff which clearly delineates his/her assigned responsibilities. Successful Proposer shall monitor performance of health care staff to ensure adequate job performance in accordance with these job descriptions.

J. Security of Inmate Files

Inmate files are of a confidential nature. The Successful Proposer's employees shall be allowed access to these files only as needed for their duties related to the contract and in accordance with HIPAA rules, as well as those rules established by the COHDC. The Successful Proposer shall honor all policies and procedures for safeguarding the confidentiality of such data.

K. Research

No research projects involving inmates, other than projects limited to the use of information from records compiled in the ordinary delivery of patient care activities, shall be conducted without the prior written consent of the COHDC Superintendent or designee. The conditions under which the research shall be conducted shall be agreed upon by the Successful Proposer and the COH and shall be governed by written guidelines. In every case, the written informed consent of each inmate who is a subject of a research project shall be obtained prior to the inmate's participation as a subject.

ATTACHMENT A
CORIZON HEALTH'S PROPOSED SERVICES
(Attached)



6 – PROPOSED SERVICES (RFP PG 21)

6.1 On-Site Services (RFP PG 21)

A *Receiving Screening* (RFP PG 9)

Corizon Health takes a proactive approach to identification of medical and mental health issues. Our intake process at the COHDC is a critical inquiry and observation process designed to ensure each newly arrived inmates, who may possibly pose a threat to his/her own or another's health or safety, is admitted into the general population only after an appropriate level of clinical intervention.

A Corizon Health qualified health care professional will continue to provide a receiving screening exam on all inmates upon arrival at the COHDC. The exam is performed in the booking area medical office. At a minimum, the receiving screening includes inquiry into the following:

1. Current illness and/or health problems, including sexually transmitted diseases and other infectious diseases;
2. Dental problems;
3. Mental health problems;
4. Alcohol and drug use and abuse including types of drugs used, mode of use, amounts used, frequency of use, date and time of last use, and history of problems that may have occurred after ceasing use;
5. Past and present treatment or hospitalization for mental disturbance or suicide;
6. For women, date of last menstrual period, current gynecological problems, and pregnancy;
7. Any past history of tuberculosis or other infectious or communicable illness, or symptoms (e.g., chronic cough, hemoptysis, lethargy, weakness, weight loss, loss of appetite, fever, night sweats, or other conditions suggestive of such illnesses);
8. Medications currently taken, allergies, and special health requirements, including dietary;
9. History of trauma and/or sexual assault/abuse or sexual predator, including the Prison Rape Elimination Act (PREA);
10. Other conditions or questions as deemed appropriate by the responsible physician; and
11. Additional screening questions to include an evaluation of flu-like symptoms similar to those present in patients infected with the Ebola virus.

Inmates who require emergent care are referred to an appropriate health care facility on an emergency basis. In non-emergent cases, inmates requiring care are placed in the general inmate population and referred to the appropriate health care services at **St. Rose Hospitals** or **University Medical Center**. In some cases the inmate is placed in segregation due to medical or mental health issues.

As part of the intake screening process, inquiry is made into mental health history and status. If an individual is identified in psychiatric crisis, as suicidal or potentially suicidal, the individual is immediately placed on suicide watch, with a direct referral to the mental health staff for evaluation and intervention without delay. As with the case of potential suicide risks, individuals who require follow-up care will be referred at the time of screening to the appropriate services. **Our objective is to ensure that continuity of care and appropriate crisis intervention is provided.**



In cases where the inmate reports a “history of trauma and/or sexual assault/abuse or sexual predator, including the Prison Rape Elimination Act (PREA),” Corizon Health reports and triages emergent care before referring the inmate off-site to **SANE (Rape Crisis Center) at UMC Hospital** for the Rape Analysis and psychiatric counseling. Supportive psychiatric care is provided on-site.

Corizon Health nursing staff at intake will continue to be trained in mental health screenings (specifically in suicide risk identification and crisis intervention) by qualified mental health professionals (QMHP). In instances where mental health issues are identified during the intake screening, a referral will be completed then received and triaged by the QMHP. Subsequently, an evaluation will be conducted by the appropriate level mental health professional in a timeframe appropriate to the inmate’s need

The findings of the intake screening will continue to be recorded on the intake screening form and entered into the inmate’s medical record. Appropriate disposition, based on the findings of the intake screening, will take place and be documented including (but not limited to) the following:

- Notation of the disposition of the inmate patient, such as immediate medical emergency/referral to an appropriate healthcare service, mental health consultation needed, placement in the general inmate patient population and later referral to an appropriate health service, placement in the general inmate patient population medical segregation, admitting to observation unit/placed on suicide watch; and
- Documentation of the date and time when referral/placement takes place.

B *Detoxification (RFP PG 10)*

Corizon Health will continue to provide a medical detoxification program for drug and/or alcohol addicted inmates. We have developed a structured, evidence-based medical approach of detoxification to manage safely and successfully COHDC inmate patients through substance withdrawal. Careful and timely clinical assessments during detoxification, combined with the proper medications in appropriate dosages, will continue to treat inmate patients safely throughout the withdrawal process.

Our standard treatment guidelines were developed by a panel of Corizon Health physicians, headed by **Ivor Garlick, MD, our Regional Medical Director for the COHDC**, and an *American Society of Addiction Medicine* (ASAM) certified physician. The program focuses on patient safety, and closely integrates mental health and substance use treatment providers. Beyond ensuring that appropriate levels of nursing care are available, Corizon Health utilizes detoxification management protocols consistent with COHDC policies and the practice guidelines set forth by ASAM.

Using these guidelines, an individualized treatment plan is developed for each inmate patient. This plan will include therapeutic drug regimens, monitoring guidelines, parameters for vital signs, guidelines for quantifying symptoms and instructions for reaching the on-call provider in the event clinical signs and symptoms fall outside established parameters. Inmate patients placed on alcohol, opiate or benzodiazepine withdrawal will routinely be placed on seizure precautions.

Corizon Health treatment protocols for detoxification meet or exceed NCCHC and ACA standards.

During the receiving screening, the arrestee is evaluated for substance use or dependence and for the potential to develop active or acute withdrawal symptoms necessitating medical intervention. Qualified



staff trained to administer a standardized questionnaire and to observe for signs and symptoms of substance use and withdrawal perform the evaluation. Withdrawal assessment tools used include the *Clinical Institute of Withdrawal Assessment- Alcohol Revised (CIWA-AR)*, the *Clinical Opiate Withdrawal Scale (COWS)*, and the *Benzodiazepine Withdrawal Scale for Corrections (BWS-C)*. Specific screening information obtained during this process includes:

- Type of substance(s) used;
- Frequency and amount of usage;
- Approximate time of last use; and
- Symptoms experienced when ceasing use in the past (a past history of complications from alcohol abstinence is a strong risk factor for repeat alcohol withdrawal).

For detainees reporting significant use of alcohol, opioids or benzodiazepines, clinical management of the patient is supervised by a practitioner. Orders will be obtained for individualized therapy using the standardized clinical guidelines, and a referral will be made for further clinical assessment by a physician/physician extender.

For those inmate patients who present as unstable or with signs and symptoms of life-threatening withdrawal, possible overdose, or altered mental status, a call will be placed simultaneously to 911 and to the on-call physician/physician extender for orders to transport the patient to a hospital for a higher level of care.

Inmates undergoing detoxification can often be safely housed in general population, unless it is determined more careful monitoring is required. In that case, the inmate patient may be housed in medical special housing or medical observation unit. Corizon Health will continue adhere to current COHDC orders regarding policy and procedures on this matter.

Inmates found to have substance use to the level requiring detoxification will be referred to a physician/physician extender to address co-morbidities, hydration, and nutritional status and to have a current medication review. They may also be referred for a mental health evaluation to identify and treat co-existing psychiatric disorders.

Corizon Health's Clinical Pathway Program for Alcohol and Drug Withdrawal includes the following tools to provide treatment across the continuum of care:

- Once the potential for withdrawal is identified, the nurse initiates the appropriate *Withdrawal Scale(s)* followed by completing the *Nursing Encounter Tool (NET)*. Using the decision pathways provided by the NET, the treatment plan is initiated.
- In the event that a practitioner is contacted, the practitioner will assess the information provided by the nurse and can refer to the Corizon Health practitioner *Clinical Decision Support Quick Reference for Substance Abuse Withdrawal* for recommended treatment. The "All in Ones" also include the *Barbiturate Dose Equivalents* and *Benzodiazepine Dose Equivalents* developed by the Federal Bureau of Prisons (BOP) to assist with possible treatment durations.
- The physician then orders the treatment plan using the *Physician Order Sets for Alcohol, Benzodiazepine, Barbiturate or Opioid Withdrawal*. Healthcare staff continues to monitor the patient using the *Substance Abuse Withdrawal Flow Sheet*, until the patient is determined to be safely through his withdrawal.



Once the inmate patient is stabilized, Corizon's health care team begins the process of patient education. Patient Information Fact Sheets (PIFS) are made available to assist with on-site support and motivation to rehabilitation. These teaching tools are used during patient encounters, individual counseling, as well as for the patient to read and reference later.

Pregnant Inmates

A urine pregnancy test will continue to be performed on each woman as part of the intake process. Those stating they use drugs, whether prescription or otherwise, will have a urine drug screen performed at the same time. Those pregnant, disclosing a history of opioid use, and/or testing positive for opioids, heroin, or methadone will be assessed and a call will be placed to the practitioner. Depending on the gestation of the pregnancy, an ultrasound may be ordered STAT and fetal monitoring will begin by assessing the fetal heart rate and instructing the patient on fetal movement. The patient will be seen by an OB/GYN practitioner off-site without delay.

Acute Intoxication

Because both alcohol and opioid intoxication can be fatal, severe acute intoxication requires close monitoring. A significant alteration or decline in level of consciousness suggests the need for further evaluation, observation, stabilization and, in some cases, transfer to the hospital.

C *Blood Draws (RFP PG 10)*

Corizon Health will continue to provide around-the-clock medical staff with the proper skills, training, and state-mandated certification to obtain the subject blood samples for analysis and use in support of criminal prosecution for arrestees driving under the influence of alcohol, and for the collection of DNA samples, when needed.

We acknowledge the blood draw technician may be required to testify at Municipal Court, District Court, Justice Court and Department of Motor Vehicles proceedings as part of the City's chain-of-custody dealing with the blood draw and preservation of evidence for draws pertaining to driving under the influence offenses. We understand the dates, times, and frequency of court appearances cannot be predicted at this time.

D *Health Appraisal (RFP PG 10)*

Health assessments are an integral component of our proactive health care program at the COHDC. A physician, Nurse Practitioner (NP), Physician's Assistant (PA), or Registered Nurse (RN) specifically trained to conduct health appraisals will perform a Health Assessment and communicable disease screening within 14 days of booking into the COHDC.

Those inmates identified with clinically significant findings during the intake screening process will receive a health assessment as clinically indicated and without delay.



Health assessments for COHDC inmates will continue to include a complete review of the initial receiving screening and no less than the following:

- Collection of additional data to complete the medical, dental, and immunization histories and appropriate classifications;
- Recording of height, weight, pulse, blood pressure, and temperature;
- Complete medical examination with evaluation of basic mental and dental status;
- Gynecological assessments for females, when clinically indicated;
- Mental health evaluation and laboratory tests as ordered by licensed mental health professionals;
- Testing for communicable diseases, as indicated, including appropriate laboratory and diagnostic tests;
- Tuberculosis Skin Test (PPD skin testing via the Mantoux method);
- Laboratory tests and other diagnostic tests as clinically indicated or judicially mandated;
- Dental screening;
- Vision screening and hearing screening as indicated;
- Other tests and examinations, as appropriate;
- Additional investigation into history of alcohol and substance abuse, as indicated;
- Additional tests, as required, based on the results of the initial receiving screening (i.e. chest X-ray, sputum test) and the associated test results; and
- Appropriate treatment or referral, when indicated.

Health assessment of female inmates include inquiry about menstrual cycle and unusual bleeding, current use of contraceptive medications, presence of an IUD, breast masses, nipple discharge, possible pregnancy, and if applicable, pre-natal and post-natal care and delivery information obtained during the health appraisal.

Health assessments conducted by an RN are reviewed and signed by the Site Medical Director, Dr. Saavedra. Abnormal results are reviewed by Dr. Saavedra for appropriate disposition.

Corizon Health will continue to document physical examination findings in the inmate patient's medical record.

E *Daily Triage of Complaints (RFP PG 11)*

The Corizon Health team will continue to collect and triage Sick Call complaints daily, noting the nature of the complaint. The initial inmate patient disposition will be based on an assessment of the inmate patient request and his/her condition. Inmates will be scheduled for healthcare services based on the information documented on the Sick Call request. Inmates requiring a higher level of service will be referred to the appropriate physician or practitioner in medical, dental, or mental health.

Pursuant to approved Corizon Health triage protocol, medical services requests are received from inmate patients on a daily basis by the nursing staff. The COHDC administration determines the collection time. Inmate medical request forms are reviewed daily, with time and date stamped.

Inmates requesting assessment of a medical complaint will be triaged within twenty-four (24) hours by a QHCP. Whenever possible, healthcare staff will continue to address complaints at the point of triage and



provide appropriate treatment within the scope of their practice. Those inmates requiring a higher level of service are referred to the appropriate provider.

Triage levels are determined by the Site Medical Director, Dr. Saavedra. Non-urgent Sick Call referrals to the physician/APN are seen within five days of the referral. Requests considered urgent will be scheduled and the inmate patient referred for treatment without delay. If the physician/APN determines the inmate patient's condition requires a higher level of care, the inmate patient will be referred, stabilized, and transported for further treatment.

A dentist is scheduled on-site one day per week. Dental medical services requests will be triaged by QHCPs on a daily basis. Referrals will be made to off-site dental providers for emergent needs and scheduled for the on-site dental clinic for non-emergent services.

Requests for mental health services are referred to the QMHP. If the request is emergent and a QMHP not on duty, the psychiatrist, **Dan Sussman, MD**, will be contacted.

F *Sick Call* (RFP PG 11)

The Sick Call process Corizon Health has designed for the COHDC is responsive and effective in identifying cases early, mitigating risk, improving clinical outcomes, and reducing inmate patient grievances. This enables inmates — including those in segregation — to place a written request for non-emergency medical, dental or mental health services and to be evaluated.

Nurse Sick Call is conducted seven (7) days per week, including holidays, with urgent and/or emergent care also available seven (7) days per week with appropriate referrals. Provider Sick Call is conducted 28 hours per week (14 hours by physician and 14 hours by ANP). Corizon Health will continue to provide physician and psychiatrist on-call services seven (7) days per week, 24 hours per day, for medical emergencies not requiring hospitalization.

Corizon Health will conduct Sick Call in accordance with COHDC specifications and within the parameters of ICE, NCHC and ACA guidelines. Coordinated with COHDC staff, Sick Call will continue to be conducted in the designated medical unit for general population inmates during normal operations. For inmates housed in segregated units, Sick Call may be handled within his/her unit or at specified times in the medical unit. Dr. Saavedra or physician designee will be on-site to provide direct patient contact during provider Sick Call.

Corizon Health's Sick Call process includes the following:

- Process defined by written policies and procedures,
- Verbal and/or written requests received daily by healthcare professionals,
- Written requests triaged within 24-hours,
- Triage of Sick Call requests by nursing staff seven days per week,
- Scheduled Sick Call services seven days per week,
- Arrangements made to provide Sick Call services at the place of inmate's confinement in cases where an inmate's custody status precludes attendance at Sick Call,



- Sick Call clinics conducted by the Medical Director, mid-level, dentist, nurse and/or mental health clinician,
- Face-to-face confidential interviews with the inmate to ensure provision of appropriate medical care,
- Documentation of the Sick Call request, and
- Sick Call to Special Housing units, when necessary, documented on the Nursing Encounter Tool (NET) or progress notes.

Corizon Health will continue to provide the COHDC sick call area with business and management services and supplies to include a fax machine, copiers, computers, mobile computers, and filing mechanisms as required. The City will provide two (2) desktop computers, both with internet access, as well as internet access in the file room for use with a computer provided by Corizon Health.

G *Dental Services (RFP PG 12)*

Corizon Health will continue to provide dental screenings and examinations according to American Dental Association (ADA) clinical guidelines and in compliance with the standards of ICE, NCCHC and ACA. Dental exams and treatments will continue to be provided by **Chad Gubler, DDS**, and **William Robinson, DDS**, both Nevada-licensed dentists.

Dental services will continue to be provided off-site. Corizon Health determines an inmate's need and arranges for required dental services with an off-site provider. Transportation is provided by the COHDC.

Corizon Health dental care will continue to comply with applicable healthcare standards as follows:

- Screenings will be conducted at the time of the Health Assessment by a Registered Nurse (RN) who has been trained by the COHDC dentists;
- Inmates will have access to dental services through the sick call process;
- If an emergency condition exists, the inmate patient will receive timely and appropriate treatment; and
- Dr. Gubler or Dr. Robinson will complete a dental treatment plan for each inmate patient for whom a dental condition has been identified. This plan will describe, in order of priority, those services that need to occur to maintain the inmate patient's health status.

Corizon Health will continue to provide dental services such as fillings, extractions, incisions and drainage, control of bleeding and any indicated surgery only to inmates whose health would otherwise be impaired if not treated. Dental services will be provided as clinically indicated including:

- Charting of decayed, missing, and filled teeth;
- Recording of a complete dental history;
- Basic dental services including, but not limited to extractions;
- Dental X-ray services for diagnostic and treatment purposes on-site;
- Oral surgery may be necessary off-site as available equipment and the inmate patient/inmate patient's condition dictate; and
- Dental prosthetics will be provided as medically necessary.



Extractions for City of Henderson, City of Boulder City, and Clark County Detention Center are Corizon Health's responsibility. Any dental services required for US Marshal and ICE inmates are the responsibility of the jurisdiction of arrest.

The Corizon Health dental program will include twenty-four (24) hour-a-day emergency services. Emergency dental treatment and dental services will include the following:

- Treatment of pain;
- Removal of teeth;
- Incision and draining;
- Temporary fillings;
- Repairing of lacerations;
- Treatment of trauma cases; and
- Maxillofacial surgery service, when medically necessary.

H *Hospital Care (RFP PG 12)*

Corizon Health acknowledges it will not be responsible for any hospitalization or specialty care costs. If hospitalization of an inmate is required, the medical insurance of inmates will determine facility referral. Corizon Health will determine if an inmate should be sent to a hospital when the problem is beyond the scope of Dr. Saavedra.

Corizon Health will continue to change an inmate's bandages and dressings upon that inmate's return from the hospital, if applicable.

I *Mental Health Services (RFP PG 12)*

Mental Health Screening

A mental health screening is conducted by a Corizon Health RN as part of the initial receiving screening and includes all required clinical assessment components.

All inmates with positive mental health screenings will be referred to a Corizon Qualified Mental Health Professional (QMHP) for further evaluation to be completed in accordance with the urgency of the inmate's symptoms. Because this screening is completed at intake, not only does it exceed the NCCHC/ACA requirements for completion of the mental health screening within 14 days, but also ensures that inmate mental health needs, including potential for self-injury and suicide, are promptly identified and referred to mental health staff.

