

AGENDA

Thursday December 6, 2018 - 10:00 AM
BOARD OF COUNTY COMMISSIONERS

Beginning Board Order No. 2018-121

CALL TO ORDER

- Roll Call
- Pledge of Allegiance

I. CITIZEN COMMUNICATION *(The Chair of the Board will call for statements from citizens regarding issues relating to County government. It is the intention that this portion of the agenda shall be limited to items of County business which are properly the object of Board consideration and may not be of a personal nature. Persons wishing to speak shall be allowed to do so after registering on the blue card provided on the table outside of the hearing room prior to the beginning of the meeting. Testimony is limited to three (3) minutes. Comments shall be respectful and courteous to all.)*

II. PUBLIC HEARINGS *(The following items will be individually presented by County staff or other appropriate individuals. Persons appearing shall clearly identify themselves and the department or organization they represent. In addition, a synopsis of each item, together with a brief statement of the action being requested shall be made by those appearing on behalf of an agenda item.)*

1. Board Order No. _____ for Boundary Change Proposal CL 18-004, Annexation to Clackamas River Water (Nate Boderman, County Counsel, Ken Martin, Boundary Change Consultant)
2. Board Order No. _____ for Boundary Change Proposal CL 18-005, Annexation to Clackamas County Service District No. 1 (Nate Boderman, County Counsel, Ken Martin, Boundary Change Consultant)
3. Board Order No. _____ for Boundary Change Proposal CL 18-008, Annexation to Clackamas County Service District No. 1 (Nate Boderman, County Counsel, Ken Martin, Boundary Change Consultant)
4. Board Order No. _____ for Boundary Change Proposal CL 18-009, Annexation to Clackamas County Service District No. 1 (Nate Boderman, County Counsel, Ken Martin, Boundary Change Consultant)
5. Board Order No. _____ for Boundary Change Proposal CL 18-011, Annexation to Tri-City Service District (Nate Boderman, County Counsel, Ken Martin, Boundary Change Consultant)
6. Resolution No. _____ for a Clackamas County Supplemental Budget (Greater than 10% and Budget Reduction) for Fiscal Year 2018-2019 (Christa Wolfe, Finance)

III. PUBLIC DISCUSSION ITEM *(The following items will be individually presented by County staff or other appropriate individuals. Citizens wishing to comment on a discussion item must fill out a blue card provided on the table outside of the hearing room prior to the beginning of the meeting.)*

NORTH CLACKAMAS PARKS & RECREATION DISTRICT

1. North Clackamas Parks & Recreation District (NCPRD) Communication Plan Update (Scott Archer, NCPRD Director)

IV. CONSENT AGENDA *(The following Items are considered to be routine, and therefore will not be allotted individual discussion time on the agenda. Many of these items have been discussed by the Board in Work Sessions. The items on the Consent Agenda will be approved in one motion unless a Board member requests, before the vote on the motion, to have an item considered at its regular place on the agenda.)*

A. Department of Transportation & Development

1. Approval of an Intergovernmental Agreement between Clackamas County and the City of Molalla to Transfer Permitting Authority and Maintenance Responsibility for a Portion of S. Ona Way (County Road #1303, DTD #52003) to the City

B. Finance Department

1. Resolution No. _____ for a Clackamas County Supplemental Budget (Less than 10%) for Fiscal Year 2018-2019
2. Resolution No. _____ for Clackamas County for Budgeting of New Specific Purpose Revenue for Fiscal Year 2018-2019
3. Resolution No. _____ for Clackamas County for Transfer of Appropriations for Fiscal Year 2018-2019

C. Elected Officials

1. Approval of Previous Business Meeting Minutes – BCC
2. Approval of a Contract Agreement with NaphCare Inc. for Medical Staffing at the Clackamas County Jail – CCSO via Procurement

V. ENHANCED LAW ENFORCEMENT DISTRICT

1. Resolution No. _____ for an Enhanced Law Enforcement District Supplemental Budget (Less than 10%) for Fiscal Year 2018-2019

VI. COUNTY ADMINISTRATOR UPDATE

VII. COMMISSIONERS COMMUNICATION

NOTE: Regularly scheduled Business Meetings are televised and broadcast on the Clackamas County Government Channel. These programs are also accessible through the County's Internet site. DVD copies of regularly scheduled BCC Thursday Business Meetings are available for checkout at the Clackamas County Library in Oak Grove. You may also order copies from any library in Clackamas County or the Clackamas County Government Channel. <https://www.clackamas.us/meetings/bcc/business>



OFFICE OF COUNTY COUNSEL

PUBLIC SERVICES BUILDING
2051 KAEN ROAD OREGON CITY, OR 97045

December 6, 2018

Board of County Commissioners
Clackamas County

Members of the Board:

Stephen L. Madkour
County Counsel

Kathleen Rastetter
Scott C. Ciecko
Amanda Keller
Nathan K. Boderman
Shawn Lillegren
Jeffrey D. Munns
Andrew R. Naylor
Andrew Narus
Assistants

Approval of a Board Order for Boundary Change Proposal CL 18-004
Annexation to Clackamas River Water

| | |
|--|---|
| Purpose/Outcomes | Conduct Public Hearing/Approve Order |
| Dollar Amount and Fiscal Impact | None |
| Funding Source | Not Applicable |
| Duration | Permanent |
| Previous Board Action | None |
| Strategic Plan Alignment | Build Public Trust Through Good Government, hold transparent and clear public processes regarding jurisdictional boundaries |
| Contact Person | Ken Martin, Boundary Change Consultant - 503 222-0955 Nate Boderman, Assistant County Counsel |
| Contract No. | Not Applicable |

BACKGROUND:

The County Board is charged with making boundary change decisions (annexations, withdrawals, etc.) for many types of special districts (water, sanitary sewer, rural fire protection, etc.) within the County. One type of special district over which the Board has jurisdiction is a domestic water supply district and Clackamas River Water is such a district.

Proposal No. CL 18-004 is a proposed annexation to Clackamas River Water.

State statute requires the Board to hold a public hearing on the proposed annexation. Notice of this hearing invited testimony from any interested party. Notice consisted of: 1) Posting three notices near the territory and one notice near the County hearing room 20 days prior to the hearing; 2) Published notice twice in the Clackamas County Review; 3) Mailed notice sent to affected local governments and all property owners within 100 feet of the area to be annexed.

As required by statute the Board of the District has endorsed the proposed annexation.

This proposal was initiated by a consent petition of property owners and registered voters. The petition meets the requirement for initiation set forth in ORS 198.855(3) (double majority

annexation law) and ORS 198.750 (section of statute which specifies contents of petition). If the Board approves the proposal the boundary change will become effective immediately.

The territory to be annexed is located generally in the central part of the District. The territory contains 2.0 acres, is vacant and is valued at \$1,179,393.

REASON FOR ANNEXATION

The property owners desire water service to develop the land as part of a larger multiple family housing project.

CRITERIA

Oregon Revised Statute 198 directs the Board to “consider the local comprehensive plan for the area and any service agreement executed between a local government and the affected district.”

Additional criteria can be found in the Metro Code. The code requires a report which addresses the criteria listed below and which includes the following information:

1. The extent to which urban services are available to serve the affected territory, including any extraterritorial extensions of service;
2. Whether the proposed boundary change will result in the withdrawal of territory from the legal boundary of any necessary party¹; and
3. The proposed effective date of the boundary change.

Service availability is covered in the section below. Staff has examined the statutes and determined that approval of this annexation will not cause the withdrawal of the affected territory from the boundary of any necessary party. The proposed effective date (immediately upon adoption) was noted above.

To approve a boundary change, the reviewing entity [the County Board] must apply the following criteria:

To approve a boundary change the County must:

- (1) Find that the change is consistent with expressly applicable provisions in:
 - (A) Any applicable urban service agreement adopted pursuant to ORS 195.205;
 - (B) Any applicable annexation plan adopted pursuant to ORS 195.205;
 - (C) Any applicable cooperative planning agreement adopted pursuant to ORS 195.020 (2) between the affected entity and a necessary party;

¹ A “necessary party” is another governmental entity which includes the same area or provides an urban service to the area.

- (D) Any applicable public facility plan adopted pursuant to a statewide planning goal on public facilities and services; and
 - (E) Any applicable comprehensive plan;
 - (F) Any applicable concept plan; and
- (2) Consider whether the boundary change would:
- (A) Promote the timely, orderly and economic provision of public facilities and services;
 - (B) Affect the quality and quantity of urban services; and
 - (C) Eliminate or avoid unnecessary duplication of facilities and services.

There are no cooperative agreements, urban service agreements or annexation plans specifically adopted pursuant to ORS 195 in effect in this area. The proposal is consistent with the Comprehensive Plan as stated in the findings attached in the proposed order. No concept plans cover this area.

Staff has reviewed both the ORS 198 criteria and the Metro Code requirements, and found that the subject property is eligible for annexation to the District. A draft order with proposed findings is attached hereto for the Board's consideration.

RECOMMENDATION:

Based on the attached Order and Findings, Staff recommends approval of Proposal No. CL-18-004 annexation to Clackamas River Water.

Respectfully submitted,



Nate Boderman
Assistant County Counsel

**BEFORE THE BOARD OF COUNTY COMMISSIONERS
OF CLACKAMAS COUNTY, STATE OF OREGON**

In the Matter of Approving
Boundary Change Proposal No.
CL 18-004



Board Order No. _____

Whereas, this matter coming before the Board at this time, and it appearing that more than half the electors and owners of more than half the land in the territory to be annexed have petitioned to annex the territory to Clackamas River Water; and

Whereas, it further appearing that this Board is charged with deciding this proposal for a boundary change pursuant to ORS Chapters 198 and Metro Code 3.09; and

Whereas, it further appearing that staff retained by the County have reviewed the proposed boundary change and issued a report which complies with the requirements of Metro Code 3.09.050(b); and

Whereas, it further appearing that this matter came before the Board for public hearing on December 6, 2018 and that a decision of approval was made December 6, 2018;

NOW, THEREFORE, IT IS HEREBY ORDERED that Boundary Change Proposal No. CL 18-004 is approved for the reasons stated in attached Exhibit A and the territory described in Exhibit B and depicted on Exhibit C is annexed to Clackamas River Water.

DATED this 6th day of December, 2018

BOARD OF COUNTY COMMISSIONERS

Chair

Recording Secretary

FINDINGS

Based on the study and the public hearing the Board found:

1. The territory to be annexed contains 2.0 acres, is vacant and is valued at \$1,179,393.
2. The property owners desire water service to develop the land as part of a larger multiple family housing project.
3. Oregon Revised Statute 198 directs the Board to “consider the local comprehensive plan for the area and any service agreement executed between a local government and the affected district.”
4. Additional criteria can be found in the Metro Code. The code requires a report which addresses the criteria listed below and which includes the following information:
 1. The extent to which urban services are available to serve the affected territory, including any extraterritorial extensions of service;
 2. Whether the proposed boundary change will result in the withdrawal of territory from the legal boundary of any necessary party¹; and
 3. The proposed effective date of the boundary change.

Service availability is covered in the Findings below. Staff has examined the statutes and determined that approval of this annexation will not cause the withdrawal of the affected territory from the boundary of any necessary party. The proposed effective date is immediately upon adoption.

To approve a boundary change, the reviewing entity [the County Board] must apply the following criteria:

To approve a boundary change the County must:

- (1) Find that the change is consistent with expressly applicable provisions in:
 - (A) Any applicable urban service agreement adopted pursuant to ORS 195.205;
 - (B) Any applicable annexation plan adopted pursuant to ORS 195.205;
 - (C) Any applicable cooperative planning agreement adopted pursuant

¹ A “necessary party” is another governmental entity which includes the same area or provides an urban service to the area.

- to ORS 195.020 (2) between the affected entity and a necessary party;
- (D) Any applicable public facility plan adopted pursuant to a statewide planning goal on public facilities and services;
 - (E) Any applicable comprehensive plan;
 - (F) Any applicable concept plan; and
- (2) Consider whether the boundary change would:
- (A) Promote the timely, orderly and economic provision of public facilities and services;
 - (B) Affect the quality and quantity of urban services; and
 - (C) Eliminate or avoid unnecessary duplication of facilities and services.

There are no cooperative agreements, urban service agreements or annexation plans specifically adopted pursuant to ORS 195 in effect in this area. The proposal is consistent with the Comprehensive Plan as stated in Finding 6 below. No concept plans cover this area.

Staff has reviewed both the ORS 198 criteria and the Metro Code requirements, and found that the subject property is eligible for annexation to the District.

5. This territory is inside of Metro's jurisdictional boundary and inside the regional Urban Growth Boundary (UGB).

The law that requires Metro to adopt criteria for boundary changes specifically states that Metro shall " . . . ensure that a boundary change is in compliance with the Metro regional framework plan as defined in ORS 197.015 and cooperative agreements and urban service agreements adopted pursuant to ORS chapter 195." ORS 197.015 says "Metro regional framework plan means the regional framework plan required by the 1992 Metro Charter or its separate components." The Regional Framework Plan was reviewed and found not to contain specific criteria applicable to boundary changes.

There are two adopted regional functional plans, the Urban Growth Management Functional Plan and the Regional Transportation Plan, which were examined and found not to contain any directly applicable standards and criteria for boundary changes.

6. The territory is designated Urban on the Clackamas County Comprehensive Plan and its land use designation is Planned Mixed Use (PMU). The territory is zoned PMU1.

The following policies from the Public Facilities and Services element of the County's plan are applicable:

Water

* * *

- 14.0 Require all public water purveyors to design the extension of water facilities at levels consistent with the land use element of the Comprehensive Plan.

* * *

- 15.0 Require water service purveyors in urban areas to coordinate the extension of water services with other key facilities, *i.e.*, transportation, sanitary sewers, and storm drainage facilities, necessary to serve additional lands.

There are no service agreements between a local government and the District which affect the territory to be annexed.

7. ORS 195 requires agreements between providers of urban services. Urban services are defined as: sanitary sewers, water, fire protection, parks, open space, recreation and streets, roads and mass transit. These agreements are to specify which governmental entity will provide which service to which area in the long term. The counties are responsible for facilitating the creation of these agreements. There are no urban service agreements under ORS 195 relative to sewer service in this area of Clackamas County.
8. The area is within Clackamas County Service District # 1 and can be provided sanitary service by that district.
9. The District has a 12-inch water line in Sunnyside Road adjacent to the larger proposed development of which the current proposed annexation area is a part.
10. The area receives police service from the Clackamas County Sheriff's Department.
11. The territory is within the Clackamas County R.F.P.D. #1. This service will not be affected by annexation to the water district.
12. The area to be annexed receives parks and recreation service from either the City of Happy Valley or North Clackamas Parks and Recreation District.

CONCLUSION AND REASON FOR DECISION

Based on the Findings, the Board determined:

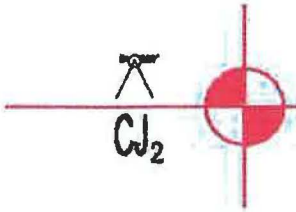
1. The Metro Code requires the boundary change decision to be consistent with expressly applicable provisions in any urban service provider agreements, cooperative agreements and annexation plans adopted pursuant to ORS 195. As noted in Findings 4 & 7 there are no such agreements or plans in place in this area. The Board concludes that its decision is not inconsistent with any such agreements and plans.
2. ORS 198 requires consideration of the comprehensive plan and any service agreements affecting the area. The Board has reviewed the applicable comprehensive plan (Clackamas County Comprehensive Plan) and concludes this proposal complies with it. All other necessary urban services can be made available.
3. The Board considered the timing & phasing of public facilities to this area, the quantity and quality of services available and the potential for duplication of services. The District has service available to the area to be annexed as noted in Finding No. 9. The Board concludes this annexation is timely, the District has an adequate quantity and quality of services available and that the services are not duplicative.
4. The Metro Code at 3.09.050 (B) (2) requires a determination of whether the boundary change will cause withdrawal of the territory from the boundary of any necessary party. An examination of this issue found that no such withdrawals would be caused by approval of this annexation.
5. ORS 198 requires the Board to consider the applicable local comprehensive plan and any service agreements affecting the area. The local comprehensive plan was considered and no conflicts with the Plan were discovered. No directly applicable service agreements were found to exist.
6. The District has a water line which can provide adequate service to the site.

EXHIBIT B

CHASE, JONES & ASSOCIATES INC.

FORMERLY BOOTH & WRIGHT
LAND SURVEYORS & ENGINEERS SINCE 1885

716 SE 11TH AVENUE PORTLAND, OR 97214
PHONE: (503) 228-9844



Date: December 20, 2017
Revised: December 22, 2017
Revised: March 16, 2018
Revised: June 18, 2018
Revised: August 2, 2018
Revised: August 13, 2018
Project No.: 14841-B

Annexation

All that certain property situated in the South Half of Section 33, Township 1 South, Range 2 East, Willamette Meridian, in the County of Clackamas, State of Oregon described as follows:

A Portion of Lot 5, of Clackamas Town Center, Plat No. 2531 as recorded in Clackamas County Records, and a portion of Parcel 1, Partition Plat No. 2017-099, as recorded in Clackamas County, being a portion of Lot 6, Clackamas Town Center, Plat No. 2531, as recorded in Clackamas County, more particularly described as follows:

BEGINNING at the Northwest corner of said Lot 6, also being the Northwest corner of said Parcel 1; thence along the North and East line of said Lot 6, the following three courses and distances: (1) South 89°05'31" East 302.17 feet, (2) South 08°46'17" East 123.08 feet, and (3) South 00°26'49" East 170 feet more or less, to the line described in line #37, on page 34, of the Final Order "RE: BOUNDARY CHANGE PROPOSAL NO: 3451 - Consolidation of Clackamas Water District with Clairmont Water District to form the Clackamas River Water District, organized under ORS 264", effective date July 1, 1995, said line #37 being described as the westerly extension of the south line of that tract conveyed in Warranty Deed to Herman Ryder and Kathryn Ryder recorded September 3, 1959 in book 560 at page 694; thence along said line described as #37, southwesterly 332 feet more or less, to the line described in line #36 in said Final Order, also said to be the West line of the Southeast Quarter of said Section 33, as it is shown on said Plat of Clackamas Town Center which line is also said to be the southerly extension of the Easterly line of Monterey Meadows (Plat No. 653); thence along said line described as #36, North 00°40'46" East 310 feet more or less, to the westerly prolongation of the North line of said Lot 6; thence along said westerly prolongation, South 89°05'31" East 5.96 feet more of less to the **POINT OF BEGINNING**.

The above described property is shown on the attached Exhibit B.

REGISTERED
PROFESSIONAL
LAND SURVEYOR

Eric D. Jones

OREGON
JULY 16, 1982
ERRIC D. JONES
1996

RENEWS: 6-30-19

EXHIBIT C

POINT OF BEGINNING LOT 5
NW CORNER LOT 6 OF "CLACKAMAS TOWN CENTER"
CLACKAMAS TOWN CENTER (PLAT NO. 2531)

S 89°05'31" E 302.17'

S 89°05'31" E
5.96'

LINE BETWEEN LOT 5 & 6,
CLACKAMAS TOWN CENTER.
(ALSO THE WEST LINE OF
PARCEL 1.)

PARCEL 1
(PARTITION PLAT NO. 2017-099)

LINE #36, PAGE 34, OF FINAL
ORDER. WEST LINE OF SE 1/4,
SEC. 33 PER PLAT OF
CLACKAMAS TOWN CENTER. LINE
BASED ON THE ANGLE AT [F]
SHOWN ON PARTITION PLAT NO.
2017-099 RECORDED IN
CLACKAMAS COUNTY.

SW'LY 332'±

SOUTH LINE OF PARCEL 1
(PARTITION PLAT NO. 2017-099)

PARCEL 2
(PARTITION PLAT NO. 2017-099)

LINE #37, PAGE 34, OF FINAL
ORDER. DESCRIBED AS THE WESTERLY
EXTENSION OF THE SOUTH LINE OF
RYDER DEED IN BOOK 560 AT PAGE
694. THIS LINE IS TO BE 470' ±
NORTH OF THE CENTERLINE OF S.E.
SUNNYSIDE RD., PER LINE #36.

LOT 5
"CLACKAMAS TOWN CENTER"
(PLAT NO. 2531)

N 00°40'46" E 310'±

S 08°46'17" E 123.08'

E 01° 3' 67.9200 S

NOTE:

THE FINAL ORDER REFERED TO HEREON, IS IN REFERENCE TO THE FINAL ORDER "RE: BOUNDARY CHANGE PROPOSAL NO: 3451 - CONSOLIDATION OF CLACKAMAS WATER DISTRICT WITH CLAIRMONT WATER DISTRICT TO FORM THE CLACKAMAS RIVER WATER DISTRICT, ORGANIZED UNDER ORS 264", AS PROVIDED BY CLACKAMAS RIVER WATER DISTRICT

0 60 120



ANNEXATION

OF
PORTION OF LOTS 5 & 6,
"CLACKAMAS TOWN CENTER"

SITUATED IN THE
SOUTHWEST AND SOUTHEAST 1/4 OF SECTION 33, T1S, R2E, WM
COUNTY OF CLACKAMAS, STATE OF OREGON

716 S. E. 11TH AVE. BY:
CHASE, JONES & ASSOCIATES INC.

PORTLAND, OREGON 97214

PHONE (503) 228-9844

PROJECT NO.: 14841-B

SCALE: 1" = 60'

DATE: DEC. 20, 2017

REVISED: DEC. 22, 2017

REVISED: MAR. 16, 2018

REVISED: JUN. 18, 2018

REVISED: AUG. 2, 2018

REVISED: AUG. 13, 2018

REGISTERED
PROFESSIONAL
LAND SURVEYOR

Eric D. Jones

OREGON
JULY 16, 1982
ERRIC D. JONES
1996

EXPIRES: 6-30-19



OFFICE OF COUNTY COUNSEL

PUBLIC SERVICES BUILDING
 2051 KAEN ROAD OREGON CITY, OR 97045

December 6, 2018

Board of County Commissioners
 Clackamas County

Members of the Board:

Stephen L. Madkour
 County Counsel

Kathleen Rastetter
Scott C. Ciecko
Amanda Keller
Nathan K. Boderman
Shawn Lillegren
Jeffrey D. Munns
Andrew R. Naylor
Andrew Narus
 Assistants

Approval of a Board Order for Boundary Change Proposal CL 18-005
Annexation to Clackamas County Service District No. 1

| | |
|--|---|
| Purpose/Outcomes | Conduct Public Hearing/Approve Order |
| Dollar Amount and Fiscal Impact | None |
| Funding Source | Not Applicable |
| Duration | Permanent |
| Previous Board Action | None |
| Strategic Plan Alignment | Build Public Trust Through Good Government, hold transparent and clear public processes regarding jurisdictional boundaries |
| Contact Person | Ken Martin, Boundary Change Consultant - 503 222-0955 Nate Boderman, Assistant County Counsel |
| Contract No. | Not Applicable |

BACKGROUND:

The County Board is charged with making boundary change decisions (annexations, withdrawals, etc.) for many types of special districts (water, sanitary sewer, rural fire protection, etc.) within the County. One type of special district over which the Board has jurisdiction is a county service district and Clackamas County Service District No. 1 is such a district.

Proposal No. CL 18-005 is a proposed annexation to Clackamas County Service District No. 1 ("District").

State statute and the Metro Code require the Board to hold a public hearing on the proposed annexation. Notice of this hearing invited testimony from any interested party. Notice consisted of: 1) Posting three notices near the territory and one notice near the County hearing room 20 days prior to the hearing; 2) Published notice twice in the Clackamas County Review; 3) Mailed notice sent to affected local governments and all property owners within 100 feet of the area to be annexed.

As required by statute the Board of the District has endorsed the proposed annexation. Also as required by statute (ORS 198.720(1)) the City of Happy Valley has approved this petition.

This proposal was initiated by a consent petition of property owners. The petition meets the requirement for initiation set forth in ORS 198.857, ORS 198.750 (section of statute which specifies contents of petition) and Metro Code 3.09.040(a) (lists Metro's minimum requirements for petition). If the Board approves the proposal the boundary change will become effective immediately.

The territory to be annexed is located generally in the central part of the District. The territory contains 1.0 acre, one single family dwelling, a population of 5 and is valued at \$371,104.

REASON FOR ANNEXATION

The property owners desire sewer service for the existing single family residence.

CRITERIA

Oregon Revised Statute 198 directs the Board to "consider the local comprehensive plan for the area and any service agreement executed between a local government and the affected district."

Additional criteria can be found in the Metro Code. The code requires a report which addresses the criteria listed below and which includes the following information:

1. The extent to which urban services are available to serve the affected territory, including any extraterritorial extensions of service;
2. Whether the proposed boundary change will result in the withdrawal of territory from the legal boundary of any necessary party¹; and
3. The proposed effective date of the boundary change.

Service availability is covered in the proposed findings. Staff has examined the statutes and determined that approval of this annexation will not cause the withdrawal of the affected territory from the boundary of any necessary party. The proposed effective date (immediately upon adoption) was noted above.

To approve a boundary change, the reviewing entity [the County Board] must apply the following criteria:

To approve a boundary change the County must:

- (1) Find that the change is consistent with expressly applicable provisions in:
 - (A) Any applicable urban service agreement adopted pursuant to ORS 195.205;
 - (B) Any applicable annexation plan adopted pursuant to ORS 195.205;

¹ A "necessary party" is another governmental entity which includes the same area or provides an urban service to the area.

- (C) Any applicable cooperative planning agreement adopted pursuant to ORS 195.020 (2) between the affected entity and a necessary party;
 - (D) Any applicable public facility plan adopted pursuant to a statewide planning goal on public facilities and services; and
 - (E) Any applicable comprehensive plan;
 - (F) Any applicable concept plan; and
- (2) Consider whether the boundary change would:
- (A) Promote the timely, orderly and economic provision of public facilities and services;
 - (B) Affect the quality and quantity of urban services; and
 - (C) Eliminate or avoid unnecessary duplication of facilities and services.

There are no cooperative agreements, urban service agreements or annexation plans specifically adopted pursuant to ORS 195 in effect in this area. The proposal is consistent with the Comprehensive Plan as stated in the findings attached in the proposed order. No concept plans cover this area.

Staff has reviewed both the ORS 198 criteria and the Metro Code requirements, and found that the subject property is eligible for annexation to the District. A draft order with proposed findings is attached hereto for the Board's consideration. The territory, if annexed into the District, will be served by Water Environment Services pursuant to that certain ORS 190 Partnership entered into by the District with the Tri-City Service District and the Surface Water Management Agency of Clackamas County, as amended from time to time.

RECOMMENDATION:

Based on the attached Order and Findings, Staff recommends approval of Proposal No. CL-18-005, annexation to Clackamas County Service District No. 1.

Respectfully submitted,



Nate Boderman
Assistant County Counsel

**BEFORE THE BOARD OF COUNTY COMMISSIONERS
OF CLACKAMAS COUNTY, STATE OF OREGON**

In the Matter of Approving
Boundary Change Proposal No.
CL 18-005



Board Order No. _____

Whereas, this matter coming before the Board at this time, and it appearing that the owner of all the land in the territory to be annexed has petitioned to annex the territory to Clackamas County Service District No. 1; and

Whereas, it further appearing that this Board is charged with deciding this proposal for a boundary change pursuant to ORS Chapters 198 and Metro Code 3.09; and

Whereas, it further appearing that staff retained by the County have reviewed the proposed boundary change and issued a report which complies with the requirements of Metro Code 3.09.050(b); and

Whereas, it further appearing that this matter came before the Board for public hearing on December 6, 2018 and that a decision of approval was made December 6, 2018;

NOW, THEREFORE, IT IS HEREBY ORDERED that Boundary Change Proposal No. CL 18-005 is approved for the reasons stated in attached Exhibit A and the territory described in Exhibit B and depicted on Exhibit C is annexed to Clackamas County Service District No. 1 as of December 6, 2018.