Corizon's mental health screening includes a structured interview with inquiries into:

- History of:
 - Psychiatric history and outpatient/inpatient treatment
 - All inclusive history of mental health treatment
 - Suicidal ideation or behavior
 - Suicide attempts
 - Sex offenses/sexual abuse
 - Excessively violent behavior



- Victimization due to criminal violence
- Special education placement
- Cerebral trauma or seizures
- Violent interpersonal behavior
- Child abuse
- Victimization within detention by predators
- Serious head trauma with even momentary loss of consciousness
- Seizure activity and cause if identified
- Current treatment or status of:
 - Psychotropic medications (medication, dosage, and prescriber)
 - Emotional response to incarceration
 - Screening for cognitive and intellectual functioning
 - Mental health symptoms and psychotropic medications
 - Orientation to person, place and time
 - Suicidal ideation, thoughts, or plans
 - Use of alcohol or illegal drugs
 - Drug abuse or alcohol use (type of drug, method of use, frequency, last use)
 - Special education background/level of education
 - Screening for cognitive and intellectual functioning

Corizon Health will make recommendations regarding placement or disposition whenever an assessment indicates an inmate has special needs related to his/her mental status. Inmates demonstrating special needs associated with impaired cognitive functioning related to mental disorders, significant psychological distress, or positive signs for potential of mental health disease/diagnosis will be referred for additional evaluation and clinically indicated testing. Additionally, when indicated by the findings of the mental health assessment, the mental health professional will refer inmates to the psychiatrist for evaluation of psychotropic medication treatment, including those inmates with active psychotropic medication prescriptions.

If deemed necessary, the services of a local mental health evaluator will be utilized at no expense to the Corizon Health or the City. Corizon will continue to work with hall work with **Las Vegas Mental Health**.

Mental Health Encounter Tools (METs)

As with our Nursing Encounter Tools (NETs), our clinical team is also committed to the development of assessment tools for mental health staff to aid in the gathering of information needed for an accurate assessment, appropriate recommendation and referral. From our extensive expertise and commitment, Corizon developed a series of Mental Health Encounter Tools (METs).

Used by mental health clinical staff, our METs can be used to facilitate clinical decisions; as an orientation tool; or, to collect and communicate information for the appropriate clinician. More specifically, Corizon Health METs can be used as follows:

- Risk Stratification (triage) when determining the need for referral;
- Assisting in determining the level of urgency for clinical intervention, especially during the evaluation process of an inmate on suicide watch;



- Collecting and communicating information to relay to the psychiatrist or other health care providers who can make further treatment decisions;
- Communicating with off-site providers (copies of a completed MET may be sent with the patient (or faxed or sent electronically via EHR) to the emergency department);
- Training for staff;
- Orientation for clinical intervention in the correctional setting;
- Reference: The MET reminds the mental health practitioner of appropriate questions necessary to properly evaluate specific clinical situations; and,
- Documentation for the patient health record.

There is a specific Suicide Watch MET. However, it is our belief that every MET in some form can assist in suicide or self-harm prevention, whether through clinical assessment or communicating with offsite providers.

Crisis Intervention

Corizon Health's mental health professionals are committed to applying preventive approaches; however, they are also trained in the application of crisis intervention techniques required during psychiatric emergencies. Appropriate identification and management of psychiatric emergencies requires an array of clinical expertise that offers the client appropriate, expeditious and quality mental health services.

Corizon Health understands that the expert clinical skills of the Qualified Mental Health Professionals (QMHP) in the management of crisis situations offer the inmate quality mental health services and immediate access to assessment and treatment. Corizon Health mental health professionals are trained in de-escalation strategies in an effort to prevent harm to self or others during a potential crisis.

The following basic strategies are utilized:

- Quickly assess lethality and imminent danger of the situation; that is, "safety first"
- Rapid establishment of a collaborative rapport through the use of reflective listening, exploration of feelings and expressions of empathy with feelings, not behavior, and identification of precipitants
- Problem solving (i.e., what will help now)

Corizon Health mental health professionals must maintain an awareness of their own emotional expressions and non-verbal cues, as expressions of anxiety may actually increase the inmate's anxiety. Our mental health professionals are trained to do the following:

- Appear calm, centered and self-assured
- Speak in a low, consistent tone of voice, with minimal emotional expression
- Avoid power struggles
- Avoid expressions of defensiveness, do not take the inmate's behavior personally
- Explain limits in a respectful tone;
- Identify the major problems and offer to help
- Know when to get out of the way and let security do their job



We recognize the importance of on-going educational activities related to crisis intervention and prevention, and de-escalation strategies for medical, mental health and security staff. Corizon Health is committed to the development of training tools and programs to help staff manage difficult behaviors and develop an awareness of strategies that have proven to be effective in de-escalating a potential crisis.

Psychiatric Treatment

Corizon Health will continue to provide psychiatric services that address the physical, medical, psychological, social, vocational, and rehabilitative needs of COHDC inmates who suffer from mental illnesses and disorders. Corizon Health psychiatric treatment programs follow the treatment guidelines of professional organizations as they apply to correctional mental health and psychiatric medication.

The least restrictive service level is offered when it is clinically indicated. Psychotropic medications are used in conjunction with behavioral interventions within the construct of a recovery model for the seriously mentally ill. Medication algorithms combined with individualized, evidence-based treatment guidelines (e.g., Major Depressive Disorder, Schizophrenia, Bipolar Disorder) are the standards of care that Corizon Health promotes and implements.

Except in an emergency, neither Corizon Health's psychiatrist nor its professional staff will initiate psychiatric treatment until after a psychiatric evaluation and treatment plan have been completed. Transferred inmates who have received psychiatric evaluation and treatment services at a recognized institution will have that treatment continued at the COHDC pending further evaluation. In this way, the psychiatrist will review the inmate's medical record to determine which medications the patient has been receiving prior to prescription of psychotropic medication.

Corizon Health will routinely monitor inmates on psychiatric medication in Chronic Care Clinics. Inclusion in the Chronic Care Clinic will continue as long as the inmate has active symptoms of mental illness and/or is on psychiatric medication. Inmates placed on medication will be evaluated for signs of toxicity. Drug levels, blood pressure and other vitals will be regularly monitored where appropriate, with documentation of such monitoring recorded in the medical record.

Chronic Care Patients

Our overall goal of Mental Health Chronic Care Clinics will be to allow seriously and chronically mentally ill individuals to remain within the jail facility in as functional a manner as possible. There are multiple benefits to support the chronically mentally ill inmates and help them to remain stabilized. Research suggests that an individual who becomes non-compliant with psychotropic medication and then de-compensates may not re-stabilize at the same functional level. A de-compensated Inmate can quickly become a danger to self and others, including correctional staff and other inmates.

Corizon Health will operate a comprehensive chronic care program to ensure that inmate mental health conditions requiring chronic care are appropriately diagnosed, treated, and controlled. We will emphasize "self-management" strategies and on-going patient education activities. Corizon Health's chronic care program will include the following components:



- A multidisciplinary collaborative approach that emphasizes patient involvement in their own mental healthcare
- Strategies that will help in the development of knowledge, attitudes and skills necessary for the inmate to manage his own illness upon release, utilizing available resources such as those through the Jail collaborative
- Use of *Patient Information Fact Sheets* to educate the inmate about his illness
- Longitudinal suicide risk assessments
- Treatment guideline recommendations using evidence-based practices and best practice approaches
- Quality Improvement Screens to monitor processes
- Psychotropic medication monitoring and education
- Routine depression screening
- Emphasizing the importance of on-going triage
- Routine chart audit reviews
- Collaboration with medical services to identify and manage those chronic care mental health inmates who have co-morbid medical illness such as diabetes and hyperlipidemia

Emergency Psychiatric Treatment

Corizon Health recognizes interventions during a mental health emergency at the COHDC may include nonphysical interventions, voluntary medication, seclusion, involuntary medication, and/or restraint. The least restrictive service level will be offered when it is clinically indicated. Psychotropic medications will be used in conjunction with behavioral interventions within the construct of a recovery model for the seriously mentally ill.

In emergencies, Corizon Health will administer psychiatric medication only by order of a physician and if the inmate is at immediate risk of the following:

- Bodily harm toward self
- Bodily harm toward others
- Serious destruction of property that would immediately endanger self or others
- Serious disruption of the therapeutic milieu that places the inmate at risk of harm from others
- Extreme deterioration of functioning secondary to a psychiatric illness

Corizon Health professional staff will document any emergency patient encounters, and based on such encounters, the inmate's treatment plan will be reviewed, and, if necessary, revised, as soon as possible. Documentation of Corizon Health emergency psychiatric intervention will include the following:

- Type of emergency
- Interventions attempted and the result(s)
- Reason that less restrictive interventions were not used or were ineffective
- When, where and how any emergency medication is to be administered
- Assessment and monitoring of the inmate for adverse reactions and side-effects



Corizon Health Psychotropic Task Force

Corizon Health benchmarks psychiatric medication prescribing behavior at the COHDC. This is integral in our peer review. Department algorithms and evidence-based guidelines guide this process. We have found that supervising psychiatric practitioners with respect to their prescriptive behavior has resulted in improved patient safety, better clinical outcomes, and reduced costs for the specialty of correctional mental health.

Corizon Health has a Psychotropic Task Force that analyzes and interprets patterns of psychotropic drug usage and prescription. Through this task force, Corizon Health provides oversight of psychotropic drug prescription and utilization. Corizon Health's Psychotropic Task Force reviews site level prescribing patterns to determine the following:

- If the psychotropic drug was prescribed for a condition for which clinical efficacy has been determined by controlled clinical trials
- If the dosage was prescribed within the range recommended for the indication for which it was prescribed
- If the drug is being taken consistently (using a direct observation method)
- If the proposed combination of treatments is therapeutically rational and safe in cases where more than one drug has been prescribed
- The reoccurrence of unpleasant side effects or adverse events for individual patients
- The duration of time for which psychotropic medications have been prescribed (i.e., benzodiazepines are best given for a strictly limited period; others may need to be taken long-term such as lithium for bipolar disorder)

As noted above, Corizon Health's Psychotropic Task Force will continue to assess the individual prescribing practices of practitioners at the COHDC to ensure psychotropic medications are being prescribed appropriately. Corizon Health's Psychotropic Management Program is a standard component of our services for the COHDC.

Suicide Prevention Program

Suicides are tragic events that can have far reaching emotional, legal and logistical consequences. Statistics show inmates have a higher incidence of suicide and are more likely than members of the community to exhibit suicidal behaviors. It is our responsibility – working with the corrections officers and other inmates – to mitigate these risks. The effort must be collaborative.

Key Components of the Corizon Health Suicide Prevention Program include:

1. Evidence Based Medicine: An Integrative Approach

Whether a medical or mental health condition, our staff initiates a suicide prevention process that can screen, assess and triage inmate/patients to the appropriate level of care. This identification of at-risk individuals is extremely important in corrections, where inmates are far more likely to suffer from mental health or chronic medical conditions than members of the community.



2. Training & Education: Team Training To Heighten Awareness

Knowledge is power, especially when protecting vulnerable at-risk individuals. The *Forrester Research Retention Rate Study of 2000* indicated that retention rates increase with training and education programs which incorporate written, visual and verbal methodologies in their training programs.

Our extensive health care staff and corrections staff training courses each include a written syllabus, PowerPoint presentations and interactive training. Our training programs such as the ***First Four Minutes*** increase staff awareness of suicidal behavior, which can result in lower suicide rates. This program educates staff to:

- Know the circumstances in which inmates are most likely to attempt suicide
- Recognize verbal and behavioral signs that indicate potential suicide risk
- Intervene and triage early to achieve the best possible outcomes
- Monitor those at-risk individuals closely

Training is repeated **annually** to reinforce team vigilance and prevent complacency. The overriding goal of our Suicide Prevention Program is to prevent suicides by promoting a heightened awareness among correctional personnel, health care staff, and inmates.

Corizon Health's ***Suicide Prevention Program Manual***, developed by our clinical team of professionals, identifies the components of our Suicide Prevention Program.

Health Care Staff Education

- *Suicide Prevention* PowerPoint in-service presentation – Designed for health care and correctional staff.
- A Continuing Education Unit (CEU) - *Suicide Prevention in the Correctional Setting*. Corizon Health staff members are required to complete this CEU as a part of their 30-day orientation and annually thereafter. Our Suicide Prevention CEU is updated annually.

Correctional Officer Education

- Correctional Officer Briefing on Suicide Prevention that includes:
 - Facts about Suicide in Jails
 - Characteristics that make Jail Environments Conducive to Suicidal Behavior
 - High Risk Suicide Periods such as:
 - Realization of losses (Bad news of any kind)
 - Housed in single cells
 - Serving long sentences
 - Early stages of prison confinement
 - Impending release
 - Disciplinary confinement
 - Holidays
 - Interpersonal/relationship conflicts
 - Darkness
 - Inmate-related conflicts
 - Decreased staff supervision
 - Prior suicide attempts and/or mental illness
 - Signs and Symptoms of Suicidal Behavior



- Stressors that may precipitate a suicide attempt
- Principles for Suicide Prevention

Offender Education

- *Brother's Keeper* – a laminated poster, available in English and Spanish, for display in the housing units (Also available, *Sister's Keeper*). Emphasizes the inmate's responsibility in the prevention of suicide.

3. Evidence-based Suicide Prevention

Our program has detailed policies and procedures based on evidence-based medical guidelines which are consistent with NCCHC and ACA standards.

4. Identification of At-Risk Inmates

Certain behaviors are more indicative of someone at-risk to attempt suicide. Our Intake process reinforces key observations and contains structured questions related to potential suicide risk. Corizon Health staff members are trained in the importance of longitudinal risk assessments. Assessing risk is not a one-time event, but an on-going process.

5. Patient Triage Improves Outcomes

Our ability to prioritize patient needs based on their presenting symptoms has been successful because our clinicians are trained in more than one discipline. This sets us apart from those who provide only medical or mental health services. We do both.

6. Ongoing Evaluation

Inmates identified as potentially or actively suicidal are placed on suicide watch until a Qualified Mental Health Professional (QMHP) can help determine the level of suicide risk, level of supervision needed, and if a transfer to a higher level of care is required. The QMHP will access the Corizon Health Suicide Watch Mental Health Evaluation Tool (MET) to identify potential underlying mental illness that may be associated with the suicide behavior or ideation. We reassess inmate/patients regularly to identify any changes in condition that indicate a need for modified supervision.

7. Varied Treatment Options

Treatment varies based on the underlying reasons for the inmate/patient's suicide ideation. The ultimate goal is to prevent suicide by recognizing those individuals at risk. Close observation by the clinical team is required during high risk suicide periods. Following high-risk periods, the clinical team may recommend treating the inmate's underlying cause (e.g., depression or serious mental illness) through medication, counseling or a combination of both.

8. Housing Recommendations

Unless constant supervision is required, suicidal inmate patients should not be isolated, if at all possible. Options for providing appropriate levels of supervision include housing the inmate in the mental health unit in close proximity to Corizon Health staff. All Corizon Health staff members are familiar with the COHDC's designated suicide watch areas. Together with the COHDC administration, we work to avoid isolation of suicidal inmate patients.



9. Monitoring Those At-Risk

Regular, consistent documentation of observation must be maintained every 15 minutes – or more often for those at greatest risk. Data shows that inmates are far more likely to harm themselves within the first 24 hours to 7 days of confinement. While there are numerous protocols for housing at-risk inmates, we avoid isolating the inmate and encourage fellow inmates to assist with monitoring. Quality-monitoring activities will include:

- Number of Patients on Suicide Watch
- Number of Serious Suicide Attempts
- Number of Completed Suicides
- Structured Monitoring using Web-based Tools

One function of the Corizon Health Sentinel Event Review Committee is to facilitate and expedite the review of suicide attempts or completed suicides should they occur at the facility. Ms. Matthews completes the Sentinel Event Notification Form, which is faxed or emailed to Clinical Services within 24 hours of the event.

Tools such as the Corizon Health **Behavioral Health Review Form** have been developed to assist the site in evaluating the patient history, circumstances, and time line leading to the event.

10. Communication

Our approach to care and training programs fosters communication among team members.

11. Intervention

National authorities in correctional health such as the American Correctional Association (ACA), the National Commission on Correctional Health Care (NCCHC) and the U.S. Department of Justice have recommended a comprehensive program which includes thirteen components essential for an effective suicide prevention program. Corizon Health has integrated these 13 components (A-M), along with American Psychiatric Association guidelines, into our Suicide Prevention Program:

A. Training

1. Suicide Prevention training as part of initial orientation.
2. Annual Suicide Prevention review.
3. An emergency preparedness plan for responding to a suicide attempt should contain the following components:
 - a. Training is conducted in new staff orientation, reviewed annually and practiced in “man down” drills including both correctional and clinical staff.
 - b. Clinical and correctional staff having knowledge of the cut down tool location.
 - c. Designated staff to respond with the AED, oxygen and emergency supplies.
4. Educational tools to assist staff to understand the risk factors for suicidal behavior in correctional settings.
5. To teach recognition, intervention and documentation techniques for Suicide Prevention.
6. Correctional Officer Briefings (COBs) specific to jails.
7. Corizon Health Suicide Prevention Reminder Cards
8. My Brother’s Keeper/ Sister’s Keeper educational posters for inmates

B. Identification

Every health care encounter (the receiving screen, health assessment, sick call) represents an opportunity to assess inmates for suicide risk factors. When possible, special attention should be paid to known “High Risk Periods” and “Stressors.”



C. Assessment and Referral

1. Any correctional personnel or medical personnel may initiate a suicide watch upon receiving information that poses a potential risk.
2. Only a Qualified Mental Health Professional (QMHP) should release a patient from a suicide watch. A face to face encounter should occur between the patient and the provider and should include the gathering of clinically objective information.

D. Evaluation

1. The level of suicide risk should be determined by a QMHP. An inmate that presents at intake as uncooperative or unable to answer the questions that will determine level of risk, should be put on observation until such an assessment can take place. Err on the side of caution until a mental health evaluation can take place.
2. A "step-down" procedure should be in place when patients are being removed from suicide watch as recommended by a QMHP.
3. Progress notes regarding the patient on suicide precautions should reflect a thorough suicide risk assessment and justification for the level of observation. Risk assessment documentation based only on the "here and now" inmate report is not adequate. Objective clinical data is essential. Use of the Suicide Watch Mental Health Evaluation Tool is recommended.
4. Mental Health should follow this inmate throughout his/her incarceration as recommended by the site mental health team.
5. Corizon Health does not endorse "Contracts for Safety" in the evaluation, treatment or monitoring of suicidal or potentially suicidal inmates.

E. Treatment (Mental Health Staff)

1. Development of strategies and services to address underlying reasons for suicidal ideation.
2. Identification of treatment needs.
3. Identification of symptom clusters that may include suicidal ideation.
4. Development of a treatment plan and/or a behavior management plan (BMP) to manage and follow the chronically suicidal or self-injurious inmate.
5. Monitoring strategies to reduce the likelihood of relapse.

F. Housing

1. Segregated inmates are at an increased risk for suicide attempts. A procedure for screening inmates prior to segregation should be in place.
2. Suicidal patients should be housed in a suicide resistant area which has been designated for suicidal patients.
3. While clothing is sometimes used as an asphyxiation tool, suicidal patients should not be stripped naked as it may worsen depression. Safety garments should be used.

G. Monitoring

Three levels of initial monitoring are recommended for suicidal patient inmates:

1. Constant observation – This is a direct and constant watch for patients who are imminently at risk for suicide or self-injurious behavior.
2. Close observation – Usually appropriate for patients who are not actively suicidal, but may have expressed suicidal ideation and/or have a recent history of suicidal behavior. Full sight observation should take place no less than every 15 minutes and at staggered intervals. A step down procedure of 15 minute close observation should be implemented on patients coming off a constant suicide watch.
3. Step-down program procedures should be in place and implemented, as deemed appropriate by the treating QMHP, for any patient that has been on a suicide watch.



Members of the Corizon Health staff are familiar with the step-down program at the COHDC. Upon being removed from a watch, patients should be placed on mental health's schedule to be seen on a regular basis until they are felt to be stable. A recommended follow-up plan might reflect the following:

- a. A minimum of one evaluation within 72 hours following the discontinuation of the watch
- b. Weekly evaluations for a minimum of 2 weeks, then
- c. Monthly until periodic evaluations are felt to be appropriate

Policies & procedures have been specifically developed to reflect how this is done at the COHDC.

H. Communication

1. A major component of a successful suicide prevention program is effective and timely inter-departmental communication.
2. Health care personnel, mental health professionals and correctional officers should be aware of the communication process to be followed when a patient is identified as being potentially suicidal. Even though only a QMHP may remove or downgrade suicide watch status, it is important to remember that any staff member may initiate suicide watch.
3. There must be a zero tolerance policy, with one or more safe guards in place to assure communication between medical, correctional and mental health staff (i.e.: follow up confirmation of referrals for self-harm threats or gestures).
4. An inmate's suicide status should be considered when transporting for court or an appointment outside the facility. An inmate on suicide watch should also have a plan in place to prepare for unexpected release/discharge from the facility.

I. Notification

1. A process by which Ms. Matthews is made aware of inmates placed on suicide watch.
2. A process in place by which the correctional supervising staff are also notified to ensure proper monitoring.
3. A process to ensure other facility administrators and Dr. Saavedra are informed.

J. Intervention

1. Suicide gestures and attempts should be considered serious. Health staff should respond appropriately and notify mental health staff of all incidences.
2. Emergency efforts should be made to stabilize and/or resuscitate a patient who has attempted suicide while emergency transport is summoned when necessary.
3. Staff should be aware of the location of cut down tools. Equipment checks should be maintained.
4. Mock drills should be conducted to enhance emergency preparedness (First Four Minutes Program previously referenced).

K. Reporting

Every site should have a procedure to designate who is responsible for necessary reporting components including daily reports, watch forms, health record charting and sentinel event forms when necessary.

1. Mental health staff should document in the inmate's health record initially and daily while the inmate is on suicide watch. As mentioned previously the Suicide Watch MET has been found to be helpful in this process.
2. To ensure appropriate housing and monitoring, a daily report should be made available to administration, health personnel and mental health staff of inmate's on suicide watch.

L. Reviewing

1. A review of serious attempts and completed suicides is performed by Dr. Saavedra, Ms. Matthews, Dr. Sussman and personnel involved with the event.



2. A separate review should take place including designated correctional authorities.

M. Critical Incident Debriefing

Completed suicides and suicide attempts can be traumatic for inmates, medical and mental health personnel and correctional staff. Counseling should be made available to anyone who may have been affected by a suicide. Support can be made available on an individual basis or in a group setting, allowing participants to openly express their feelings and providing them with information on how to deal with the stress symptoms they may experience.

Debriefing should include correctional staff and clinicians that were involved in the incident. It should be facilitated by someone who was not directly involved in the care of the inmate. It is important that the facilitator is alert to defensive or accusatory statements or beliefs, and offers supportive suggestions about how to manage the emotional impact.

12. Sentinel Event Reporting and Review

In order to deliver best practices and design process improvements that enhance the quality of care, Corizon Health must have an effective reporting system. Sentinel event reporting allows Corizon Health to know about and understand both successes and failures.

Sentinel event review facilitates the identification of areas that the **Patient Safety Committee** will focus on for organizational learning and prevention of similar events at other Corizon Health facilities. It is also a risk management tool that enhances the process of expedited risk control, preservation of factual information and early professional liability intervention if necessary. Identification of best practices through the review process enhances opportunities for implementation of exemplary care companywide.

Site Medical Director (SMD) and **Regional Medical Director (RMD)** reviews are an opportunity to make significant contributions to improving the quality and safety of care within Corizon Health. The proposal of solutions to correct system defects will enhance care at the site where the event occurred and have potential to improve all of Corizon Health. Therefore, SMDs and RMDs have ownership in Corizon Health's safety record and quality improvement process. As such, there should be no fear in accurate, forthcoming and authentic sentinel event reviews that recognize how human error and system defects may have interacted to result in an event.

The **Sentinel Event Review Committee** is a multi-disciplinary team that will review events and assign a final category which will lead to information transfer to the Patient Safety Committee and Risk Management as necessary. Corrective actions plans will be monitored for appropriateness and tracked to completion by the Corizon Health Patient Safety Committee. This provides an opportunity for organizational learning and a company-wide focus on excellence.

13. Debriefing

We hold debriefing sessions for on-site staff and inmates to provide an opportunity to express their feelings around the event. We strive to have these meetings as soon after the incident as possible. We also offer an Employee Assistance Program (EAP), described in **Section 6.3.f**. The following is an excerpt from our *CEU on Suicide Prevention*:

"Counseling should be made available to anyone who may have been affected by a suicide and needs help adjusting to the situation. Support should be made available on



an individual basis in the event that a person is self-conscious about his or her response to the suicide. This is a process whereby individuals are given the opportunity to express their feelings about the suicide or the suicide attempt. It should also provide them with information on how to deal with the stress symptoms they may experience.”

“The debriefing should also include correctional staff and clinicians that were involved in the incident. It should be facilitated by someone who was not directly involved in the care of the inmate. Part of the facilitator’s role is to listen, to address any defensive or accusatory statements or beliefs, and to offer supportive suggestions about how to manage the emotional impact.”

J *Inmate Worker Examinations (RFP PG 12)*

Corizon Health will continue to give inmate workers a pre-assignment medical examination and periodic re-examinations to ensure freedom from diarrhea, skin infections, and other illnesses transmissible by food or utensils or injuries that would prevent them from working.

All inmate workers should be physically able to perform duties as assigned, free from communicable diseases and open infected wounds, and injury free. Inmates considered for inmate worker duties will be identified by the COHDC staff and be tested for tuberculosis.

K *Medications and Controlled Substances (RFP PG 13)*

Corizon Health, through its subsidiary company, **PharmaCorr, LLC**, will be responsible for all prescription and non-prescription medication. We will continue to use the locked storage area for medications requiring refrigeration and those not needing refrigeration. We have developed with the COHDC staff an effective medication distribution system which includes multiple doses of medications.

PharmaCorr is one of the largest correctional pharmacy programs in the nation, with over 17 years of experience providing pharmacy services to correctional facilities varying in size from small county jails to multi-site, statewide prison systems. PharmaCorr’s growth statistics are notable:

- It serves over 200,000 inmates in 15 states;
- It employs over 135 staff, including 35 pharmacists in two distribution centers (Oklahoma City and Indianapolis);
- It purchases over \$90 million in pharmaceuticals annually; and,
- It dispenses between 20,000 and 30,000 prescriptions per day.

As the current provider (as of May 1, 2015) and with our sound infrastructure PharmaCorr will continue to meet the requirements of the COHDC (below) and bring additional value to the program.

1. The system used for dispensing and administering medications will meet applicable Nevada Administrative Code, the Nevada Pharmacy Act and Federal Controlled Substance Act.
2. Medications will be prescribed only after a personal evaluation by a licensed medical practitioner.
3. Medications (except psychotropic) will be prescribed by the Medical Director or other licensed medical practitioner.



4. All questionable medication orders or drug prescriptions that inmates are booked with are verified by the Medical Director or a prescription written by the Medical Director and the medication the inmate was booked will be provided to the booking officer to be placed in the inmate's personal property.
5. All medications are disbursed by licensed medical contract personnel and recorded in a medication log book and the appropriate inmate's medical file.
6. All controlled substances, syringes, needles, and surgical instruments are stored under security conditions. A daily recorded inventory of these will continue to be maintained.
7. A formulary will be developed for the COHDC.
8. All prescriptions will continue to be reviewed at least every 90 days. All outdated or unused medications will be returned to the pharmacy for disposal based upon written policy developed by the Medical Director and approved by the COH.
9. For those inmates that are HIV positive or who are infected with Hepatitis virus, Corizon Health will be responsible for medical care and prescriptions.

Corizon Health and PharmaCorr believe that formulary management, tracking drug utilization, creating educational programs for providers and pharmacists, and contracting for pharmaceuticals are bound in an intricate web of knowledge and relationships. PharmaCorr is the pharmacotherapy content expert for our clients when matters of comparative effectiveness emerge and require analysis. In order to manage client drug utilization as efficiently as possible, the medical and pharmacy leadership team will have a comprehensive understanding of the safety and efficacy comparisons between drugs and classes of drugs.

For details regarding PharmaCorr services – including ordering, packaging, tracking and delivery methods, monitoring and reporting capabilities, consultant pharmacists, formulary, and more – please refer to our ***Total Pharmaceutical System***, described in **Attachment C**.

L *Equipment (RFP PG 13)*

Corizon Health acknowledges that the COHDC will provide a desk, chairs, a refrigerator, and an examination table for our use. We will be responsible for all other equipment necessary to meet contract requirements.

M *Miscellaneous Supplies/Services (RFP PG 14)*

Corizon Health acknowledges its responsibility for miscellaneous office supplies, medical records/records storage, telephone expenses, employee relations, travel and related expenses.

N *Laboratory and Radiology Services (RFP PG 14)*

Corizon Health will continue to determine and approve an inmate's need for laboratory and radiology services. All laboratory specimens will be gathered by Corizon Health personnel and results of the laboratory test(s) will be added to the inmate's medical record upon receipt. All abnormal results will continue to be reviewed by Dr. Saavedra.



Corizon Health will be responsible for any on-site laboratory services for City of Henderson, City of Boulder City, and Clark County Detention Center inmates. The cost of laboratory services for ICE and US Marshals inmates will be the responsibility of the jurisdiction of arrest.

Corizon Health will continue to determine an inmate's need for radiology and arrange for the required services. The jurisdiction of arrest will be responsible for radiology services for all inmates.

O *Medical Records (RFP PG 14)*

Corizon Health will continue to maintain medical records in the health care area. Active medical records will continue to be maintained separately from the inmate's confinement record. Our nurses understand the importance of accurate entry and prompt filing. Corizon Health will continue to:

- Assist with information gathering.
- Assist in conducting chart audits.
- File all reports and notes within the medical record quickly and accurately.
- Assist with the medical audit process.
- Collect and maintain statistical data.
- Retrieve, store and transfer medical records in a timely manner.
- Educate the health care staff in the use of the specific chart forms.
- Collect the following in medical records:
 - ✓ The completed receiving screening form.
 - ✓ Health appraisal data forms.
 - ✓ All findings, diagnoses, treatments, and dispositions.
 - ✓ Lab and X-ray reports
 - ✓ Records and written reports concerning injuries sustained prior to admission.
 - ✓ Consent and refusal forms.
 - ✓ Signature and title of documenter.
 - ✓ Release of information forms.
 - ✓ Place, date and time of health encounters.
 - ✓ Discharge summary of hospitalizations.
 - ✓ Health service reports, e.g., dental, psychiatric and other consultations.

Upon contract award, Corizon Health will begin implementation of an Electronic Health Record. Corizon Health has significant experience with and highly recommends the CorrecTek solution which includes a turnkey system with the required hardware, software, security features, system support, and disaster recovery components. Corizon Health will provide all necessary hardware required to implement the CorrecTek EHR solution.

CorrecTek's innovative correctional EHR assists health service administrators in managing the healthcare of inmates across the United States. The CorrecTek correctional EHR system streamlines the healthcare operations for prisons, county jails and privately owned/contracted facilities. Institutions find efficiencies through better organization, better workflow and a reduction in healthcare liability and exposure.



With more than 35 years of experience in the correctional healthcare field, Corizon Health has a vast knowledge of correctional workflow and understands the challenges that are inherent in delivering quality healthcare in the corrections setting. Corizon Health staff members are trained on the CorrecTek EHR software and can maximize the potential of the technology to deliver state-of-the art care that fulfills contractual obligations and results in improved patient outcomes.

Corizon Health has extensive training and system implementation knowledge and will provide the COHDC with assistance and direction until the implementation is accomplished. Training can be delivered in a variety of ways: on-site coaching and mentoring, Super User development, Train-the-Trainer, on-line tutorials, and webinars delivered by Corizon Health or CorrecTek Trainers, as well as the establishment of a COHDC CorrecTek user's group for on-going user education and user community communications.

The hands-on training can be broken out by specialty with individuals grouped by the functionality they use within the system. These training courses are developed to be rich in material, and practice scenario driven. This approach reduces cost and maximizes the learning process for the individual users, while minimizing disruption in day-to-day healthcare delivery. Corizon Health and CorrecTek will work with the COHDC to develop a customized training program that meets the needs of its user community.

Corizon Health estimates the need for 8 PCs to accommodate the EHR solution. These PCs will be purchased and provided by Corizon Health.

Requirements

1. Establishment of a Jail Management System (JMS) Interface

The JMS interface is a critical component to patient continuity of care and is the foundation of any correctional EHR. The JMS interface is the only way, without double entry and the possibility of human error, to track all incoming inmates and inmate movement. Through the use of the JMS interface we are also notified of the discharged inmate and discontinuation of medications is established. Without this interface, care and patient outcomes are at risk. Corizon Health utilizes industry standard HL7 interface specifications to the EHR, and would work with the in-house JMS developers to build not only an interface between the EHR and the JMS, but our data warehouse (*InGauge*) and the JMS as well. This allows for a high level of detailed reporting and a better, more efficient process for processing claims as well as the clearance of inmate eligibility. The establishment of this interface will begin as soon as Corizon is permitted to speak with the County JMS in-house programmers.

2. EHR Infrastructure

A reliable network with the appropriate bandwidth allocated for the EHR will be the difference in an EHR the healthcare staff will use and one they will not. Corizon Health will implement new network infrastructure to support the EHR application. It is highly recommended that the infrastructure include Wi-Fi access in locations for inmate encounter care and in locations of pill pass. This usually includes not only the medical area(s) but the housing units and floors as well.



CorrecTek Features

✓ **CUSTOMIZABLE**

Initial customization will be completed on your behalf during your implementation. Additional customization can be performed at any time by authorized end users without any assistance or programming from CorrecTek. Customizable components include:

- Provider dictation templates
- Medication lists
- Order definitions
- Appointment reasons
- Procedure and diagnosis descriptions
- Inmate classifications
- Dictionary list of allergies
- Document management file types and descriptions
- User-defined records (i.e., Intake screening records, facility property records, alcohol abuse records, incident reports, etc.)

✓ **REPORTING**

Your specific reports will be customized on your behalf during implementation, however; authorized users can create reports at any time without the need to contact CorrecTek.

- Includes a fully-integrated report writer
- Virtually every piece of information in CorrecTek is reportable, including user-defined fields
- Reports can be run on one inmate, a group of inmates or the entire inmate population
- Historic patients can be included in a report when needed.
- Reports are stored in the EHR and can be viewed at any time
- Standard reports can be scheduled to run at any pre-designated time and date
- Includes management, productivity, medication and other reports.
- Users can create ad-hoc reports at any time
- From a report, a user can 'drill down' to view the medical record, result, etc.
- Report results can be color-coded to systematically highlight items of interest
- Numeric report results can be graphed with an integrated graphing component
- Results can be exported to Microsoft Word and Microsoft Excel

✓ **PATIENT CHARTS**

- Patient charts can be pulled up by name, booking number, social security number, demographic information, booking numbers, tag IDs, aliases, tattoos and gang affiliations. Historic inmates can be queried as needed
- Allows for an unlimited number of classifications (i.e., ICE, federal, etc.)
- Includes identifying photographs



- Includes allergies, current medical problems, medications, task summary, medical history, forms, flow sheets, lab results, scanned documents, patient visits/encounters, provider documentation, etc.
- Any action performed on behalf of an inmate is recorded in the electronic chart and a record of the user who performed the task is stored in an internal audit log

✓ **DOCUMENT MANAGEMENT**

- Supports historic, scanned records
- Stores scanned images in their native file format
- Supports all major Microsoft Windows file formats
- Supports photographs for identifications and condition history
- Supports the storage of sound and video files

✓ **SICK CALLS**

- Supports SOAP format and other formats dictated by the facility
- Documentation is completed at the point of care – quickly and accurately
- Orders (labs, medications, etc.) are processed and thoroughly documented
- View an inmate's entire medical chart, as needed

✓ **MED PASS / PILL CALL**

- Med Pass reports are automatically generated
- Med Pass reports can be presented by housing location, by name and a variety of other methods
- Patient's acceptance/refusal is documented during the Med Pass
- Support the use of biometric technology – bar codes, fingerprint, etc.
- Photographs are used for inmate identification

✓ **eMAR**

- Fully integrated – complete medical records are accessible directly from the MAR
- Supports PRN meds
- Underlying medication order/prescription available from the MAR
- Color-coded
- View previous and future MARs, as required
- A user can drill down to view the medical record, result, etc., without leaving the MAR
- Enter inmate requests, To Do's, orders, etc., in the EHR without leaving the MAR
- Supports an unlimited number of shifts and shift descriptions
- Updates inventory levels as medications are dispensed
- Contains an audit log to track every action and the user who performed the action
- Create ad-hoc reports from MAR data

6 – PROPOSED SERVICES

THE CITY OF HENDERSON, NEVADA

ON-SITE CORRECTIONAL HEALTH CARE SERVICES | RFP NO: 106-15

MARCH 25, 2015

PAGE 6.25



HIPAA COMPLIANCE

- Individual user privileges can be created and maintained by administrators
- County privileges can be created and maintained by administrators
- View-only access is supported
- Information is displayed according to assigned privileges



CALENDAR/SCHEDULING

- Schedule by type (medical, dental, mental health, etc.)
- Schedule equipment
- Supports customizable appointment reasons
- Viewable in both a grid and list format
- Supports an unlimited number of scheduling templates
- Can track the inmate flow location within a medical unit
- Reportable calendar/scheduling data



INTEGRATION / INTERFACES

- Integrates with your Jail Management System to prevent duplicate data entry
 - Automatic import of inmate demographic data
 - Inmate location and movement records
 - Photographs
- Integrates with your Pharmacy Vendor
 - Bi-directional interface
 - Send orders to and receive confirmation from your pharmacy vendor
 - Automatically adjust inventory levels as medications are received from the pharmacy
- Integrates with your Laboratory Vendor
 - Send requisitions
 - Receive results
 - Track follow-up/sign-off of lab results
- Integrates with hospital, commissary, equipment, etc.



FORMS

- Forms will be customized during your implementation
- Forms can be created / edited at any time by authorized users without assistance or programming from CorrecTek
- Supports an unlimited number and an unlimited type of form
- Other actions are triggered by information recorded in electronic forms
- Information from the EHR can electronically populate the form fields

6 – PROPOSED SERVICES

THE CITY OF HENDERSON, NEVADA

ON-SITE CORRECTIONAL HEALTH CARE SERVICES | RFP NO: 106-15

MARCH 25, 2015

PAGE 6.26



P *Special Medical Problems (RFP PG 15)*

Corizon Health will continue to provide an on-site medical services program at the COHDC that focuses on cost containment without compromising the quality of services deemed medically necessary. We will manage health services to reduce off-site hospitalizations. We will continue our special medical needs program that focuses on the care of inmate patients with chronic conditions through their enrollment in chronic care clinics.

Our chronic care clinics are proactive programs to provide care for inmate patients with special medical needs. Corizon Health provides its chronic care services through appropriately licensed practitioners and qualified providers. Chronic medical conditions are typically identified during the initial admission physical examination. Upon identification, chronic medical conditions are noted in the medical record at the time of the encounter. The initial chronic clinic visit occurs in conjunction with the admission screening and evaluation, with subsequent follow-up occurring according to clinical need.