DATED this 6th day of December, 2018

BOARD OF COUNTY COMMISSIONERS

Chair

Recording Secretary

Based on the study and the public hearing the Board found:

1. The territory to be annexed contains 1.0 acre, one single family dwelling, a population of 5 and is valued at \$371,104.
2. The property owners desire sewer service for the existing single family residence.
3. Oregon Revised Statute 198 directs the Board to “consider the local comprehensive plan for the area and any service agreement executed between a local government and the affected district.”

Clackamas County Service District No. 1 and the City of Happy Valley do have an agreement calling for the District to be the provider of sewers inside the City. The District has entered into an agreement with the Surface Water Management Agency of Clackamas County and the Tri-City Service District to create Water Environment Services, an ORS 190 partnership (“WES”) as a collective service provider for all three districts. If annexed into the District, the property would be served by WES under such agreement.

4. Additional criteria can be found in the Metro Code. The code requires a report which addresses the criteria listed below and which includes the following information:
 1. The extent to which urban services are available to serve the affected territory, including any extraterritorial extensions of service;
 2. Whether the proposed boundary change will result in the withdrawal of territory from the legal boundary of any necessary party¹; and
 3. The proposed effective date of the boundary change.

Service availability is covered in the Findings below. Staff has examined the statutes and determined that approval of this annexation will not cause the withdrawal of the affected territory from the boundary of any necessary party. The proposed effective date is immediately upon adoption.

5. To approve a boundary change, the reviewing entity [the County Board] must apply the following criteria:

To approve a boundary change the County must:

- (1) Find that the change is consistent with expressly applicable provisions in:
 - (A) Any applicable urban service agreement adopted pursuant to

¹ A “necessary party” is another governmental entity which includes the same area or provides an urban service to the area.

- ORS 195.205;
- (B) Any applicable annexation plan adopted pursuant to ORS 195.205;
 - (C) Any applicable cooperative planning agreement adopted pursuant to ORS 195.020 (2) between the affected entity and a necessary party;
 - (D) Any applicable public facility plan adopted pursuant to a statewide planning goal on public facilities and services;
 - (E) Any applicable comprehensive plan;
 - (F) Any applicable concept plan; and
- (2) Consider whether the boundary change would:
- (A) Promote the timely, orderly and economic provision of public facilities and services;
 - (B) Affect the quality and quantity of urban services; and
 - (C) Eliminate or avoid unnecessary duplication of facilities and services.

There are no cooperative agreements, urban service agreements or annexation plans specifically adopted pursuant to ORS 195 in effect in this area. The proposal is consistent with the Comprehensive Plan as stated in Findings 7 and 8 below. No concept plans cover this area.

Staff has reviewed both the ORS 198 criteria and the Metro Code requirements, and found that the subject property is eligible for annexation to the District.

6. This territory is inside of Metro's jurisdictional boundary and inside the regional Urban Growth Boundary (UGB).

The law that requires Metro to adopt criteria for boundary changes specifically states that Metro shall ". . . ensure that a boundary change is in compliance with the Metro regional framework plan as defined in ORS 197.015 and cooperative agreements and urban service agreements adopted pursuant to ORS chapter 195." ORS 197.015 says "Metro regional framework plan means the regional framework plan required by the 1992 Metro Charter or its separate components." The Regional Framework Plan was reviewed and found not to contain specific criteria applicable to boundary changes.

There are two adopted regional functional plans, the Urban Growth Management

Functional Plan and the Regional Transportation Plan, which were examined and found not to contain any directly applicable standards and criteria for boundary changes.

7. The PUBLIC FACILITIES AND SERVICES Element of the County Comprehensive Plan contains the following Goal:

POLICIES

Sanitary Sewage Disposal

* * *

- 6.0 Require sanitary sewerage service agencies to coordinate extension of sanitary services with other key facilities, i.e., water, transportation, and storm drainage systems, which are necessary to serve additional lands.
8. The territory is inside the City of Happy Valley but still has a county zoning designation of RRFF-5, Rural Residential Farm Forest, 5-acre minimum lot size. The property is already developed with a single family dwelling.
9. ORS 195 requires agreements between providers of urban services. Urban services are defined as: sanitary sewers, water, fire protection, parks, open space, recreation and streets, roads and mass transit. These agreements are to specify which governmental entity will provide which service to which area in the long term. The counties are responsible for facilitating the creation of these agreements. There are no urban service agreements under ORS 195 relative to sewer service in this area of Clackamas County.
10. WES, as the service provider for the District, has a sewer line in SE Aldridge which can serve the site.
11. The territory is within the Sunrise Water Authority which currently serves the property.
12. The area receives police service from the City of Happy Valley which contracts with the Clackamas County Sheriff's Department for service.
13. The territory is within the Clackamas County R.F.P.D. #1. This service will not be affected by annexation to the County Service District for sanitary sewers.
14. The area to be annexed receives parks and recreation service from either the City of Happy Valley or North Clackamas Parks and Recreation District.

CONCLUSIONS AND REASONS FOR DECISION

Based on the Findings, the Board determined:

1. The Metro Code requires the boundary change decision to be consistent with expressly applicable provisions in any urban service provider agreements, cooperative agreements and annexation plans adopted pursuant to ORS 195. As noted in Findings 5 & 9 there are no such agreements or plans in place in this area. The Board concludes that its decision is not inconsistent with any such agreements and plans.
2. The Metro Code calls for consistency between the Board decision and any "applicable public facility plan adopted pursuant to a statewide planning goal on public facilities and services." The Board notes the original public facility plan for this area does call for sewer service by the District.
3. ORS 198 requires consideration of the comprehensive plan and any service agreements affecting the area. The Board has reviewed the applicable comprehensive plans (Clackamas County Comprehensive Plan and the Happy Valley Comprehensive Plan) and concludes this proposal complies with them. All other necessary urban services can be made available.
4. The Board considered the timing & phasing of public facilities to this area, the quantity and quality of services available and the potential for duplication of services. The District, through Water Environment Services, has service available to the area to be annexed as noted in Finding No. 10. The Board concludes this annexation is timely, the District has an adequate quantity and quality of services available and that the services are not duplicative.
5. The Metro Code at 3.09.050 (B) (2) requires a determination of whether the boundary change will cause withdrawal of the territory from the boundary of any necessary party. An examination of this issue found that no such withdrawals would be caused by approval of this annexation.

EXHIBIT B

EXHIBIT B: ANNEXATION DESCRIPTION

RECORDING REQUESTED BY:



10151 SE Sunnyside Road, Ste 300
Clackamas, OR 97015

AFTER RECORDING RETURN TO:

Order No.: 472517003121-LC
Anthony J. Ivelia and Reagan C. Ivelia, husband and wife
11746 SE 119th Ave
Happy Valley, OR 97086

SEND TAX STATEMENTS TO:

Anthony J. Ivelia and Reagan C. Ivelia
11746 SE 119th Ave
Happy Valley, OR 97086

APN: 00127151

Clackamas County Official Records
Sherry Hall, County Clerk

2017-044764

07/05/2017 08:51:01 AM

D-D Cnt=1 Stn=0 KARLYN
\$15.00 \$16.00 \$10.00 \$22.00

\$63.00

SPACE ABOVE THIS LINE FOR RECORDER'S USE

STATUTORY WARRANTY DEED

Jon Alan Thompson and Gerrie L. Thompson, Grantor, conveys and warrants to Anthony J. Ivelia and Reagan C. Ivelia, husband and wife, Grantee, the following described real property, free and clear of encumbrances except as specifically set forth below, situated in the County of Clackamas, State of Oregon:

A parcel of property in the Southeast one-quarter of the Southeast one-quarter of Section 35, Township 1 South, Range 2 East of the Willamette Meridian, in the City of Happy Valley, County of Clackamas and State of Oregon, described as follows:

Beginning at a brass monument at the Southeast corner of said Section 35; thence North 0°43'13" West along the East line of Section 35, a distance of 869.04 feet to a point on the South line of that certain easement described in Book 607, Page 720, Deed Records; thence North 89°14'30" West 770.95 feet to the Northeast corner of tract conveyed to Michael E. Bye, by Real Estate Contract Recorded July 3, 1979, as Recorder's Fee No. 79-26115; thence continuing North 89°14'30" West 283.47 feet to the true point of beginning; thence Southwesterly along Line "A", a distance of 405.54 feet, more or less, to a point on the South line of said Bye Tract, which is North 89°14'30" West 380.87 feet from the Southeast corner of the said Bye Tract; thence North 89°14'30" West 172.60 feet to the West line of the Southeast one-quarter of the Southeast one-quarter of said Section 35; thence North 0°49'00" West along said West line, 201.07 feet; thence South 89°14'30" East 202.35 feet, more or less, to intersect a line which is parallel with and 20 feet Westerly of aforesaid Line "A"; thence Northeasterly along said parallel line, 198.41 feet, more or less, to a point on the North line of the said Bye Tract which is North 89°14'30" West 20 feet from the true point of beginning; thence South 89°14'30" East 20 feet to the true point of beginning.

THE TRUE AND ACTUAL CONSIDERATION FOR THIS CONVEYANCE IS SIX HUNDRED FIFTEEN THOUSAND AND NO/100 DOLLARS (\$615,000.00). (See ORS 93.030).

Subject to:

SEE EXHIBIT "A" ATTACHED HERETO AND MADE A PART HEREOF

BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON TRANSFERRING FEE TITLE SHOULD INQUIRE ABOUT THE PERSON'S RIGHTS, IF ANY, UNDER ORS 195.300, 195.301 AND 195.305 TO 195.336 AND SECTIONS 5 TO 11, CHAPTER 424, OREGON LAWS 2007, SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009, AND SECTIONS 2 TO 7, CHAPTER 8, OREGON LAWS 2010. THIS INSTRUMENT DOES NOT ALLOW USE OF THE PROPERTY DESCRIBED IN THIS INSTRUMENT IN VIOLATION OF APPLICABLE LAND USE LAWS AND REGULATIONS. BEFORE SIGNING OR ACCEPTING THIS INSTRUMENT, THE PERSON ACQUIRING FEE TITLE TO THE PROPERTY SHOULD CHECK WITH THE APPROPRIATE CITY OR COUNTY PLANNING DEPARTMENT TO VERIFY THAT THE UNIT OF LAND

CHICAGO TITLE 472517003121-LC

STATUTORY WARRANTY DEED

(continued)

BEING TRANSFERRED IS A LAWFULLY ESTABLISHED LOT OR PARCEL, AS DEFINED IN ORS 92.010 OR 215.010, TO VERIFY THE APPROVED USES OF THE LOT OR PARCEL, TO DETERMINE ANY LIMITS ON LAWSUITS AGAINST FARMING OR FOREST PRACTICES, AS DEFINED IN ORS 30.930, AND TO INQUIRE ABOUT THE RIGHTS OF NEIGHBORING PROPERTY OWNERS, IF ANY, UNDER ORS 195.300, 195.301 AND 195.305 TO 195.336 AND SECTIONS 5 TO 11, CHAPTER 424, OREGON LAWS 2007, SECTIONS 2 TO 9 AND 17, CHAPTER 855, OREGON LAWS 2009, AND SECTIONS 2 TO 7, CHAPTER 8, OREGON LAWS 2010.

IN WITNESS WHEREOF, the undersigned have executed this document on the date(s) set forth below.

Dated: 7-3-17

Jon Alan Thompson
Jon Alan Thompson

Gerrie L. Thompson
Gerrie L. Thompson

State of OREGON
County of CLATSOP

This instrument was acknowledged before me on 7/3/17 by Jon Alan Thompson and Gerrie L. Thompson.

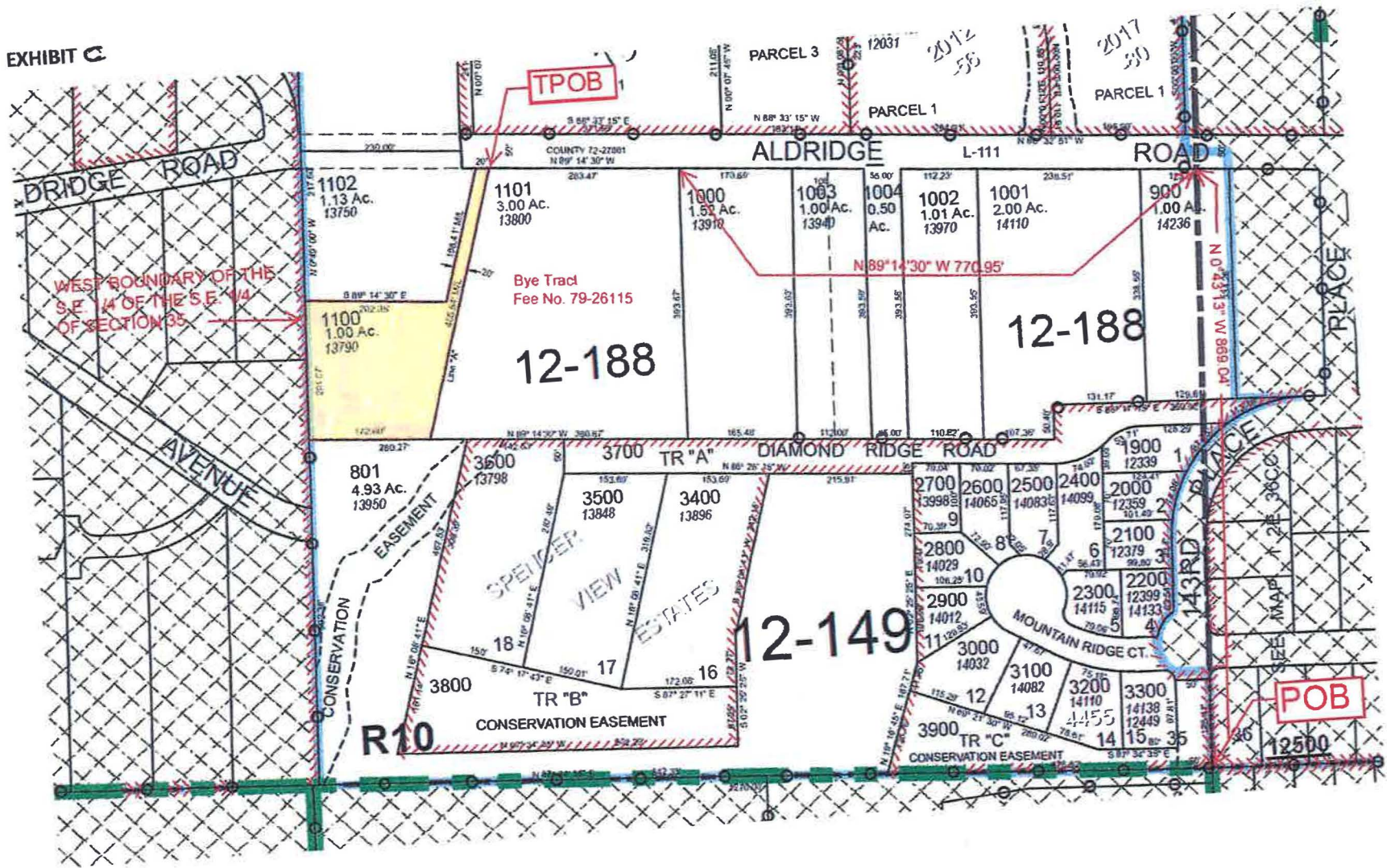
ELIZABETH HALSEY COX
Notary Public - State of Oregon

My Commission Expires: 1/5/21



12 E 35D
S.E. 1/4 SEC. 35 T.1S. R.2E. W.M.
CLACKAMAS COUNTY

EXHIBIT C





OFFICE OF COUNTY COUNSEL

PUBLIC SERVICES BUILDING
2051 KAEN ROAD OREGON CITY, OR 97045

December 6, 2018

Board of County Commissioners
Clackamas County

Members of the Board:

Stephen L. Madkour
County Counsel

Kathleen Rastetter
Scott C. Ciecko
Amanda Keller
Nathan K. Boderman
Shawn Lillegren
Jeffrey D. Munns
Andrew R. Naylor
Andrew Narus
Assistants

Approval of a Board Order for Boundary Change Proposal CL 18-008
Annexation to Clackamas County Service District No. 1

| | |
|--|---|
| Purpose/Outcomes | Conduct Public Hearing/Approve Order |
| Dollar Amount and Fiscal Impact | None |
| Funding Source | Not Applicable |
| Duration | Permanent |
| Previous Board Action | None |
| Strategic Plan Alignment | Build Public Trust Through Good Government, hold transparent and clear public processes regarding jurisdictional boundaries |
| Contact Person | Ken Martin, Boundary Change Consultant - 503 222-0955 Nate Boderman, Assistant County Counsel |
| Contract No. | Not Applicable |

BACKGROUND:

The County Board is charged with making boundary change decisions (annexations, withdrawals, etc.) for many types of special districts (water, sanitary sewer, rural fire protection, etc.) within the County. One type of special district over which the Board has jurisdiction is a county service district and Clackamas County Service District No. 1 is such a district.

Proposal No. CL 18-008 is a proposed annexation to Clackamas County Service District No. 1 ("District").

State statute and the Metro Code require the Board to hold a public hearing on the proposed annexation. Notice of this hearing invited testimony from any interested party. Notice consisted of: 1) Posting three notices near the territory and one notice near the County hearing room 20 days prior to the hearing; 2) Published notice twice in the Clackamas County Review; 3) Mailed notice sent to affected local governments and all property owners within 100 feet of the area to be annexed.

As required by statute the Board of the District has endorsed the proposed annexation. Also as required by statute (ORS 198.720(1)) the City of Happy Valley has approved this petition.

This proposal was initiated by a consent petition of property owners. The petition meets the requirement for initiation set forth in ORS 198.857, ORS 198.750 (section of statute which specifies contents of petition) and Metro Code 3.09.040(a) (lists Metro's minimum requirements for petition). If the Board approves the proposal the boundary change will become effective immediately.

The territory to be annexed is located generally in the eastern part of the District. The territory contains 6.0 acres, 3 vacant single family dwellings and is valued at \$860,229.

REASON FOR ANNEXATION

The property owners desire sewer service to facilitate construction of a 68-unit PUD which has been approved by the City of Happy Valley.

CRITERIA

Oregon Revised Statute 198 directs the Board to "consider the local comprehensive plan for the area and any service agreement executed between a local government and the affected district."

Additional criteria can be found in the Metro Code. The code requires a report which addresses the criteria listed below and which includes the following information:

1. The extent to which urban services are available to serve the affected territory, including any extraterritorial extensions of service;
2. Whether the proposed boundary change will result in the withdrawal of territory from the legal boundary of any necessary party¹; and
3. The proposed effective date of the boundary change.

Service availability is covered in the proposed findings. Staff has examined the statutes and determined that approval of this annexation will not cause the withdrawal of the affected territory from the boundary of any necessary party. The proposed effective date (immediately upon adoption) was noted above.

To approve a boundary change, the reviewing entity [the County Board] must apply the following criteria:

To approve a boundary change the County must:

- (1) Find that the change is consistent with expressly applicable provisions in:
 - (A) Any applicable urban service agreement adopted pursuant to ORS 195.205;
 - (B) Any applicable annexation plan adopted pursuant to ORS 195.205;

¹ A "necessary party" is another governmental entity which includes the same area or provides an urban service to the area.

- (C) Any applicable cooperative planning agreement adopted pursuant to ORS 195.020 (2) between the affected entity and a necessary party;
 - (D) Any applicable public facility plan adopted pursuant to a statewide planning goal on public facilities and services; and
 - (E) Any applicable comprehensive plan;
 - (F) Any applicable concept plan; and
- (2) Consider whether the boundary change would:
- (A) Promote the timely, orderly and economic provision of public facilities and services;
 - (B) Affect the quality and quantity of urban services; and
 - (C) Eliminate or avoid unnecessary duplication of facilities and services.

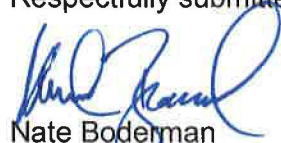
There are no cooperative agreements, urban service agreements or annexation plans specifically adopted pursuant to ORS 195 in effect in this area. The proposal is consistent with the Comprehensive Plan as stated in the findings attached in the proposed order. No concept plans cover this area.

Staff has reviewed both the ORS 198 criteria and the Metro Code requirements, and found that the subject property is eligible for annexation to the District. A draft order with proposed findings is attached hereto for the Board's consideration. The territory, if annexed into the District, will be served by Water Environment Services pursuant to that certain ORS 190 Partnership entered into by the District with the Tri-City Service District and the Surface Water Management Agency of Clackamas County, as amended from time to time.

RECOMMENDATION:

Based on the attached Order and Findings, Staff recommends approval of Proposal No. CL-18-008, annexation to Clackamas County Service District No. 1.

Respectfully submitted,



Nate Boderman
Assistant County Counsel

**BEFORE THE BOARD OF COUNTY COMMISSIONERS
OF CLACKAMAS COUNTY, STATE OF OREGON**

In the Matter of Approving
Boundary Change Proposal No.
CL 18-008



Board Order No. _____

Whereas, this matter coming before the Board at this time, and it appearing that the owner of all the land in the territory to be annexed has petitioned to annex the territory to Clackamas County Service District No. 1; and

Whereas, it further appearing that this Board is charged with deciding this proposal for a boundary change pursuant to ORS Chapters 198 and Metro Code 3.09; and

Whereas, it further appearing that staff retained by the County have reviewed the proposed boundary change and issued a report which complies with the requirements of Metro Code 3.09.050(b); and

Whereas, it further appearing that this matter came before the Board for public hearing on December 6, 2018 and that a decision of approval was made December 6, 2018;

NOW, THEREFORE, IT IS HEREBY ORDERED that Boundary Change Proposal No. CL 18-008 is approved for the reasons stated in attached Exhibit A and the territory described in Exhibit B and depicted on Exhibit C is annexed to Clackamas County Service District No. 1 as of December 6, 2018.

DATED this 6th day of December, 2018

BOARD OF COUNTY COMMISSIONERS

Chair

Recording Secretary

Based on the study and the public hearing the Board found:

1. The territory to be annexed contains 6.0 acres, 3 vacant single family dwellings and is valued at \$860,229.
2. The property owners desire sewer service to facilitate construction of a 68-unit PUD which has been approved by the City of Happy Valley.
3. Oregon Revised Statute 198 directs the Board to “consider the local comprehensive plan for the area and any service agreement executed between a local government and the affected district.”

Clackamas County Service District No. 1 and the City of Happy Valley do have an agreement calling for the District to be the provider of sewers inside the City. The District has entered into an agreement with the Surface Water Management Agency of Clackamas County and the Tri-City Service District to create Water Environment Services, an ORS 190 partnership (“WES”) as a collective service provider for all three districts. If annexed into the District, the property would be served by WES under such agreement.

4. Additional criteria can be found in the Metro Code. The code requires a report which addresses the criteria listed below and which includes the following information:
 1. The extent to which urban services are available to serve the affected territory, including any extraterritorial extensions of service;
 2. Whether the proposed boundary change will result in the withdrawal of territory from the legal boundary of any necessary party¹; and
 3. The proposed effective date of the boundary change.

Service availability is covered in the findings below. Staff has examined the statutes and determined that approval of this annexation will not cause the withdrawal of the affected territory from the boundary of any necessary party. The proposed effective date is immediately upon adoption.

5. To approve a boundary change, the reviewing entity [the County Board] must apply the following criteria:

To approve a boundary change the County must:

- (1) Find that the change is consistent with expressly applicable provisions in:

¹ A “necessary party” is another governmental entity which includes the same area or provides an urban service to the area.

- (A) Any applicable urban service agreement adopted pursuant to ORS 195.205;
 - (B) Any applicable annexation plan adopted pursuant to ORS 195.205;
 - (C) Any applicable cooperative planning agreement adopted pursuant to ORS 195.020 (2) between the affected entity and a necessary party;
 - (D) Any applicable public facility plan adopted pursuant to a statewide planning goal on public facilities and services;
 - (E) Any applicable comprehensive plan;
 - (F) Any applicable concept plan; and
- (2) Consider whether the boundary change would:
- (A) Promote the timely, orderly and economic provision of public facilities and services;
 - (B) Affect the quality and quantity of urban services; and
 - (C) Eliminate or avoid unnecessary duplication of facilities and services.

There are no cooperative agreements, urban service agreements or annexation plans specifically adopted pursuant to ORS 195 in effect in this area. The proposal is consistent with the Comprehensive Plan as stated in Findings 7 and 8 below. No concept plans cover this area.

Staff has reviewed both the ORS 198 criteria and the Metro Code requirements, and found that the subject property is eligible for annexation to the District.

6. This territory is inside of Metro's jurisdictional boundary and inside the regional Urban Growth Boundary (UGB).

The law that requires Metro to adopt criteria for boundary changes specifically states that Metro shall " . . . ensure that a boundary change is in compliance with the Metro regional framework plan as defined in ORS 197.015 and cooperative agreements and urban service agreements adopted pursuant to ORS chapter 195." ORS 197.015 says "Metro regional framework plan means the regional framework plan required by the 1992 Metro Charter or its separate components." The Regional Framework Plan was reviewed and found not to contain specific criteria applicable to boundary changes.

There are two adopted regional functional plans, the Urban Growth Management

Functional Plan and the Regional Transportation Plan, which were examined and found not to contain any directly applicable standards and criteria for boundary changes.

7. The PUBLIC FACILITIES AND SERVICES Element of the County Comprehensive Plan contains the following Goal:

POLICIES

Sanitary Sewage Disposal

* * *

- 6.0 Require sanitary sewerage service agencies to coordinate extension of sanitary services with other key facilities, i.e., water, transportation, and storm drainage systems, which are necessary to serve additional lands.
8. The territory is inside the City of Happy Valley and has a zoning designation of Single Family Attached Residential. The property owners have received approval from the City for a 68-unit PUD.
9. ORS 195 requires agreements between providers of urban services. Urban services are defined as: sanitary sewers, water, fire protection, parks, open space, recreation and streets, roads and mass transit. These agreements are to specify which governmental entity will provide which service to which area in the long term. The counties are responsible for facilitating the creation of these agreements. There are no urban service agreements under ORS 195 relative to sewer service in this area of Clackamas County.
10. WES, as the service provider for the District, has a sewer line in SE 172nd Avenue which can be extended to serve the site.
11. The territory is with the Sunrise Water Authority and is already served by that the Authority.
12. The area receives police service from the City of Happy Valley which contracts with the Clackamas County Sheriff's Department for service.
13. The territory is within the Clackamas County R.F.P.D. #1. This service will not be affected by annexation to the County Service District for sanitary sewers.
14. The area to be annexed receives parks and recreation service from either the City of Happy Valley or North Clackamas Parks and Recreation District.

CONCLUSIONS AND REASONS FOR DECISION

Based on the Findings, the Board determined:

1. The Metro Code requires the boundary change decision to be consistent with expressly applicable provisions in any urban service provider agreements, cooperative agreements and annexation plans adopted pursuant to ORS 195. As noted in Findings 5 & 9 there are no such agreements or plans in place in this area. The Board concludes that its decision is not inconsistent with any such agreements and plans.
2. The Metro Code calls for consistency between the Board decision and any "applicable public facility plan adopted pursuant to a statewide planning goal on public facilities and services." The Board notes the original public facility plan for this area does call for sewer service by the District.
3. ORS 198 requires consideration of the comprehensive plan and any service agreements affecting the area. The Board has reviewed the applicable comprehensive plans (Clackamas County Comprehensive Plan and the Happy Valley Comprehensive Plan) and concludes this proposal complies with them. All other necessary urban services can be made available.
4. The Board considered the timing & phasing of public facilities to this area, the quantity and quality of services available and the potential for duplication of services. The District, through Water Environment Services, has service available to the area to be annexed as noted in Finding No. 10. The Board concludes this annexation is timely, the District has an adequate quantity and quality of services available and that the services are not duplicative.
5. The Metro Code at 3.09.050 (B) (2) requires a determination of whether the boundary change will cause withdrawal of the territory from the boundary of any necessary party. An examination of this issue found that no such withdrawals would be caused by approval of this annexation.