In order to minimize the off-site movement of inmate patients for services, Corizon Health will continue to provide chronic care clinics on-site and as needed. These clinics will continue to address a wide variety of chronic conditions and specialty care needs for the inmate populations at the COHDC.

Chronic medical conditions may include (but are not limited to) the following:

- Diabetes and endocrine conditions;
- Pulmonary/respiratory conditions;
- Hypertension/cardiac problems;
- Kidney/renal disease, hemodialysis and peritoneal Dialysis;
- Seizure disorder and other neurological disorders;
- Cancer/oncology;
- Pain management;
- Infectious diseases, such as HIV/AIDS;
- Tuberculosis (separate from infectious disease or pulmonary due to volume); and
- Gastroenterology, including Hepatitis C management.

Corizon Health has developed, and will continue to implement a variety of special medical programs for COHDC inmate patients, including those requiring close medical supervision, chronic, and convalescent care. We will continue to emphasize the use of chronic care clinics, which contribute to maintaining the health of the most seriously ill or debilitated inmate patients. Additionally, Corizon Health will continue work with COHDC administration to identify aged or physically disabled inmate patients who for various reasons would benefit from special housing arrangements.

Q *Health Education (RFP PG 15)*

Corizon Health recognizes that inmate education is a fundamental component for the delivery of effective health care at the COHDC. We encourage our staff to regard each clinical encounter as an opportunity to educate our patients. Our goals for our inmate health education program are to educate the inmate patient on principles of self-care: when to seek care; how to access care; and, self-management of ongoing medical conditions.



Educational Program Delivery

Our inmate health educational programs can be delivered in a variety of ways. Educational and instructional pamphlets, posters, and fact sheets may be made available in security-approved areas. Videos/DVDs may be shown in waiting areas. In some cases, Corizon Health staff may offer group sessions on particular topics of health awareness when appropriate. We will continue to work with the COHDC to deliver an educational program that best meets inmate needs. For example, this may include topics such as the following:

- Personal hygiene
- Tuberculosis and other communicable diseases
- Hepatitis
- Prevention of HIV infection and other sexually transmitted diseases
- Diabetes
- Hypertension and cardiac disease
- Pregnancy, birth control and women's health topics
- Adverse effects of tobacco use
- Adverse effects of alcohol and psychoactive drug use
- Positive effects of physical activity
- Positive effects of healthy diet
- Prevention of dental and periodontal disease
- Other related health issues

Proactive Health Promotion

We also utilize various educational materials to provide inmate patients with an understanding of his or her particular disability or disease, the necessary care, and instruction for self-care. Corizon Health has a series of *Patient Information Fact Sheets* (PIFSs) in both English and Spanish, which cover a variety of health-related topics including TB, MRSA, and specific chronic illnesses such as hypertension, asthma, and diabetes. We also developed a PIFS library for mental health topics including major depression, bipolar affective disorder, generalized anxiety disorder, post-traumatic stress disorder, schizophrenia, suicide prevention, and anger management.

R *Administration (RFP PG 15)*

Corizon Health will continue to provide for the clinical and managerial administration of the COHDC health care program.

S *Support Services (RFP PG 15)*

See **Section 6.4.**



T *Statistical Activity Reporting (RFP PG 15)*

Corizon Health will continue to provide a comprehensive annual statistical report to the COHDC Superintendent or designee with cumulative information from the monthly and daily reports. A monthly statistical activity reporting summary is also submitted to the COHDC Superintendent or designee quarterly. The report identifies, by day, the health activities performed by Corizon Health personnel on duty including, but not limited to the following:

- a. Inmates request for various services
- b. Inmates seen at sick call
- c. Inmates seen by physician
- d. Inmates referred to a hospital and reasons for referral
- e. Inmates referred to a dentist and reasons
- f. Inmates referred for psychiatrist and psychological evaluations
- g. Number of DUI blood draws and the results
- h. Number of fourteen (14) day history and physical assessments
- i. Number of inmates testing positive for venereal disease
- j. Number of inmates testing positive for AIDS or AIDS antibodies
- k. Number of hours worked by the entire medical staff
- l. Number of prescriptions prescribed by the physician
- m. Other data deemed appropriate by the COHDC Superintendent or designee

Corizon Health will also continue to provide a daily narrative report for the previous twenty-four (24) hours, capturing the following data, shall be submitted to the Superintendent's office, as requested, to include:

- a. Inmates referred to hospitals and reasons why
- b. Communicable diseases reported and precautions taken
- c. Suicide data (i.e., attempts and precautions taken)
- d. Report on status of inmates in local hospitals
- e. Submit completed medical incident reports
- f. Submit a copy of completed medical grievance reports
- g. A list of lost medical files
- h. History and physical status report

6.2 Staffing Requirements (RFP PG 16)

The staffing plan developed for COHDC has been developed to ensure quality health care, including mental health and dental services, will be provided 24/7 to meet the needs of the current population. The plan was developed utilizing information obtained from our historical partnership of serving the COHDC, the pre-bid tour and from the answers to questions asked during the RFP process.

This critical information was then combined with the knowledge and experience Corizon has gained over the past 35 years to individualize the staffing plans for COHDC. A key component in every Corizon staffing plan is a careful balance of various health care professionals, each integral to a high quality,



efficient and cost-effective medical treatment team. Utilizing the various disciplines to accomplish all necessary aspects of correctional health care provides for safe, efficient and cost effective operations while promoting a true team approach to rendering care.

For the new contract, the following staffing modifications have been made:

Position	Proposed Change	Rationale
DON	1 FTE Added	To assist in supervisory and administrative duties and data collection
RN – H&P	1 FTE Added	To cover additional H&P as the length of stay increases and to help cover during heavy booking times (ICE and Clark County Safe Strip)
Dental Assistant	0.1 FTE Added	To assist the dentist and provide dental charting, equipment counting, infection control monitoring, etc.

POSITION	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Hrs/Wk	FTE
DAY/EVENING SHIFT									
Health Services Administrator	8	8	8	8	8			40.00	1.00
Director of Nursing	8	8	8	8	8			40.00	1.00
H and P Nurse RN	8	8	8	8	8			40.00	1.00
RN	24	24	24	24	24	24	24	168.00	4.20
LPN	12	12	12	12	12	12	12	84.00	2.10
Medical Assistant	18	18	24	18	18	12	12	120.00	3.00
Midlevel NP/PA Medical	5	5	4					14.00	0.35
Medical Director			5	5	4			14.00	0.35
Psychiatrist		4		4	4			12.00	0.30
Dentist					4			4.00	0.10
Dental Assistant					4			4.00	0.10
TOTAL HOURS/FTE- Day/Evening	83	87	93	87	94	48	48	540	13.5
EVENING/NIGHT SHIFT									
RN	12	12	12	12	12	12	12	84.0	2.10
LPN	12	12	12	12	12	12	12	84.0	2.10
TOTAL HOURS/FTE- Evening/Night	24	24	24	24	24	24	24	168	4.2
TOTAL HOURS/FTE PER WEEK	107	111	117	111	118	72	72	708	17.70

6 – PROPOSED SERVICES

THE CITY OF HENDERSON, NEVADA

ON-SITE CORRECTIONAL HEALTH CARE SERVICES | RFP NO: 106-15

MARCH 25, 2015

PAGE 6.30



6.3 Personnel Services (RFP PG 21)

a. *Recruitment Practices* (RFP PG 21)

The foundation for effective recruiting is to pay a competitive salary, offer comprehensive benefits and foster a professional work environment, where team members are valued for their contribution to the operations.

Corizon makes every effort to ensure a quality workforce of dedicated professionals. Our dedicated Regional Human Resources representative has access to corporate resources and the creative recruiting techniques and technology necessary to attract and retain the best talent for the COHDC. Sophisticated compensation practices are necessary to establish competitive wage and benefit strategies allowing our recruiting staff to effectively hire nurses, physicians, and ancillary healthcare professionals.

To achieve these results, our corporate recruiting process includes:

- **Dedicated staff** – 13 physician recruiters, five clinical recruiters, three management recruiters, and three Locums recruiters;
- **Dedicated administrative resources** – focused on credentialing and drug testing;
- **Extensive online recruitment advertising** – utilizing Corizon's proprietary internet site, health care niche sites, correctional health care association sites and general job sites such as *Career Builder*. All Corizon career opportunities are optimized on all major search engines to increase marketability and visibility.
- **Salary surveys** – conducted by our compensation department, to ensure competitive wages in the local market; and
- **Continuous review and planning** – to ensure timely response to changing markets and seasonal and cyclical workforce demands.

Recruiting

Corizon uses creative recruiting techniques and technology to attract the best talent for our clients. In addition to sophisticated compensation practices, we also use the following recruiting guidelines to ensure our ability to effectively hire medical and mental health professionals effectively for the COHDC program:

- Develop a recruiting plan for each position to be filled.
- Develop job specifications based on contract provisions and relevant licensing requirements.
- Where appropriate, consider existing Corizon or competitor healthcare staff for available positions.
- Generate a pool of applicants. Techniques may include, but will not be limited to:
 - Local advertising through printed publications and/or broadcast radio
 - For key positions, notices in national and/or regional specialty publications
 - Review of applications and pre-screened candidates on file at Corizon's Human Resources Office
 - Written and personal contacts with local and regional educational facilities
 - Mass mailings
 - Use of Corizon's web site, and other healthcare web site job boards
 - Open houses and job fairs

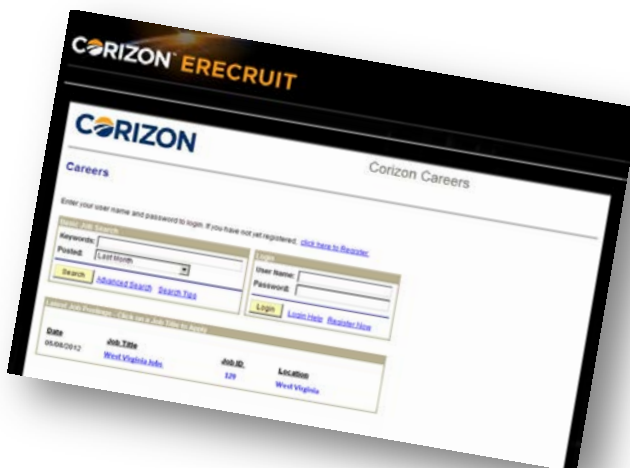


- Tele-recruiting
- Pre-screen applicants verbally and perform a thorough review of credentials.
- Interview preferred candidates on-site.
- Verify references and current licensure by telephone, followed by written reference requests.
- Require all candidates to pass a background investigation coordinated with the client.
- Require all candidates to visit an institution to take a pre-employment drug screen prior to a formal employment decision.
- Establish a full credential file for select positions with copies maintained onsite for line staff and at Corizon's Human Resources Office for management staff.

Corizon continually monitors local medical associations and encourages our operations teams to develop and implement a local recruitment plan which includes regularly scheduled meetings with local professional programs in order to build relationships and continually sell correctional medicine as an option to the traditional role.

Applicant Tracking System (ATS)

Corizon corporate support includes *eRecruit*, a sophisticated Applicant Tracking System (ATS) where positions are posted and activity tracked in real time. Our management team for the COHDC has access to the system for reporting purposes. ATS data management is provided through Corizon's recruiting department. This ensures the appropriate positioning on the web, as well as tracking of the responses to monitor and report best practices. The tracking system also allows our recruiters access to a database of new talent applicant flow. ATS provides a stable and secure portal to ensure that leads are thoroughly investigated and the results of the contact are reported.



Operations Management Recruiting

Corizon's four full-time management recruiters focus specifically on filling positions for Health Services Administrators, Regional Directors, Regional Medical Directors, Directors of Nursing and Vice Presidents of Operations. **Courtney Penning, Theresa Halsey, Casey Tebeau and Bob Manche** have over 50 years of combined healthcare experience and work diligently to find, screen, and recommend the most capable managers in the industry.

Physician Recruiting

Corizon's 13 full-time physician recruiters work with field management to fill positions such as primary care physicians, psychiatrist, dentist, and optometrists. Each physician recruiter works closely with field management to assess and anticipate the need for a physician. We believe our team of physician



recruiters has more combined correctional physician recruitment experience than any other team in the industry.

The services our physician recruiters offer field management include:

- Development and execution of tailored recruiting plan.
- Lead generation and initial screening of applicants.
- Facilitation of the entire recruiting process.

Health Care Professionals Recruiting

With nearly 50 years of combined experience, our five full-time healthcare recruiters have successfully placed thousands of skilled professionals in Corizon field sites throughout the country. These recruiters place professionals such as RNs, LPNs, CNAs, CMAs, administrative support personnel and others. Each recruiter is assigned a specific area and works with field management to ensure staffing needs are met.

The services our recruiters provide field management include:

- Innovative recruitment solutions;
- Lead generation and screening of applicants
- Advertisement development and placement
- Provision of recruitment training to site managers
- Assistance with community awareness activities such as job fairs, open houses, and nursing school visits

Regionalized Recruiters Dedicated to the Southwest Market

Corizon's Physician Recruiting Department is comprised of 13 recruiting professionals, each assigned to geographic sections of the United States. This allows each recruiter to become an expert in the state or area to which he/she is assigned, while drawing on a larger base of specialized experience in the recruitment of correctional healthcare professionals. By regionalizing our recruiting effort, our recruiters become thoroughly familiar with the employment conditions of their assigned state or region, and the average wage ranges of the assigned area. By regionalizing our expertise, we better compete in those areas where nursing and physician shortages may affect our ability to staff our programs at the high level Corizon sets as our standard. The recruiter dedicated to Nevada is **Lindsey Knowlton**.

Through **eRecruit** and other talent management technologies, this team is able to monitor the efficacy of its various recruiting sources and create client-specific (as well as companywide) reporting processes to measure, report and continuously improve the team's effectiveness and results.

b. *Equal Employment Opportunities (RFP PG 21)*

Corizon is fully committed to be an equal opportunity employer and will maintain an environment of both social and business responsibility that responds to the needs of our employees, applicants, clients, contractors, and subcontractors. It is our policy that recruitment, selection, placement, promotion, training, transfer, compensation, termination, and participation in social and recreation programs and continued employment shall be based on a person's ability as related to valid job requirements, without



regard to age, race, color, gender, sexual orientation, religion, national origin, ancestry, veteran or disabled status and other characteristics and statuses protected by law. Corizon also ensures that Equal Employment Opportunity (EEO), and reasonable accommodation, are provided for qualified individuals with bonafide disabilities as such pertains to the Americans with Disabilities Act Amendments Act (ADAAA) or any other criterion that could be found discriminatory.

In addition, we will ensure that our Human Resources policies and practices relating to wages, benefits, and training programs will be administered without regard to age, race, color, gender, sexual orientation, religion, national origin, ancestry, veteran or disabled status or any other characteristic or status protected by law. We will provide reasonable accommodation to employees' religious beliefs.

Each employee has the right to work in an environment conducive to equal opportunity and free from discriminatory practices. As a result, the Company is committed to a workplace free from discrimination or harassment.

All formal and informal allegations of discrimination are to be investigated by the alleged victim's Manager or next level of management in conjunction with Human Resources. All allegations of discrimination, harassment and retaliation are to be treated as serious and confidential.

In order to protect the integrity of an investigation, the complainant is required to hold all information in confidence. The Company prohibits any type of retaliation for making a complaint of discrimination, harassment or retaliation, for assisting another to make such a complaint, or for participating in the investigation of such a complaint. Retaliation of any sort will not be allowed and no adverse employment action may be taken against an employee for making a good faith report of alleged discrimination, harassment or retaliation.

Any employee who feels that there has been a victim of discrimination, harassment (sexual or otherwise) or retaliation must report the incident immediately to his or her immediate supervisor. If this is not appropriate (for example, because the supervisor is alleged to have engaged in the discrimination), the incident must be reported to the next level of management, or to the Company Human Resources Department, or via the Compliance Line at 800-218-9114.

Procedure:

- 1) Upon receipt or notice of a formal or informal complaint of discrimination, harassment or retaliation, the Manager must notify Human Resources and the next level of management.
- 2) Upon receipt of any complaint or charge filed with a federal, state or local government agency and/or a court of law, the Manager or Corporate Office Supervisor must notify the Human Resources Department and Regional Management on the same day such document is received.
- 3) The allegations contained within the formal written charge must not be discussed with the filing employee as this may jeopardize the defense of the charge.
- 4) Human Resources will coordinate the investigations and assist in the creation of the formal response(s)."



c. *Licensure/Certification Requirements (RFP PG 21)*

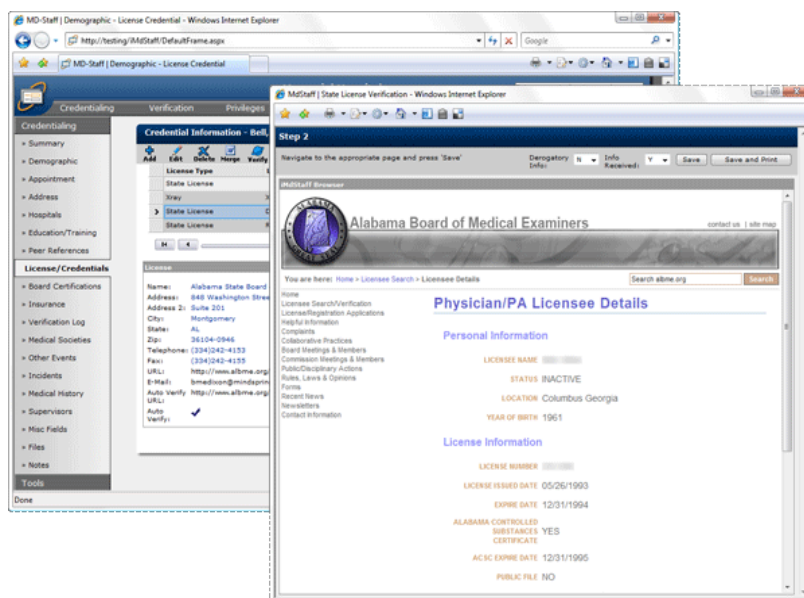
Provider License Verification

A strong credentialing process is a proactive method to ensure that physician training and experience are aligned with each site's clinical needs. Staff leadership uses an interview guide to assist them in discussions with physician candidates. The guide covers clinical, business and leadership areas and allows the leadership staff to communicate observations objectively and develop a strategy for a successful partnership. This process is also designed to reduce provider turnover through due diligence in screening candidates who seek to provide medical care within a jail setting.

How does this approach benefit the COHDC?

Corizon Health Health does not place a physician at a contracted facility without a thorough review of standard documentation, including training and licensure verification, and **National Practitioner Data Bank (NPDB)** review. Once this information is compiled, our Credentials Committee, which is comprised of physicians and other licensed professionals, will discuss potential candidates per our credentials policy.

Corizon Health utilizes **MD-Staff**, comprehensive credentialing system, to streamline and automate the credentialing process. MD-Staff is a comprehensive credentialing system that includes all of the modules needed to streamline and automate the credentialing process.



The foundation for MD-Staff is an extensive, highly relational database that stores nearly every data element relating to a provider. All of the modules in MD-Staff are built upon this single powerful database, thus allowing them to work seamlessly with each other. Unlike other credentialing systems, all of the modules are included in MD-Staff thus drastically reducing overall cost while providing the maximum amount of features.

The web-based version of MD-Staff is a feature rich enterprise level credentialing system, yet it is still very user friendly and intuitive. Based on our highly successful Windows version of MD-Staff, the web-based version takes usability to a new level by utilizing the most advanced web-based technologies to make the application fast, responsive and easy to understand. Along with being easy to use, MD-Staff also automates many tedious credentialing processes, thus drastically reducing workloads while increasing accuracy.



MD-Staff interfaces with numerous online verification sources in order to streamline many of the verification processes. Verification can be done directly from MD-Staff for a single provider or a group of providers, drastically reducing the amount of time spent on verifying provider information.

Initial Credential Requirements

In order for a practitioner to provide clinical services for Corizon Health, the physician's credentials must satisfy the threshold indicators listed below, and Corizon Health must receive all applicable documentation. Threshold indicators include:

- A completed Corizon Health Application and a Consent for Release of Information form;
- Evidence of an active, unrestricted license to practice medicine in the State of Nevada;
- Copy of an active, unrestricted Drug Enforcement Agency Certificate with a Nevada address and a State controlled substance certificate where applicable;
- Copy of current Nevada CDS certification with a Nevada address
- Copy of a degree from an accredited North American medical/professional school or a foreign medical/professional school accredited by the Educational Commission for Foreign Medical Graduates (ECFMG);
- A copy of Board Certification by an accredited certification board within the United States or two letters from practicing physicians in the applicant's specialty attesting to the applicant's clinical skills;
- Evidence of legal working status in the United States;
- Current hands-on certification in Basic Life Support; and
- Certificate of current medical liability insurance;

After these credentials are obtained, Corizon Health's Credentials Coordinator performs the following:

- Verify all licenses, certifications and insurance;
- Query of the NPDB; and
- Submit documentation to our contracted Credentialing Verification Organization (CVO) for Primary Source Verification of education, employment history and active hospital staff privileges.

Practitioners are not contracted to perform services if any of the following conditions exist:

- A previous felony conviction;
- History of any criminal or civil penalty for the following offenses: violent crime, sexual offense, or crime involving the use of a weapon; a crime involving the distribution, sale, or misuse/abuse of narcotics or controlled substances;
- Any provider with a history of any of the following within the last two years must be presented to Corizon Health's Credentials Committee for review:
 - Any crime other than those listed above (excludes summary offenses and minor traffic violations)
 - Substance abuse or addiction *
 - Alcohol abuse or addiction *
 - Inability to practice medicine
 - Loss of medical license or voluntary surrender under threat of suspension, revocation, or restriction



- Limitation of medical license
- Involuntary surrender of clinical privileges
- Inability to obtain professional liability insurance

** All applicants with a history of substance or alcohol abuse that ceased less than two years prior to application to Corizon Health, or who are currently under treatment for such abuse, must agree to random testing for substance abuse as a condition of providing services at correctional facilities under contract with Corizon Health.*

Provisional Credentialing (Temporary Affiliation)

Because of the nature of correctional medicine, it is frequently not possible to make other arrangements in the event a provider resigns or is otherwise unavailable. Inmate patients cannot go elsewhere for care, as would be possible for members of a healthcare plan outside of the facility. Therefore, it is necessary and important for Corizon Health to provide a rapid method of temporary approval for services by selected applicants.

Providers with clean records are eligible for Temporary Affiliation credentialing and may be approved for interim privileges for up to 60 days. To receive provisional credentials, a provider must present the following documentation:

- Completed, dated and signed Application for Corizon Health Affiliation;
- CV, including start/stop months/years, with explanation of any work gaps longer than six (6) months;
- Copy of state-specific license to practice;
- Copy of DEA and state controlled substance license if required;
- Copy of current PLI or malpractice insurance certificate;
- Copy of CPR/ACLS certification; and

The Credentialing Coordinator will perform the following verifications:

- Perform telephone or internet verification of the license and determine if there are any sanctions;
- Determine if a provider's malpractice insurance is current and meets Corizon Health policy limits;
- Verify that the DEA and State controlled substance license are current;
- Verify that the CPR/ACLS certificate is current and meets state contract requirements; and
- Obtain an NPDB report.

PeopleSoft® Tracking and Reporting

Corizon Health has a two-prong approach to tracking and reporting on credentialed and licensed staff. Currently all of our employed nursing staff's (RN/LPN) certifications, credentials and licensing are stored in our PeopleSoft system. This system allows the Directors of Nursing (DON) and our Health System Administrators (HSA) direct access to their individual employee's certifications, credentials and licensing dates and documentation. The HSA and DON work from within PeopleSoft daily and will receive alerts as to credentialing that is close to expiration. This allows our staff to be proactive in staying compliant from right at the facility level.



Re-credentialing

Every three years, in order for a practitioner to remain employed with Corizon Health, providers must submit or resubmit a Re-credentialing Application Packet. This Re-credentialing Packet will contain the provider's attestation that he or she has not been convicted of any crime in the past three years, has not been addicted to alcohol or controlled substances in the past three years, and has not been reported to the NPDB for any reportable incident.

The Credentialing Coordinator will verify the following:

- Medical license(s) which are currently active;
- Federal DEA certificate;
- Claims history via the NPDB; and
- Board certification.

Provider Files

Corizon Health will maintain a file for each provider containing the following information:

- Current unrestricted license in the State of Nevada;
- Current Nevada controlled substance certificate;
- Current federal DEA certification;
- Current certification in Cardio Pulmonary Resuscitation (CPR); and
- Renewal of board certification.

Copies of all current nursing and physician licenses will be kept on file in the Health Services Administrator's office.

Ongoing Monitoring of Credentials

Monitoring the credentials and the clinical work of our providers is an ongoing process, not limited to initial and biennial review. Our providers are subject to peer review and are reminded routinely that they are required to immediately report any of the following:

- Action to suspend or limit their license to practice medicine in any state; or to suspend or limit their federal DEA certificate, or state-controlled substance (if applicable) number;
- Actions to revoke, suspend, or limit privileges at a hospital or any medical organization;
- Criminal conviction;
- Civil legal proceeding resulting in a penalty or an award of damages;
- Addiction to drugs, use of unprescribed narcotics, habitual or chronic use of any substance that may impair judgment;
- Addiction to alcohol or alcohol use which could impair judgment or interfere with clinical duties;
- Any situation that could reasonably be expected to hinder the provider's ability to perform contracted services in the correctional or clinical work environment; and
- Any incident reportable to the NPDB.



Corizon Health will also enroll each provider in the NPDB's Continuous Query. This keeps us informed 24 hours a day, 365 days a year about adverse licensure, privileging, Medicare/Medicaid exclusions, civil and criminal convictions, and medical malpractice payments of our practitioners. This is done for the safety of our patients, the COHDC and Corizon Health.

Licensure Compliance Program for Corizon Health Nurses



Corizon Health has partnered with **EverCheck** to monitor license compliance of our nursing staff providing direct patient care. A paperless system, *EverCheck* runs license verifications behind the scenes 24/7/365. Important changes are reported directly to Corizon Health in real time via email.

EverCheck Features

EverCheck has created a best-in-class suite of features to streamline Corizon Health's entire nursing license verification process. These features include:

- **Daily Primary Source Verifications:** Licenses are automatically verified daily to keep Corizon Health aware of status changes as they occur.
- **Archive of License History:** Storage of primary source screenshots for each employee, retrievable at any time.
- **Email Notifications:** Customizable updates with important license information to help Corizon Health remain compliant. Designated management teams receive email updates of important license changes that require immediate attention. With these updates, there is no need to manually monitor these licenses.
- **Effortless HRIS Integration:** Integrates seamlessly with Corizon Health's HRIS System, providing continuous updates to Primary Source information.



Reports

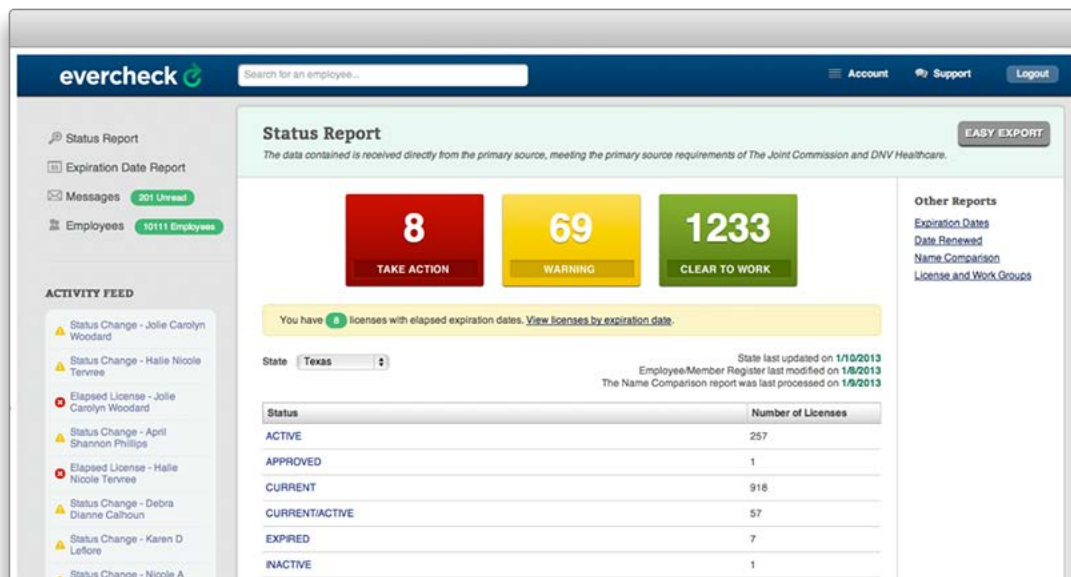
Corizon Health has access to the following reports, through EverCheck:

- **License Status Report:** Confirms that each licensed nurse providing direct patient care has been reviewed and sorted into the following compliance categories: **Action, Warning, Clear to Work**. Additionally, lists the number of licenses that fall into the following status categories: Active, Approved, Current, Current/Active, Expired, Inactive, etc.
- **Expiration Date Report:** Lists employees whose license expires within the following: **Deadline 60+ days, Deadline Within 60 days, Elapsed Deadline**.
- **Date Renewed Report:** Lists the licenses renewed during a certain period of time. Information includes: **Licensee Name, Date Renewed, License #/Employee ID, Profession**.
- **Name Comparison Report:** Details the official first and last name of the nurse, as it is compared to the first and last name of the nurse.
- **Employee Detail:** Details the status history of each flagged employee, allowing Corizon Health to determine the specific cause of the nurse's issue. This report details the nurse's license number,



name, status, if compliance is needed, state/territory, profession, expiration date, employee register, and the status history. To address outstanding issues, the manager can give online access to specific supervisors at the facility so that, in an instant, they're all viewing the same up-to-date information.

- **Status History:** Details date-stamped status history, providing irrefutable evidence as to the past activity/license history for each license.
- **Primary Source Screenshot:** Provides a screenshot from the primary source of license.



d. *Staff Training And Personnel Development (RFP PG 21)*

Corizon Health believes strongly in developing our staff in all aspects of their responsibilities. Attention to job descriptions, roles, and accountability within the correctional health care setting are discussed thoroughly with new hires. Contractual obligations and security concerns are covered during our orientation programs. Our policies and procedures and training materials reference the guidelines, directives, and policies of the COHDC, ICE, the NCCHC and ACA.

Corizon Health employees receive an orientation plan and staff development/training customized to their position and scope of practice. Each employee is tracked through our Human Resources Information System (HRIS) to govern compliance with completing orientation programs and annual obligations of training. We also track and report monthly completion of employee participation in monthly in-service and training events. Evidence of the successful completion of competency training is accessible in the credentialing files of all licensed personnel and of all personnel working under the license of professional personnel.

e. *Orientation Of New Employees (RFP PG 21)*

Corizon Health orientation begins with our extensive three-part **New Employee Orientation (NEO) Program**. NEO is presented to all employees and consists of institution and human resources issues

6 – PROPOSED SERVICES

THE CITY OF HENDERSON, NEVADA

ON-SITE CORRECTIONAL HEALTH CARE SERVICES | RFP NO: 106-15

MARCH 25, 2015

PAGE 6.40



(business conduct, sexual harassment, etc.), safety issues, and working in a correction institutions (handling patient behaviors, professionalism, confidentiality, etc.) and clinical topics pertinent to all staff in the healthcare unit. The orientation program includes: a review of Department Policies and Procedures (P&P) and how to access Department P&P manuals; Electronic Medical Record (EMR) Training; HIPAA / Confidentiality Training; CPR Training; a review of the basics of working in a jail setting; and a review of the limits of the scope of responsibility.

Part One of the Corizon Health orientation program, **NEO I**, is presented to all employees and consists of institution and human resources issues (business conduct, sexual harassment, etc.), safety issues, and working in a corrections institution (handling prisoner manipulation, professionalism, confidentiality, etc.) Parts Two and Three, structured for nursing and other clinical staff, consist of modules covering a comprehensive array of medical and behavioral health topics.

Corizon Health requires that NEO I be completed by all employees within 14 days of their employment start date. NEO I components include:

- Corizon Health Code of Conduct and Ethics
 - Confidentiality
 - Protection and use of company property
 - Compliance with rules, laws and regulations
- Emergency or unusual situations;
- Employee safety;
- Review of Corizon Health's Policy and Procedures Manual;
- EMR training, if applicable;
- HIPAA / confidentiality training;
- Hazardous communications;
- Human resources policies and procedures;
- Drug-Free Workplace training;
- Post-exposure prophylaxis; and
- Timekeeping.

Nurse Training and Education Program

Corizon Health understands the important role nursing plays in the correctional health care setting. Nurses are the eyes and ears of the program providing care around the clock on a daily basis. It is imperative that each nurse is properly selected, trained (initially and continually), and provided supervision and leadership during their daily activities.

We believe the process of ensuring our nurses' qualifications begins at the time of recruitment and interviews. Efforts are made at hire to provide sufficient information about correctional nursing to ensure the candidate fully understands the working environment in which they will be working and that they have the proper credentials and clinical experience to be successful within our organization. We are fully aware that ineffective hiring practices result in increased turnover of nursing staff which affects the performance of the clinical program at the involved facility.

The Corizon Health nurse training program begins with the on-boarding process. The program focuses on the core competencies and skills necessary for success as a correctional nurse. Nurses are presented



important information regarding their role in the correctional health care program and how to be successful in their new role. This information is presented in a carefully written program called our *New Employee Orientation Manual II*.

This manual is part of every clinical staff member's orientation. Based on principles from the ANA Standards of Correctional Nursing and the experience of many Corizon Health nurses, this program assists the new employee in finding their way through the many duties and roles of the corrections nurse. It is also a part of the orientation of all providers. This informs them of the many skills and talents of the corrections nurse and ensures the provider's awareness of the support they can expect from their nursing staff. The 22 modules of **NEO II** are covered during the nurse's first 30 days of employment.

1. Ancillary Health Services
2. Behavioral Health Services
3. Chronic Illness
4. Clinical Communications - SBAR
5. Controlled Drug Documentation & Accountability
6. Documentation & Medical Records
7. Emergency Care
8. Infirmary Care
9. Environment for Safe Patient Care
10. Intake Health Screening & Transfers
11. Medication Administration & Documentation
12. Nursing Assessment Protocols
13. Prison Rape Elimination
14. Segregation & Special Housing
15. Sharps Safety
16. Sick Call
17. Situations Requiring Special Procedures
18. Substance Abuse Withdrawal
19. Suicide Prevention
20. Tool & Sharp Control
21. Utilization Management
22. Nursing Behind the Walls

In addition to the NEO II program, nurses are provided an orientation program that focuses on key clinical skills and tasks such as physical assessment, medication administration and control, documentation and emergency response skills.

Members of the Corizon Health staff at the COHDC are required to be trained on PREA (via the company's Learning Management System) annually, in addition to the City of Henderson's PREA annual training.

As stated previously, there is a time limit of 30 days from the start of employment for clinical staff to complete their basic orientation and NEO II training manual. Full completion of a preceptor-guided orientation varies based on individual needs. There is a standard 90-day probationary period that can



be extended 60 days, if needed, to fully ensure a proper orientation and training of each new staff member.

The topics for **NEO III** were developed to provide focused attention to the following areas:

- Build confidence in the new employee regarding their role in the unit
- Provide support for their assertive application of their skills to improve patient care
- Support an environment of safety, which is a primary focus of our patient care efforts

The new employee has 180 days post-hire to complete these topics.

Staff Competency Verification

To ensure each member of the nursing staff has the basic competencies required in a corrections environment, 12 core competencies have been identified by our nursing leadership. As a result, skills verification forms were developed by Clinical Education and Training. Annually, each RN or LPN must physically demonstrate his or her ability to appropriately carry out each of the 12 competencies and have that demonstration verified in writing by a subject matter expert (DON or designee). This documentation is maintained in the employee's training file and is also sent to Corizon Health's Clinical Education Specialist.

The competencies are:

1. Obtaining a Blood Pressure Reading;
2. Crutch Fitting and Crutch Walking;
3. Placement and Management of IV Infusion;
4. Obtaining a Peak Expiratory Flow Rate Measurement;
5. Performing a Basic Respiratory Examination;
6. Obtaining and Recoding a Snellen Chart for Visual Acuity;
7. Placement of a Cervical Collar;
8. Obtaining and Reporting an EKG;
9. Placement and Management of Oxygen Therapy;
10. Obtaining and Preparing Laboratory Samples;
11. Placing and Reading a TB Skin Test; and
12. Obtaining Finger Stick Blood Glucose.

In addition to initial orientation, each nurse is provided on-going educational opportunities through a program planned and coordinated between the Corizon Health Nursing and Training Departments.

Training is developed based on the current body of nursing knowledge and information gathered through our Quality Improvement and Sentinel Event Programs. It is imperative that nursing leadership at each of our contracted sites is aware of nurse performance and clinical decision-making based on a review of their work through the Corizon Health Quality Improvement Program. This review quickly identifies performance needs as well as areas of best practice that can be shared with others at the facility.



B.A.S.I.C. Training Program for HSAs, DONs and Other Key Leaders

Corizon Health is also committed to training and developing our front line operations leaders. All newly hired or promoted Directors, Health Services Administrators, and Directors of Nursing (as well as other key leaders) participate in our comprehensive Behaviors, Accountabilities, Systems and Information for Corizon Health (B.A.S.I.C.) Management Training Program.

This program focuses on three integral elements of the correctional health care management function:

1. Providing quality patient care;
2. Leading people effectively; and,
3. Managing costs appropriately.

Participants will join other new managers at a central location for a week of education and networking. Corizon Health instructors are committed to meeting the professional needs of the Corizon Health clinical and operations management team through sharing of their professional knowledge throughout the on-boarding process. This comprehensive instruction includes:

- Manager preceptorships;
- Mentoring;
- Self-study;
- Online learning;
- WebEx instruction; and,
- Instructor-led training.

Our program is focused on four main areas:

- Leadership;
- Management;
- Technical Systems; and,
- Clinical Operations.

Technical Systems Training

As a component of B.A.S.I.C training, Corizon Health provides monthly technical system WebEx sessions for new managers. The classes are designed to introduce our electronic systems, tools, and reporting systems for both personnel and clinical processes and outcomes. This training is part of the onboarding sessions Managers attend at the beginning of their employment, as well as any time there are system changes/upgrades or any time they need a refresher. Topics include **WorkForce Central** (timekeeping), **PeopleSoft** (Human Resources management system), **MyCorizon** intranet, I-9/eVerify, **InGauge** (data warehouse) and electronic medical records (if applicable). A combination of instructor-led, hands-on and refresher **WebEx** sessions are utilized for new start-up contracts. All topics have corresponding tutorials, training materials, and quick reference guides available on **MyCorizon**. The technical training staff also provides instruction to new IT Support Services Department employees and corporate managers who will be using these tools.