AKS ENGINEERING & FORESTRY, LLC
12965 SW Herman Road, Suite 100, Tualatin, OR 97062
P: (503) 563-6151 F: (503) 563-6152

AKS Job #5693

OFFICES IN: TUALATIN, OR - VANCOUVER, WA - KEIZER, OR - BEND, OR

EXHIBIT B

Annexation Description

Lots 7, 8, and 9 of the plat "Rachella Acres", Plat No. 1743, Clackamas County Plat Records, located in the Northeast One-Quarter of Section 6, Township 2 South, Range 3 East, Willamette Meridian, City of Happy Valley, Clackamas County, Oregon.

The above described tract of land contains 6.00 acres, more or less.

5/8/2018

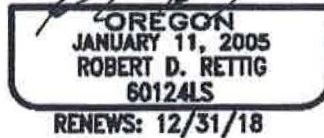


EXHIBIT C

LOTS 7, 8, AND 9 OF THE PLAT "RACHELLA ACRES",
 PLAT NO. 1743, CLACKAMAS COUNTY PLAT RECORDS,
 LOCATED IN THE NORTHEAST 1/4 OF SECTION 6,
 TOWNSHIP 2 SOUTH, RANGE 3 EAST, WILLAMETTE MERIDIAN,
 CITY OF HAPPY VALLEY, CLACKAMAS COUNTY, OREGON

DOC. NO. 96-064979



LEGEND

--- CLACKAMAS COUNTY SERVICE DISTRICT NO. 1 LINE

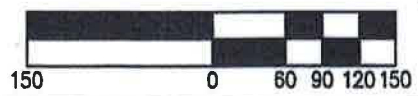
2/9/2018

**REGISTERED
 PROFESSIONAL
 LAND SURVEYOR**

PREPARED FOR

CROSSROADS 172, LLC
 P. O. BOX 61426
 VANCOUVER, WA 98666

SCALE: 1" = 150 FEET



[Signature]
 JANUARY 11, 2005
 ROBERT D. RETTIG
 60124LS
 RENEWS: 12/31/18

| | | |
|---|--|--|
| MAP OF ANNEXATION | | EXHIBIT B |
| AKS ENGINEERING & FORESTRY, LLC 12965 SW HERMAN RD, STE 100 TUALATIN, OR 97062 P: 503.563.6151 F: 503.563.6152 aks-eng.com | | DRWN: WCE CHKD: RDF AKS JOB: 5693 |





OFFICE OF COUNTY COUNSEL

PUBLIC SERVICES BUILDING
2051 KAEN ROAD OREGON CITY, OR 97045

December 6, 2018

Board of County Commissioners
Clackamas County

Members of the Board:

Approval of a Board Order for Boundary Change Proposal CL 18-009
Annexation to Clackamas County Service District No. 1

Stephen L. Madkour
County Counsel

Kathleen Rastetter
Scott C. Ciecko
Amanda Keller
Nathan K. Boderman
Shawn Lillegren
Jeffrey D. Munns
Andrew R. Naylor
Andrew Narus
Assistants

| | |
|--|---|
| Purpose/Outcomes | Conduct Public Hearing/Approve Order |
| Dollar Amount and Fiscal Impact | None |
| Funding Source | Not Applicable |
| Duration | Permanent |
| Previous Board Action | None |
| Strategic Plan Alignment | Build Public Trust Through Good Government, hold transparent and clear public processes regarding jurisdictional boundaries |
| Contact Person | Ken Martin, Boundary Change Consultant - 503 222-0955 Nate Boderman, Assistant County Counsel |
| Contract No. | Not Applicable |

BACKGROUND:

The County Board is charged with making boundary change decisions (annexations, withdrawals, etc.) for many types of special districts (water, sanitary sewer, rural fire protection, etc.) within the County. One type of special district over which the Board has jurisdiction is a county service district, and Clackamas County Service District No. 1 is such a district.

Proposal No. CL 18-009 is a proposed annexation to Clackamas County Service District No. 1 ("District").

State statute and the Metro Code require the Board to hold a public hearing on the proposed annexation. Notice of this hearing invited testimony from any interested party. Notice consisted of: 1) Posting three notices near the territory and one notice near the County hearing room 20 days prior to the hearing; 2) Published notice twice in the Clackamas County Review; 3) Mailed notice sent to affected local governments and all property owners within 100 feet of the area to be annexed.

As required by statute the Board of the District has endorsed the proposed annexation. Also as required by statute (ORS 198.720(1)), the City of Happy Valley has approved this petition.

This proposal was initiated by a consent petition of property owners. The petition meets the requirement for initiation set forth in ORS 198.857, ORS 198.750 (section of statute which specifies contents of petition) and Metro Code 3.09.040(a) (lists Metro's minimum requirements for petition). If the Board approves the proposal, the boundary change will become effective immediately.

The territory to be annexed is located generally in the eastern part of the District. The territory contains 2.93 acres, one single family dwelling, and is valued at \$362,338.

REASON FOR ANNEXATION

The property owners desire sewer service to serve a 25-lot subdivision.

CRITERIA

Oregon Revised Statute 198 directs the Board to "consider the local comprehensive plan for the area and any service agreement executed between a local government and the affected district."

Additional criteria can be found in the Metro Code. The code requires a report which addresses the criteria listed below and which includes the following information:

1. The extent to which urban services are available to serve the affected territory, including any extraterritorial extensions of service;
2. Whether the proposed boundary change will result in the withdrawal of territory from the legal boundary of any necessary party¹; and
3. The proposed effective date of the boundary change.

Service availability is covered in the proposed findings. Staff has examined the statutes and determined that approval of this annexation will not cause the withdrawal of the affected territory from the boundary of any necessary party. The proposed effective date (immediately upon adoption) was noted above.

To approve a boundary change, the reviewing entity [the County Board] must apply the following criteria:

To approve a boundary change the County must:

- (1) Find that the change is consistent with expressly applicable provisions in:
 - (A) Any applicable urban service agreement adopted pursuant to ORS 195.205;
 - (B) Any applicable annexation plan adopted pursuant to ORS 195.205;

¹ A "necessary party" is another governmental entity which includes the same area or provides an urban service to the area.

- (C) Any applicable cooperative planning agreement adopted pursuant to ORS 195.020 (2) between the affected entity and a necessary party;
 - (D) Any applicable public facility plan adopted pursuant to a statewide planning goal on public facilities and services; and
 - (E) Any applicable comprehensive plan;
 - (F) Any applicable concept plan; and
- (2) Consider whether the boundary change would:
- (A) Promote the timely, orderly and economic provision of public facilities and services;
 - (B) Affect the quality and quantity of urban services; and
 - (C) Eliminate or avoid unnecessary duplication of facilities and services.

There are no cooperative agreements, urban service agreements or annexation plans specifically adopted pursuant to ORS 195 in effect in this area. The proposal is consistent with the Comprehensive Plan as stated in the findings attached in the proposed order. No concept plans cover this area.

Staff has reviewed both the ORS 198 criteria and the Metro Code requirements, and found that the subject property is eligible for annexation to the District. A draft order with proposed findings is attached hereto for the Board's consideration. The territory, if annexed into the District, will be served by Water Environment Services pursuant to that certain ORS 190 Partnership entered into by the District with the Tri-City Service District and the Surface Water Management Agency of Clackamas County, as amended from time to time.

RECOMMENDATION:

Based on the attached Order and Findings, Staff recommends approval of Proposal No. CL-18-009, annexation to Clackamas County Service District No. 1.

Respectfully submitted,



Nate Boderman
Assistant County Counsel

**BEFORE THE BOARD OF COUNTY COMMISSIONERS
OF CLACKAMAS COUNTY, STATE OF OREGON**

In the Matter of Approving
Boundary Change Proposal No.
CL 18-009



Board Order No. _____

Whereas, this matter coming before the Board at this time, and it appearing that the owner of all the land in the territory to be annexed has petitioned to annex the territory to Clackamas County Service District No. 1; and

Whereas, it further appearing that this Board is charged with deciding this proposal for a boundary change pursuant to ORS Chapters 198 and Metro Code 3.09; and

Whereas, it further appearing that staff retained by the County have reviewed the proposed boundary change and issued a report which complies with the requirements of Metro Code 3.09.050(b); and

Whereas, it further appearing that this matter came before the Board for public hearing on December 6, 2018 and that a decision of approval was made December 6, 2018;

NOW, THEREFORE, IT IS HEREBY ORDERED that Boundary Change Proposal No. CL 18-009 is approved for the reasons stated in attached Exhibit A and the territory described in Exhibit B and depicted on Exhibit C is annexed to Clackamas County Service District No. 1 as of December 6, 2018.

DATED this 6th day of December, 2018

BOARD OF COUNTY COMMISSIONERS

Chair

Recording Secretary

Based on the study and the public hearing the Board found:

1. The territory to be annexed contains 2.93 acres, one single family dwelling and is valued at \$362,338.
2. The property owners desire sewer service for a 25-lot subdivision.
3. Oregon Revised Statute 198 directs the Board to "consider the local comprehensive plan for the area and any service agreement executed between a local government and the affected district."

Clackamas County Service District No. 1 and the City of Happy Valley do have an agreement calling for the District to be the provider of sewers inside the City. The District has entered into an agreement with the Surface Water Management Agency of Clackamas County and the Tri-City Service District to create Water Environment Services, an ORS 190 partnership ("WES") as a collective service provider for all three districts. If annexed into the District, the property would be served by WES under such agreement.

4. Additional criteria can be found in the Metro Code. The code requires a report which addresses the criteria listed below and which includes the following information:
 1. The extent to which urban services are available to serve the affected territory, including any extraterritorial extensions of service;
 2. Whether the proposed boundary change will result in the withdrawal of territory from the legal boundary of any necessary party¹; and
 3. The proposed effective date of the boundary change.

Service availability is covered in the findings below. Staff has examined the statutes and determined that approval of this annexation will not cause the withdrawal of the affected territory from the boundary of any necessary party. The proposed effective date is immediately upon adoption.

5. To approve a boundary change, the reviewing entity [the County Board] must apply the following criteria:

To approve a boundary change the County must:

- (1) Find that the change is consistent with expressly applicable provisions in:
 - (A) Any applicable urban service agreement adopted pursuant to ORS

¹ A "necessary party" is another governmental entity which includes the same area or provides an urban service to the area.

- 195.205;
- (B) Any applicable annexation plan adopted pursuant to ORS 195.205;
 - (C) Any applicable cooperative planning agreement adopted pursuant to ORS 195.020 (2) between the affected entity and a necessary party;
 - (D) Any applicable public facility plan adopted pursuant to a statewide planning goal on public facilities and services;
 - (E) Any applicable comprehensive plan;
 - (F) Any applicable concept plan; and
- (2) Consider whether the boundary change would:
- (A) Promote the timely, orderly and economic provision of public facilities and services;
 - (B) Affect the quality and quantity of urban services; and
 - (C) Eliminate or avoid unnecessary duplication of facilities and services.

There are no cooperative agreements, urban service agreements or annexation plans specifically adopted pursuant to ORS 195 in effect in this area. The proposal is consistent with the Comprehensive Plan as stated in Findings 7 and 8 below. No concept plans cover this area.

Staff has reviewed both the ORS 198 criteria and the Metro Code requirements, and found that the subject property is eligible for annexation to the District.

6. This territory is inside of Metro's jurisdictional boundary and inside the regional Urban Growth Boundary (UGB).

The law that requires Metro to adopt criteria for boundary changes specifically states that Metro shall “. . . ensure that a boundary change is in compliance with the Metro regional framework plan as defined in ORS 197.015 and cooperative agreements and urban service agreements adopted pursuant to ORS chapter 195.” ORS 197.015 says “Metro regional framework plan means the regional framework plan required by the 1992 Metro Charter or its separate components.” The Regional Framework Plan was reviewed and found not to contain specific criteria applicable to boundary changes.

There are two adopted regional functional plans, the Urban Growth Management Functional Plan and the Regional Transportation Plan, which were examined and found

not to contain any directly applicable standards and criteria for boundary changes.

7. The PUBLIC FACILITIES AND SERVICES Element of the County Comprehensive Plan contains the following Goal:

POLICIES

Sanitary Sewage Disposal

* * *

- 6.0 Require sanitary sewerage service agencies to coordinate extension of sanitary services with other key facilities, i.e., water, transportation, and storm drainage systems, which are necessary to serve additional lands.
8. The territory is inside the City of Happy Valley and has a zoning designation of Mixed Use Residential. The property owner has received City approval for a 25-lot subdivision for the site.
9. ORS 195 requires agreements between providers of urban services. Urban services are defined as: sanitary sewers, water, fire protection, parks, open space, recreation and streets, roads and mass transit. These agreements are to specify which governmental entity will provide which service to which area in the long term. The counties are responsible for facilitating the creation of these agreements. There are no urban service agreements under ORS 195 relative to sewer service in this area of Clackamas County.
10. WES, as the service provider for the District, has an 8-inch sewer line which can be extended onto the site.
11. The territory is within the Sunrise Water Authority which has an 8-inch water line available to serve the property.
12. The area receives police service from the City of Happy Valley which contracts with the Clackamas County Sheriff's Department for service.
13. The territory is within the Clackamas County R.F.P.D. #1. This service will not be affected by annexation to the County Service District for sanitary sewers.
14. The area to be annexed receives parks and recreation service from either the City of Happy Valley or North Clackamas Parks and Recreation District.

CONCLUSIONS AND REASONS FOR DECISION

Based on the Findings, the Board determined:

1. The Metro Code requires the boundary change decision to be consistent with expressly applicable provisions in any urban service provider agreements, cooperative agreements and annexation plans adopted pursuant to ORS 195. As noted in Findings 5 & 9 there are no such agreements or plans in place in this area. The Board concludes that its decision is not inconsistent with any such agreements and plans.
2. The Metro Code calls for consistency between the Board decision and any “applicable public facility plan adopted pursuant to a statewide planning goal on public facilities and services.” The Board notes the original public facility plan for this area does call for sewer service by the District.
3. ORS 198 requires consideration of the comprehensive plan and any service agreements affecting the area. The Board has reviewed the applicable comprehensive plans (Clackamas County Comprehensive Plan and the Happy Valley Comprehensive Plan) and concludes this proposal complies with them. All other necessary urban services can be made available.
4. The Board considered the timing & phasing of public facilities to this area, the quantity and quality of services available and the potential for duplication of services. The District, through Water Environment Services, has service available to the area to be annexed as noted in Finding No. 10. The Board concludes this annexation is timely, the District has an adequate quantity and quality of services available and that the services are not duplicative.
5. The Metro Code at 3.09.050 (B) (2) requires a determination of whether the boundary change will cause withdrawal of the territory from the boundary of any necessary party. An examination of this issue found that no such withdrawals would be caused by approval of this annexation.

EXHIBIT B
CCSD#1 Annexation
Boundary Description

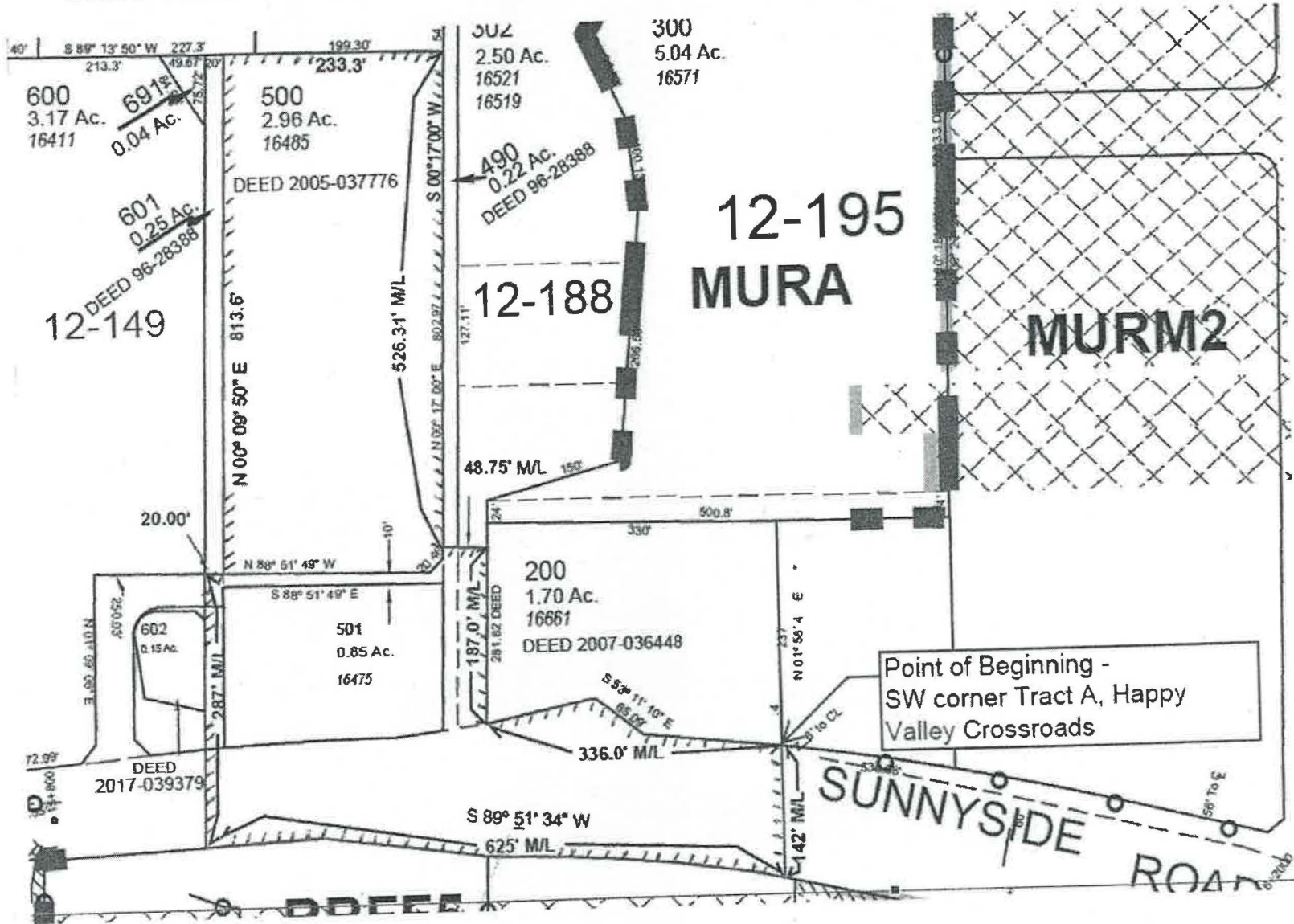
- 1 A tract of land situated in Section 06, Township 2 South 3 East of the Willamette Meridian, Clackamas
2 County, Oregon, being more particularly described as follows:
- 3 Beginning at the southwest corner of Tract A of "HAPPY VALLEY CROSSROADS", Clackamas County
4 Plat No. 4430 and the POINT OF BEGINNING;
- 5 1. Thence Southerly along the extension of the west line of Tract "A" of said plat 142 feet more or
6 less to a point of intersection with the south right-of-way (ROW) line of Clackamas County Road,
7 SE Sunnyside Road;
- 8 2. Thence Westerly along the south ROW line of SE Sunnyside Road 625 feet more or less to a
9 point of intersection by extension with the east line of that tract of land conveyed to Suntree Inc.,
10 under Clackamas County Deed record 2017-039379, (commonly known as map and tax lot
11 23E06B 00602);
- 12 3. Thence Northerly along the extension line of the east line of that tract of land conveyed to
13 Suntree Inc., under Clackamas County Deed record 2017-039379, 287 feet more or less to a point
14 of intersection with the south line of that tract of land conveyed to Michael A Lesh, under
15 Clackamas County Deed record 96-28388, (commonly known as map and tax lot 23E06B 00601);
- 16 4. Thence Easterly along the south line of that tract of land conveyed to Michael A Lesh, under
17 Clackamas County Deed record 96-28388, 20 feet to a point of intersection with the west line of
18 that tract of land conveyed to Bryan S. Dickerson and Lisa R. Dickerson, under Clackamas County
19 Deed record 2005-037776, (commonly known as map and tax lot 23E06B 00500);
- 20 5. Thence N 00°09'50" E, along said west line 813.6 feet to a point of intersection with the north
21 line of that tract of land conveyed to Bryan S. Dickerson and Lisa R. Dickerson, under Clackamas
22 County Deed record 2005-037776, (commonly known as map and tax lot 23E06B 00500);
- 23 6. Thence Easterly along said north line 233.3 feet to a point of intersection with the east line of
24 that tract of land conveyed to Bryan S. Dickerson and Lisa R. Dickerson, under Clackamas County
25 Deed record 2005-037776, (commonly known as map and tax lot 23E06B 00500);
- 26 7. Thence S 00°17'00" W 526.31 feet more or less to a point of intersection with the south line of
27 that tract of land conveyed to Michael A Lesh, under Clackamas County Deed record 96-28388,
28 (commonly known as map and tax lot 23E06B 00490);
- 29 8. Thence Easterly along said south line, 48.75 feet more or less to a point of intersection with the
30 west line of that tract of land conveyed to Clackamas County, under Clackamas County Deed
31 record 2007-036448, (commonly known as map and tax lot 23E06B 00200);
- 32 9. Thence Southerly along said east line 187.00 feet more or less to a point of intersection with the
33 north ROW line of Clackamas County Road, SE Sunnyside Road;
- 34 10. Thence Easterly along the north ROW line of Sunnyside Road 336.0 feet more or less to a point
35 of intersection with the southwest corner of Tract A of "HAPPY VALLEY CROSSROADS",
36 Clackamas County Plat No. 4430 and the POINT OF BEGINNING

Note: Tax Lot numbers, where included, are for reference only and are not to be considered part of the legal description. All deed reference numbers are based on Clackamas County Deed Records. As well, all Plats, Partitions and Surveys referenced are from Clackamas County Records. And, all Bearings, when cited, are as taken from referenced documents, surveys and Plats and are not to be construed as being on a common basis.

23 E 06B

N.W. 1/4 SEC. 6 T.2S. R.3E. W.M.
CLACKAMAS COUNTY

CL-18-009 EXHIBIT 'C'





OFFICE OF COUNTY COUNSEL

PUBLIC SERVICES BUILDING
 2051 KAEN ROAD OREGON CITY, OR 97045

December 6, 2018

Board of County Commissioners
 Clackamas County

Members of the Board:

Approval of a Board Order for Boundary Change Proposal CL 18-011
Annexation to Tri-City County Service District

Stephen L. Madkour
 County Counsel

Kathleen Rastetter
Scott C. Ciecko
Amanda Keller
Nathan K. Boderman
Shawn Lillegren
Jeffrey D. Munns
Andrew R. Naylor
Andrew Narus
 Assistants

| | |
|--|---|
| Purpose/Outcomes | Conduct Public Hearing/Approve Order |
| Dollar Amount and Fiscal Impact | None |
| Funding Source | Not Applicable |
| Duration | Permanent |
| Previous Board Action | None |
| Strategic Plan Alignment | Build Public Trust Through Good Government, hold transparent and clear public processes regarding jurisdictional boundaries |
| Contact Person | Ken Martin, Boundary Change Consultant - 503 222-0955 Nate Boderman, Assistant County Counsel |
| Contract No. | Not Applicable |

BACKGROUND:

The County Board is charged with making boundary change decisions (annexations, withdrawals, etc.) for many types of special districts (water, sanitary sewer, rural fire protection, etc.) within the County. One type of special district over which the Board has jurisdiction is a county service district and Tri-City County Service District is such a district.

Proposal No. CL 18-011 is a proposed annexation to Tri-City County Service District ("District").

State statute and the Metro Code require the Board to hold a public hearing on the proposed annexation. Notice of this hearing invited testimony from any interested party. Notice consisted of: 1) Posting three notices near the territory and one notice near the County hearing room 20 days prior to the hearing; 2) Published notice twice in the West Linn Tidings; 3) Mailed notice sent to affected local governments and all property owners within 100 feet of the area to be annexed.

As required by statute the Board of the District has endorsed the proposed annexation. Also as required by statute (ORS 198.720(1)) the City of West Linn has approved this petition.

This proposal was initiated by a consent petition of property owners. The petition meets the requirement for initiation set forth in ORS 198.857, ORS 198.750 (section of statute which specifies contents of petition) and Metro Code 3.09.040(a) (lists Metro's minimum requirements for petition). If the Board approves the proposal the boundary change will become effective immediately.

The territory to be annexed is located generally in the eastern part of the District. The territory contains 6.48 acres, 1 single family dwelling and is valued at \$751,882.

REASON FOR ANNEXATION

The property owners desire sewer service to permit development consistent with the R-7 zoning.

CRITERIA

Oregon Revised Statute 198 directs the Board to "consider the local comprehensive plan for the area and any service agreement executed between a local government and the affected district."

Tri-City County Service District and the City of West Linn do have an agreement calling for the District to be the provider of sewage treatment and transmission for the City. The District has entered into an agreement with the Surface Water Management Agency of Clackamas County and Clackamas County Service District # 1 to create Water Environment Services, an ORS 190 partnership ("WES") as a collective service provider for all three districts. If annexed into the District, the property will receive sewerage treatment and transmission from WES under such agreement. Local sewerage collection will continue to be provided by the City.

Additional criteria can be found in the Metro Code. The code requires a report which addresses the criteria listed below and which includes the following information:

1. The extent to which urban services are available to serve the affected territory, including any extraterritorial extensions of service;
2. Whether the proposed boundary change will result in the withdrawal of territory from the legal boundary of any necessary party¹; and
3. The proposed effective date of the boundary change.

Service availability is covered in the proposed findings. Staff has examined the statutes and determined that approval of this annexation will not cause the withdrawal of the affected territory from the boundary of any necessary party. The proposed effective date (immediately upon adoption) was noted above.

To approve a boundary change, the reviewing entity [the County Board] must apply the following criteria:

To approve a boundary change the County must:

¹ A "necessary party" is another governmental entity which includes the same area or provides an urban service to the area.

- (1) Find that the change is consistent with expressly applicable provisions in:
 - (A) Any applicable urban service agreement adopted pursuant to ORS 195.205;
 - (B) Any applicable annexation plan adopted pursuant to ORS 195.205;
 - (C) Any applicable cooperative planning agreement adopted pursuant to ORS 195.020 (2) between the affected entity and a necessary party;
 - (D) Any applicable public facility plan adopted pursuant to a statewide planning goal on public facilities and services; and
 - (E) Any applicable comprehensive plan;
 - (F) Any applicable concept plan; and
- (2) Consider whether the boundary change would:
 - (A) Promote the timely, orderly and economic provision of public facilities and services;
 - (B) Affect the quality and quantity of urban services; and
 - (C) Eliminate or avoid unnecessary duplication of facilities and services.

There are no cooperative agreements, urban service agreements or annexation plans specifically adopted pursuant to ORS 195 in effect in this area. The proposal is consistent with the Comprehensive Plan as stated in the findings attached in the proposed order. No concept plans cover this area.

Staff has reviewed both the ORS 198 criteria and the Metro Code requirements, and found that the subject property is eligible for annexation to the District. A draft order with proposed findings is attached hereto for the Board's consideration. The territory, if annexed into the District, will be served (major transmission and treatment) by Water Environment Services pursuant to that certain ORS 190 Partnership entered into by the District with Clackamas County Service District # 1 and the Surface Water Management Agency of Clackamas County, as amended from time to time.

RECOMMENDATION:

Based on the attached Order and Findings, Staff recommends approval of Proposal No. CL-18-011, annexation to Tri-City County Service District.

Respectfully submitted,



Nate Bodenman
Assistant County Counsel

**BEFORE THE BOARD OF COUNTY COMMISSIONERS
OF CLACKAMAS COUNTY, STATE OF OREGON**

In the Matter of Approving
Boundary Change Proposal No.
CL 18-011



Board Order No. _____

Whereas, this matter coming before the Board at this time, and it appearing that the owner of all the land in the territory to be annexed has petitioned to annex the territory to Tri-City County Service District; and

Whereas, it further appearing that this Board is charged with deciding this proposal for a boundary change pursuant to ORS Chapters 198 and Metro Code 3.09; and

Whereas, it further appearing that staff retained by the County have reviewed the proposed boundary change and issued a report which complies with the requirements of Metro Code 3.09.050(b); and

Whereas, it further appearing that this matter came before the Board for public hearing on December 6, 2018 and that a decision of approval was made December 6, 2018;

NOW, THEREFORE, IT IS HEREBY ORDERED that Boundary Change Proposal No. CL 18-011 is approved for the reasons stated in attached Exhibit A and the territory described in Exhibit B and depicted on Exhibit C is annexed to Tri-City County Service District as of December 6, 2018.

DATED this 6th day of December, 2018

BOARD OF COUNTY COMMISSIONERS

Chair

Recording Secretary

FINDINGS

Based on the study and the public hearing the Board found:

1. The territory to be annexed contains 6.48 acres, 1 single family dwelling and is valued at \$751,882.
2. The property owners desire sewer service to permit residential development consistent with the R-7 zoning.
3. Oregon Revised Statute 198 directs the Board to “consider the local comprehensive plan for the area and any service agreement executed between a local government and the affected district.”

Tri-City County Service District and the City of West Linn do have an agreement calling for the District to be the provider sewage treatment and transmission for the City. The District has entered into an agreement with the Surface Water Management Agency of Clackamas County and Clackamas County Service District # 1 to create Water Environment Services, an ORS 190 partnership (“WES”) as a collective service provider for all three districts. If annexed into the District, the property will receive sewerage treatment and transmission from WES under such agreement. Local sewerage collection will continue to be provided by the City.

4. Additional criteria can be found in the Metro Code. The code requires a report which addresses the criteria listed below and which includes the following information:
 1. The extent to which urban services are available to serve the affected territory, including any extraterritorial extensions of service;
 2. Whether the proposed boundary change will result in the withdrawal of territory from the legal boundary of any necessary party¹; and
 3. The proposed effective date of the boundary change.

Service availability is covered in the findings below. Staff has examined the statutes and determined that approval of this annexation will not cause the withdrawal of the affected territory from the boundary of any necessary party. The proposed effective date is immediately upon adoption.

5. To approve a boundary change, the reviewing entity [the County Board] must apply the following criteria:

¹ A “necessary party” is another governmental entity which includes the same area or provides an urban service to the area.

To approve a boundary change the County must:

- (1) Find that the change is consistent with expressly applicable provisions in:
 - (A) Any applicable urban service agreement adopted pursuant to ORS 195.205;
 - (B) Any applicable annexation plan adopted pursuant to ORS 195.205;
 - (C) Any applicable cooperative planning agreement adopted pursuant to ORS 195.020 (2) between the affected entity and a necessary party;
 - (D) Any applicable public facility plan adopted pursuant to a statewide planning goal on public facilities and services;
 - (E) Any applicable comprehensive plan;
 - (F) Any applicable concept plan; and
- (2) Consider whether the boundary change would:
 - (A) Promote the timely, orderly and economic provision of public facilities and services;
 - (B) Affect the quality and quantity of urban services; and
 - (C) Eliminate or avoid unnecessary duplication of facilities and services.

There are no cooperative agreements, urban service agreements or annexation plans specifically adopted pursuant to ORS 195 in effect in this area. The proposal is consistent with the Comprehensive Plan as stated in the Findings 7 and 8 below. No concept plans cover this area.

Staff has reviewed both the ORS 198 criteria and the Metro Code requirements, and found that the subject property is eligible for annexation to the District.

6. This territory is inside of Metro's jurisdictional boundary and inside the regional Urban Growth Boundary (UGB).

The law that requires Metro to adopt criteria for boundary changes specifically states that Metro shall " . . . ensure that a boundary change is in compliance with the Metro regional framework plan as defined in ORS 197.015 and cooperative agreements and urban service agreements adopted pursuant to ORS chapter 195." ORS 197.015 says "Metro regional framework plan means the regional framework plan required by the 1992 Metro Charter or its separate components." The Regional Framework Plan was

reviewed and found not to contain specific criteria applicable to boundary changes.

There are two adopted regional functional plans, the Urban Growth Management Functional Plan and the Regional Transportation Plan, which were examined and found not to contain any directly applicable standards and criteria for boundary changes.

7. The PUBLIC FACILITIES AND SERVICES Element of the Comprehensive Plan contains the following Goal:

POLICIES

Sanitary Sewage Disposal

* * *

- 6.0 Require sanitary sewerage service agencies to coordinate extension of sanitary services with other key facilities, i.e., water, transportation, and storm drainage systems, which are necessary to serve additional lands.

8. The territory is designated Low Density Residential on the City Comprehensive Plan and is zoned R-7 (7,000 square foot minimum lot size).

According to Section 1 of the Public Services and facilities Chapter of the West Linn Comprehensive Plan:

The Water Environment Services Department of Clackamas County is responsible for providing wastewater treatment services for the cities of West Linn, Oregon City and Gladstone.

9. ORS 195 requires agreements between providers of urban services. Urban services are defined as: sanitary sewers, water, fire protection, parks, open space, recreation and streets, roads and mass transit. These agreements are to specify which governmental entity will provide which service to which area in the long term. The counties are responsible for facilitating the creation of these agreements. There are no urban service agreements under ORS 195 relative to sewer service in this area of Clackamas County.
10. The City has an 8-inch sewer line at the SE corner of the site. WES, as the service provider for the District, will provide major transmission and treatment of the sewerage.
11. The City has an 8-inch water line at the SE corner of the site.
12. The area receives police service from the City of West Linn.

13. The City is provided fire protection by Tualatin Valley Fire & Rescue.
14. The area to be annexed receives parks and recreation service from the City of West Linn.

CONCLUSIONS AND REASONS FOR DECISION

Based on the Findings, the Board determined:

1. The Metro Code requires the boundary change decision to be consistent with expressly applicable provisions in any urban service provider agreements, cooperative agreements and annexation plans adopted pursuant to ORS 195. As noted in Findings 5 & 9 there are no such agreements or plans in place in this area. The Board concludes that its decision is not inconsistent with any such agreements and plans.
2. The Metro Code calls for consistency between the Board decision and any "applicable public facility plan adopted pursuant to a statewide planning goal on public facilities and services." The Board notes the City and the District have agreed which entity will provide which aspects of sewer service to the area.
3. ORS 198 requires consideration of the comprehensive plan and any service agreements affecting the area. The Board has reviewed the applicable comprehensive plans (Clackamas County Comprehensive Plan and the West Linn Comprehensive Plan) and concludes this proposal complies with them. All other necessary urban services can be made available.
4. The Board considered the timing & phasing of public facilities to this area, the quantity and quality of services available and the potential for duplication of services. The District, through Water Environment Services, has service available to the area to be annexed as noted in Finding No. 10. The Board concludes this annexation is timely, the District has an adequate quantity and quality of services available and that the services are not duplicative.
5. The Metro Code at 3.09.050 (B) (2) requires a determination of whether the boundary change will cause withdrawal of the territory from the boundary of any necessary party. An examination of this issue found that no such withdrawals would be caused by approval of this annexation.

EXHIBIT 'B'



SECTION 1: LEGAL DESCRIPTION OF PROPERTY TO BE ANNEXED

A TRACT OF LAND SITUATED IN THE NORTHEAST 1/4 OF SECTION 35, TOWNSHIP 2 SOUTH, RANGE 1 EAST, WILLAMETTE MERIDIAN, CLACKAMAS COUNTY, OREGON AND BEING A PORTION OF LOT 21, "BLAND ACRES", A PLAT OF RECORD IN CLACKAMAS COUNTY, MORE PARTICULARLY DESCRIBED AS FOLLOWS:

BEGINNING AT THE SOUTHEASTERLY CORNER OF LOT 10, "WEATHERHILL ESTATES" A PLAT OF RECORD IN CLACKAMAS COUNTY, OREGON; THENCE ALONG THE NORTHEASTERLY LINE OF "GRAND VIEW", A PLAT OF RECORD IN CLACKAMAS COUNTY, OREGON SOUTH 73°04'36" EAST 413.62 FEET TO THE SOUTHWEST CORNER OF THAT TRACT OF LAND CONVEYED TO THE CITY OF WEST LINN BY WARRANTY DEED RECORDED AS DOCUMENT NUMBER 95-071438, CLACKAMAS COUNTY DEED RECORDS; THENCE ALONG THE WEST LINE OF SAID CITY OF WEST LINN TRACT NORTH 19°02'10" EAST 21.83 FEET TO THE NORTHWESTERLY CORNER THEREOF; THENCE ALONG THE NORTH LINE OF SAID CITY OF WEST LINN TRACT SOUTH 86°14'54" EAST 63.68 FEET; THENCE CONTINUING ALONG SAID NORTH LINE NORTH 84°23'46" EAST 61.41 FEET; THENCE CONTINUING ALONG SAID NORTH LINE SOUTH 88°18'57" EAST 67.26 FEET, MORE OR LESS, TO THE WEST RIGHT OF WAY LINE OF SALAMO ROAD; THENCE ALONG SAID WEST RIGHT OF WAY LINE NORTH 15°36'00" EAST 124.82 FEET TO AN ANGLE POINT IN SAID RIGHT OF WAY LINE; THENCE CONTINUING ALONG SAID RIGHT OF WAY LINE NORTH 34°09'00" EAST 82.44 FEET TO THE MOST SOUTHERLY CORNER OF THAT TRACT OF LAND CONVEYED TO THE CITY OF WEST LINN BY DEED RECORDED AS DOCUMENT NUMBER 95-004519, CLACKAMAS COUNTY DEED RECORDS; THENCE ALONG THE WESTERLY LINE OF SAID CITY OF WEST LINN TRACT (WHICH IS DESCRIBED IN DEED RECORDED AS DOCUMENT NUMBER 95-004519) 76.80 FEET ALONG A NON-TANGENT 570.00 FOOT RADIUS CURVE CONCAVE TO THE SOUTHEAST THROUGH A CENTRAL ANGLE OF 07°43'12" (LONG CHORD BEARS NORTH 23°50'56" EAST 76.74 FEET); THENCE CONTINUING ALONG SAID WESTERLY LINE 155.87 FEET, MORE OR LESS, ALONG A 490.00 FOOT RADIUS CURVE CONCAVE TO THE NORTHWEST THROUGH A CENTRAL ANGLE OF 18°13'32" (LONG CHORD BEARS NORTH 18°35'46" EAST 155.21 FEET, MORE OR LESS) TO THE NORTH LINE OF LOT 21, "BLAND ACRES"; THENCE ALONG SAID NORTH LINE NORTH 74°45'00" WEST 569.97 FEET TO THE MOST EASTERLY CORNER OF LOT 22, "BLAND ACRES"; THENCE ALONG THE EASTERLY LINE OF THE AFOREMENTIONED "WEATHERHILL ESTATES" SOUTH 24°14'17" WEST 499.87 FEET TO THE POINT OF BEGINNING.

REGISTERED
PROFESSIONAL
LAND SURVEYOR

OREGON
JULY 14, 1978
DON DEVLAEINCK
1634

DATE OF SIGNATURE: 11/30/17
EXPIRES 12/31/2019



"WEATHERHILL ESTATES"

EXHIBIT 'C'

PARCEL 1

PARTITION PLAT NO. 1997-97

PARCEL 2

LOT 10

LOT 11

LOT 17

LOT 18

LOT 19

SATTER STREET

LOT 14

POINT OF BEGINNING

SOUTHEASTERLY CORNER OF LOT 10, "WEATHERHILL ESTATES"

MOST EASTERLY CORNER OF LOT 22, "BLAND ACRES"

LOT 13

S24°14'17"W 499.81'

TAX LOT 9100
MAP 2-1E-35AB
(DOC. NO. 89-35589)

TRACT A

LOT 12

NORTH LINE OF LOT 21, "BLAND ACRES"

"GRAND VIEW"

LOT 11

S73°04'36"E 413.62'

TAX LOT 9000
MAP 2-1E-35AB

LOT 10

N19°02'10"E 21.83'

TRACT CONVEYED TO CITY OF WEST LINN PER DOC. NO. 95-71438

LOT 9

S86°14'54"E 63.68'

L=76.80'

R=570.00'

Δ=07°43'12"

CH=N23°50'56"E 76.74'

L=155.87'±

R=490.00'

Δ=18°13'32"

CH=N18°35'46"E 155.21'±

LOT 8

N84°23'46"E 61.41'

TAX LOT 9300
MAP 2-1E-35AB

TAX LOT 9200
MAP 2-1E-35AB

S88°18'57"E 67.26'±

N15°36'00"E 124.82'

N34°09'00"E 82.44'

20'

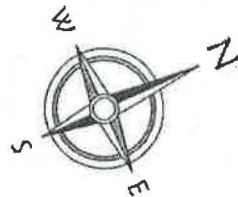
SALAMO ROAD

CENTERLINE OF SALAMO ROAD (FORMERLY CO. RD. NO. 1113)

TRACT CONVEYED TO CITY OF WEST LINN PER DOC. NO. 95-4519

REGISTERED PROFESSIONAL LAND SURVEYOR

OREGON
JULY 14, 1978
DON DEVLAEINCK
1634



Scale: 1" = 100'

DATE OF SIGNATURE: 8/22/18
EXPIRES 12/31/2019

7917 Exh.dwg

ANNEXATION EXHIBIT MAP

COMPASS Land Surveyors
4107 SE International Way, Suite 705
Milwaukie, Oregon 97222 503-653-9093

NE 1/4 OF SECTION 35, T.2S., R.1E., W.M.
CLACKAMAS COUNTY, OREGON



CHRISTA BOSSERMAN WOLFE, CPA
INTERIM DIRECTOR

DEPARTMENT OF FINANCE
PUBLIC SERVICES BUILDING
2051 KAEN ROAD | OREGON CITY, OR 97045

December 6, 2018

Board of County Commissioners
Clackamas County

Members of the Board:

Approval of a Resolution for a Clackamas County Supplemental Budget
(Greater Than Ten Percent and Budget Reduction) for Fiscal Year 2018-2019

| | |
|---------------------------------|--|
| Purpose/Outcome | Supplemental budget change FY 2018-2019 |
| Dollar Amount and Fiscal Impact | The effect is an increase in appropriations of \$23,128,069 |
| Funding Source | Prior year revenue, fund balance, state operating grants, charge for services and interfund transfer |
| Duration | July 1, 2018-June 30, 2019 |
| Previous Board Action/Review | Budget Adopted June 28, 2018 |
| Strategic Plan Alignment | Build public trust through good government |
| Contact Person | Christa Bosserman Wolfe, 503-742-5407 |

BACKGROUND:

Each fiscal year it is necessary to reduce allocations or allocate additional sources of revenue and appropriate additional expenditures to more accurately meet the changing requirements of the operating departments. The attached resolution reflects such changes requested by departments in keeping with a legally accurate budget. These changes are in compliance with ORS 294.471, which allows for governing body approval of supplemental budget changes for items ten percent or greater of the qualifying expenditures of the budget funds(s) being adjusted. The required notices have been published.

The County School Fund is recognizing fund balance and budgeting for special payments to local governments.

The Building Codes Fund is recognizing beginning fund balance and budgeting it in reserves and appropriating for temporary employment costs during the transition time of retirements.

The Road Fund is recognizing fund balance, interfund transfers from DTD Capital Projects Fund and adjusting state grant funding and budgeting for personnel costs, contracted maintenance costs and a heavy equipment purchase that was budgeted in previous fiscal year, but finalized in this fiscal, with the balance increasing contingency.

The Property Resources Fund is recognizing fund balance and other financing sources and budgeting for program costs, reserve and contingency.

The Justice Court is recognizing fund balance and budgeting an interfund transfer to the General Fund.

The Transportation System Development Fund is recognizing fund balance and interfund transfers from the Happy Valley/Clackamas Joint Transportation Fund and the Transportation Capital Projects Fund and budgeting for professional services and contingency.

The Happy Valley/Clackamas Joint Transportation Fund is recognizing fund balance and budgeting an interfund transfer to the Transportation System Development Fund to close this fund.

The Clackamas Community Solutions Fund is recognizing fund balance and budgeting an interfund transfer to the Children, Youth and Families Fund for closure of this fund.

The Safety Net Local Projects Fund is recognizing prior year revenue and lower than anticipated fund balance and adjusting special payments accordingly.

The Transient Room Tax Fund is recognizing fund balance and increasing the interfund transfer to the Tourism Fund.

The Forest Management Fund is recognizing fund balance and increasing capital outlay for land acquisition anticipated but not made in prior year.

The DTD Capital Projects Fund is recognizing additional fund balance and budgeting an interfund transfer to the Transportation and Development Fund and the Transportation System Development Fund for closure of this fund.

The Local Improvement District Construction Fund is recognizing lower than anticipated fund balance and adjusting appropriations accordingly.

The Clackamas Broadband Utility Fund is recognizing fund balance and budgeting for repairs and construction costs associated with this fund and establishing a contingency.

The Telecommunication Fund is recognizing additional fund balance and budgeting for higher personnel costs, capital equipment replacement and upgrade costs.

The Technology Services Fund is recognizing additional fund balance from carryover projects and budgeting for completion of those projects, equipment replacement costs and higher personnel cost.

The Self-Insurance Fund is recognizing fund balance and budgeting for programs costs and increasing contingency.

The Fleet Management Fund is recognizing additional fund balance and an interfund transfer from the Sheriff's Fund and budgeting for capital vehicle expenses, professional services and increasing contingency.

The Records Management Fund is recognizing additional fund balance and budgeting for office updates to provide better security for staff and increasing contingency.

The effect of this Resolution is an increase in appropriations of \$23,128,069 including revenues as detailed below

| | |
|------------------------|-----------------------|
| Prior Year Revenue | \$ 378,292. |
| Fund Balance | 21,944,481. |
| State Operating Grants | (220,886.) |
| Charge for Services | 134,640. |
| Interfund Transfer | <u>891,542.</u> |
| Total Recommended | <u>\$ 23,128,069.</u> |

RECOMMENDATION:

Staff respectfully recommends adoption of the attached Resolution Order and Exhibit A in keeping with a legally accurate budget.

Sincerely,

Christa Bosserman Wolfe, CPA
Interim Director

**BEFORE THE BOARD OF COUNTY COMMISSIONERS
OF CLACKAMAS COUNTY, STATE OF OREGON**

In the Matter of Providing
Authorization Regarding Adoption of a
Supplemental Budget for items
Greater Than 10 Percent of the Total
Qualifying Expenditures and Making
to Appropriations for Fiscal 2018-19



Resolution Order No. _____

Page 1 of 2

WHEREAS, during the fiscal year changes in appropriated expenditures may become necessary and appropriations may need to be increased, decreased or transferred from one appropriation category to another;

WHEREAS, a supplemental budget for the period of July 1, 2018 through June 30, 2019, inclusive, has been prepared, published and submitted to the taxpayers as provided by statute;

WHEREAS; a hearing to discuss the supplemental budget was held before the Board of County Commissioners on December 6, 2018.

WHEREAS; the funds being adjusted are:

- . County School Fund
- . Building Codes Fund
- . Road Fund
- . Property Resources Fund
- . Justice Court Fund
- . Transportation System Development Charge Fund
- . Happy Valley/Clackamas Joint Transportation Fund
- . Community Solutions Fund
- . County Safety Net Legislation Local Projects
- . Transient Room Tax Fund
- . Forest Management Fund
- . DTD Capital Projects Fund
- . Local Improvement District Construction Fund
- . Clackamas Broadband Utility Fund
- . Telecommunication Services Fund
- . Technology Services Fund
- . Self-Insurance Fund
- . Fleet Management Fund
- . Records Management Fund;

**BEFORE THE BOARD OF COUNTY COMMISSIONERS
OF CLACKAMAS COUNTY, STATE OF OREGON**

In the Matter of Providing
Authorization Regarding Adoption of a
Supplemental Budget for items
Greater Than 10 Percent of the Total
Qualifying Expenditures and Making
to Appropriations for Fiscal 2018-19



Resolution Order No. _____

Page 2 of 2

It further appearing that it is in the best interest of the County to approve this greater than 10 percent change in appropriations for the period of July 1, 2018 through June 30, 2019.

BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS THAT:

Pursuant to its authority under OR 294.473, the supplemental budget be adopted and appropriations established as shown in the attached Exhibit A which by this reference is made a part of this Resolution.

DATED this 6th day of December, 2018

BOARD OF COUNTY COMMISSIONERS

Chair

Recording Secretary

SUMMARY OF SUPPLEMENTAL BUDGET
Exhibit A
CHANGES OF GREATER THAN 10% OF BUDGET
December 6, 2018

Recommended items by revenue source:

| | | |
|------------------------|-----------|-------------------|
| Prior Year Revenue | \$ | 378,292 |
| Fund Balance | | 21,944,481 |
| State Operating Grants | | (220,886) |
| Charge for Services | | 134,640 |
| Interfund Transfers | | 891,542 |
| Total Recommended | <u>\$</u> | <u>23,128,069</u> |

COUNTY SCHOOL FUND

| | | |
|--------------------------------------|-----------|----------------|
| Revenues: | | |
| Fund Balance | \$ | 305,553 |
| Total Revenue | <u>\$</u> | <u>305,553</u> |
| Expenses: | | |
| Not Allocated to Organizational Unit | | |
| Special Payments | \$ | 305,553 |
| Total Expenditures | <u>\$</u> | <u>305,553</u> |

County School Fund is recognizing fund balance and budgeting for special payments to local governments.

BUILDING CODES FUND

| | | |
|--------------------------------------|-----------|------------------|
| Revenues: | | |
| Fund Balance | \$ | 1,327,025 |
| Total Revenue | <u>\$</u> | <u>1,327,025</u> |
| Expenses: | | |
| General Government | \$ | 10,000 |
| Not Allocated to Organizational Unit | | |
| Reserve | | 1,317,025 |
| Total Expenditures | <u>\$</u> | <u>1,327,025</u> |

Building Codes Fund is recognizing beginning fund balance and budgeting it in reserves and appropriating for temporary employment costs during the transition time of retirements.

SUMMARY OF SUPPLEMENTAL BUDGET
Exhibit A
CHANGES OF GREATER THAN 10% OF BUDGET
December 6, 2018

ROAD FUND

| | |
|--------------------------------------|---------------------|
| Revenues: | |
| Fund Balance | \$ 8,762,098 |
| State Operating Grants | (220,886) |
| Intefund Transfer | 388,204 |
| Total Revenue | <u>\$ 8,929,416</u> |
| Expenses: | |
| Public Ways and Facilities | \$ 6,520,826 |
| Not Allocated to Organizational Unit | |
| Contingency | 2,408,590 |
| Total Expenditures | <u>\$ 8,929,416</u> |

Road Fund is recognizing fund balance, interfund transfers from DTD Capital Projects Fund and adjusting state grant funding and budgeting for personnel costs, contracted maintenance costs and a heavy equipment purchase that was budgeted in previous fiscal year, but finalized in this fiscal, with the balance increasing contingency.

PROPERTY RESOURCES FUND

| | |
|--------------------------------------|-------------------|
| Revenues: | |
| Fund Balance | \$ 473,249 |
| Charge for Services | 134,640 |
| Total Revenue | <u>\$ 607,889</u> |
| Expenses: | |
| General Government | \$ 134,640 |
| Not Allocated to Organizational Unit | |
| Reserve | 322,249 |
| Contingency | 151,000 |
| Total Expenditures | <u>\$ 607,889</u> |

Property Resources Fund is recognizing fund balance and other financing sources and budgeting for program costs, reserve and contingency.

JUSTICE COURT

| | |
|--------------------------------------|---------------------|
| Revenues: | |
| Fund Balance | \$ 1,375,508 |
| Total Revenue | <u>\$ 1,375,508</u> |
| Expenses: | |
| Not Allocated to Organizational Unit | |
| Interfund Transfer | \$ 1,375,508 |
| Total Expenditures | <u>\$ 1,375,508</u> |

Justice Court is recognizing fund balance and budgeting an interfund transfer to the General Fund.

SUMMARY OF SUPPLEMENTAL BUDGET
Exhibit A
CHANGES OF GREATER THAN 10% OF BUDGET
December 6, 2018

TRANSPORTATION SYSTEM DEVELOPMENT CHARGE FUND

| | |
|--|-------------------|
| Revenues: | |
| Fund Balance | \$ 351,237 |
| Interfund Transfer | 303,338 |
| Total Revenue | <u>\$ 654,575</u> |
| Expenses: | |
| Public Ways and Facilities | \$ 20,000 |
| Not Allocated to Organizational Unit Reserve | 5,633.00 |
| Contingency | 628,942 |
| Total Expenditures | <u>\$ 654,575</u> |

Transportation System Development Fund is recognizing fund balance and interfund transfers from the Happy Valley/Clackamas Joint Transportation Fund and the Transportation Capital Projects Fund and budgeting for professional services and contingency.

HAPPY VALLEY/CLACKAMAS JOINT TRANSPORTATION FUND

| | |
|---|-----------------|
| Revenues: | |
| Fund Balance | \$ 5,633 |
| Total Revenue | <u>\$ 5,633</u> |
| Expenses: | |
| Not Allocated to Organizational Unit Interfund Transfer | \$ 5,633 |
| Total Expenditures | <u>\$ 5,633</u> |

Happy Valley/Clackamas Joint Transportation Fund is recognizing fund balance and budgeting an interfund transfer to the Transportation System Development Fund to close this fund.

CLACKAMAS COMMUNITY SOLUTIONS FUND

| | |
|---|------------------|
| Revenues: | |
| Fund Balance | \$ 31,155 |
| Total Revenue | <u>\$ 31,155</u> |
| Expenses: | |
| Not Allocated to Organizational Unit Interfund Transfer | \$ 31,155 |
| Total Expenditures | <u>\$ 31,155</u> |

Clackamas Community Solutions Fund is recognizing fund balance and budgeting an interfund transfer to the Children, Youth and Families Fund for closure of this fund.

SUMMARY OF SUPPLEMENTAL BUDGET
Exhibit A
CHANGES OF GREATER THAN 10% OF BUDGET
December 6, 2018

COUNTY SAFETY NET LEGISLATION LOCAL PROJECTS FUND

| | |
|--------------------------------------|------------------|
| Revenues: | |
| Prior Year Revenue | \$ 378,292 |
| Fund Balance | (306,162) |
| Total Revenue | <u>\$ 72,130</u> |
| Expenses: | |
| Not Allocated to Organizational Unit | |
| Special Payments | \$ 72,130 |
| Total Expenditures | <u>\$ 72,130</u> |

Safety Net Local Projects Fund is recognizing prior year revenue and lower than anticipated fund balance and adjusting special payments accordingly.

TRANSIENT ROOM TAX FUND

| | |
|--------------------------------------|-------------------|
| Revenues: | |
| Fund balance | \$ 186,034 |
| Total Revenue | <u>\$ 186,034</u> |
| Expenses: | |
| Not Allocated to Organizational Unit | |
| Interfund Transfer | \$ 186,034 |
| Total Expenditures | <u>\$ 186,034</u> |

Transient Room Tax Fund is recognizing fund balance and increasing the interfund transfer to the Tourism Fund.

FOREST MANAGEMENT FUND

| | |
|-----------------------------------|---------------------|
| Revenues: | |
| Fund Balance | \$ 1,044,547 |
| Total Revenue | <u>\$ 1,044,547</u> |
| Expenses: | |
| Culture, Education and Recreation | \$ 1,044,547 |
| Total Expenditures | <u>\$ 1,044,547</u> |

Forest Management Fund is recognizing fund balance and increasing capital outlay for land acquisition anticipated but not made in prior year.

DTD CAPITAL PROJECTS FUND

| | |
|--------------------------------------|-------------------|
| Revenues: | |
| Fund Balance | \$ 685,909 |
| Total Revenue | <u>\$ 685,909</u> |
| Expenses: | |
| Not Allocated to Organizational Unit | |
| Interfund Transfer | \$ 685,909 |
| Total Expenditures | <u>\$ 685,909</u> |

DTD Capital Projects Fund is recognizing additional fund balance and budgeting an interfund transfer to the Transportation and Development Fund and the Transportation System Development Fund for closure of this fund.