Corizon Health Practitioner On-boarding Program

Corizon Health has established industry standards in physician orientation and training. Our Practitioner On-boarding Program is specific to a number of physician leadership positions as well as full-time, part-time physicians and physician extenders. Corizon Health's on-boarding program goals are in accordance with the mission of the **Centers for Medicaid and Medicare Innovation**:

- Better healthcare by improving all aspects of patient care, including Safety, Effectiveness, Patient-Centeredness, Timeliness, Efficiency, and Equity (the domains of quality in patient care as defined by the Institute of Medicine).
- Better health by encouraging healthier lifestyles in the entire population, including increased physical activity, better nutrition, avoidance of behavioral risks, and wider use of preventative care.
- Lower costs through improvement by promoting preventative medicine, improved coordination of healthcare services, and by reducing waste and inefficiencies. These efforts will reduce the national cost of healthcare and lower out-of-pocket expenses for all Medicare, Medicaid, and CHIP beneficiaries.

The following six goals are addressed in Corizon Health's Practitioner On-boarding Program:

1. Recruiting;
2. Shaping the practice of Correctional Medicine ("Shape the Force");
3. Retention;
4. Patient safety;
5. The provision of quality care; and,
6. The merits of expanding the practitioner pool.

Through the Practitioner On-boarding Program, Corizon Health aspires to develop staff into advocates for Correctional Medicine. Everyone becomes a mentor – but the practitioner cannot become a mentor until they have been mentored themselves. We have established a well-codified network for mentoring, support and coaching for the COHDC contract.

The three stages of our on-boarding program for this contract will begin with recruiting and will carry forward for the first 90 days of employment with Corizon Health. After Stage Three, ongoing training and education will help us ensure consistent standardize practices.

Stage One: Prior to offer of employment – A checklist at the recruiter level is completed prior to the candidate being forwarded to the regional office for consideration.

Stage Two: Begins prior to final offer through beginning Point of Care practice.

Stage Three: Can begin during Stage Two and will be on-going through the first 90 days.

On-boarding Program for Behavioral Health Staff

As part of the New Employee Orientation, Corizon Health has developed an on-boarding training geared specifically for all qualified mental health professionals. This instructor-led program ensures that Corizon Health's behavioral health staff is familiar with our evidence-based assessment tools, standard



forms, and other resources, such as our corrections-specific continuing education modules and suicide prevention policies and procedures. Each participant is issued their own behavioral health on-boarding manual that they can readily access and refer to on the job. Each manual also contains a section reflecting behavioral health deliverables unique to their contract and these are reviewed early on and signed off by both the employee and facilitator/supervisor on the checklist included in the manual and kept on file. We have included the Table of Contents for this training as **Attachment D**.

f. *Employee Assistance Program (RFP PG 21)*

Life Management

Corizon Health recognizes that life presents various challenges and offers a benefit to assist our employees and eligible dependents. Personal problems can affect an employee's work performance and employees are encouraged to take constructive action to resolve personal problems before work performance is affected.

To help employees and their eligible dependents with the resolution of personal problems, a program is in place to assist with behavioral healthcare issues and a variety of personal issues, relationship, work / career and parenting / childcare issues.

A **Life Management Program / Employee Assistance Program (EAP)** "hotline" number is available twenty-four (24) hours per day, seven (7) days per week. A call to the hotline is handled in a professional and confidential manner. A Life Management professional will help evaluate your situation and provide direct support to you, including face-to-face consultations. Additional services may also be accessed, including resource searches and referrals.

An employee or eligible dependent's usage of the Life Management Program / Employee Assistance Program (EAP) remains strictly confidential.

Tuition Assistance

Corizon Health encourages employees to continue their education and to become more proficient in their occupation or profession. The **Tuition Assistance Program** is intended to assist employees in obtaining education needed in their current job or those jobs into which they may reasonably be expected to advance. Employees are eligible to apply for tuition reimbursement after three (3) months of continuous employment if they are classified as working thirty (30) hours or more.

Assistance is limited to credit for course work at an accredited undergraduate institution, graduate school (Masters or PhD program), or professional school (law, medicine, etc.). The Tuition Assistance Program is only applicable to courses taken through a college, university, or technical school that has received accreditation by an approved accrediting organization as recognized by the United States Secretary of Education and the Council of Higher Education Accreditation (CHEA) at www.chea.org.



g. *Continuing Education* (RFP PG 21)

CE/CME topics focus on clinical issues commonly encountered in daily work activities and those areas where focus is evaluated to be needed. Corizon Health's Clinical Education Council is accredited by the California Board of Nursing as an Approved Provider of Nursing Continuing Education programs.

The Corizon Health CEU library includes training modules for the following topics:

- Nursing Documentation
- Seizures
- Wound Care
- End of Life Care/DNR Care
- Diabetic Ketoacidosis
- Tracheostomy Care
- Ostomy Care
- Chest Pain Assessment
- Team Building
- Prioritizing
- Insulin Administration and CBG Monitoring
- Time Management
- Neurovascular Assessment
- Critical Thinking
- Care for the Chemo/Radiation Patient
- Scabies and other Skin Disorders
- Hypertension Crisis
- Reading EKGs
- Workplace Violence
- Reducing Medication Errors

Additionally, 12 training modules provide Corizon Health-specific clinical knowledge about our processes:

- Intake
- Sick Call
- Diabetes
- Asthma
- GI Assessment
- Critical Vital Signs
- Emergency Response
- MRSA
- NETs
- Insulin
- Chronic Care
- Infirmary Admission



On-site nurse managers also receive training materials that can be used in daily encounters with staff through planned training sessions or as a part of staff meetings. These materials focus on emergency response situations and patient safety topics. Each nurse is also required to complete annual training on topics such as suicide prevention, employee safety, medication administration, narcotic control, infection control, HIPAA and corporate compliance and ethics.

Corizon Health's comprehensive monthly continuing education program allows nursing and provider staff to accrue CE contact hours toward re-licensing requirements at no charge. All Corizon Health staff is able to use the program to accrue training hours for accreditation requirements **with no out of pocket expense**.

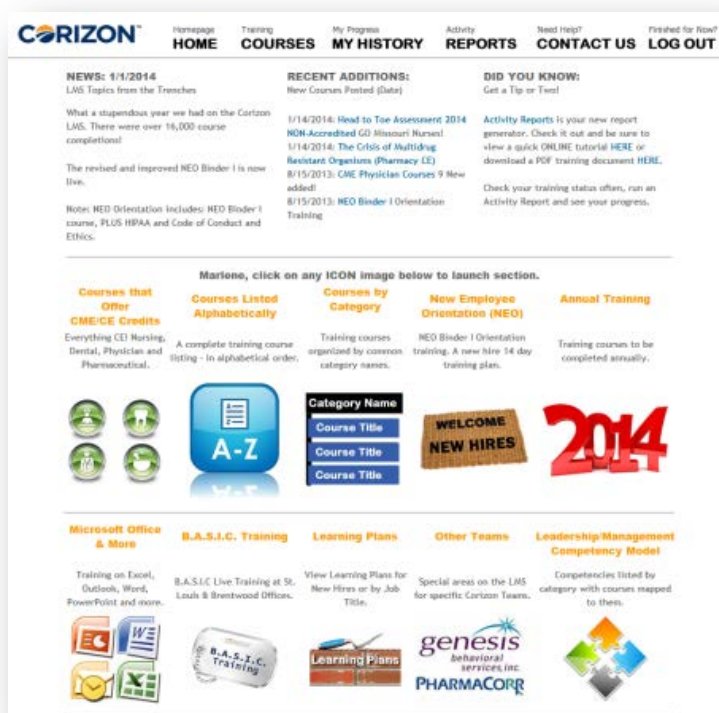
The program is tracked at the corporate level to verify participation.

The Corizon Health LMS (Learning Management System)

Corizon Health supports our on-site programs with a specifically designed and customized Learning Management System (LMS). The Corizon Health LMS ensures all staff members have complete access to the latest material necessary to be successful on the job, 24/7. With over 500 courses available, our on-site managers and field staff across the county have instant access to our New Employee Orientation (NEO) I Program, Continuing Education (CE) Credits (over 100), and numerous software and proprietary applications training courses.

An industry "first" for private correctional health care providers, the Corizon Health LMS allows us to leverage the power of the Internet to deliver comprehensive professional development instruction to our management and field employees throughout the country and at no cost to them.

Utilizing LMS technology,, Corizon Health can connect, inform, and educate our geographically dispersed workforce using a single, integrated on-line training and communication platform. Through a partnership with leading e-learning provider, **Oracle** and their *Learn Cloud Service*, Corizon Health is able to provide a wealth of course material on topics such as Coaching, Communicating with Power, Leading Teams and Problem Solving Through Productive Thinking and a wide variety of Microsoft Office application courses.



6 – PROPOSED SERVICES

THE CITY OF HENDERSON, NEVADA

ON-SITE CORRECTIONAL HEALTH CARE SERVICES | RFP NO: 106-15

MARCH 25, 2015

PAGE 6.48



Corizon Health LMS users may take the courses at their own pace and at a time that is most convenient for them. Students are tested on their comprehension of many subjects, thus identifying precise strengths and areas for improvement. Managers can then track the completion and comprehension rates of learners and use such data to assist in creating and maintaining Individual Development Plans for their staff.

LMS Curriculum

Currently, over 500 different courses are available on a variety of professional development topics. In addition, this unique learning solution enables Corizon Health subject and instructional experts to create customized content unique to the correctional health care field and proprietary company technologies. Such topics include our *Employee Safety in a Correctional Healthcare Setting*, *HIPAA*, and *Code of Conduct*. Our instructional designers continually monitor the evolving educational needs of our diverse workforce and will develop future study modules to best address these professional development areas.

All course content featured in this interactive learning system is designed to enhance ability within four key areas:

1. Leadership and Influence,
2. Problem Solving and Planning,
3. Relationship Skills, and
4. Process and Outcome Management.

The **Corizon Health LMS** curriculum is designed to empower employees and to be flexible to their individual learning needs. Each course is self-paced and can take from 30-120 minutes to complete. Students may start and stop the courses at any time, saving their place in the process. Employees can chart their progress in the system and view a record of courses completed, along with any applicable test scores.

Through our orientation programs, focused management, clinical curriculum and access to ongoing training/development, Corizon Health clearly demonstrates its commitment to providing employees with a work environment conducive to growth, development and well-being.

h. In-Service Training (RFP PG 21)

Corizon Health will continue to work collaboratively with the COHDC administration to develop effective in-service training programs for correctional staff that are in accordance with ICE, ACA and NCCHC standards. Together we identify specific health education/training needs for correctional staff and plan programs accordingly. Corizon Health staff members are designated as trainers for correctional staff as appropriate.

Corizon Health offers correctional staff training on topics including, but not limited to CPR, suicide prevention, contagious disease, and universal precautions. As part of our infection prevention program, we will offer correctional staff training on infectious disease control and prevention, and precautions and appropriate use of personal protective equipment. As part of our *Suicide Prevention Program*, correctional staff training is repeated at least annually to reinforce team vigilance and prevent complacency.



Corizon Health provides in-service training to COHDC correctional staff in subjects such as (but not limited to) the following:

- Suicide Prevention;
- Management of the Mentally Ill;
- Blood Borne Pathogens;
- Cardio Pulmonary Resuscitation;
- Corrections Fatigue;
- Communicable diseases, including Tuberculosis; and
- OSHA regulations and requirements, including self-protection against blood borne pathogens.

Correctional Staff Education

Our extensive training courses for corrections staff include a written syllabus, PowerPoint presentations and interactive training. Corizon Health has provided correctional officer training at the COHDC to:

- Promote recognition of serious medical and mental health problems requiring access to medical attention of urgent or emergent healthcare needs;
- Emphasize early detection;
- Foster emergency readiness preparation through the Corizon Health *First Four Minutes* program; and
- Facilitate appropriate response for rendering basic emergency care.

Corizon Health offers complete healthcare training programs designed to provide correctional officers with practical information that are beneficial in the day-to-day performance of their jobs and in everyday life. We recognize the importance of on-going educational activities related to crisis intervention and prevention, and de-escalation strategies for medical, mental health and security staff. Corizon Health is committed to the continuing development of training tools and programs to help corrections staff manage difficult behaviors and develop an awareness of strategies that have proven to be effective in de-escalating a potential crisis.

Correctional Officer Briefings

Corizon Health's Training and Education Department has developed a series of *Correctional Officer Briefings* (COBS) that address common chronic care illnesses and diseases. Used at the COHDC, these fact sheets provide information, with general guidelines given for specific circumstances regarding an illness or disease. COBS provide suggestions from the medical/behavioral health department that the correctional officers can use to help inmates help themselves.

Samples of our ***Correctional Officer Briefings*** have been provided as **Attachment E**.

Food Services

Corizon Health works with the COHDC to ensure staff in food services, employees and inmates are appropriately trained regarding personal hygiene, sanitation, infection control, and inspection procedures. Our infection control designee and other health services staff participate in the training and monitoring as appropriate.



i. *Performance Reviews (RFP PG 21)*

All Corizon Health employees are scheduled to receive a written performance review on at least an annual basis. The HSA, Ms. Matthews, complete an evaluation form prior to the review meeting with the employee. All items on performance review forms are discussed with the employee. Employees receive position- specific performance objectives. Employees and Ms. Matthew work together on performance plans for the growth and development of the employee in meeting personal and company goals, objectives, and standards.

Corizon Health considers review forms confidential and does not disclose the reviews unnecessarily to those who do not have a need to know.

The Human Resources Department assists employees and Managers in the performance review process. Ms. Matthews confirms completion of annual employee performance reviews by entering the annual overall rating given to the employee in the HRIS. Completed and signed performance review forms are filed in the employee's personnel file. All PRN employees receive a written performance review on an annual basis, usually during the month of their anniversary of employment, or change in status date. PRN employees are not eligible for any rate increase as part of their annual performance review. Performance ratings will be recorded in the HRIS.

j. *Compliance Of Recruitment Practices With PREA (RFP PG 21)*

Corizon Health understands and complies with PREA Standard 115.7 which prohibits hiring, promoting, or contracting with anyone (that will have direct contact with inmates) who has engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in sexual abuse in confinement settings. We acknowledge that this standard requires the COHDC to conduct criminal background checks, conduct a check of the state's child abuse registry, and make its best efforts to contact prior institutional employers to obtain this information and that these checks must be repeated for all employees at least every five years.

As stated previously, we also require annual training through our Learning Management System (LMS) and through the City of Henderson. This slide is a sample from our PREA training course.

Role of Medical & Mental Health Staff

- Patient Safety #1
- Encourage reporting
- Reassure reports will be taken seriously
- Acute care/first aid
- Evidence preservation (96-120 hours)
- Collaborate with community service providers
 - Memo of understanding
 - Outside Rape Crisis Center relationship (www.ovw.usdoj.gov)
 - Forensic Medical site
- Crisis Intervention and Suicide Prevention (MH)
- Long-term treatment planning (MH)
- Follow up care



6.4 Program Support Services (RFP PG 21)

a. *Medical Audit Committee* (RFP PG 21)

Consistent, scheduled communication is critical to any successful venture and is particularly important for continuity of care. Corizon Health will continue to hold monthly Medical Audit Committee (MAC) meetings to review issues surrounding healthcare services, including utilization, projections, and other components to coordinate care.

The Health Services Administrator (**Ms. Matthews**), Site Medical Director (**Dr. Saavedra**) and Psychiatrist (**Dr. Sussman**) attend MAC meetings as direct liaisons between the COHDC and our national support staff. Typically, a Corizon Health regional and/or corporate representative attends these monthly meetings. Monthly MAC meeting participants may also include the following corporate personnel:

- **Leonora Muhammad, RN, Regional Clinical Services Manager;**
- **Ivor Garlick, MD, Regional Medical Director;**
- **Charles Guffey, RN, Regional Director;**
- **George Vaughan, Vice President Operations.**

Corizon Health will continue to be responsible for developing, recommending, and implementing policies and procedures necessary for the operation of the medical/dental/mental health care program, including but not limited to a monthly review of off-site costs, pharmacy utilization, and COHDC clinical initiatives such as release planning and coordination of care.

We will continue to provide any reports resulting from our MAC meetings, along with requisite documentation, to the COHDC administration, as required.

b. *Quality Assurance Program* (RFP PG 21)

Corizon Health staff members participate in site-specific initiatives to provide the foundation for the CQI program. This includes involvement in audits, meetings, corrective action plans, and other ongoing activities. We fully support regular chart reviews of programs, including outpatient services, inpatient units, and intake/reception services, as a part of each site's program. Other areas of focus for our CQI program at the COHDC include:

- Patient Care Clinical Performance;
- Outpatient Services;
- Development and Implementation of Individualized Treatment Plans;
- Aftercare Planning;
- Intake Services/Orientation;
- Crisis Stabilization Units;
- Emergency Treatment Orders/Seclusion/Restraints; and
- Nursing Duties.



Reporting

Results summarizing CQI activities, monitoring results, improvement activities, assessment of findings, and action plans to correct or improve performance are generated as required. Corizon Health makes these reports available to the COHDC upon request or on a schedule as mutually determined by Corizon Health and the COHDC.

CQI reports are discussed at the monthly QI meetings. If the results fall below the threshold of 80%, a Corrective Action Plan (CAP) is developed and shared at the MAC and the audit is repeated. Chart audit results are also shared at the MAC meeting with a CAP, as indicated.

Monthly Site-Level CQI Meeting

Corizon Health's CQI Committee at the CHODC meets on a monthly basis. This committee has representation from multiple disciplines practicing at the COHDC. The monthly meeting monitors the success and outcomes of the Corizon Health program and facilitates communication between the disciplines integral to our coordinated health care services program. Its objective is monitoring the health care services provided, collecting, trending, and disseminating data, and developing and monitoring corrective action plans.

Corizon Health provides process and outcome quality studies, as necessary, and to meet NCCHC accreditation requirements. CQI activities are documented and maintained on a current and ongoing basis. Our records are made available to the COHDC for review upon request. Corizon Health fully acknowledges that policies may be modified to maintain standards of care or meet regulatory requirements and agrees to abide by such modifications.

CQI Calendar with Performance Indicators

A calendar specific to the COHDC has been developed to achieve compliance with the COHDC's program as delineated by contract. Corizon Health also has existing, proprietary CQI studies and the methodology to evaluate and enhance any other processes currently in place that may benefit from improvement efforts.

Our CQI manual provides detailed instructions on committee structure, process and outcomes with sample calendars as a framework for consistency in data collection, analysis, and action plans for variances identified. The program includes an evaluation of health care services reports, grievance statistics and infection prevention data for early identification of health care trends. Early identification of potential problems allows us to implement a "best practice approach" to improving and resolving inefficiencies at the COHDC.

Process Indicators

The process indicators identified by the COHDC's Medical Advisory Committee or CQI Committee serve as the foundation of the program.