SUMMARY OF SUPPLEMENTAL BUDGET
Exhibit A
CHANGES OF GREATER THAN 10% OF BUDGET
December 6, 2018

LOCAL IMPROVEMENT DISTRICT CONSTRUCTION FUND

| | |
|----------------------------|--------------------|
| Revenues: | |
| Fund Balance | \$ (72,391) |
| Total Revenue | <u>\$ (72,391)</u> |
| | |
| Public Ways and Facilities | \$ (72,391) |
| Total Expenditures | <u>\$ (72,391)</u> |

Local Improvement District Construction Fund is recognizing lower than anticipated fund balance and adjusting appropriations accordingly.

CLACKAMAS BROADBAND UTILITY FUND

| | |
|--|-------------------|
| Revenues: | |
| Fund Balance | \$ 283,405 |
| Total Revenue | <u>\$ 283,405</u> |
| | |
| Broadband Utility (Business-type Activity) | \$ 133,405 |
| Not Allocated to Organizational Unit | |
| Contingency | 150,000 |
| Total Expenditures | <u>\$ 283,405</u> |

Clackamas Broadband Utility Fund is recognizing fund balance and budgeting for repairs and construction costs associated with this fund and establishing a contingency.

TELECOMMUNICATIONS SERVICES FUND

| | |
|--------------------|-------------------|
| Revenues: | |
| Fund Balance | \$ 623,827 |
| Total Revenue | <u>\$ 623,827</u> |
| | |
| General Government | \$ 623,827 |
| Total Expenditures | <u>\$ 623,827</u> |

Telecommunication Fund is recognizing additional fund balance and budgeting for higher personnel costs, capital equipment replacement and upgrade costs.

TECHNOLOGY SERVICES FUND

| | |
|--------------------------------------|---------------------|
| Revenues: | |
| Fund Balance | \$ 2,839,054 |
| Total Revenue | <u>\$ 2,839,054</u> |
| Expenses: | |
| General Government | \$ 2,739,054 |
| Not Allocated to Organizational Unit | |
| Contingency | 100,000 |
| Total Expenditures | <u>\$ 2,839,054</u> |

Technology Services Fund is recognizing additional fund balance from carryover projects and budgeting for completion of those projects, equipment replacement costs and higher personnel cost.

SUMMARY OF SUPPLEMENTAL BUDGET
Exhibit A
CHANGES OF GREATER THAN 10% OF BUDGET
December 6, 2018

SELF INSURANCE FUND

| | |
|--------------------------------------|---------------------|
| Revenues: | |
| Fund Balance | \$ 3,552,473 |
| Total Revenue | <u>\$ 3,552,473</u> |
| Expenses: | |
| General Government | \$ 4,102 |
| Not Allocated to Organizational Unit | |
| Contingency | 3,548,371 |
| Total Expenditures | <u>\$ 3,552,473</u> |

Self-Insurance Fund is recognizing fund balance and budgeting for programs costs and increasing contingency.

FLEET MANAGEMENT FUND

| | |
|--------------------------------------|-------------------|
| Revenues: | |
| Fund Balance | \$ 380,758 |
| Interfund Transfer | 200,000 |
| Total Revenue | <u>\$ 580,758</u> |
| Expenses: | |
| General Government | \$ 300,000 |
| Not Allocated to Organizational Unit | |
| Contingency | 280,758 |
| Total Expenditures | <u>\$ 580,758</u> |

Fleet Management Fund is recognizing additional fund balance and an interfund transfer from the Sheriff's Fund and budgeting for capital vehicle expenses, professional services and increasing contingency.

RECORDS MANAGEMENT FUND

| | |
|--------------------------------------|------------------|
| Revenues: | |
| Fund Balance | \$ 95,569 |
| Total Revenue | <u>\$ 95,569</u> |
| Expenses: | |
| General Government | \$ 12,000 |
| Not Allocated to Organizational Unit | |
| Contingency | 83,569 |
| Total Expenditures | <u>\$ 95,569</u> |

Records Management Fund is recognizing additional fund balance and budgeting for office updates to provide better security for staff and increasing contingency.



**NORTH CLACKAMAS
PARKS & RECREATION DISTRICT**

Administration

Scott Archer, Director
North Clackamas Parks and Recreation District
150 Beaver Creek Road
Oregon City, OR 97045

December 6, 2018

Board of County Commissioners
Clackamas County
Board of North Clackamas Parks and Recreation District

Members of the Board:

North Clackamas Parks and Recreation District (NCPRD) Communication Plan Update

| | |
|--|--|
| Purpose/ Outcomes | To share information about outreach plans, encourage public input and update District Board members on other topics of interest. |
| Dollar Amount and Fiscal Impact | N/A |
| Funding Source | N/A |
| Duration | Ongoing |
| Previous Board Action | N/A |
| Strategic Plan Alignment | <ul style="list-style-type: none"> • Build public trust through good government |
| Contact Person | Scott Archer, <i>NCPRD Director</i> , 503-742-4421 |

BACKGROUND:

North Clackamas Parks & Recreation District (NCPRD) is planning a variety of outreach activities to inform the public about the current status of the District and the potential impacts of a City of Happy Valley withdrawal. All District residents are welcome and encouraged to learn more about the situation and provide public input.

Outreach activities include the following:

- Two *Community Conversation* meetings for District residents during the second week of December to share information, answer questions, and hear concerns and comments.
 - Monday, Dec. 10, 6:30 p.m., Rose Villa Senior Living, Oak Grove
 - Wednesday, Dec. 12, 6:30 p.m., Rock Creek Middle School, Happy Valley
- A letter to all District residents
- Information at NCPRD facilities to keep the community informed
- A website to provide updated, accurate information, including the opportunity for people to submit questions and comments

In addition, the District Advisory Board (DAB) has not met in recent months because of the uncertainty brought about by the possible withdrawal of Happy Valley. NCPRD is developing plans to reconvene or reconstitute the DAB to provide all District residents with a forum to discuss potential impacts and make recommendations to the NCPRD Board of Directors.

RECOMMENDATION:

Staff recommend the Board encourage residents of NCPRD to attend upcoming public meetings, learn about the issues and share their input with Board members.

Respectfully submitted,

Scott Archer, Director
North Clackamas Parks and Recreation District



DAN JOHNSON
DIRECTOR

DEPARTMENT OF TRANSPORTATION AND DEVELOPMENT
DEVELOPMENT SERVICES BUILDING
150 BEAVERCREEK ROAD OREGON CITY, OR 97045

December 6, 2018

Board of Commissioners
Clackamas County

Members of the Board:

Approval of an Intergovernmental Agreement between Clackamas County and the City of Molalla to Transfer Permitting Authority and Maintenance Responsibility for a Portion of S. Ona Way (County Road #1303, DTD #52003) to the City

| | |
|--|---|
| Purpose/Outcomes | To transfer permitting authority and maintenance responsibility for construction on portions of S. Ona Way to the City of Molalla |
| Dollar Amount and Fiscal Impact | Cost savings in the form of staff time and materials related to the permitting, maintenance and oversight of this roadway |
| Funding Source | Road Fund |
| Duration | Upon execution; permanent |
| Previous Board Action | N/A |
| Strategic Plan Alignment | Build a strong infrastructure Build public trust through good government |
| Contact Person | Michael Bays, Survey/CADD Supervisor; 503-742-4667 |

Clackamas County currently has jurisdiction, including permitting authority, enforcement of road standards, and maintenance responsibility of S. Ona Way. An approximately 1/4 mile long section of S. Ona Way lies within the boundary of the City of Molalla. The City has agreed that they are best suited to exercise primary authority over this section of S. Ona Way. This intergovernmental agreement addresses transferring rights and duties as “road authority,” including permitting authority, development of road standards, and maintenance responsibility to the City for this portion of S. Ona Way.

Transferring rights and duties as road authority for this portion of S. Ona Way to the City of Molalla will eliminate confusion and improve efficiencies of maintenance and public service. The City will perform all construction and reconstruction; improvement or repair and maintenance; review and issuance of access permits; establishment of roadway standards; acquisition of right of way; storm water and drainage facility repair and maintenance; and review and issuance of street opening permits. The County will retain official jurisdiction of this portion of the roadway until such time as the City of Molalla requests a transfer of jurisdiction of this portion of S. Ona Way as defined in this Intergovernmental Agreement.

This agreement has been reviewed and approved by County Counsel and signed by the Molalla City Manager.

RECOMMENDATION:

Staff respectfully recommends that the Board approve this Intergovernmental Agreement with the City of Molalla to transfer rights and duties as road authority for a portion of S. Ona Way to the City.

Respectfully submitted,

Michael Bays - Survey/CADD Supervisor
Attachments: IGA, Exhibit

**INTERGOVERNMENTAL AGREEMENT BETWEEN THE CITY OF MOLALLA AND
CLACKAMAS COUNTY RELATED TO ROAD MAINTENANCE AND PERMITTING
AUTHORITY ON S. ONA WAY**

This agreement (the "Agreement") is made on the date all required signatures have been obtained, between the City of Molalla ("CITY"), a political subdivision of the State of Oregon, and Clackamas County ("COUNTY"), a political subdivision of the State of Oregon, pursuant to ORS Chapter 190 (Intergovernmental Cooperation), collectively referred to as the "PARTIES" and each a "PARTY."

RECITALS

WHEREAS, ORS Chapter 190 authorizes local governments to enter into intergovernmental agreements for the performance of any or all functions and activities that a local government, its officers or agencies, have the authority to perform, including the authority to perform as the "Road Authority" related to maintenance and permitting responsibilities for roads;

WHEREAS, S. Ona Way is a County Road, as defined in ORS 368.001, lying entirely within the boundaries of the City.

WHEREAS, the Parties agree that the City is best suited to assume primary responsibility for maintenance and permitting of a stretch of S. Ona Way, approximately 1,320 feet in length, as more particularly depicted on Exhibit "A" which is attached hereto and incorporated herein ("S. ONA WAY").

WHEREAS, transfer of responsibility with regards to S. Ona Way will lead to efficient and consistent road maintenance activities and reduce any confusion on the part of the public as to which Party is responsible for the condition and maintenance of S. Ona Way, which primarily serves the residents of the City;

WHEREAS, the Parties acknowledge that the City and County desire to pursue a transfer of jurisdiction of S. Ona Way pursuant to ORS 373.270 once the County completes the reconstruction and paving of S. Ona Way, and that this Agreement will no longer be necessary once the process set forth in ORS 373.270 has been completed; and

WHEREAS, it is the intent of the Parties that the County transfer as much of its responsibility under ORS 368 with regards to S. Ona Way as may be allowed under state law in order to grant the City control of S. Ona Way prior to the completion of the full transfer pursuant to ORS 373.270.

AGREEMENT

NOW, THEREFORE, in consideration of the mutual promises set forth below and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties hereby agree as follows:

1. **Term.** This Agreement shall be effective upon execution, and shall expire automatically at the time S. Ona Way is transferred to the City and the City assumes jurisdiction of S. Ona Way pursuant to ORS 373.270.

2. **Transfer of Authority.**

A. Responsibility for Road Authority activities (as outlined in Section 3) for S. Ona Way shall be surrendered to the City pursuant to the terms and conditions of this Agreement. The portion of S. Ona Way subject to this Agreement is approximately 1,320 feet in length, as more particularly depicted on Exhibit "A" and more specifically described as follows:

All that portion of S. Ona Way, County Road No. 1303, as shown on Exhibit "A", attached hereto and by this reference a part hereof, said road lying south of and between the southerly right of way line of State Highway 211 (mile point 0.00) and the southerly right of way line of South Molalla Forest road (mile point 0.25), said road being approximately 1320' long and primarily 35' wide.

Containing 49,900 square feet, more or less.

B. To facilitate the performance of responsibilities under this Agreement, the City hereby accepts responsibility for Road Authority activities (as outlined in Section 3) for S. Ona Way, as described herein.

C. The City shall be solely responsible for all costs associated with the Road Authority activities assumed by the City through this Agreement.

3. **Road Authority Obligations.** For purposes of this Agreement, the Road Authority activities include, but are not necessarily limited to, the following:

A. Construction and reconstruction (including capital improvements);

B. Improvement or repair, and maintenance;

C. Maintenance and repair of related facilities within the roadway, including but not limited to storm water drainage facilities, traffic control devices, street lights and roadside barriers;

D. Timely elimination or mitigation of known hazards to the road users;

E. Issuance of permits for work or the establishment of roadway standards on S. Ona Way; and

F. All other responsibilities the County may have under ORS 368 with regards to S. Ona Way which may be assumed by the City under state law.

4. **Maintenance Standard.** Any maintenance on S. Ona Way required by this Agreement shall be carried out in a manner that is similar to other roads with similar features, function, and characteristics under the City's jurisdiction.

5. **Future Acceptance.** Provided the County completes the reconstruction and paving of the portion of S. Ona Way that is subject to this Agreement, which includes grinding the existing surface, treating with concrete and overlaying with four inches of high modulus asphalt concrete (HMAC), and provided the County initiates a transfer of S. Ona Way pursuant to the process set forth in ORS 373.270, the City shall not object to the transfer and shall take action on any transfer request within 60 days of receipt.

6. **Termination.**

- A. The County and the City, by mutual written agreement, may terminate this Agreement at any time.
- B. Either the County or the City may terminate this Agreement in the event of a breach of the Agreement by the other. Prior to such termination however, the Party seeking the termination shall give the other Party written notice of the breach and of the Party's intent to terminate. If the breaching Party has not entirely cured the breach within fifteen (15) days of deemed or actual receipt of the notice, then the Party giving notice may terminate the Agreement at any time thereafter by giving written notice of termination stating the effective date of the termination. If the default is of such a nature that it cannot be completely remedied within such fifteen (15) day period, this provision shall be complied with if the breaching Party begins correction of the default within the fifteen (15) day period and thereafter proceeds with reasonable diligence and in good faith to effect the remedy as soon as practicable. The Party giving notice shall not be required to give more than one (1) notice for a similar default in any twelve (12) month period.
- C. The County or the City shall not be deemed to have waived any breach of this Agreement by the other Party except by an express waiver in writing. An express written waiver as to one breach shall not be deemed a waiver of any other breach not expressly identified, even though the other breach is of the same nature as that waived.
- D. Nothing herein shall prevent the Parties from meeting to mutually discuss the Project. Each Party shall use best efforts to coordinate with the other to minimize conflicts.
- E. Any termination of this Agreement shall not prejudice any rights or obligations accrued to the Parties prior to termination

7. **Indemnification.**

- A. Subject to the limits of the Oregon Constitution and the Oregon Tort Claims Act or successor statute, the County agrees to indemnify, save harmless and defend the City, its officers, elected officials, agents and employees from and against all costs, losses, damages, claims or actions and all expenses incidental to the investigation and defense thereof (including legal and other professional fees) arising out of or based upon damages or injuries to persons or property caused by the negligent or willful acts of the County or its officers, elected officials, owners, employees, agents, or its subcontractors or anyone over which the County has a right to control.
- B. Subject to the limits of the Oregon Constitution and the Oregon Tort Claims Act or successor statute, the City agrees to indemnify, save harmless and defend the County, its officers, elected officials, agents and employees from and against all costs, losses,

damages, claims or actions and all expenses incidental to the investigation and defense thereof (including legal and other professional fees) arising out of or based upon damages or injuries to persons or property caused by the negligent or willful acts of the City or its officers, elected officials, owners, employees, agents, or its subcontractors or anyone over which the City has a right to control.

8. General Provisions

- A. **Oregon Law and Forum.** This Agreement shall be construed according to the laws of the State of Oregon, without giving effect to the conflict of law provisions thereof.
- B. **Applicable Law.** The Parties hereto agree to comply in all ways with applicable local, state and federal ordinances, statutes, laws and regulations.
- C. **Non-Exclusive Rights and Remedies.** Except as otherwise expressly provided herein, the rights and remedies expressly afforded under the provisions of this Agreement shall not be deemed exclusive, and shall be in addition to and cumulative with any and all rights and remedies otherwise available at law or in equity. The exercise by either Party of any one or more of such remedies shall not preclude the exercise by it, at the same or different times, of any other remedies for the same default or breach, or for any other default or breach, by the other Party.
- D. **Access to Records.** The Parties acknowledge and agree that each Party, the federal government, and their duly authorized representatives shall have access to each Party's books, documents, papers, and records which are directly pertinent to this Agreement for the purpose of making audit, examination, excerpts, and transcripts for a period of three years after final payment. Copies of applicable records shall be made available upon request. The cost of such inspection shall be borne by the inspecting Party.
- E. **Debt Limitation.** This Agreement is expressly subject to the debt limitation of Oregon counties set forth in Article XI, Section 10, of the Oregon Constitution, and is contingent upon funds being appropriated therefore. Any provisions herein which would conflict with law are deemed inoperative to that extent.
- F. **Severability.** If any provision of this Agreement is found to be unconstitutional, illegal or unenforceable, this Agreement nevertheless shall remain in full force and effect and the offending provision shall be stricken. The Court or other authorized body finding such provision unconstitutional, illegal or unenforceable shall construe this Agreement without such provision to give effect to the maximum extent possible the intentions of the Parties.
- G. **Integration, Amendment and Waiver.** Except as otherwise set forth herein, this Agreement constitutes the entire agreement between the Parties on the matter of the Project. There are no understandings, agreements, or representations, oral or written, not specified herein regarding this Agreement. No waiver, consent, modification or change

of terms of this Agreement shall bind either Party unless in writing and signed by both Parties and all necessary approvals have been obtained. Such waiver, consent, modification or change, if made, shall be effective only in the specific instance and for the specific purpose given. The failure of either Party to enforce any provision of this Agreement shall not constitute a waiver by such Party of that or any other provision.

- H. **Interpretation.** The titles of the sections of this Agreement are inserted for convenience of reference only and shall be disregarded in construing or interpreting any of its provisions.
- I. **Independent Contractor.** Each of the Parties hereto shall be deemed an independent contractor for purposes of this Agreement. No representative, agent, employee or contractor of one Party shall be deemed to be a representative, agent, employee or contractor of the other Party for any purpose, except to the extent specifically provided herein. Nothing herein is intended, nor shall it be construed, to create between the Parties any relationship of principal and agent, partnership, joint venture or any similar relationship, and each Party hereby specifically disclaims any such relationship.
- J. **No Third-Party Beneficiary.** Neither Party intends that this Agreement benefit, or create any right or cause of action in, or on behalf of, any person or entity other than the County or the City.
- K. **No Assignment.** No Party shall have the right to assign its interest in this Agreement (or any portion thereof) without the prior written consent of the other Party, which consent may be withheld for any reason. The benefits conferred by this Agreement, and the obligations assumed hereunder, shall inure to the benefit of and bind the successors of the Parties.
- L. **Counterparts.** This Agreement may be executed in any number of counterparts (electronic, facsimile or otherwise) all of which when taken together shall constitute one agreement binding on all Parties, notwithstanding that all Parties are not signatories to the same counterpart. Each copy of this Agreement so executed shall constitute an original.
- M. **Authority.** Each Party represents that it has the authority to enter into this Agreement on its behalf and the individual signatory for a Party represents that it has been authorized by that Party to execute and deliver this Agreement.
- N. **Necessary Acts.** Each Party shall execute and deliver to the others all such further instruments and documents as may be reasonably necessary to carry out this Agreement.

CLACKAMAS COUNTY

Chair

Date

Recording Secretary

CITY OF MOLALLA



City Manager

11-15-18

Date



City Recorder

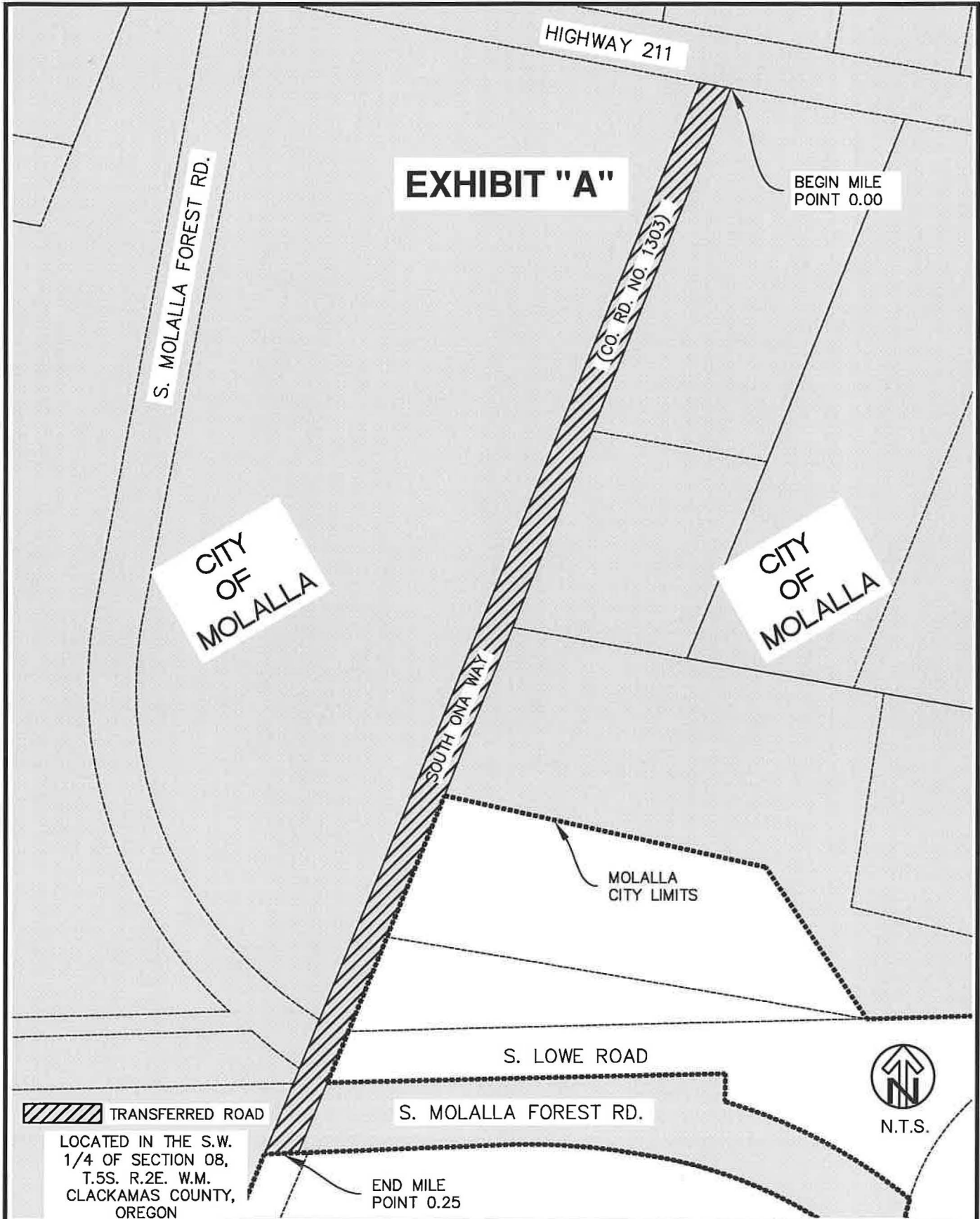


EXHIBIT "A"

BEGIN MILE POINT 0.00

S. MOLALLA FOREST RD.

CITY OF MOLALLA

CITY OF MOLALLA

(Co. Rd. No. 1303)

SOUTH ONA WAY

MOLALLA CITY LIMITS

S. LOWE ROAD

S. MOLALLA FOREST RD.



TRANSFERRED ROAD

LOCATED IN THE S.W.
1/4 OF SECTION 08,
T.5S. R.2E. W.M.
CLACKAMAS COUNTY,
OREGON

END MILE POINT 0.25

| | | | |
|--|--|--|-------------------------|
| <p>DEPARTMENT OF TRANSPORTATION AND DEVELOPMENT 150 BEAVERCREEK ROAD OREGON CITY, OR 97045</p> | | <p>BY: R. MAXWELL DATE: 1/05/2018 JURISDICTIONAL TRANSFER OF A PORTION OF S. ONA WAY COUNTY ROAD NO. 1303</p> | <p>SHEET 1 OF 1</p> |
|--|--|--|-------------------------|



CHRISTA BOSSERMAN WOLFE, CPA
INTERIM DIRECTOR

DEPARTMENT OF FINANCE

PUBLIC SERVICES BUILDING
2051 KAEN ROAD | OREGON CITY, OR 97045

December 6, 2018

Board of County Commissioners
Clackamas County

Members of the Board:

Approval of a Resolution for a Clackamas County Supplemental Budget
(Less Than Ten Percent) for Fiscal Year 2018-2019

| | |
|---------------------------------|---|
| Purpose/Outcome | Supplemental Budget changes for Clackamas County FY 2018-2019 |
| Dollar Amount and fiscal Impact | The effect has an increase in appropriation of \$12,602,136 |
| Funding Source | Prior Year Revenue, Fund Balance, License Permits, Federal and State Operating, Local and Other Government Agencies, Charge for Services, Miscellaneous Revenue and Interfund Transfer. |
| Safety Impact | N/A |
| Duration | July 1, 2018-June 30, 2019 |
| Previous Board Action/Review | Budget Adopted June 28, 2018 and amended October 11, 2018 |
| Strategic Plan Alignment | Build public trust through good government |
| Contact Person | Christa Bosserman Wolfe, 503-742-5407 |

BACKGROUND:

Each fiscal year it is necessary to allocate additional sources of revenue and appropriate additional expenditures to more accurately meet the changing requirements of the operating departments. The attached resolution reflects such changes requested by departments in keeping with a legally accurate budget. These changes are in compliance with O.R.S. 294.480 which allows for governing body approval of supplemental budget changes of less than ten percent of qualifying expenditures in the fund(s) being adjusted.

The General Fund – Non Departmental is recognizing fund balance and an interfund transfer from the Justice Court Fund and adjusting the budget to account for restricted marijuana revenue, purchase of the Veterans Village buildings and increasing contingency. This fund is also budgeting an interfund transfer to the Sheriff's fund.

The General Fund – Public Government and Affairs program is recognizing fund balance and budgeting costs associated with this program.

The Business and Economic Development Fund is recognizing additional fund balance and increasing contingency.

The Disaster Management Fund is recognizing fund balance and budgeting for program expense and increasing contingency.

The Law Library Fund is recognizing additional fund balance and increasing contingency accordingly.

The Library Services Fund is recognizing additional fund balance and budgeting for computer and software expenses, vehicle purchase and costs associated with the design of the new Oak Lodge and Gladstone library facilities and an increase to reserves.

The County Parks is recognizing additional fund balance and appropriating it in reserve and contingency.

The Planning Fund is recognizing additional fund balance and budgeting for an increase of .5 FTE and increase in contingency.

The Sheriff Fund is recognizing lower than anticipated fund balance and charge for services revenue and budgeting for an interfund transfer to the Fleet Services Fund and adjusting its budget accordingly.

The Code Enforcement, Resource Conservation and solid Waste & Onsite Wastewater Program Fund is recognizing additional fund balance and budgeting for consultant fees for the Disaster Debris Management Plan and increasing reserves.

The Community Corrections Fund is recognizing additional fund balance and budgeting for costs associated with the Justice Reinvestment Program and the Transition Center.

The District Attorney Fund is recognizing prior year revenue and reducing other revenue sources to better align with actuals and budgeting for computer expenses and professional services.

The Public Land Corner Fund is recognizing fund balance and increasing reserves.

The Health, Housing and Human Services Administration Fund is recognizing additional fund balance and budgeting personnel reclassification costs and miscellaneous program costs.

The Behavioral Health Fund is reducing their budget to transfer a vacant position to the Health Centers Fund.

The Clackamas Health Centers Fund is recognizing fund balance, charge for services revenue and state operating grant revenue and budgeting to add a full-time Clinic Manager, Dentist, Mental Health Specialist and a Policy Performance Research Analyst and an increase to contingency.

The Social Services Fund is better aligning anticipated revenues and previously estimated beginning fund balance and budgeting for program expenses and an increase to contingency.

The Community Development Fund is recognizing additional fund balance and budgeting for contracted services associated with this fund.

The Children, Youth and Families Fund is recognizing additional fund balance and the final interfund transfer from Community Solutions Fund and budgeting for program expenses and special payments to sub-recipients.