Examples of process indicators that are measured include:



Health Record Monitoring	System Monitoring	Care Delivery
<ul style="list-style-type: none"> • Dental Care • Emergency Response (on-site) • Health Assessments • Infirmary Care • Informed Consent • Master Problem List • Medication Administration Record • Medication Orders • Mental Health Assessments • Mental Health Receiving Screening • Mental Health Sick Call • Mental Health Treatment Plans • Nursing Sick Call • Receiving Screening • Refusal of Treatment • Special Needs Treatment Plans • Transfers – Emergency and Intrasystem 	<ul style="list-style-type: none"> • Clinic Space, Equipment, & Supplies • Diagnostic Services • Emergency Plan • Infection Prevention • Medical Requests – Daily Handling of • Nursing Encounter Tools • Segregation Policy • Suicide Prevention Program • Withdrawal 	<ul style="list-style-type: none"> • Asthma • Bipolar Disease • Diabetes – Adult and Juvenile • HIV Disease • Hypertension • Juvenile – Immunization • Juvenile Mental Health Schizophrenia • Major Depression • Medication Monitoring • MRSA • Psychotropic Medications • Seizure Disorders • Withdrawal – Substance Abuse • Women’s Health – Pregnancy

Outcome Indicators

Corizon Health compares our performance outcomes to data published by the National Committee for Quality Assurance (NCQA). The latest reported NCQA outcomes for comparison are from the *State of Health Care Quality Report 2012 and contains comparative data through 2011*. While these measures are tracked for statewide Department of Corrections (DOC) systems, they serve as a valuable tool for our corporate CQI program. The measures are tracked in DOC settings – where there is continuity of care – in order to demonstrate quality outcomes. Due to the rapid inmate patient turnover in jails, such measures are considerably more difficult to track; however, the statewide outcomes provide valuable metrics that allow us to identify trends in clinical performance and compare outcomes from state to state. This information is available for us to use in clinical programs and best practices for our jail programs.

The following is a sample key clinical performance indicator Corizon Health monitors in our statewide contracts.

Hyperlipidemia

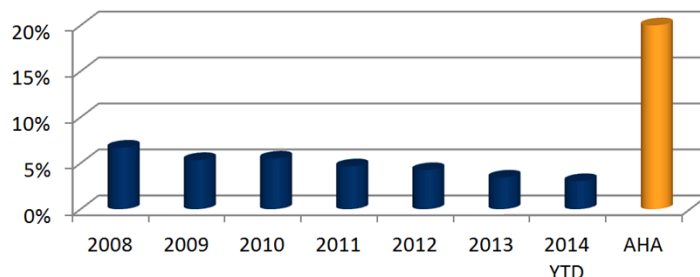
A component of Corizon Health’s chronic disease management program is management of hyperlipidemia, specifically high LDL cholesterol. Lipid panel is included in the lab report workbook sent to the sites each month. LDL-C > 160 and Triglyceride > 500 are highlighted for ease of identification of those patients who require intensive management.



Corizon Health Site	Offender ID	Collection Date	HDL	LDL	Trig
Site A	123456	3/8/14	20	SEE BELOW	898
Site A	654321	3/2/14	35	61	128
Site A	222222	3/1/14	59	74	58
Site C	464646	3/3/14	33	SEE BELOW	516
Site C	535353	3/25/14	25	SEE BELOW	899
Site F	979797	3/8/14	43	167	153
Site F	888888	3/22/14	48	200	131
Site F	616161	3/30/14	33	174	391

American Heart Association statistics report that approximately 20% of Americans over the age of 20 have elevated LDL cholesterol. The goal for everyone is to decrease LDL-C to < 160, with parameters more stringent for those at increased risk for cardiovascular disease. Corizon Health lipid management is outstanding as demonstrated in the chart on the following page.

All Current Corizon Health DOCs LDL-C<160 – Good Control



Peer Review Process

Corizon Health's Peer Review Process enables both parties to enhance the health care that is provided to the patient. This Process aids the reviewer in understanding the processes, needs, and challenges the clinician faces on a daily basis in a difficult corrections setting while providing the clinician with insight into his/her clinical skills and focused feedback regarding clinical outcomes. *This is a fluid process performed together by the reviewer and the clinician through dialogue and conversation to enhance competence and focus resources on areas needing improvement.* This process is not a performance review.

Peer review as performed under CQI is confidential and protected by legal privilege in accordance with state peer review law.

The process of assessing the quality of health care delivery of a physician or advanced practitioner employed by Corizon Health is uniformly performed utilizing procedural steps. Peer reviews are completed by individuals with at least equal credentials and training. The Corizon Health peer review tool is utilized when completing a peer review. Annual peer review is required as part of Corizon Health's 3-year re-credentialing requirement for practitioners.

6 – PROPOSED SERVICES

THE CITY OF HENDERSON, NEVADA

ON-SITE CORRECTIONAL HEALTH CARE SERVICES | RFP NO: 106-15

MARCH 25, 2015

PAGE 6.55



Physician Record Reviews – The Medical Director reviews a percentage of all active health records each month. The review focuses on the appropriateness of the care provided by the nursing staff, mid-level providers and other physicians, as documented in the health record.

Corizon Health's Patient Safety Program

Corizon Health's CQI Program includes the Patient Safety Program. This program proactively enhances the quality of correctional health care, improves patient safety and **reduces the number of preventable medical errors resulting in patient harm**. This is accomplished through **CorizonSMART – Safety, Motivation, Accountability, Respect and Teamwork (SMART)** – the foundation for Corizon Health employee conduct.

The "S" in SMART stands for **Safety**. At Corizon Health, safety is our top priority. First and foremost, we are dedicated to providing quality healthcare for our patients in secure and safe environments. We view excellence in patient safety as a journey, rather than a destination. We are always striving to enhance the quality of the healthcare we deliver, while remaining mindful of safety and cost-effectiveness.

The "M" in SMART stands for **Motivation**. We are highly motivated to perform to the best of our abilities in order to provide exceptional service our patients, clients and colleagues.

The "A" in SMART refers to our **Accountability** to one another. We believe in fairness and responsibility. We know that our actions must match our words and we strive to set a shining example with those actions every day.

The "R" in SMART stands for **Respect**. As healthcare professionals, we are expected to treat our patients, clients and colleagues with respect at all times.

The "T" in SMART stands for **Teamwork**. At Corizon Health, we all work toward the same goal: providing quality healthcare for our patients. The only way to achieve this goal is to communicate effectively and work as a team with our colleagues and clients. We know that strong teams are formed when everyone is held accountable, treated with respect and motivated to do their best work. By following the CorizonSMART values, teamwork comes naturally.

From nurses and physicians, to our site managers and leaders, to corporate support – at every level we are committed to upholding the highest standards of professionalism and service for our patients, clients and vendors. Everything we do adheres to the values of CorizonSMART.

Every employee strives to uphold Corizon Health's SMART Credo:

- *"I embrace the Corizon Vision, Mission and Values."*
- *"I consider those I serve my highest priority."*
- *"I contribute to a culture of patient safety."*
- *"I conduct myself professionally."*
- *"I communicate respectfully and effectively."*
- *"I commit to support my colleagues."*



Corizon Health's Sentinel Event Committee

This multi-disciplinary committee focuses on organizational process improvements through implementation of meaningful solutions and incorporation of these solutions into Corizon Health as an organization. Corrective actions plans identified through Sentinel Event Review are monitored for appropriateness. These corrective actions do not just focus on individual performance, but on system and process defects that contributed to the human error. Corizon Health strives to actively correct potential process weaknesses before sentinel events occur. This proactive, preventive process closes the loop on sentinel event review. It changes data gathering into a meaningful process that does more than generate reports and statistics. It truly enhances the quality and safety of care.

In order to deliver best-practices and design process improvements that enhance the quality of care, we recognize that we must have an effective reporting system. Sentinel event reporting allows us to know about and understand both our successes and opportunities for improvement. Corizon Health conducts all mortality reviews in compliance NCHC Standard J-A-10 and Corizon Health's Sentinel Event Policy and Procedure.

Partnership with the National Patient Safety Foundation (NPSF): Corizon Health has partnered with the National Patient Safety Foundation (NPSF) whose core mission is "improving the safety of care provided to patients." ***We are proud to be the only correctional health care company with membership in NPSF.*** The following highlights Corizon Health's partnership with NPSF:

- Safety training and education through NPSF Professional Learning Series;
- NPSF resources and tools to facilitate safety culture development and enhancement of teamwork, communication and accountability across the continuum of care;
- Access to the *Lucian Leape Institute's* strategic patient safety efforts;
- Learning opportunities from NPSF Corporate Council, publications, and literature alerts;
- Access to the Agency for Health care Research and Quality (AHRQ) Survey of Patient Safety Culture for data comparisons and benchmarking; and,
- Annual participation in NPSF Patient Safety Awareness Week.

c. Cost Containment Program (RFP PG 22)

A primary component of Corizon Health's mission and core competency is our proven ability to manage the range of healthcare costs effectively for our clients. Our deep expertise and understanding of the many cost drivers involved in delivering a comprehensive program of offender healthcare results in substantial and sustainable savings for our clients; both in absolute cost reductions as well as working diligently to moderate and lower the ever-present effects of healthcare cost inflation experienced by all sectors of the healthcare market.

Corizon Health's partnership with the COHDC has resulted in numerous program efficiencies over the years. Our expertise will ensure continued quality improvement, technological enhancements, greater accountability, and cost control. The clinical outcomes and cost efficiencies that result from our systems and programs have been proven at the COHDC and contracts across the country. Corizon Health has demonstrated lower year-over-year cost increases as compared with community healthcare inflation and other non-Corizon Health operated correctional healthcare programs.



The COHDC/Corizon Health Partnership

The rapidly increasing cost of healthcare is a significant issue for people, businesses, and government. According to the Council of State Governments Justice Center, “nationwide, state spending on corrections has risen faster in the 20 years from 1988 to 2008 than spending on nearly any other state budget item – increasing from about \$12 billion to \$52 billion a year.”¹

As a result, every component of the Corizon Health program is developed and provided with a focus on cost containment. Corizon Health regularly identifies and implements innovative approaches to achieve maximum cost containment and efficiency in an environment not always conducive to such innovations. We are continually striving to develop new ways to achieve and pass along savings to our clients. Our position as a leader in the industry with over 35 years of experience inventing and re-inventing our programs has allowed us to take the lead in providing quality correctional healthcare while at the same time remaining vigilant to budgetary concerns of the counties and states we serve.

The confidence we have in our program comes from not only the success we have had with numerous programs of similar size, but also our dedication to ensuring that the following Corizon Health program components not only fulfill a vital program need but also allow Corizon Health to control costs for the COHDC.

Following, are a few examples of the cost savings success we have achieved for our West Region jail clients in recent years as well as successful cost saving initiatives incorporated at the COHDC.

Corizon Health’s Cost-Saving Mechanisms for Our City of Henderson Contract

Ms. Matthews tracks HIV patients as they are booked into the COHDC and determines their expected length of stay, based on the charges they face. She forwards this information to custody staff and works with the Judge so that he is aware of the potential cost to the City if the inmate remains in custody. This allows Judge to consider alternative sentencing such as reducing the sentence or allowing time served. The inmate’s first court appearance is also expedited so that he/she can be remanded to the County jail.

At an average cost to the City of \$2000/month per inmate for medication alone, this process saved the City more than \$6,000 in January of this year.

As stated previously, in developing our staffing plan for the COHDC, Corizon Health works to strike a careful balance of health care professions to achieve the integral mix that defines a high quality, efficient and cost-effective medical treatment team. This not only provides for safe and efficient inmate care, but it also promotes the cost-effective operations environment that is the result of a true team approach to rendering care.

Corizon Health provides claims scrubbing services for bills the City receives from off-site visits, such as inmate ER trips, as a complimentary service not included in our contract. We utilize automated review of

¹ National Association of State Budget Officers, Fiscal Year 1988 State Expenditure Report, p. 71 (Washington, DC: National Association of State Budget Officers, 1989), National Association of State Budget Officers, Fiscal Year 2008 State Expenditure Report, p.54 (Washington, DC: National Association of State Budget Officers, 2009)
<http://csgjusticecenter.org/corrections/facts-trends/#>



provider billing and coding through the McKesson Claim Check software. This software reviews for standard industry edits as accepted by the American Medical Association (AMA) and Centers for Medicare and Medicaid Services (CMS) including surgical bundling, duplicate submissions, gender mismatch and up-coding and imposes these edits pre-adjudication. These tools provide valuable information to the City of Henderson while saving claim dollars.

Cost Saving Mechanism: Corizon Health's Proven Utilization Management (UM) Program

Doña Ana County Detention Center, NM

Corizon Health has a proven history effectively managing offsite care at our Doña Ana County Detention Center (DACDC) in New Mexico. Together with Doña Ana County, we worked to reduce emergency department visits (42% reduction from 2011 to 2013), inpatient hospital days (67% reduction from 2011 to 2013), and hospital average length of stay (26% reduction from 2011 to 2013). Additionally, Corizon Health reduced pharmacy costs at the DACDC by 34% from 2009 to 2013.

Adams County Detention Center, CO

Corizon Health strategic operational planning and medical and administrative consulting resulted in a 36% reduction in off-site hospital costs over a two-year period. Implementing Medicaid pricing for off-site services cut off-site costs by 40 percent.

Tulare County, CA

An inmate at the Tulare County Detention Facility had been in the hospital for over a year as a result of gunshot wounds and numerous emergency and reconstructive surgeries. Prior to actual contract start date and with the approval of the Tulare County Sheriff's office, Corizon Health began immediate utilization review of the case. Utilization review found that the inmate should be able to be cared for within the facility and the regional medical director initiated communication with the attending hospitalist staff to discuss discharge back to the facility. The inmate was returned back to the facility by the second day of contract start up. Corizon Health obtained necessary special medical equipment to allow for the transfer of the inmate back to the facility. The inmate was housed in the infirmary for less than a month, had the feeding tube removed during that time and was transferred back to general population. The inmate was appropriately followed up and had no additional complications as a result of the transfer and subsequent medical care at the facility.

Cost Saving Mechanism: Corizon Health's Dedicated Claims and Provider Operations Departments

Santa Barbara County Adult Detention Center, CA

Corizon Health's negotiations with a local hospital resulted in an additional \$250,000 annual savings on billings from the hospital for the County.

Cost Saving Mechanism: Corizon Health's Effective Pharmacy Management and Oversight Programs

El Paso County, TX

Corizon Health reduced costs \$278,500 annually through effective management of the pharmacy program. Additionally, Corizon Health instituted a callback system for on-site suturing by mid-level providers, resulting in a 23% reduction in ER trips and \$24,000 savings to the County in its first year.



Cost Saving Mechanism: Corizon Health's Internal Audits

Tulare County, CA

During an internal Corizon Health audit of the Tulare contract, an error in the per diem rate was found in the County's favor. Corizon Health immediately contacted and reimbursed the County for the overcharge on the per diem rate. Corizon Health is now in negotiation with the County to amend the contract to cover the significantly increased ADP that the detention facilities have been running. This amendment will reduce the County's monthly per diem cost.

d. *Management Information System (RFP PG 22)*

Accountability to our clients is paramount. With this conviction, Corizon Health developed and implemented the systems for collecting and analyzing the trends in the utilization of its healthcare services. Under the new contract, we will provide the COHDC with technological enhancements designed to allow the COHDC to monitor the efficacy of our ongoing program. Corizon Health will provide the following technical systems and applications.

Corizon Health Program Outcome Reporting	
Corizon Health System and Reporting Mechanism	How it Will Make our Program Transparent to the COHDC
Timekeeping System (Kronos®)	Our time keeping solution (Kronos®) is designed to address the unique labor management challenges of our clients proactively. Kronos helps Corizon Health's site management teams effectively oversee assigned facilities by ensuring contract needs are met, while at the same time controlling costs.
InGauge™	Corizon Health's InGauge™ data mining and business intelligence system was developed by correctional healthcare experts solely for use in the correctional healthcare environment . InGauge is tested in corrections and has, over the last five years, been continually updated to reflect the needs vocalized by our clients.
QNXT™	Fully integrated and HIPAA compliant, QNXT is used jointly by our Utilization Management and Claims departments for inpatient and outpatient data management and claims adjudication purposes.
Monthly PI/CQI Studies/Reporting	Discussed previously, our comprehensive PI/CQI program provides for a structured process to assess our medical and behavioral healthcare services. This process ensures that Corizon Health identifies areas for improvement and develops strategies to improve processes and patient outcomes in a timely manner. The program also ensures the COHDC that Corizon Health's program at the COHDC is in compliance with correctional regulatory standards related to medical and behavioral healthcare service delivery.

A sample Monthly Statistical Report has been provided as **Attachment F**.



Human Resource and Labor Management Systems

Corizon Health works to maintain transparency in our partnerships. We recognize your need for real-time labor reporting to demonstrate clearly that you are receiving the services you are paying for. In the rapidly changing and cost conscious correctional environment, Corizon Health believes it is critical to provide clear, concise, accurate and timely reporting to our clients.

Corizon Health offers state-of-the-art PeopleSoft HRMS and Kronos® Labor Management systems to the COHDC. This automated timekeeping system helps Corizon Health's on-site management team to effectively oversee assignments and ensure contract needs are met, while at the same time minimizing overtime pay, special pay and agency usage. By using these systems to manage HR, Payroll, Benefits, and Labor Management processes in an integrated manner, Corizon Health:

- Reduces overtime hours
- Reduces the need for "special pay"
- Reduces the need for agency usage
- Enhances management of paid time off (PTO) usage for benefit eligible personnel
- Improves analysis of wages to determine competitiveness with local market

With Kronos, Corizon Health has the ability to optimize workforce management through the utilization of a robust Site Scheduling tool, real-time data collection through Time and Attendance, and use of labor Key Performance Indicators (KPI). The ability to see changes as they happen allows Corizon Health to make critical schedule adjustments and record the changes to maintain transparency and accountability. To ensure Corizon Health is providing the appropriate level of staffing, this scheduling tool utilizes the following:

- Automated linkage of contracted and non-contracted full-time equivalent (FTE) positions from Corizon Health's Positions Management System to the monthly Staffing Schedule
- License validation to ensure that employees have the appropriate level of licensing for the task assigned
- License and certification expiration reporting to ensure that renewals and recertification are completed prior to expiration thus preventing gaps in services requiring specific credentials, licensure, certification and registration
- Enhancements to allow for employee and subcontractor scheduling to the "task" level (i.e., Medication Pass, Sick Call, etc.)
- Real time reporting, by site, employee, and task, comparing actual hours worked to scheduled hours
- Contract-wide view of employee and contracted resources, allowing the "pooling" of available resources to fill vacancies and critical openings, resulting in the consistent staffing to ensure the continuity of care for patients
- On-line Client access to labor/staffing reports by service delivery area or individual sites

Corizon Health's Business Intelligence Application: InGauge™

Corizon Health's business intelligence application, **InGauge™**, supports our efforts to quickly and accurately identify trends within our inmate populations, enabling us to minimize offsite care and deliver reduced healthcare and transportation costs to our clients.



At Corizon Health, we understand that objective analysis is a critical part of sound decision-making for us and for our clients. We are committed to employing leading technologies and best practices to assist in innovating and managing your business. Corizon Health also recognizes that sharing current and relevant information with our clients is critical to creating and maintaining lasting, successful partnerships. In order to facilitate this approach, Corizon Health brings InGauge to our client partnerships. Developed by Corizon Health, InGauge is a robust integrated data warehouse and business intelligence solution. InGauge incorporates all of the key data sources that are essential to evaluating quality, performance and opportunity.

Our InGauge Business Intelligence and Data Mining tool enables Corizon Health to keep our clients empowered with the data and information it takes to keep state organizational priorities on track. As a Corizon Health client, the COHDC can easily access the most current and relevant information regarding the services we provide. The following is a description of the InGauge system and its capabilities.

Subject Areas

The InGauge data warehouse integrates information across the following key areas:

InGauge Data Warehouse – Key Subject Areas	
Key Areas	Details
Patient Information	Age, gender, eligibility and location
Clinical Management	Inpatient authorizations and outpatient referrals
Medical Claims	Provider, patient, diagnosis and procedure level detail
Labor and Staffing Statistics	Clinical and administrative positions

Business Intelligence

This toolset provides us with a variety of options for data mining and reporting:

- A high-performance desktop reporting and analysis application.
- An internet-based access center with dashboard and report hosting.
- User friendly interfaces that facilitate a self-service environment for accessing data.
- A robust security model to protect sensitive and confidential information.
- Scheduling and e-mail notification for automated deployment of time-sensitive reports.

Standard Reporting Capabilities

In addition to the tools described above, InGauge delivers a suite of standard reports that focus on the key drivers of healthcare utilization and cost. Many of these reports allow the user to alter a variety of parameters through simple menus and drag-and-drop features. These reports include:

- Labor Management Analysis Reports
- Pharmacy Costs and Utilization Reports



- Offsite Medical Trend Analysis Reports

The Corizon Health **Daily HR Report** provides current year and prior year turnover rates, along with turnover trending data, allowing management teams to continuously monitor our turnover rates as a means to ensure that staffing needs are fulfilled. The reports can be filtered by region, contract, site, job function, and job sub-function.

The Corizon Health **Daily Labor Report** provides a daily view of labor metrics, including overtime statistics, allowing management teams to continuously oversee facility staffing by ensuring contract needs are met, while at the same time minimizing overtime pay, special pay and agency usage. The reports can be filtered by region, contract, site, job function, job sub-function, job title, week ending and month.

The reporting options available for the Corizon Health Daily Labor Reports include:

- Fill Rate Percentage (for the last four weeks)
- Filled Rate vs. Staffing Controlled Document, by Site
- Filled Rate vs. Staffing Controlled Document, by Job
- Overtime by Site
- Overtime by Job
- Weekly Hours Over 40

The Corizon Health **Daily Pharmacy Report** provides a daily view of pharmaceutical cost and utilization data to proactively analyze statistics for our clients. In addition to pharmaceutical costs and utilization, Corizon Health is also focused on the use of anti-psychotic medications and actively monitors the prescribing patterns associated with these medications. The reports can be filtered by contract, site, quarter and month.

The reporting options available for the Corizon Health Daily Pharmacy Report include:

- Overall Spend, Per Member Per Month
- Overall Spend, Per Member Per Month, by Top Five Primary Categories
- Overall Spend, Per Member Per Month, by Selected Secondary Categories
- Atypical Drug Use
- Respiratory/Nasal Drug Usage
- Additional Reports are available for specific drug conversions

The Corizon Health **Daily Utilization Report** provides a daily view of inpatient metrics and high cost cases, allowing management teams to continuously monitor offsite utilization, as well as to ensure the quality and appropriateness of care. The reports can be filtered by region, contract and site. The reporting options available for the Corizon Health Daily Utilization Reports include:

- Inpatient Summary
- Inpatients Days, YTD
- Inpatient Days, CM
- Inpatient Days, Frequent Fliers
- Emergency Department Visits, YTD
- Emergency Department Categories

6 – PROPOSED SERVICES

THE CITY OF HENDERSON, NEVADA

ON-SITE CORRECTIONAL HEALTH CARE SERVICES | RFP NO: 106-15

MARCH 25, 2015

PAGE 6.63



- Emergency Department, Frequent Fliers
- Outpatient Summary
- Outpatient Referrals, by Specialty
- Outpatient Referrals, by Person
- Active Inpatient Cases
- Authorization by Hospital
- Top 500 Patients

Daily Utilization Reports
Outpatient Referrals, by Specialty

Access Center | Current Dashboard | Log Off | Help

Per 1,000 Summary | Inpatient Summary | IP Days - YTD | IP Days - CM | IP: Frequent Fliers | ED Visits - YTD | ED Categories | ED: Frequent Fliers | Outpatient Summary | **OP Referrals by Specialty**

Active Inpatient Cases | Authorizations by Hospital | Top 500 Patients

CORIZON **UM Reports: OP Referrals by Specialty**

Contract, Site Number, and Site Name may be selected filtered on from the drop down options. Region and Year Month may be narrowed down based on the respective drop down options. Fields may be moved around (inside into rows and columns) by dragging and dropping.

Includes APPROVED, INPROCESS, and MEDREVIEW referrals as entered into QI/OT and PPEI; data is for the most recent year and does not include current month. This data is not claim data.

Referrals		Start YrMo		
Region	Specialty	201401	201402	201403
Region A				
Region B				
Region C				
Region D				
Region E				
Region F				
Region G				
Region H				
Region I				
Region J				
Region K				
Region L				
Region M				
Region N				
Region O				
Region P				
Grand Total				

6 – PROPOSED SERVICES

THE CITY OF HENDERSON, NEVADA

ON-SITE CORRECTIONAL HEALTH CARE SERVICES | RFP NO: 106-15

MARCH 25, 2015

PAGE 6.64

e. Insurance (RFP PG 22)

f. Complaint Procedure (RFP PG 22)

Administrative Remedy Procedures

Corizon Health Grievance Management

6 – PROPOSED SERVICES

PAGE 6.65



Subsequent to local interventions, Corizon Health has found the face-to-face method of managing grievances and inmate issues significantly reduces the amount of formal grievances and lawsuits filed against Corizon Health and our clients on an annual basis. In our experience majority of inmates simply want their problem resolved and most issues can be resolved through face-to-face communication. In the rare instance when a lawsuit does develop, our philosophy toward inmate lawsuits is one of solid defensive action rather than compliant lawsuit settlement, even during occasions when the cost of litigation may be more expensive than that of settlement.

Corizon Health believes that our disciplined and stringent philosophy toward inmate lawsuits further discourages inmate litigation and ultimately leads to lower costs, while deepening client trust in Corizon Health's commitment and ability to provide quality service.

g. Policies and Procedures (RFP PG 23)

Corizon Health Policies and Procedures provide clinical governance for the management and implementation of safe, effective and efficient health care services.

They play an integral role in the Corizon Health CQI Program. Corizon Health has developed its comprehensive jail policies and procedures in accordance with standards set forth by the National Commission on Correctional Health Care (NCCHC) in its *2014 Standards for Health Services in Jails and Prisons* and the American Correctional Association (ACA).

Our procedures at the COHDC have been expanded to meet the ICE requirements. As statements of guiding principles, these site-specific procedures ensure compliance with accreditation standards and with the overall goals of the COHDC.

The following are key features of Corizon Health Policies and Procedures:

- Health care policies and procedures are site-specific.
- The Table of Contents and each procedure reference the associated NCCHC and ACA standard(s) and, in some cases, state-specific standards.
- Each procedure describes in detail, and in sequence, when appropriate, how a policy is to be carried out and by whom.
- Each policy and procedure in the manual is reviewed at least annually, and revised as necessary under the direction of the Health Services Administrator and Medical Director.
- The policy bears the date of the most recent review or revision.

CORIZON GENERAL HEALTH SERVICES POLICY & PROCEDURE MANUAL - JAILS TABLE OF CONTENTS					
Title and Document No.	Corizon Policy No.	NCCHC: Standards for Health Services in Jails, 2008	NCCHC: Standards for Mental Health Services in Correctional Facilities, 2008	ACA: Standards for Adult Local Detention Facilities, 6th Edition 2004 & Add'l	ACA: 2012 Standards Supplement
Section A					
Access to Care (NA-0001)	3-A-01.00	3-A-01	10H-A-01	4C-01, 4C-02	NA 10/15/09
Response to Health Authority (NA-0002)	3-A-02.00	3-A-02	10H-A-02	4D-03	NA 10/15/09
Medical Amnesty (NA-0003)	3-A-03.00	3-A-03	10H-A-03	4D-02	NA 10/15/09
Administrative Meetings and Reports (NA-0004)	3-A-04.00	3-A-04	10H-A-04	17D-23, 17D-25	NA 10/15/09
Policies and Procedures (NA-0005)	3-A-05.00	3-A-05	10H-A-05	17D-06	NA 10/15/09
Continuous Quality Improvement Program (NA-0006)	3-A-06.00	3-A-06	10H-A-06	4D-24	NA 10/15/09
Emergency Response Plan (NA-0007)	3-A-07.00	3-A-07	10H-A-07	3-C-03, 3-C-02, 4D-08	NA 10/15/09
Communication Patient Health (NA-0008)	3-A-08.00	3-A-08	10H-A-08	4C-40	NA 10/15/09
Prisoners of Care (NA-0009)	3-A-09.00	3-A-09	10H-A-09	4D-39	NA 10/15/09
Procedure in the Event of an Inmate Death (NA-0010)	3-A-10.00	3-A-10	10H-A-10	4D-12, 4D-21	NA 10/15/09
Grievance Mechanism for Health Complaints (NA-0011)	3-A-11.00	3-A-11	10H-A-11	4B-01, 4C-01	NA 10/15/09



- Policies are signed and dated individually by the HSA and Medical Director, or an attestation page is maintained in the manual reflecting the most recent review or update.
- Corizon Health policies that are correctional-driven, such as security issues, kitchen, industries, or inmate workers, will reflect and endorse the policy maintained by the COHDC.
- The Policies & Procedures manual will remain readily accessible to health staff for guidance and/or reference.

The Corizon Health Policies and Procedures also comply with ACA Health Care standards, which are published in these separate manuals for prisons, jails and juvenile facilities:

- Standards for Adult Correctional Boot Camp Programs
- Standards for Adult Correctional Institutions
- Performance-Based Standards for Adult Local Detention Facilities
- Performance-Based Standards for Correctional Health Care in Adult Correctional Institutions
- Standards for Juvenile Correctional Boot Camp Programs
- Standards for Juvenile Correctional Facilities
- Standards for Juvenile Detention Facilities
- Standards for Small Juvenile Detention Facilities
- Standards for Small Jail Facilities

h. *Strategic Planning and Consultation* (RFP PG 23)

As the most experienced correctional healthcare provider in the country, Corizon Health has nearly unparalleled capability for strategic operational planning and medical and administrative consultation. This allows our clients to benefit from best practices and clinical support resources developed from our numerous correctional clients large and small. However, we believe the primary indicator of our capability, as evidenced over the past two decades, is our indefatigable willingness to be your collaborative partner.

It is this daily commitment that drives Corizon Health's ability to identify and develop strategies that mitigate risks and maximize opportunities for our clients. Maintaining the trust that Corizon Health employees have worked so hard to develop with each client is our primary objective.

Our commitment is to listen carefully and continually monitor client expectations, to communicate these expectations up and down the Corizon Health organizational structure, to act on these expectations, and continuously communicate results to you, our client. By taking these steps, Corizon Health is differentiated from our competitors. Maintaining and supporting clients and the relationships within these clients is an organization-wide effort that allows us to thrive, and deliver outstanding, above-and-beyond correctional health care services.

Corizon Health takes great pride in providing our customers with solutions that will last them well into the future. This is a driving force behind each of the programs and systems we propose. Corizon Health stands ready to continue meeting the needs of the City of Henderson as a proven long-term health care partner who seeks improvements to the processes, procedures, staffing deployment, care management, and expenses required to deliver quality care.



i. *Statistical Information* (RFP PG 23)

Corizon Health will continue to provide monthly and annual medical statistics. See **Section 6.1.T** and **Attachment F**.

j. *Medical Billing Capability* (RFP PG 23)

Corizon Health will continue to take the provider's orders and determine the type of inmate (ICE, US Marshalls or Local). We then complete the appropriate "authorization to treat" for billing purposes and bill the proper party for services (i.e., portable x-ray, labs).

Because all off-site visits are at the City's expense, Ms. Matthews forwards bills the COHDC receives from such visits to the Corizon Utilization Management Department for scrubbing (this service is not part of our contract but is provided as a benefit to the COHDC)

A co-pay program could only be established for local inmates because ICE and US Marshall inmates cannot be charged for care per government guidelines. Due to the complexity of the three-entity billing process, it would not be cost-effective.

ATTACHMENT B

STAFFING MATRIX

POSITION	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Hrs/Wk	FTE
DAY/EVENING SHIFT									
Health Services Administrator	8	8	8	8	8			40.00	1.00
Director of Nursing	8	8	8	8	8			40.00	1.00
H and P Nurse RN	8	8	8	8	8			40.00	1.00
RN	24	24	24	24	24	24	24	168.00	4.20
LPN	12	12	12	12	12	12	12	84.00	2.10
Medical Assistant	18	18	24	18	18	12	12	120.00	3.00
Midlevel NP/PA Medical	5	5	4					14.00	0.35
Medical Director			5	5	4			14.00	0.35
Psychiatrist		4		4	4			12.00	0.30
Dentist					4			4.00	0.10
Dental Assistant					4			4.00	0.10
TOTAL HOURS/FTE- Day/Evening	83	87	93	87	94	48	48	540	13.5
EVENING/NIGHT SHIFT									
RN	12	12	12	12	12	12	12	84.0	2.10
LPN	12	12	12	12	12	12	12	84.0	2.10
TOTAL HOURS/FTE- Evening/Night	24	24	24	24	24	24	24	168	4.2
TOTAL HOURS/FTE PER WEEK	107	111	117	111	118	72	72	708	17.70

EXHIBIT B**FEE SCHEDULE**

The following pricing is for the provision of on-site correctional health care for the initial contract term July 1, 2015, through June 30, 2018, as noted in the table below. PROVIDER recommends that the two (2) additional one-year terms – in which the CITY reserves the right to extend – be priced using the U.S. Department of Labor's Consumer Price Index (CPI) for Medical Care Services, West Urban area.

Initial Contract Term: July 1, 2015 - June 30, 2018	Annual Cost	Additional cost per day/per inmate above 540 inmates if Average Daily Population (ADP) is more than 540 inmates
Year 1	\$2,154,567.00	\$1.23
Year 2	\$2,208,221.00	\$1.26
Year 3	\$2,263,464.00	\$1.29

Pharmaceutical Costs

PROVIDER's cost model includes the provision of necessary pharmaceutical supplies and services to CITY. Our pharmaceutical cost projections are based on actual statistical data of CITY. Components covered under pharmaceutical costs include, but are not limited to: O.T.C. medications, formulary and non-formulary medications, psychotropic medications, HIV medications, dialysis medications, back-up pharmacy expenses, injections, vaccines, courier service and dispensing fees.

Please note that responsibility for the cost of Hepatitis C medications and blood factor products has been excluded from PROVIDER's price proposal and PROVIDER is assuming no responsibility for payment of these medications. Similar to the incalculable costs associated with hemophilia replacement factors for the treatment of blood disorders, the recent changes in the Hepatitis C treatment protocol have created significant volatility in the cost of this treatment. Consequently, it is difficult to incorporate these costs into PROVIDER's proposal at this time. PROVIDER will address the cost of Hepatitis C medication and blood factor product with the CITY when such cost arises.

Electronic Health Record

PROVIDER's price includes a complete Electronic Health Record (EHR) solution for the CITY. Upon contract award PROVIDER will begin implementation of an EHR. The implementation process shall be initiated by a technical assessment which shall occur onsite at the Henderson Detention Center on or around July 9, 2015. In the event of the termination or expiration of the Agreement and upon written request of the CITY, PROVIDER will work with the CITY to provide access to EHR data to ensure continuity of care. PROVIDER recommends an EHR solution from CorrecTek.

General Operations and Standards of Care

The prices offered by PROVIDER in this bid reflect the scope of services outlined in the RFP, subsequent addenda and this proposal as well as the current community and NCCHC standards of care with regard to inmate healthcare services. Should:

- i. any applicable law, statute, rule, regulation, standard, court order or decree, or any policy, practice, or procedure of any applicable governmental unit, agency or office (including, but not limited to, the federal, state or local courts, legislative bodies, and agencies, including the CITY or its respective officers or agents) be adopted, implemented, amended or changed;
- ii. any standard of care or treatment protocol change or evolve in any material respect, or if any new medication or therapy is introduced to treat any illness, disease or condition (including, but not limited to, HIV/AIDS);
- iii. any unionization of the work force by which requiring PROVIDER to recognize a labor organization or employee association as a bargaining liaison;
- iv. the number of facilities change, and/or there be a substantial change in average inmate population;

and if any such change in scope as described in i, ii, iii, or iv materially affects the cost to PROVIDER of providing health care services or impacts the scope of services or staffing hereunder, PROVIDER requests that such change in costs will be reviewed by the parties and the compensation appropriately adjusted.

EXHIBIT C

SAFETY REQUIREMENTS

General Safety

The CITY shall provide the same level of security for PROVIDER's staff as is provided for Henderson Detention Center staff. Parties shall work collaboratively to provide for and assure for a safe place for the performance of work. The PROVIDER shall comply with all applicable laws, ordinances, rules, regulations and lawful orders of any public authority bearing on the safety of persons or property or their protection from damage, injury or loss.

The PROVIDER shall participate actively in the safety process by:

- Questioning any unsafe and/or unhealthy practice or condition.
- Reporting any unsafe conditions or practices discovered.
- Stopping any work activities believed to be an imminent danger.

Badging/Access Control

The PROVIDER shall comply with CITY facility access control procedures. If issued identification badges by the CITY, the PROVIDER shall wear them above the waist, identifying them as PROVIDER employees. The PROVIDER shall limit travel on CITY premises and facilities to that necessary for performing the work or services contracted.

PROVIDER Employee Personal Behavior

- Drugs and Alcohol: Are prohibited while on duty. Reporting to work under the influence of drugs or alcohol, or bringing drugs or alcohol onto CITY premises, is sufficient cause for exclusion from City of Henderson property.
- Fighting, Horseplay and Practical jokes: On CITY premises are expressly forbidden.
- Harassment: Any sexual harassment or harassment because of race, color, religion, age, gender, disability, national origin, sexual preference, or any other basis made unlawful by any applicable law, ordinance or regulation is **STRICTLY PROHIBITED**.
- Smoking: Is permitted **ONLY** in areas so designated by posted signs.
- Hygiene: Good personal hygiene is to be maintained by each PROVIDER EMPLOYEE as a courtesy to CITY employees, and/or CITY customers they may encounter.

Training

The PROVIDER shall be responsible for safety training of all personnel who will have access to the work areas to meet all state, federal, and local and PROVIDER safety requirements. Training sessions in mutually accessible facilities shall be scheduled, operated, and maintained by the PROVIDER throughout the course of the Contract's execution, if duration of the project warrants. As indicated in Exhibit A, CITY shall provide orientation and annual review of Henderson Detention Center security regulations and procedures for PROVIDER's personnel.

Subconsultants

The PROVIDER shall ensure that their subconsultants meet the same safety and health requirements and provide the same information to the CITY representative as required of PROVIDER.

Injuries/Illnesses

The PROVIDER shall report all work site accidents injuries, and occupational illnesses to the appropriate CITY representative as soon as possible. The PROVIDER representative shall forward a copy of the First Notice of Injury or Occupational Disease, to the City of Henderson, Human Resources Department, Risk Management Division as soon as possible. Parties acknowledge and agree that the confidentiality of staff shall be adequately protected.

Accident/Incident Investigation

PROVIDER shall conduct incident investigations to:

- Prevent further possible injury and property damage.
- Collect facts about the incident
- Prevent recurrence

Root-Cause Analysis should be performed to determine the root cause of incidents. Incidents to include accidents/incidents, injuries, illnesses, and near misses, must be reported to the CITY representative as soon as possible. All accidents/Incidents must be reported to the CITY representative as soon as possible. An initial written report must be completed within 24 hours or the next working day, whichever is earlier and submitted to the CITY representative. Parties acknowledge and agree that the confidentiality of staff shall be adequately protected.

Accountability

Infractions of established safety rules, failure to follow safety instructions, actions that endanger anyone, disregard for City property or the property of others, failure to comply with posted signs or failure to take appropriate action where such action may be reasonably expected, are subject to disciplinary measures up to and including exclusion from contracting with the City of Henderson.