The Dog Services Fund is recognizing additional fund balance and budgeting for a new vehicle purchase and increasing reserve.

The Employers Contribution Fund is recognizing additional fund balance and increasing contingency.

The Public Health Fund is better aligning actual revenue between fund balance and prior year and other revenue sources and budgeting for program expenses and an increase to contingency.

The Tourism Fund is recognizing additional fund balance and an interfund transfer from the Transient Room Tax Fund and budgeting program costs and special payments to other agencies.

The Juvenile Fund is recognizing additional fund balance and reducing federal and state operating grant revenues and adjusting program expense accordingly.

The Capital Projects Reserve Fund is recognizing lower than anticipated fund balance and adjusting contingency accordingly.

The Stone Creek Golf Course Fund is recognizing additional fund balance and budgeting for the completion of a building improvement project from last fiscal year.

The Central Dispatch Fund is recognizing additional fund balance and increasing contingency.

The Risk Management Fund is recognizing additional fund balance and budgeting for software maintenance and increasing contingency and reserve.

The effect of this Resolution is an increase in appropriations of \$12,602,136 including revenues as detailed below:

| | |
|-------------------------------------|-----------------------|
| Prior Year Revenue | \$ 781,998. |
| Fund Balance | 7,188,523. |
| Licenses & Permits | (90,124.) |
| Federal Operating Grants | (576,031.) |
| State Operating Grants | 2,977,831. |
| Local Government and Other Agencies | 68,045. |
| Charge for Services | (381,993.) |
| Miscellaneous Revenue | 50. |
| Interfund Transfer | <u>2,633,837.</u> |
| Total Recommended | <u>\$ 12,602,136.</u> |

RECOMMENDATION:

Staff respectfully recommends adoption of the attached Resolution Order and Exhibit A in keeping with a legally accurate budget.

Sincerely,

Christa Bosserman Wolfe, CPA
Interim Director

**BEFORE THE BOARD OF COUNTY COMMISSIONERS
OF CLACKAMAS COUNTY, STATE OF OREGON**

In the Matter of Providing
Authorization Regarding Adoption of a
Supplemental Budget for items Less
Than 10 Percent of the Total
Qualifying Expenditures and Making
to Appropriations for Fiscal 2018-19



Resolution Order No. _____

Page 1 of 2

WHEREAS, during the fiscal year changes in appropriated expenditures may become necessary and appropriations may need to be increased, decreased or transferred from one appropriation category to another;

WHEREAS, a supplemental budget for the period of July 1, 2018 through June 30, 2019 inclusive, has been prepared, published and submitted to the taxpayers as provided by statute;

WHEREAS; the funds being adjusted are:

- . General Fund – Non Departmental
- . General Fund – Public Government and Affairs
- . Business and Economic Development Fund
- . Disaster Management Fund
- . Law Library Fund
- . Library Services Fund
- . County Parks Fund
- . Planning Fund
- . Sheriff Fund
- . Code Enforcement, Resource Conservation and Solid Waste & Wasterwater Program Fund
- . District Attorney Fund
- . Public Land Corner Fund
- . Health, Housing and Human Services Administration Fund
- . Behavioral Health Fund
- . Clackamas Health Centers Fund
- . Social Services Fund
- . Community Development Fund
- . Children, Youth and Families Fund
- . Dog Services Fund
- . Employers Contribution Fund
- . Public Health Fund
- . Tourism Fund
- . Juvenile Fund
- . Capital Projects Reserve Fund
- . Stone Creek Golf Course Fund
- . Central Dispatch Fund
- . Risk Management Fund;

**BEFORE THE BOARD OF COUNTY COMMISSIONERS
OF CLACKAMAS COUNTY, STATE OF OREGON**

In the Matter of Providing
Authorization Regarding Adoption of a
Supplemental Budget for items Less
Than 10 Percent of the Total
Qualifying Expenditures and Making
to Appropriations for Fiscal 2018-19



Resolution Order No. _____

Page 2 of 2

It further appearing that it is in the best interest of the County to approve this less than 10 percent appropriations for the period of July 1, 2018 through June 30, 2019.

BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS THAT:

Pursuant to its authority under OR 294.471, the supplemental budget be adopted and appropriations established as shown in the attached Exhibit A which by this reference is made a part of this Resolution.

DATED this 6th day of December, 2018

BOARD OF COUNTY COMMISSIONERS

Chair

Recording Secretary

SUMMARY OF SUPPLEMENTAL BUDGET
Exhibit A
CHANGES OF LESS THAN 10% OF BUDGET
December 6, 2018

Recommended items by revenue source:

| | |
|-------------------------------------|----------------------|
| Prior Year Revenue | \$ 781,998 |
| Fund Balance | 7,188,523 |
| Licenses and Permits | (90,124) |
| Federal Operating Grants | (576,031) |
| State Operating Grants | 2,977,831 |
| Local Government and Other Agencies | 68,045 |
| Charge for Services | (381,993) |
| Miscellaneous Revenue | 50 |
| Interfund Transfers | 2,633,837 |
| Total Recommended | <u>\$ 12,602,136</u> |

GENERAL FUND- NOT ALLOCATED TO ORGANIZATIONAL UNIT AND PUBLIC GOVERNMENT AND AFFAIRS

| | |
|--------------------|---------------------|
| Revenues: | |
| Fund Balance | \$ 4,100,425 |
| Interfund Transfer | 1,375,508 |
| Total Revenue | <u>\$ 5,475,933</u> |

| | |
|--------------------------------------|---------------------|
| Expenses: | |
| Public Government and Affairs | \$ 231,840 |
| Not Allocated to Organizational Unit | |
| Materials and Services | 2,973,030 |
| Interfund Transfer | 1,041,140 |
| Capital Outlay | 282,505 |
| Contingency | 947,418 |
| Total Expenditures | <u>\$ 5,475,933</u> |

General Fund – Non Departmental is recognizing fund balance and an interfund transfer from the Justice Court Fund and adjusting the budget to account for restricted marijuana revenue, purchase of the Veterans Village buildings and increasing contingency. This fund is also budgeting an interfund transfer to the Sheriff's fund.

General Fund – Public Government and Affairs program is recognizing fund balance and budgeting costs associated with this program.

BUSINESS AND ECONOMIC DEVELOPMENT FUND

| | |
|---------------|-------------------|
| Revenues: | |
| Fund Balance | \$ 410,228 |
| Total Revenue | <u>\$ 410,228</u> |

| | |
|--------------------------------------|-------------------|
| Expenses: | |
| Not Allocated to Organizational Unit | |
| Contingency | \$ 410,228 |
| Total Expenditures | <u>\$ 410,228</u> |

Business and Economic Development Fund is recognizing additional fund balance and increasing contingency.

SUMMARY OF SUPPLEMENTAL BUDGET
Exhibit A
CHANGES OF LESS THAN 10% OF BUDGET
December 6, 2018

DISASTER MANAGEMENT FUND

| | |
|--------------------------------------|-------------------|
| Revenues: | |
| Fund Balance | \$ 346,121 |
| Total Revenue | <u>\$ 346,121</u> |
| Expenses: | |
| Public Protection | \$ 173,000 |
| Not Allocated to Organizational Unit | |
| Contingency | 173,121 |
| Total Expenditures | <u>\$ 346,121</u> |

Disaster Management Fund is recognizing fund balance and budgeting for program expense and increasing contingency

LAW LIBRARY

| | |
|--------------------------------------|------------------|
| Revenues: | |
| Fund Balance | \$ 19,208 |
| Total Revenue | <u>\$ 19,208</u> |
| Expenses: | |
| Not Allocated to Organizational Unit | |
| Contingency | 19,208 |
| Total Expenditures | <u>\$ 19,208</u> |

Law Library Fund is recognizing additional fund balance and increasing contingency accordingly.

LIBRARY SERVICES FUND

| | |
|--------------------------------------|-------------------|
| Revenues: | |
| Fund Balance | \$ 388,210 |
| Total Revenue | <u>\$ 388,210</u> |
| Expenses: | |
| Culture, Education and Recreation | \$ 313,210 |
| Not Allocated to Organizational Unit | |
| Reserve | 75,000 |
| Total Expenditures | <u>\$ 388,210</u> |

Library Services Fund is recognizing additional fund balance and budgeting for computer and software expenses, vehicle purchase and costs associated with the design of the new Oak Lodge and Gladstone library facilities and an increase to reserves.

SUMMARY OF SUPPLEMENTAL BUDGET
Exhibit A
CHANGES OF LESS THAN 10% OF BUDGET
December 6, 2018

COUNTY PARKS

| | |
|--------------------------------------|-------------------|
| Revenues: | |
| Fund Balance | \$ 279,664 |
| Total Revenue | <u>\$ 279,664</u> |
| | |
| Expenses: | |
| Culture, Education and Recreation | \$ 179,664 |
| Not Allocated to Organizational Unit | |
| Contingency | 100,000 |
| Total Expenditures | <u>\$ 279,664</u> |

County Parks is recognizing additional fund balance and appropriating it in reserve and contingency.

PLANNING FUND

| | |
|--------------------------------------|-------------------|
| Revenues: | |
| Fund Balance | \$ 262,119 |
| Total Revenue | <u>\$ 262,119</u> |
| | |
| Expenses: | |
| Economic Development | \$ 59,210 |
| Not Allocated to Organizational Unit | |
| Contingency | 202,909 |
| Total Expenditures | <u>\$ 262,119</u> |

Planning Fund is recognizing additional fund balance and budgeting for an increase of .5 FTE and increase in contingency.

SHERIFF FUND

| | |
|--------------------------------------|---------------------|
| Revenues: | |
| Fund Balance | \$ (1,051,041) |
| Charge For Services | (825,000) |
| Miscellaneous Revenue | 50 |
| Interfund Transfer | 1,041,140 |
| Total Revenue | <u>\$ (834,851)</u> |
| | |
| Expenses: | |
| Public Protection | \$ (1,034,851) |
| Not Allocated to Organizational Unit | |
| Interfund Transfer | 200,000 |
| Total Expenditures | <u>\$ (834,851)</u> |

Sheriff Fund is recognizing lower than anticipated fund balance and charge for services revenue and budgeting for an interfund transfer to the Fleet Services Fund and adjusting its budget accordingly.

SUMMARY OF SUPPLEMENTAL BUDGET
Exhibit A
CHANGES OF LESS THAN 10% OF BUDGET
December 6, 2018

**CODE ENFORCEMENT, RESOURCE CONSERVATION AND SOLID WASTE & ONSITE
WASTEWATER PROGRAM FUND**

| | |
|--------------------------------------|-------------------|
| Revenues: | |
| Fund Balance | \$ 373,461 |
| Total Revenue | <u>\$ 373,461</u> |
| | |
| Expenses: | |
| General Government | \$ 27,900 |
| Not Allocated to Organizational Unit | |
| Reserve | 403,984 |
| Contingency | (58,423) |
| Total Expenditures | <u>\$ 373,461</u> |

Code Enforcement, Resource Conservation and solid Waste & Onsite Wastewater Program Fund is recognizing additional fund balance and budgeting for consultant fees for the Disaster Debris Management Plan and increasing reserves.

COMMUNITY CORRECTIONS FUND

| | |
|--------------------|-------------------|
| Revenues: | |
| Fund Balance | \$ 947,890 |
| Total Revenue | <u>\$ 947,890</u> |
| | |
| Expenses: | |
| Public Protection | \$ 947,890 |
| Total Expenditures | <u>\$ 947,890</u> |

Community Corrections Fund is recognizing additional fund balance and budgeting for costs associated with the Justice Reinvestment Program and the Transition Center.

DISTRICT ATTORNEY FUND

| | |
|--------------------------|-------------------|
| Revenues: | |
| Prior Year Revenue | \$ 343,018 |
| Fund Balance | (115,026) |
| Federal Operating Grants | (26,039) |
| State Operating Grants | (628) |
| Total Revenue | <u>\$ 201,325</u> |
| | |
| Expenses: | |
| Public Protection | \$ 201,325 |
| Total Expenditures | <u>\$ 201,325</u> |

District Attorney Fund is recognizing prior year revenue and reducing fund balance and state and federal grant revenues and budgeting for computer expenses and professional services.

SUMMARY OF SUPPLEMENTAL BUDGET
Exhibit A
CHANGES OF LESS THAN 10% OF BUDGET
December 6, 2018

PUBLIC LAND CORNER PRESERVATION FUND

| | |
|----------------------------|-----------------|
| Revenues: | |
| Fund Balance | \$ 2,307 |
| Total Revenue | <u>\$ 2,307</u> |
| Expenses: | |
| Public Ways and Facilities | \$ 2,307 |
| Total Expenditures | <u>\$ 2,307</u> |

Public Land Corner Fund is recognizing fund balance and increasing reserves.

HEALTH, HOUSING AND HUMAN SERVICES ADMINISTRATION FUND

| | |
|---------------------------|-------------------|
| Revenues: | |
| Fund Balance | \$ 255,214 |
| Total Revenue | <u>\$ 255,214</u> |
| Expenses: | |
| Health and Human Services | \$ 255,214 |
| Total Expenditures | <u>\$ 255,214</u> |

Health, Housing and Human Services Administration Fund is recognizing additional fund balance and budgeting personnel reclassification costs and miscellaneous program costs.

BEHAVIORAL HEALTH FUND

| | |
|---------------------------|---------------------|
| Revenues: | |
| State Operating Grants | \$ (144,906) |
| Total Revenue | <u>\$ (144,906)</u> |
| Expenses: | |
| Health and Human Services | \$ (144,906) |
| Total Expenditures | <u>\$ (144,906)</u> |

Behavioral Health Fund is reducing their budget to transfer a vacant position to the Health Centers Fund.

SOCIAL SERVICES FUND

| | |
|--------------------------------------|---------------------|
| Revenues: | |
| Fund Balance | \$ (1,684,828) |
| State Operating Grants | 2,750,232 |
| Local Government and Other Agencies | 68,045 |
| Total Revenue | <u>\$ 1,133,449</u> |
| Expenses: | |
| Health and Human Services | \$ 261,514 |
| Not Allocated to Organizational Unit | |
| Contingency | 871,935 |
| Total Expenditures | <u>\$ 1,133,449</u> |

Social Services Fund is better aligning anticipated revenues and previously estimated beginning fund balance and budgeting for program expenses and an increase to contingency.

SUMMARY OF SUPPLEMENTAL BUDGET
Exhibit A
CHANGES OF LESS THAN 10% OF BUDGET
December 6, 2018

COMMUNITY DEVELOPMENT FUND

| | |
|----------------------|-------------------|
| Revenues: | |
| Fund Balance | \$ 486,456 |
| Total Revenue | <u>\$ 486,456</u> |
| Expenses: | |
| Economic Development | \$ 486,456 |
| Total Expenditures | <u>\$ 486,456</u> |

Community Development Fund is recognizing additional fund balance and budgeting for contracted services associated with this fund.

CHILDREN, YOUTH AND FAMILIES FUND

| | |
|--------------------------------------|-------------------|
| Revenues: | |
| Fund Balance | \$ 602,973 |
| Interfund Transfer | 31,155 |
| Total Revenue | <u>\$ 634,128</u> |
| Expenses: | |
| Health and Human Services | \$ 445,134 |
| Not Allocated to Organizational Unit | |
| Special Payments | 188,994 |
| Total Expenditures | <u>\$ 634,128</u> |

Children, Youth and Families Fund is recognizing additional fund balance and the final interfund transfer from Community Solutions Fund and budgeting for program expenses and special payments to sub-recipients.

DOG SERVICES FUND

| | |
|--------------------------------------|-------------------|
| Revenues: | |
| Fund Balance | \$ 104,672 |
| Total Revenue | <u>\$ 104,672</u> |
| Expenses: | |
| Health and Human Services | \$ 30,000 |
| Not Allocated to Organizational Unit | |
| Reserve | 74,672 |
| Total Expenditures | <u>\$ 104,672</u> |

Dog Services Fund is recognizing additional fund balance and budgeting for a new vehicle purchase and increasing reserve.

EMPLOYER CONTRIBUTION RESERVE FUND

| | |
|--------------------------------------|-----------------|
| Revenues: | |
| Fund Balance | \$ 1,764 |
| Total Revenue | <u>\$ 1,764</u> |
| Expenses: | |
| Not Allocated to Organizational Unit | |
| Contingency | 1,764 |
| Total Expenditures | <u>\$ 1,764</u> |

Employers Contribution Fund is recognizing additional fund balance and increasing contingency.

SUMMARY OF SUPPLEMENTAL BUDGET
Exhibit A
CHANGES OF LESS THAN 10% OF BUDGET
December 6, 2018

PUBLIC HEALTH FUND

| | |
|--------------------------------------|------------------|
| Revenues: | |
| Prior Year Revenue | \$ 438,980 |
| Fund Balance | (575,844) |
| Licenses and Permits | (90,124) |
| Federal Operating Grant | (108,055) |
| State Operating Grant | 332,142 |
| Charge for Services | 14,152 |
| Total Revenue | <u>\$ 11,251</u> |
| Expenses: | |
| Health and Human Services | \$ (1,502) |
| Not Allocated to Organizational Unit | |
| Contingency | 12,753 |
| Total Expenditures | <u>\$ 11,251</u> |

Public Health Fund is better aligning actual revenue between fund balance and prior year and other revenue sources and budgeting for program expenses and an increase to contingency.

CLACKAMAS HEALTH CENTERS FUND

| | |
|--------------------------------------|---------------------|
| Revenues: | |
| Fund Balance | \$ 759,770 |
| State Operating Grant | 65,350 |
| Charge for Services | 428,855 |
| Total Revenue | <u>\$ 1,253,975</u> |
| Expenses: | |
| Health and Human Services | \$ 494,205 |
| Not Allocated to Organizational Unit | |
| Contingency | 759,770 |
| Total Expenditures | <u>\$ 1,253,975</u> |

Clackamas Health Centers Fund is recognizing fund balance, charge for services revenue and state operating grant revenue and budgeting to add a full-time Clinic Manager, Dentist, Mental Health Specialist and a Policy Performance Research Analyst and an increase to contingency.

TOURISM FUND

| | |
|--------------------------------------|-------------------|
| Revenues: | |
| Fund Balance | \$ 282,605 |
| Interfund Transfer | 186,034 |
| Total Revenue | <u>\$ 468,639</u> |
| Expenses: | |
| Cultural, Education and Recreation | \$ 169,280 |
| Not Allocated to Organizational Unit | |
| Special Payments | 299,359 |
| Total Expenditures | <u>\$ 468,639</u> |

Tourism Fund is recognizing additional fund balance and an interfund transfer from the Transient Room Tax Fund and budgeting program costs and special payments to other agencies.

SUMMARY OF SUPPLEMENTAL BUDGET
Exhibit A
CHANGES OF LESS THAN 10% OF BUDGET
December 6, 2018

JUVENILE FUND

| | |
|-------------------------|-------------|
| Revenues: | |
| Fund Balance | \$ 466,296 |
| Federal Operating Grant | (441,937) |
| State Operating Grant | (24,359) |
| Total Revenue | <u>\$ -</u> |
| | |
| Public Protection | \$ - |
| Total Expenditures | <u>\$ -</u> |

Juvenile Fund is recognizing additional fund balance and reducing federal and state operating grant revenues and adjusting program expense accordingly

CAPITAL PROJECTS RESERVE FUND

| | |
|--------------------------------------|---------------------|
| Revenues: | |
| Fund Balance | \$ (239,500) |
| Total Revenue | <u>\$ (239,500)</u> |
| | |
| Expenses: | |
| Not Allocated to Organizational Unit | |
| Contingency | \$ (239,500) |
| Total Expenditures | <u>\$ (239,500)</u> |

Capital Projects Reserve Fund is recognizing lower than anticipated fund balance and adjusting contingency accordingly.

STONE CREEK GOLF COURSE FUND

| | |
|--------------------------------------|------------------|
| Revenues: | |
| Fund Balance | \$ 49,800 |
| Total Revenue | <u>\$ 49,800</u> |
| | |
| Golf Course (Business-type Activity) | \$ 49,800 |
| Total Expenditures | <u>\$ 49,800</u> |

Stone Creek Golf Course Fund is recognizing additional fund balance and budgeting for the completion of a building improvement project from last fiscal year.

SUMMARY OF SUPPLEMENTAL BUDGET
Exhibit A
CHANGES OF LESS THAN 10% OF BUDGET
December 6, 2018

CENTRAL DISPATCH FUND

| | |
|--------------------------------------|-------------------|
| Revenues: | |
| Fund Balance | \$ 351,327 |
| Total Revenue | <u>\$ 351,327</u> |
| | |
| Not Allocated to Organizational Unit | |
| Contingency | \$ 351,327 |
| Total Expenditures | <u>\$ 351,327</u> |

Central Dispatch Fund is recognizing additional fund balance and increasing contingency.

RISK MANAGEMENT FUND

| | |
|--------------------------------------|-------------------|
| Revenues: | |
| Fund Balance | \$ 335,548 |
| Total Revenue | <u>\$ 335,548</u> |
| | |
| General Government | \$ 59,705 |
| Not Allocated to Organizational Unit | |
| Reserve | 93,275 |
| Contingency | 182,568 |
| Total Expenditures | <u>\$ 335,548</u> |

Risk Management Fund is recognizing additional fund balance and budgeting for software maintenance and increasing contingency and reserve



CHRISTA BOSSERMAN WOLFE, CPA
INTERIM DIRECTOR

DEPARTMENT OF FINANCE
PUBLIC SERVICES BUILDING
2051 KAEN ROAD | OREGON CITY, OR 97045

December 6, 2018

Board of County Commissioners
Clackamas County

Members of the Board:

Approval of a Resolution for Clackamas County for Budgeting of
New Specific Purpose Revenue for Fiscal Year 2018-2019

| | |
|---------------------------------|--|
| Purpose/Outcome | Budget change for Clackamas County FY 2018-2019 |
| Dollar Amount and Fiscal Impact | The effect is an increase in appropriations of \$779,261 |
| Funding Source | Includes Federal and State Operating Revenues and Other Financing Sources. |
| Duration | July 1, 2018-June 30, 2019 |
| Previous Board Action/Review | Budget Adopted June 28, 2018 and amended October 11, 2018 |
| Strategic Plan Alignment | Build public trust through good government |
| Contact Person | Christa Bosserman Wolfe, 503-742-5407 |

BACKGROUND:

Each fiscal year it is necessary to appropriate additional expenditures and allocate additional sources of revenue to more accurately meet the changing requirements of the operating departments of the County. The attached resolution reflects those changes that departments have requested which pursuant to O.R.S. 294.338, qualify as grants in trust for specific purposes in keeping with legally accurate budget.

The Sheriff Fund is recognizing additional revenue from Oregon State Marine Board and State High Intensity Drug Trafficking Area Board revenue and budgeting for capital outlay expense.

The Behavioral Health Fund is recognizing funding from the Oregon Health Authority through HealthShare Oregon and budgeting for program costs and an increase in contingency.

The Health Centers Fund is recognizing funding from the SAMHSA Zero Suicide grant and budgeting to add a full-time Case Manager position.

The effect of this Board Order is an increase in appropriations of \$779,261 including new revenues as detailed below:

| | |
|---------------------------------|--------------------|
| Federal Operating Grant Revenue | \$ 213,272. |
| State Operating Grant Revenue | 551,989. |
| Other Financing Sources | <u>14,000.</u> |
| Total Recommended | <u>\$ 779,261.</u> |

RECOMMENDATION:

Staff respectfully recommends adoption of the attached Resolution Order and Exhibit A in keeping with a legally accurate budget.

Sincerely,

Christa Bosserman Wolfe, CPA
Interim Director

**BEFORE THE BOARD OF COUNTY COMMISSIONERS
OF CLACKAMAS COUNTY, STATE OF OREGON**

In the Matter of Providing
authorization to Appropriate Grants
For Specific Purposes within the
Fiscal 2018-19



Resolution Order No. _____

Page 1 of 1

WHEREAS, during the fiscal year changes in appropriated expenditures may become necessary and appropriations may need to be increased, decreased or transferred from one appropriation category to another;

WHEREAS, appropriation of grants entrusted for specific purposes within Clackamas County budget for the period of July 1, 2018 through June 30, 2019, inclusive is necessary to authorize the expenditure of funds, for the needs of Clackamas County residents`

WHEREAS; the fund being adjusted is:

- . Sheriff Fund
- . Behavioral Health Fund
- . Health Centers Fund;

It further appearing that it is in the best interest of the County to approve these grants entrusted for specific purpose of appropriations for the period of July 1, 2018 through June 30, 2019.

BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS THAT:

Pursuant to its authority under OR 294.338, appropriation of specific purpose grants is authorized as shown in the attached Exhibit A which by this reference is made a part of this Resolution.

DATED this 6th day of December, 2018

BOARD OF COUNTY COMMISSIONERS

Chair

Recording Secretary

NEW SPECIFIC PURPOSE REVENUE REQUESTS

Exhibit A

December 6, 2018

Recommended items by revenue source:

| | |
|--------------------------|-------------------|
| Federal Operating Grants | \$ 213,272 |
| State Operating Grants | 551,989 |
| Other Financing Sources | 14,000 |
| Total Recommended | <u>\$ 779,261</u> |

SHERIFF FUND

Revenues:

| | |
|--------------------------|------------------|
| Federal Operating Grants | \$ 48,000 |
| State Operating Grants | 27,357 |
| Other Financing Sources | 14,000 |
| Total Revenue | <u>\$ 89,357</u> |

Expenses:

| | |
|--------------------|------------------|
| Public Protection | \$ 89,357 |
| Total Expenditures | <u>\$ 89,357</u> |

Sheriff Fund is recognizing additional revenue from Oregon State Marine Board and State High Intensity Drug Trafficking Area Board revenue and budgeting for capital outlay expense.

BEHAVIORAL HEALTH FUND

Revenues:

| | |
|------------------------|-------------------|
| State Operating Grants | \$ 524,632 |
| Total Revenue | <u>\$ 524,632</u> |

Expenses:

| | |
|--------------------------------------|-------------------|
| Health and Human Services | \$ 250,000 |
| Not Allocated to Organizational Unit | |
| Contingency | 274,632 |
| Total Expenditures | <u>\$ 524,632</u> |

Behavioral Health Fund is recognizing funding from the Oregon Health Authority through HealthShare Oregon and budgeting for program costs and an increase in contingency.

HEALTH CENTERS FUND

Revenues:

| | |
|--------------------------|-------------------|
| Federal Operating Grants | \$ 165,272 |
| Total Revenue | <u>\$ 165,272</u> |

Expenses:

| | |
|---------------------------|-------------------|
| Health and Human Services | \$ 165,272 |
| Total Expenditures | <u>\$ 165,272</u> |

Health Centers Fund is recognizing funding from the SAMHSA Zero Suicide grant and budgeting to add a full-time Case Manager position.



CHRISTA BOSSERMAN WOLFE, CPA
INTERIM DIRECTOR

DEPARTMENT OF FINANCE
PUBLIC SERVICES BUILDING
2051 KAEN ROAD | OREGON CITY, OR 97045

December 6, 2018

Board of County Commissioners
Clackamas County

Members of the Board:

Approval of a Resolution for Clackamas County for
Transfer of Appropriations for Fiscal Year 2018-2019

| | |
|---------------------------------|---|
| Purpose/Outcome | Budget change FY 2018-2019 |
| Dollar Amount and Fiscal Impact | No fiscal impact. Transfer of existing appropriations. |
| Funding Source | Includes Interfund Transfers |
| Duration | July 1, 2018-June 30, 2019 |
| Previous Board Action/Review | Budget Adopted June 28, 2018 and amended October 11, 2018 |
| Strategic Plan Alignment | Build public trust through good government |
| Contact Person | Christa Wolfe, 503-742-5407 |

BACKGROUND: Periodically during the fiscal year it is necessary to transfer appropriations to more accurately reflect the changing requirements of the operating departments.

Transfers are a method of moving budgeted appropriations during the fiscal year as required by state budget law per ORS 294.463. There is no financial impact incurred as a result of transfers as appropriations for these amounts have been accomplished through the initial budget process.

The attached resolution accomplishes the above mentioned changes as requested by the following operating departments in keeping with a legally accurate budget.

The General Fund – Not Allocated to Organizational Unit is transferring from contingency and budgeting for a full-time Commission Policy Advisor position for the County Administration Office.

The Sheriff's Fund is re-aligning their budget to add a full-time Management Analyst position and costs associated with building upgrades at the Family Justice Center.

The Behavioral Health Fund is reducing contingency and budgeting to add a full-time Behavioral Health Service Coordinator and a Policy Performance Research Analyst position.

RECOMMENDATION:

Staff respectfully recommends adoption of the attached Resolution Order and Exhibit A in keeping with a legally accurate budget.

Sincerely,

Christa Bosserman Wolfe, CPA
Interim Director

**BEFORE THE BOARD OF COUNTY COMMISSIONERS
OF CLACKAMAS COUNTY, STATE OF OREGON**

In the Matter of Providing
Authorization to Transfer
Appropriations within the Fiscal Year
2018-19



Resolution Order No. _____
Page 1 of 1

WHEREAS, during the fiscal year changes in appropriated expenditures may become necessary and appropriations may need to be increased, decreased or transferred from appropriation category to another;

WHEREAS, transfer of appropriations for the period of July 1, 2018 through June 30, 2019, inclusive is necessary to continue to prudently manage the distribution of those expenditures for the needs of Clackamas County residents;

WHEREAS; the funds being adjusted are:

- . General Fund – Not Allocated to Organizational Unit
- . General Fund – County Administration
- . Sheriff Fund
- . Behavioral Health Fund;

It further appearing that it is in the best interest of the County to approve this transfer of appropriations for the period of July 1, 2018 through June 30, 2019.

BE RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS THAT:

Pursuant to its authority under OR 294.463, transfer of appropriation within the fiscal year budget is authorized as shown in the attached Exhibit A which by this reference is made a part of this Resolution.

DATED this 6th day of December, 2018

BOARD OF COUNTY COMMISSIONERS

Chair

Recording Secretary

TRANSFER REQUEST
Exhibit A
December 6, 2018

GENERAL FUND - NOT ALLOCATED TO ORGANIZATIONAL UNIT AND COUNTY
ADMINISTRATION PROGRAM

| | |
|--------------------------------------|-------------|
| Expenses: | |
| County Administration | \$ 107,247 |
| Not Allocated to Organizational Unit | |
| Contingency | (107,247) |
| Total Expenditures | <u>\$ -</u> |

General Fund – Not Allocated to Organizational Unit is transferring from contingency and budgeting for a full-time Commission Policy Advisor position for the County Administration Office.

SHERIFF FUND

| | |
|--------------------|-------------|
| Expenses: | |
| Public Protection | \$ - |
| Total Expenditures | <u>\$ -</u> |

Sheriff's Fund is re-aligning their budget to add a full-time Management Analyst position and costs associated with building upgrades at the Family Justice Center.

BEHAVIORAL HEALTH FUND

| | |
|--------------------------------------|-------------|
| Expenses: | |
| Health and Human Services | \$ 238,373 |
| Not Allocated to Organizational Unit | |
| Contingency | (238,373) |
| Total Expenditures | <u>\$ -</u> |

Behavioral Health Fund is reducing contingency and budgeting to add a full-time Behavioral Health Service Coordinator and a Policy Performance Research Analyst position.

DRAFT

Approval of Previous Business Meeting Minutes:

October 18, 2018

November 1, 2018

BOARD OF COUNTY COMMISSIONERS BUSINESS MEETING MINUTES

A complete video copy and packet including staff reports of this meeting can be viewed at

<https://www.clackamas.us/meetings/bcc/business>

Thursday, October 18, 2018 – 9:45 AM

Public Services Building

2051 Kaen Rd., Oregon City, OR 97045

PRESENT: Commissioner Ken Humberston, Chair
Commissioner Martha Schrader (arrived after HA consent agenda)
Commissioner Sonya Fischer
Commissioner Paul Savas
Housing Authority Commissioner Paul Reynolds

EXCUSED: Commissioner Jim Bernard

CALL TO ORDER

- Pledge of Allegiance
- Roll Call

Chair Bernard is attending another meeting and will not be in attendance. Commissioner Humberston will serve as Chair for today's meeting.

Today is **the Great Shakeout** – earthquake drill. At approximately 10:18 AM, we will take part in **the Great Shakeout** by practicing the **Drop, Cover and Hold On** technique for 30 seconds. This proven technique saves lives. We encourage everyone attending our meeting to join in. After we finish with Drop, Cover and Hold On, I will adjourn the meeting, and we will join county staff in evacuating this building. Due to the earthquake drill today, five agenda items were presented in the following order:

1. Housing Authority Consent Agenda
2. Public Hearing
3. Consent Agenda
4. Citizen Communication
5. Presentation

Chair Humberston announced the Board will recess as the Board of County Commissioners and convene as the Housing Authority Board for the next item and he introduced Housing Authority Commissioner Paul Reynolds.

I. HOUSING AUTHORITY CONSENT AGENDA

Chair Bernard asked the Clerk to read the Housing Authority consent agenda by title, then asked for a motion.

MOTION:

Commissioner Reynolds: I move we approve the Housing Authority consent agenda.

Commissioner Savas: Second.

all those in favor/opposed:

Commissioner Reynolds: Aye.

Commissioner Fischer: Aye.

Commissioner Savas: Aye.

Chair Humberston: Aye – the Ayes have it, the motion carries 4-0.

1. Approval of an Intergovernmental Agreement between the Housing Authority of Clackamas County and Metro for Regional Housing Measure Implementation Planning
2. Request for Approval to apply for Brownfields Assistance Grant through Metro for an Environmental Assessment at Clackamas Heights

Chair Humberston announced the Board will Adjourn as the Housing Authority Board and Reconvene as the Board of County Commissioners for the remainder of the meeting.

II. PRESENTATION (Following are items of interest to the citizens of the County)

1. Presentation Regarding Earthquake Preparedness and the Clackamas County Shake Out Drill

Jamie Poole, Department of Disaster Management presented the staff report including a short video regarding the earth quake drill.

III. CITIZEN COMMUNICATION

<https://www.clackamas.us/meetings/bcc/business>

1. Les Poole, Gladstone – spoke regarding a house fire in his neighborhood, the tolling issue and the amount of work he has been doing to put this on the ballot.

IV. PUBLIC HEARING

1. Approval of Multiple Board Orders Accepting a Transfer of Jurisdiction from Clackamas County to the City of Happy Valley for the following County Roads:

- **Board Order No. 2018-108** for all of SE Vogel Road (County Road No. 2364)
- **Board Order No. 2018-109** for a portion of SE Armstrong Circle (County Road No. 1189)
- **Board Order No. 2018-110** for all of SE Rock Creek Court (County Road No. 2975)
- **Board Order No. 2018-111** for all of SE Stoneybrook Court (County Road No. 3014)
- **Board Order No. 2018-112** for all of SE Hemrich Road (County Road No. 494)
- **Board Order No. 2018-113** for a portion of SE Sunnyside Road (County Road No.1040)

Rick Maxwell, Department of Transportation & Development, and Nate Boderman, County Counsel presented the staff report. Mr. Boderman explained this issue will come in two parts. The Board Orders before the Board today will move forward of the transfer of jurisdiction, and at an upcoming meeting the Board will approve consent of the annexation to Happy Valley.

Chair Humberston opened the public hearing and asked if anyone would like to speak.

1. Lance Allard, Happy Valley - concerned about work on Vogel Road and lack of notification.

Dan Johnson, Director of Transportation & Development spoke about Mr. Allard's concerns and stated he is available to meet with Mr. Allard this morning.

~Board Discussion~

Chair Humberston closed the public hearing and asked for a motion.

MOTION:

Commissioner Savas: I move we approve the Board Orders as presented today relating to the transfer of jurisdiction from Clackamas County to the City of Happy Valley for all of SE Vogel Road, for a portion of SE Armstrong Circle, for all of SE Rock Creek Court, for all of SE Stoneybrook Court, for all of Se Hemrich Road, and for a portion of Se Sunnyside Road.

Commissioner Fischer: Second.

all those in favor/opposed:

Commissioner Schrader: Aye.

Commissioner Fischer: Aye.

Commissioner Savas: Aye.

Chair Humberston: Aye – the Ayes have it, the motion carries 4-0.

V. CONSENT AGENDA

Chair Humberston asked the Clerk to read the consent agenda by title, then asked for a motion.

MOTION:

Commissioner Fischer: I move we approve the consent agenda.
Commissioner Schrader: Second.
all those in favor/opposed:
Commissioner Schrader: Aye.
Commissioner Fischer: Aye.
Commissioner Savas: Aye.
Chair Humberston: Aye – the Ayes have it, the motion carries 4-0.

A. Health, Housing & Human Services

1. Approval of Amendment No. 2 to a Revenue Agreement with CareOregon for the Primary Care Payment Model (Track 2) Program -Per Member Per Month (PMPM) Incentive Program – *Health Centers*
2. Approval of Amendment No. 1 to a Revenue Agreement with CareOregon for the Integrated Behavioral Health Program - Per Member Per Month (PMPM) Incentive Program – *Health Centers*
3. Approval of Amendment No. 5 to a Revenue Agreement with Providence Health Plan (PHP) and Providence Health Assurance (PHA) for the Modification of Oregon Health Plan (OHP) Line of Business - Yamhill Community Care Organization (YCCO) OHP Networks Program – *Health Centers*
4. Approval of an Intergovernmental Agreement with Clackamas Fire District No. 1 for Project Hope: Opioid Prevention and Reduction – *Health Centers*
5. Authorization to Purchase Three Category B Transit Buses for the Mt Hood Express Transit Service – *Social Services*

B. Department of Transportation & Development

1. Approval of an Intergovernmental Agreement with the City of Happy Valley Regarding the Transfer of SE Vogel Road, a Portion of SE Armstrong Circle, SE Rock Creek Court, SE Stoneybrook Court, SE Hemrich Road and a Portion of SE Sunnyside Road
2. Approval of an Intergovernmental Agreement with University of Oregon for an AmeriCorps Member to Help Support Sustainability Related Work

C. Finance Department

1. Approval of Contracts for On-call Interpreter Services for Clackamas County Departments – *Procurement*
2. Approval of a Contract with Frontline Facilities Management & Maintenance LLC for Window Cleaning Services – *Procurement*

D. Elected Officials

1. Approval of Previous Business Meeting Minutes – *BCC*

E. County Administration

1. Approval of Clackamas County Housing Needs Assessment Amendment No. 1 With Economic Consultants Oregon, LTD., DBA EcoNorthwest to Provide a Housing Needs Assessment of Clackamas County – *Procurement*

F. Business & Community Services

1. Approval of Renewal for Lease Agreement HSCG89-18-1-0034 with the United States Coast Guard for a portion of property on Hog Island for Willamette River Light 14

G. Technology Services

1. Approval of Service Level Agreement Amendment No. 1 between Clackamas Broadband eXchange and the Estacada School District.

VI. NORTH CLACKAMAS PARKS & RECREATION DISTRICT

1. Approval of a Grant Agreement with Oregon Parks and Recreation Department (OPRD) for Development of a Nature Play Area at the Boardman Wetland Property

VII. COUNTY ADMINISTRATOR UPDATE - NONE

VIII. COMMISSIONERS COMMUNICATION- NONE

MEETING ADJOURNED – 10:18 AM

NOTE: Regularly scheduled Business Meetings are televised and broadcast on the Clackamas County Government Channel. These programs are also accessible through the County's Internet site. DVD copies of regularly scheduled BCC Thursday Business Meetings are available for checkout at the Clackamas County Library in Oak Grove. You may also order copies from any library in Clackamas County or the Clackamas County Government Channel. <https://www.clackamas.us/meetings/bcc/business>

BOARD OF COUNTY COMMISSIONERS BUSINESS MEETING MINUTES

A complete video copy and packet including staff reports of this meeting can be viewed at

<https://www.clackamas.us/meetings/bcc/business>

Thursday, November 1, 2018 – 10:00 AM

Public Services Building

2051 Kaen Rd., Oregon City, OR 97045

PRESENT: Commissioner Sonya Fischer, Serving as Chair
Commissioner Martha Schrader
Commissioner Paul Savas – via telephone
Paul Reynolds, Housing Authority Commissioner

EXCUSED: Commissioner Jim Bernard
Commissioner Ken Humberston

CALL TO ORDER

- Roll Call
- Pledge of Allegiance

Chair Bernard and Commissioner Humberston are out of the office and will not be in attendance today. Commissioner Fischer will serve as Chair for today's meeting. Commissioner Savas will participate in the meeting via telephone.

Chair Fischer announced the Board would recess as the Board of County Commissioners and convene as the Housing Authority Board for the next item and she introduced Housing Authority Commissioner Paul Reynolds.

I. HOUSING AUTHORITY CONSENT AGENDA

Chair Fischer asked the Clerk to read the Housing Authority consent agenda by title, then asked for a motion.

MOTION:

Commissioner Reynolds: I move we approve the Housing Authority consent agenda.
Commissioner Schrader: Second.
all those in favor/opposed:
Commissioner Reynolds Aye.
Commissioner Schrader: Aye.
Commissioner Savas: Aye.
Chair Fischer: Aye – the Ayes have it, the motion carries 4-0.

1. Approval to Enter into a Project Based Voucher (PBV) Contractual Agreement for Housing Assistance Payments (AHAP) with Pleasant Street Housing LLC
2. Adoption of the Housing Authority of Clackamas County's Cash Management and Investment Policy

Chair Fischer announced the Board will Adjourn as the Housing Authority Board and Reconvene as the Board of County Commissioners.

II. CITIZEN COMMUNICATION *(Citizen Communication was taken after the Consent Agenda)*

<https://www.clackamas.us/meetings/bcc/business>

1. Les Poole, Gladstone – thanked the City of Oregon City for naming the new Park in honor of Tyrone Woods. He also spoke about the upcoming election, encouraged folks to come to the Board's Nov. 29th Business meeting, the tolling issue.
2. Sherry Hall, County Clerk gave an update on the upcoming election, ballots received, ballot drop locations and deadlines.

III. READING AND ADOPTION OF PREVIOUSLY APPROVED LAND USE ORDINANCE

(No public testimony on this item)

1. Approval of a Previously Approved Land Use Ordinance, ZDO-270, Transportation System Plan Amendment *previously approved 10-3-18*

Nate Boderman, County Counsel presented the staff report.

Chair Fischer asked for a motion.

MOTION:

Commissioner Schrader I move we read ZDO 270 by title only.

Commissioner Savas: Second.

all those in favor/opposed:

Commissioner Schrader: Aye.

Commissioner Savas: Aye.

Chair Fischer: Aye – the Ayes have it, the motion carries 3-0.

Chair Fischer asked the Clerk to read ZDO-270 by title only, then asked for a motion.

MOTION:

Commissioner Schrader I move we adopt ZDO 270 Transportation System Plan Amendment as previously approved at the Oct. 3, 2018 Land use Hearing.

Commissioner Savas: Second.

all those in favor/opposed:

Commissioner Schrader: Aye.

Commissioner Savas: Aye.

Chair Fischer: Aye – the Ayes have it, the motion carries 3-0.

Chair Fischer announced the Board would recess as the Board of County Commissioners and convene as Service District No. 5 for the next item.

IV. PUBLIC HEARING

Service District No. 5 (Street Lighting)

1. **Board Order No. 2018-108** Forming a 12-Lot Assessment Area within Clackamas County Service District No. 5, Assessment 46-18 Mabel Ave. 12-Lot Petition

Wendi Coryell, Department of Transportation & Development presented the staff report.

Chair Fischer opened the public hearing and asked if anyone would like to speak, seeing none she closed the public hearing and asked for a motion.

MOTION:

Commissioner Schrader I move we approve the Board Order forming a 12-lot assessment area with \in Clackamas County Service District No. 5, Assessment 46-18 Mabel Ave. 12-lot petition as presented today.

Commissioner Savas: Second.

all those in favor/opposed:

Commissioner Schrader: Aye.

Commissioner Savas: Aye.

Chair Fischer: Aye – the Ayes have it, the motion carries 3-0.

Chair Fischer announced the Board will adjourn as Service District No. 5 and Reconvene as the Board of County Commissioners for the remainder of the meeting.

V. CONSENT AGENDA

Chair Fischer asked the Clerk to read the consent agenda by title, then asked for a motion.

MOTION:

Commissioner Schrader: I move we approve the consent agenda.
Commissioner Savas: Second.
all those in favor/opposed:
Commissioner Schrader: Aye.
Commissioner Savas: Aye.
Chair Fischer: Aye – the Ayes have it, the motion carries 3-0.

A. Health, Housing & Human Services

1. Approval of Amendment No. 3 of a Revenue Intergovernmental Agreement with Oregon Department of Human Services, Office of Vocational & Rehabilitation Services – *Health Centers*

B. Department of Transportation & Development

1. Approval of Amendment No. 3 to the Supplemental Project Agreement No. 25214 with the Oregon Department of Transportation for the Salmon River (Elk Park Road) Bridge Project
2. Approval of a Professional Services Contract with Accela, Inc. to Provide Software Consulting Services for the Building Codes Division - *Procurement*

C. Finance Department

1. Approval of Contracts with Liberty Language Services Limited Liability Company for On-Call Interpreter Services for Clackamas County Departments – *Procurement*
2. Approval of a Contract with Flynn BEC LP for the PSB Re-Roof Project
3. Approval of a Contract with Earthworks Landscape Service, Inc. for Grounds Maintenance and Repair Services

D. Elected Officials

1. Approval of Previous Business Meeting Minutes – *BCC*

E. County Administration

1. Approval of an Intergovernmental Agreement Grant Award with the State of Oregon

F. Juvenile Department

1. Approval of the Commercially Sexually Exploited Children (CSEC) Grant Award with Safety Compass

G. Business & Community Services

1. Approval of a Willamette Falls Legacy Project Rediscover the Falls 2018-19 Grant Agreement by and among Metro, the City of Oregon City, Clackamas County, and Rediscover the Falls, an Oregon Nonprofit Public Benefit Corporation

VI. NORTH CLACKAMAS PARKS & RECREATION DISTRICT

1. Approval of a Facility Use Agreement with the Clackamas County Master Gardeners Association (CCMGA) for Gardening Services at the Milwaukie Center

VII. DEVELOPMENT AGENCY

1. Approval of the First Amendment to the Road Maintenance Agreement with Clackamas Corporate Park, LLC

VIII. WATER ENVIRONMENT SERVICES

1. Amendment No. 2 to the Agreement between Water Environment Services and Brown and Caldwell, Inc. for Professional Engineering Services for Phase III of the Kellogg Creek Water Resource Recovery Facility (WRRF) Improvements Project - *Procurement*

IX. COUNTY ADMINISTRATOR UPDATE

<https://www.clackamas.us/meetings/bcc/business>

X. COMMISSIONERS COMMUNICATION

<https://www.clackamas.us/meetings/bcc/business>

MEETING ADJOURNED – 10:50 AM

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Clackamas County Sheriff's Office

CRAIG ROBERTS, Sheriff

Board of County Commissioners
Clackamas County

Members of the Board:

Approval of an Agreement with NaphCare Inc. for Medical Staffing Jail

| | |
|--|--|
| Purpose/ Outcomes | This contract is for medical services/staffing for Clackamas County Sheriff's Office-Jail Division |
| Dollar Amount and Fiscal Impact | Total Contract Value for Services is \$18,167,243.04 |
| Funding Source | Clackamas County Sheriff's Office Budget |
| Duration | Termination Date: June 30, 2023 |
| Strategic Plan Alignment | Build trust through good government. |
| Contact Person | Captain Lee Eby, CCSO-Jail Division |

BACKGROUND:

On June 20, 2018, a Request for Proposals (RFP) to procure Medical Staffing for the Clackamas County Jail was issued. The RFP closed August 2, 2018 with four responsive and responsible vendor Proposals. After reviewing all proposals and interviews with all vendors the review committee selected NaphCare Inc. On September 6, 2018 a Notice of Intent to Award was issued to NaphCare Inc. County Counsel has reviewed this contract.

RECOMMENDATION:

Staff recommends the Board of County Commissioners approve the attached amendment and renewal.

Respectfully submitted,

Craig Roberts, Clackamas County Sheriff

Placed on the Agenda of 12-6-18 by the Procurement Division

"Working Together to Make a Difference"



CLACKAMAS COUNTY
PERSONAL/PROFESSIONAL SERVICES CONTRACT

This Personal/Professional Services Contract (this "Contract") is entered into between NaphCare Inc. ("Contractor"), and Clackamas County, a political subdivision of the State of Oregon ("County") on behalf of the Sheriff's Office.

ARTICLE I.

1. Effective Date and Duration. This Contract shall become effective January 1, 2019 upon signature of both parties. Unless earlier terminated or extended, this Contract shall expire on June 30, 2023. However, such expiration shall not extinguish or prejudice the County's right to enforce this Contract with respect to: (a) any breach of a Contractor warranty; or (b) any default or defect in Contractor performance that has not been cured.

2. Scope of Work. This Contract covers the Scope of Work ("Work") as described herein and in RFP #2018-33 Medical Staffing Services Jail, issued June 20, 2018, and Contractor's response thereto, attached and hereby incorporated by reference as Exhibits "A" and "B." Work shall be performed in accordance with a schedule approved by Clackamas County Sheriff's Office.

3. Consideration. The County agrees to pay Contractor, from available and authorized funds, a sum not to exceed eighteen million one hundred sixty-seven thousand two hundred forty-three dollars and four cents (\$18,167,243.04), for accomplishing the Work required by this Contract. If any interim payments to Contractor are made, such payments shall be made only in accordance with the schedule and requirements in Article III.

4. Travel and Other Expense. Authorized: [] Yes [X] No
If travel expense reimbursement is authorized in this Contract, such expense shall only be reimbursed at the rates in the County Contractor Travel Reimbursement Policy, hereby incorporated by reference and found at: http://www.clackamas.us/bids/terms.html. Travel expense reimbursement is not in excess of the not to exceed consideration.

5. Contract Documents. This Contract consists of the following documents which are listed in descending order of precedence and are attached and incorporated by reference: this Contract, Exhibit "A," the Contractor's Response to RFP attached and hereby incorporated by reference as Exhibit "B," the Mutually Agreed Scope of Services attached and hereby incorporated by reference as Exhibit "C," the Qualified Service Organization Business Associate Agreement attached and hereby incorporated by reference as Exhibit "D."

6. Contractor Data.

Name: NaphCare Inc.
Address: 2090 Columbiana Road, Suite 4000, Birmingham, AL 35216
Contractor Contract Administrator: James S. McLane, CEO
Phone No.: 205-536-8400
Email: legal.department@naphcare.com
MWESB Certification: [] DBE # [] MBE # [] WBE # [] ESB #

Payment information will be reported to the Internal Revenue Service ("IRS") under the name and taxpayer ID number submitted. (See I.R.S. 1099 for additional instructions regarding taxpayer ID numbers.) Information not matching IRS records could subject Contractor to backup withholding.

ARTICLE II.

1. **ACCESS TO RECORDS.** Contractor shall maintain books, records, documents, and other evidence and accounting procedures and practices sufficient to reflect properly all costs of whatever nature claimed to have been incurred and anticipated to be incurred in the performance of this Contract. County and their duly authorized representatives shall have access to the books, documents, papers, and records of Contractor which are directly pertinent to this Contract for the purpose of making audit, examination, excerpts, and transcripts. The parties agree that any information/documentation which is classified as a trade secret by Contractor, shall be exempt from any public records request disclosure pursuant to ORS 192.501. Such books and records shall be maintained by Contractor for a minimum of three (3) years, or such longer period as may be required by applicable law, following final payment and termination of this Contract, or until the conclusion of any audit, controversy or litigation arising out of or related to this Contract, whichever date is later.
2. **AVAILABILITY OF FUNDS.** County certifies that sufficient funds are available and authorized for expenditure to finance costs of this Contract within its current annual appropriation or expenditure limitation, provided, however, that continuation of this Contract, or any extension, after the end of the fiscal period in which it is written, is contingent on a new appropriation or limitation for each succeeding fiscal period sufficient in amount, in the exercise of the County's reasonable administrative discretion, to continue to make payments under this Contract.
3. **CAPTIONS.** The captions or headings in this Contract are for convenience only and in no way define, limit, or describe the scope or intent of any provisions of this Contract.
4. **COMPLIANCE WITH APPLICABLE LAW.** Contractor shall comply with all federal, state, county, and local laws, ordinances, and regulations applicable to the Work to be done under this Contract. Contractor specifically agrees to comply with all applicable requirements of federal and state civil rights and rehabilitation statutes, rules, and regulations. Contractor shall also comply with the Americans with Disabilities Act of 1990 (Pub. L. No. 101-336), Title VI of the Civil Rights Act of 1964, Section V of the Rehabilitation Act of 1973, ORS 659A.142, and all regulations and administrative rules established pursuant to those laws. Contractor further agrees to make payments promptly when due, to all persons supplying to such Contractor, labor or materials for the prosecution of the Work provided in this Contract; pay all contributions or amounts due the Industrial Accident Funds from such Contractor responsibilities incurred in the performance of this Contract; not permit any lien or claim to be filed or prosecuted against the County on account of any labor or material furnished; pay to the Department of Revenue all sums withheld from employees pursuant to ORS 316.167. If Contractor fails or refuses to make any such payments required herein, the appropriate County official may pay such claim. Any payment of a claim in the manner authorized in this section shall not relieve the Contractor or Contractor's surety from obligation with respect to unpaid claims. Contractor shall promptly pay any person or entity that furnishes medical care to Contractor's employees those sums which Contractor agreed to pay for such services and all money Contractor collected or deducted from employee's wages to provide such services.
5. **EXECUTION AND COUNTERPARTS.** This Contract may be executed in several counterparts, each of which shall be an original, all of which shall constitute but one and the same instrument.
6. **GOVERNING LAW.** This Contract shall be governed and construed in accordance with the laws of the State of Oregon without regard to principles of conflicts of law. Any claim, action, or suit between County and Contractor that arises out of or relates to the performance of this Contract shall be brought and conducted solely and exclusively within the Circuit Court for

Clackamas County, for the State of Oregon. Provided, however, that if any such claim, action, or suit may be brought in a federal forum, it shall be brought and conducted solely and exclusively within the United States District Court for the District of Oregon.

7. **HAZARD COMMUNICATION.** Contractor shall notify County prior to using products containing hazardous chemicals to which County employees may be exposed. Products containing hazardous chemicals are those products defined by Oregon Administrative Rules, Chapter 437. Upon County's request, Contractor shall immediately provide Material Safety Data Sheets for the products subject to this provision.
8. **INDEMNITY, RESPONSIBILITY FOR DAMAGES. INDEMNITY, RESPONSIBILITY FOR DAMAGES.** Contractor shall be responsible for all damage to property, injury to persons, and loss, expense, inconvenience, and delay which may be caused by, or result from, the conduct of Work, or from any act, omission, or neglect of Contractor, its subcontractors, agents, or employees. The Contractor agrees to indemnify, hold harmless and defend the County, and its officers, elected officials, agents and employees from and against all claims and actions, and all expenses incidental to the investigation and defense thereof, arising out of or based upon damage or injuries to persons or property caused by the errors, omissions, fault or negligence of the Contractor or the Contractor's employees, subcontractors, or agents. Provided, however, that Contractor shall have no obligation to indemnify the County, the Sheriff, and/or County agencies, including any employees, agents or contractors, for any losses, damages and/or injury arising out of or resulting from a negligent or intentional act or acts or other omission(s) attributable solely to the County or its agents, or for any claim arising solely out of: (1) the County, its employees or agents preventing an inmate from receiving medical care ordered by Contractor or its agents; or (2) any failure by the County, its employees or agents to promptly present an inmate to the Contractor for treatment in any situation where it is known or should be known to a person with no medical training that medical care is needed (for example, after a physical altercation between custody and an inmate).
9. **INDEPENDENT CONTRACTOR STATUS.** The service(s) to be rendered under this Contract are those of an independent contractor. Although the County reserves the right to determine (and modify) the delivery schedule for the Work to be performed and to evaluate the quality of the completed performance, County cannot and will not control the means or manner of Contractor's performance. Contractor is responsible for determining the appropriate means and manner of performing the Work. Contractor is not to be considered an agent or employee of County for any purpose, including, but not limited to: (A) The Contractor will be solely responsible for payment of any Federal or State taxes required as a result of this Contract; (B) This Contract is not intended to entitle the Contractor to any benefits generally granted to County employees, including, but not limited to, vacation, holiday and sick leave, other leaves with pay, tenure, medical and dental coverage, life and disability insurance, overtime, Social Security, Workers' Compensation, unemployment compensation, or retirement benefits; and (C) If the Contractor has the assistance of other persons in the performance of this Contract, and the Contractor is a subject employer, the Contractor shall qualify and remain qualified for the term of this Contract as an insured employer under ORS Chapter 656. (Also see Article V
10. **INSURANCE.** Contractor shall provide insurance as indicated in Article IV below. Insurance policies are to be issued by an insurance company authorized to do business in the State of Oregon.
11. **LIMITATION OF LIABILITIES.** Except for liability arising under or related to Section 14 or 22(B), neither party shall be liable for (i) any indirect, incidental, consequential or special damages under this Contract or (ii) any damages of any sort arising solely from the termination of this Contract in accordance with its terms. This Contract is expressly subject to the debt limitation

of Oregon counties set forth in Article XI, Section 10, of the Oregon Constitution, and is contingent upon funds being appropriated therefore. Any provisions herein which would conflict with law are deemed inoperative to that extent.

- 12. NOTICES.** Except as otherwise expressly provided in this Contract, any communications between the parties hereto or notices to be given hereunder shall be given in writing by personal delivery, email, or mailing the same, postage prepaid, to the County at: Clackamas County Procurement, 2051 Kaen Road, Oregon City, OR 97045, or procurement@clackamas.us, or to Contractor at the address or number set forth in Section 1 of this Contract, or to such other addresses or numbers as either party may hereafter indicate. Any communication or notice so addressed and mailed shall be deemed to be given five (5) days after mailing. Any communication or notice by personal delivery shall be deemed to be given when actually delivered.
- 13. OWNERSHIP OF WORK PRODUCT.** The parties hereby understand and agree that Contractor's electronic health record software system, TechCare®, and the use thereof by either party in the performance of this agreement, is only licensed to the County by Contractor for the term of this Contract, and all rights, title and ownership interest held by Contractor in TechCare® at the beginning of this Contract, shall remain with Contractor following any termination of this agreement. Otherwise, all work product of Contractor that results from this Contract (the "Work Product") is the exclusive property of County. County and Contractor intend that such Work Product be deemed "work made for hire" of which County shall be deemed the author. If for any reason the Work Product is not deemed "work made for hire," Contractor hereby irrevocably assigns to County all of its right, title, and interest in and to any and all of the Work Product, whether arising from copyright, patent, trademark or trade secret, or any other state or federal intellectual property law or doctrine. Contractor shall execute such further documents and instruments as County may reasonably request in order to fully vest such rights in County. Contractor forever waives any and all rights relating to the Work Product, including without limitation, any and all rights arising under 17 USC § 106A or any other rights of identification of authorship or rights of approval, restriction or limitation on use or subsequent modifications.
- 14. REPRESENTATIONS AND WARRANTIES.** Contractor represents and warrants to County that (A) Contractor has the power and authority to enter into and perform this Contract; (B) this Contract, when executed and delivered, shall be a valid and binding obligation of Contractor enforceable in accordance with its terms; (C) the Work under this Contract shall be performed in a good and workmanlike manner and in accordance with the highest professional standards; and (D) Contractor shall at all times during the term of this Contract, be qualified, professionally competent, and duly licensed to perform the Work. The warranties set forth in this section are in addition to, and not in lieu of, any other warranties provided.
- 15. HIPAA COMPLIANCE.** Subject to the U.S. Health Insurance Portability and Accountability Act (HIPAA) of 1996 and its implementing regulation, the Standard of Privacy of Individuals Identifiable Health Information at 45 C.F.R. Part 160 and 164, Subpart A and E, the County is required to enter into a Business Associate Agreement, attached hereto as Exhibit D, with the Contractor prior to the commencement of any work under this Contract. Contractor acknowledges and agrees that protected health information ("PHI") disclosed by County to Contractor may only be used by or disclosed to Contractor pursuant the Business Associate Agreement or pursuant to a written consent in compliance with 42 C.F.R. Part 2, as may be amended from time to time. Contractor agrees to comply with any and all applicable privacy laws including without limitation, 42 C.F.R. Part 2.

- 16. SURVIVAL.** All rights and obligations shall cease upon termination or expiration of this Contract, except for the rights and obligations set forth in Article II, Paragraphs 1, 6, 8, 11, 13, 14, 15, 16, 22, and 29.
- 17. SEVERABILITY.** If any term or provision of this Contract is declared by a court of competent jurisdiction to be illegal or in conflict with any law, the validity of the remaining terms and provisions shall not be affected, and the rights and obligations of the parties shall be construed and enforced as if the Contract did not contain the particular term or provision held to be invalid.
- 18. SUBCONTRACTS AND ASSIGNMENTS.** Contractor shall not enter into any subcontracts for any of the Work required by this Contract, or assign or transfer any of its interest in this Contract by operation of law or otherwise, without obtaining prior written approval from the County. In addition to any provisions the County may require, Contractor shall include in any permitted subcontract under this Contract a requirement that the subcontractor be bound by this Article II, Paragraphs 1, 8, 13, 15, and 27 as if the subcontractor were the Contractor. County's consent to any subcontract shall not relieve Contractor of any of its duties or obligations under this Contract.
- 19. SUCCESSORS IN INTEREST.** The provisions of this Contract shall be binding upon and shall inure to the benefit of the parties hereto, and their respective authorized successors and assigns.
- 20. TAX COMPLIANCE CERTIFICATION.** Contractor must, throughout the duration of this Contract and any extensions, comply with all tax laws of this state and all applicable tax laws of any political subdivision of this state. Any violation of this section shall constitute a material breach of this Contract. Further, any violation of Contractor's warranty in this Contract that Contractor has complied with the tax laws of this state and the applicable tax laws of any political subdivision of this state also shall constitute a material breach of this Contract. Any violation shall entitle County to terminate this Contract, to pursue and recover any and all damages that arise from the breach and the termination of this Contract, and to pursue any or all of the remedies available under this Contract, at law, or in equity, including but not limited to: (A) Termination of this Contract, in whole or in part; (B) Exercise of the right of setoff, and withholding of amounts otherwise due and owing to Contractor, in an amount equal to County's setoff right, without penalty; and (C) Initiation of an action or proceeding for damages, specific performance, declaratory or injunctive relief. County shall be entitled to recover any and all damages suffered as the result of Contractor's breach of this Contract, including but not limited to direct, indirect, incidental and consequential damages, costs of cure, and costs incurred in securing replacement performance. These remedies are cumulative to the extent the remedies are not inconsistent, and County may pursue any remedy or remedies singly, collectively, successively, or in any order whatsoever.

The Contractor represents and warrants that, for a period of no fewer than six calendar years preceding the effective date of this Contract, Contractor has faithfully complied with: (A) All tax laws of this state, including but not limited to ORS 305.620 and ORS Chapters 316, 317, and 318; (B) Any tax provisions imposed by a political subdivision of this state that applied to Contractor, to Contractor's property, operations, receipts, or income, or to Contractor's performance of or compensation for any Work performed by Contractor; (C) Any tax provisions imposed by a political subdivision of this state that applied to Contractor, or to goods, services, or property, whether tangible or intangible, provided by Contractor; and (D) Any rules, regulations, charter provisions, or ordinances that implemented or enforced any of the foregoing tax laws or provisions.

- 21. TERMINATIONS.** This Contract may be terminated for the following reasons: (A) This Contract may be terminated at any time by mutual consent of the parties, or by the County for convenience upon thirty (30) days' written notice to the Contractor; (B) County may terminate this Contract effective upon delivery of notice to Contractor, or at such later date as may be

established by the County, if (i) federal or state laws, rules, regulations, or guidelines are modified, changed, or interpreted in such a way that either the Work under this Contract is prohibited or the County is prohibited from paying for such Work from the planned funding source; or (ii) any license or certificate required by law or regulation to be held by the Contractor to provide the services required by this Contract is for any reason denied, revoked, or not renewed; (C) This Contract may also be immediately terminated by the County for default (including breach of Contract) if (i) Contractor fails to provide services or materials called for by this Contract within the time specified herein or any extension thereof; or (ii) Contractor fails to perform any of the other provisions of this Contract or so fails to pursue the Work as to endanger performance of this Contract in accordance with its terms, and after receipt of notice from the County, fails to correct such failure within ten (10) business days; or (D) If sufficient funds are not provided in future approved budgets of the County (or from applicable federal, state, or other sources) to permit the County in the exercise of its reasonable administrative discretion to continue this Contract, or if the program for which this Contract was executed is abolished, County may terminate this Contract without further liability by giving Contractor not less than thirty (30) days' notice. Contractor may terminate this contract by providing not less than one hundred eighty (180) days' notice to County.

- 22. REMEDIES.** (A) In the event of termination pursuant to Article II Section 20(A), (B)(i), or (D), Contractor's sole remedy shall be a claim for the sum designated for accomplishing the Work multiplied by the percentage of Work completed and accepted by the County, less previous amounts paid and any claim(s) which the County has against Contractor. If previous amounts paid to Contractor exceed the amount due to Contractor under Section 21(A), Contractor shall pay any excess to County on demand. (B) In the event of termination pursuant to Sections 20(B)(ii) or 20(C), the County shall have any remedy available to it in law or equity. If it is determined for any reason that Contractor was not in default under Sections 20(B)(ii) or 20(C), the rights and obligations of the parties shall be the same as if the Contract was terminated pursuant to Section 20(A). (C) Upon receiving a notice of termination of this Contract, Contractor shall immediately cease all activities under this Contract, unless County expressly directs otherwise in such notice of termination. Upon termination of this Contract, Contractor shall deliver to County all documents, information, works-in-progress and other property that are or would be deliverables had the Contract Work been completed. Upon County's request, Contractor shall surrender to anyone County designates, all documents, research, objects or other tangible things needed to complete the Work.
- 23. NO THIRD PARTY BENEFICIARIES.** County and Contractor are the only parties to this Contract and are the only parties entitled to enforce its terms. Nothing in this Contract gives, is intended to give, or shall be construed to give or provide any benefit or right, whether directly, indirectly or otherwise, to third persons unless such third persons are individually identified by name herein and expressly described as intended beneficiaries of the terms of this Contract.
- 24. TIME IS OF THE ESSENCE.** Contractor agrees that time is of the essence in the performance this Contract.
- 25. FOREIGN CONTRACTOR.** If the Contractor is not domiciled in or registered to do business in the State of Oregon, Contractor shall promptly provide to the Oregon Department of Revenue and the Secretary of State, Corporate Division, all information required by those agencies relative to this Contract. The Contractor shall demonstrate its legal capacity to perform these services in the State of Oregon prior to entering into this Contract.
- 26. FORCE MAJEURE.** Neither County nor Contractor shall be held responsible for delay or default caused by fire, terrorism, riot, acts of God, or war where such cause was beyond, respectively, County's or Contractor's reasonable control. Contractor shall, however, make all

reasonable efforts to remove or eliminate such a cause of delay or default and shall upon the cessation of the cause, diligently pursue performance of its obligations under this Contract.

27. WAIVER. The failure of County to enforce any provision of this Contract shall not constitute a waiver by County of that or any other provision.

28. COMPLIANCE. Pursuant to the requirements of ORS 279B.020 and 279B.220 through 279B.235 and Article XI, Section 10, of the Oregon Constitution, the following terms and conditions are made a part of this Contract:

(A) Contractor shall: (i) Make payments promptly, as due, to all persons supplying to the Contractor labor or materials for the prosecution of the Work provided for in this Contract; (ii) Pay all contributions or amounts due the Industrial Accident Fund from such Contractor or subcontractor incurred in the performance of this Contract; (iii) Not permit any lien or claim to be filed or prosecuted against the County on account of any labor or material furnished.

(B) If the Contractor fails, neglects or refuses to make prompt payment of any claim for labor or services furnished to the Contractor or a subcontractor by any person in connection with this Contract as such claim becomes due, the proper officer representing the County may pay such claim to the person furnishing the labor or services and charge the amount of the payment against funds due or to become due to the Contractor by reason of this Contract.

(C) The Contractor shall pay employees for Work in accordance with ORS 279B.020 and ORS 279B.235, which is incorporated herein by this reference. All subject employers working under the contract are either employers that will comply with ORS 656.017 or employers that are exempt under ORS 656.126.

(D) The Contractor shall promptly, as due, make payment to any person or co-partnership, association or corporation furnishing medical, surgical and hospital care, or other needed care and attention incident to sickness and injury to the employees of the Contractor, of all sums which the Contractor agrees to pay for such services and all moneys and sums which the Contractor collected or deducted from the wages of the Contractor's employees pursuant to any law, contract or agreement for the purpose of providing or paying for such services.

29. CONFIDENTIALITY. Contractor acknowledges that it and its employees and agents may, in the course of performing their obligations under this Contract, be exposed to or acquire information that the County desires or is required to maintain as confidential. Any and all information of any form obtained by Contractor or its employees or agents in the performance of this Contract, including but not limited to Personal Information (as "Personal Information" is defined in ORS 646A.602(11), shall be deemed to be confidential information of the County ("Confidential Information"). Any reports or other documents or items (including software) which result from the use of the Confidential Information by Contractor shall be treated with respect to confidentiality in the same manner as the Confidential Information.

Contractor agrees to hold Confidential Information in strict confidence, using at least the same degree of care that Contractor uses in maintaining the confidentiality of its own confidential information, and not to copy, reproduce, sell, assign, license, market, transfer or otherwise dispose of, give or disclose Confidential Information to third parties or use Confidential Information for any purposes whatsoever (other than in the performance of this Contract), and to advise each of its employees and agents of their obligations to keep Confidential Information confidential.

Contractor agrees that, except as directed by the County, Contractor will not at any time during or after the term of this Contract, disclose, directly or indirectly, any Confidential Information to any person, and that upon termination or expiration of this Contract or the County's request, Contractor will turn over to the County all documents, papers, records and other materials in Contractor's possession which embody Confidential Information. Contractor acknowledges that

breach of this Contract, including disclosure of any Confidential Information, or disclosure of other information that, at law or in good conscience or equity, ought to remain confidential, will give rise to irreparable injury to the County that cannot adequately be compensated in damages. Accordingly, the County may seek and obtain injunctive relief against the breach or threatened breach of the foregoing undertakings, in addition to any other legal remedies that may be available. Contractor acknowledges and agrees that the covenants contained herein are necessary for the protection of the legitimate business interests of the County and are reasonable in scope and content.

Contractor agrees to comply with all reasonable requests by the County to ensure the confidentiality and nondisclosure of the Confidential Information, including if requested and without limitation: (a) obtaining nondisclosure agreements, in a form approved by the County, from each of Contractor's employees and agents who are performing services, and providing copies of such agreements to the County; and (b) performing criminal background checks on each of Contractor's employees and agents who are performing services, and providing a copy of the results to the County.

Contractor shall report, either orally or in writing, to the County any use or disclosure of Confidential Information not authorized by this Contract or in writing by the County, including any reasonable belief that an unauthorized individual has accessed Confidential Information. Contractor shall make the report to the County immediately upon discovery of the unauthorized disclosure, but in no event more than two (2) business days after Contractor reasonably believes there has been such unauthorized use or disclosure. Contractor's report shall identify: (i) the nature of the unauthorized use or disclosure, (ii) the Confidential Information used or disclosed, (iii) who made the unauthorized use or received the unauthorized disclosure, (iv) what Contractor has done or shall do to mitigate any deleterious effect of the unauthorized use or disclosure, and (v) what corrective action Contractor has taken or shall take to prevent future similar unauthorized use or disclosure. Contractor shall provide such other information, including a written report, as reasonably requested by the County.

Notwithstanding any other provision in this Contract, Contractor will be responsible for all damages, fines and corrective action (including credit monitoring services) arising from disclosure of such Confidential Information caused by breach of its data security or the confidentiality provisions hereunder.

The provisions in this Section shall operate in addition to, and not as limitation of, the confidentiality and similar requirements set forth in the rest of the Contract, as it may otherwise be amended. Contractor's obligations under this Contract shall survive the expiration or termination of the Contract, as amended, and shall be perpetual.

30. CRIMINAL BACKGROUND CHECK REQUIREMENTS. Contractor shall be required to have criminal background checks (and in certain instances fingerprint background checks) performed on all employees, agents, or subcontractors that perform services under this Contract. Only those employees, agents, or subcontractors that have met the acceptability standards of the County may perform services under this Contract or be given access to Personal Information, Confidential Information or access to County facilities. County shall process any required background screenings for Contractor's personnel within seven (7) days following receipt of any request.

31. KEY PERSONS. Contractor acknowledges and agrees that a significant reason the County is entering into this Contract is because of the special qualifications of certain Key Persons set forth in the contract. Under this Contract, the County is engaging the expertise, experience, judgment, and personal attention of such Key Persons. Neither Contractor nor any of the Key Persons shall

delegate performance of the management powers and responsibilities each such Key Person is required to provide under this Contract to any other employee or agent of the Contractor unless the County provides prior written consent to such delegation. Contractor shall not reassign or transfer a Key Person to other duties or positions such that the Key Person is no longer available to provide the County with such Key Person's services unless the County provides prior written consent to such reassignment or transfer.

32. MERGER. THIS CONTRACT CONSTITUTES THE ENTIRE AGREEMENT BETWEEN THE PARTIES WITH RESPECT TO THE SUBJECT MATTER REFERENCED THEREIN. THERE ARE NO UNDERSTANDINGS, AGREEMENTS, OR REPRESENTATIONS, ORAL OR WRITTEN, NOT SPECIFIED HEREIN REGARDING THIS CONTRACT. NO AMENDMENT, CONSENT, OR WAIVER OF TERMS OF THIS CONTRACT SHALL BIND EITHER PARTY UNLESS IN WRITING AND SIGNED BY ALL PARTIES. ANY SUCH AMENDMENT, CONSENT, OR WAIVER SHALL BE EFFECTIVE ONLY IN THE SPECIFIC INSTANCE AND FOR THE SPECIFIC PURPOSE GIVEN. CONTRACTOR, BY THE SIGNATURE HERETO OF ITS AUTHORIZED REPRESENTATIVE, IS AN INDEPENDENT CONTRACTOR, ACKNOWLEDGES HAVING READ AND UNDERSTOOD THIS CONTRACT, AND CONTRACTOR AGREES TO BE BOUND BY ITS TERMS AND CONDITIONS.

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**ARTICLE III
PERSONAL/PROFESSIONAL SERVICES CONTRACT**

SCOPE OF WORK

Contractor shall provide comprehensive Correctional Medical, Dental, Pharmaceutical, and Mental Health Services (“Work”), as further described in Exhibit A, RFP #2018-33 Medical Staffing Services Jail, Exhibit B, Vendor Response to RFP #2018-33, and Exhibit C, Mutually Agreed Upon Scope of Services all hereby attached and incorporated by reference.

Contractor shall provide the Work at the Clackamas County Jail, on behalf of the Clackamas County Sheriff’s Office (“CCSO”), located at 2206 Kaen Road, Oregon City, OR 97045. Additionally, Contractor shall provide medical services, including medically necessary medications at the Residential Services Center in Milwaukie, Oregon located at 9000 SE McBrod Ave, Milwaukie, OR 97222. Financial responsibility for offsite trips begins upon the inmate being physically booked into the jail. “Offsite trips” means medical care that is necessary for an individual that requires a visit to a hospital or other medical provider that is located outside of County property.

Contractor’s performance of the Work shall be cost-effective, legally defensible, and medically necessary services and maintain a level of quality in accordance and in compliance with current standards established by the National Commission on Correctional Health Care (NCCHC). The Work, including all updates throughout the life of the agreement, must comply with all applicable local, state, or federal laws including, but not limited to, minimum standards for local correctional facilities set forth in ORS 169.076. The Contractor must comply with the Oregon Medical Practice Requirements.

Contractor will perform all Work detailed in Exhibit “C” at or better than the minimum level of performance set forth therein.

The County Contract administrator for this Contract is: Jill Gaschler

CONSIDERATION

- a. Consideration Rates – As described in the table below.

| | January 1, 2019- June 30, 2019 | July 1, 2019- June 30, 2020 | July 1, 2020- June 30, 2021 | July 1, 2021- June 30, 2022 | July 1, 2022- June 30, 2023 |
|-------------------|-----------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Total | \$1,888,826.16 | \$3,890,981.88 | \$4,007,711.40 | \$4,127,942.64 | \$4,251,780.96 |
| Monthly- Total | \$314,804.36 | \$324,248.49 | \$333,975.95 | \$343,995.22 | \$354,315.08 |

- b. Payment for all Work performed under this Contract shall be subject to the provisions of ORS 293.462 and shall not exceed the total maximum sum of **eighteen million one hundred sixty-seven thousand two hundred forty-three dollars and four cents (\$18,167,243.04)**. Invoices shall be submitted to: Jill Gaschler at JGaschler@clackamas.us and Lee Eby at LEby@clackamas.us.
- c. Unless otherwise specified, Contractor shall submit monthly invoices for Work performed. If Contractor fails to present invoices in proper form within sixty (60) calendar days after the end of the month in which the services were rendered, Contractor waives any rights to present such invoice thereafter and to receive payment therefor. Payments shall be made to Contractor following the County’s review and approval of invoices submitted by Contractor. Contractor shall not submit invoices for, and the County will not pay, any amount in excess of the maximum compensation amount set forth above. If this maximum compensation amount is increased by amendment of this Contract, the amendment must be fully effective before Contractor performs Work subject to the

amendment. The billings shall also include the total amount billed to date by Contractor prior to the current invoice.

- d. Invoices shall describe all Work performed with particularity, by whom it was performed, and shall itemize and explain all expenses for which reimbursement is claimed. The billings shall also include the total amount billed to date by Contractor prior to the current invoice.

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**ARTICLE IV
INSURANCE**

During the term of this Contract, Contractor shall maintain in full force at its own expense, each insurance noted below:

1. Required by County of Contractor with one or more workers, as defined by ORS 656.027.

Contractor, its subcontractors, if any, and all employers providing work, labor, or materials under this Contract are subject employers under the Oregon Workers' Compensation Law, and shall either comply with ORS 656.017, which requires said employers to provide workers' compensation coverage that satisfies Oregon law for all their subject workers, or shall comply with the exemption set out in ORS 656.126.

2. Required by County Not required by County

Professional Liability insurance with a combined single limit, or the equivalent, of not less than \$1,000,000 for each claim, incident, or occurrence, with an annual aggregate limit of \$5,000,000. This is to cover damages caused by error, omission or negligent acts related to the professional services to be provided under this Contract. The policy must provide extending reporting period coverage for claims made within two years after the contract is completed.

3. Required by County Not required by County

General Liability insurance with a combined single limit, or the equivalent, of not less than \$1,000,000 for each claim, incident, or occurrence, with an annual aggregate limit of \$5,000,000 for Bodily Injury and Property Damage. It shall include contractual liability coverage for the indemnity provided under this Contract.

4. Required by County Not required by County

Automobile Liability insurance with a combined single limit, or the equivalent, of not less than \$1,000,000 for each accident for Bodily Injury and Property Damage, including coverage for owned, hired, or non-owned vehicles, as applicable.

5. Required by County Not required by County

Employers' Liability: combined limit, or the equivalent, of not less than \$1,000,000 each accident, \$1,000,000 each disease, and \$1,000,000 each policy limit.

6. Required by County Not required by County

Sexual Molestation/Abuse: combined single limit, or the equivalent, of not less than \$1,000,000 per occurrence, with an annual aggregate limit of \$2,000,000.

7. Required by County Not required by County

Excess Liability: of not less than \$5,000,000 in the annual aggregate.

8. Required by County Not required by County

Contractor shall obtain, at contractor's expense, and keep in effect during the term of this contract, Cyber Risk insurance on an "occurrence" form. This coverage shall include Contractual Liability

insurance for the indemnity provided under this contract. Limits are \$1Million per claim/annual aggregate.

9. Certificates of Insurance. Contractor shall furnish evidence of the insurance required in this Contract. The insurance for general liability and automobile liability must include an endorsement naming the County, its officers, elected officials, agents, and employees as additional insureds with respect to the Work under this Contract. If requested, complete copies of insurance policies, trust agreements, etc. shall be provided to the County. The Contractor shall be financially responsible for all pertinent deductibles, self-insured retentions and/or self-insurance.

10. Notice of cancellation or change. There shall be no cancellation, material change, reduction of limits or intent not to renew the insurance coverage(s) without thirty (30) days written notice from the Contractor or its insurer(s) to the County at the following address: Clackamas County Procurement Division, 2051 Kaen Road, Oregon City, OR 97045 or procurement@clackamas.us.

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ARTICLE V
CERTIFICATION STATEMENT FOR INDEPENDENT CONTRACTOR

(Contractor completes if Contractor is not a corporation or is a Professional Corporation)

Contractor certifies he/she is independent as defined in Oregon Revised Statutes 670.600 and meets the following standards that the Contractor is:

1. Free from direction and control, beyond the right of the County to specify the desired result; **AND**
2. Are licensed if licensure is required for the services; **AND**
3. Are responsible for other licenses or certificates necessary to provide the services **AND**
4. Are customarily engaged in an “independently established business.”

To qualify under the law, an “independently established business” must meet three (3) out of the following five (5) criteria. **Contractor certifies that it meets all five (5) of the following criteria and is thus an independently established business pursuant to Oregon Revised Statutes 670.600.**

- A. Maintains a business location that is: (a) Separate from the business or work of the County; or (b) that is in a portion of their own residence that is used primarily for business.
- B. Bears the risk of loss, shown by factors such as: (a) Entering into fixed price contracts; (b) Being required to correct defective work; (c) Warranting the services provided; or (d) Negotiating indemnification agreements or purchasing liability insurance, performance bonds, or errors and omissions insurance.
- C. Provides contracted services for two or more different persons within a 12-month period, or routinely engages in business advertising, solicitation or other marketing efforts reasonably calculated to obtain new contracts to provide similar services.
- D. Makes significant investment in the business through means such as: (a) Purchasing tools or equipment necessary to provide the services; (b) Paying for the premises or facilities where the services are provided; or (c) Paying for licenses, certificates or specialized training required to provide the services.
- E. Has the authority to hire and fire other persons to provide assistance in performing the services.

Additional provisions:

1. A person who files tax returns with a Schedule F and also performs agricultural services reportable on a Schedule C is not required to meet the independently established business requirements.
2. Establishing a business entity such as a corporation or limited liability company, does not, by itself, establish that the individual providing services will be considered an independent contractor.

[SIGNATURE PAGE FOLLOWS]

EXHIBIT A
RFP #2018-33 Medical Jail Staffing Jail



REQUEST FOR PROPOSALS #2018-33

FOR

Medical Staffing Services Jail

BOARD OF COUNTY COMMISSIONERS

JIM BERNARD, Chair

SONYA FISCHER, Commissioner

KEN HUMBERSTON, Commissioner

PAUL SAVAS, Commissioner

MARTHA SCHRADER, Commissioner

**Donald Krupp
County Administrator**

**George Marlton
Procurement Division Director**

**Abigail Churchill
Analyst**

PROPOSAL CLOSING DATE, TIME AND LOCATION

DATE: July 20, 2018

TIME: 2:00 PM, Pacific Time

**PLACE: Clackamas County Procurement Division
Clackamas County Public Services Building
2051 Kaen Road, Oregon City, OR 97045**

SCHEDULE

Request for Proposals Issued..... June 20, 2018

Protest of Specifications Deadline..... June 27, 2018, 5:00 PM, Pacific Time

Deadline to Submit Clarifying Questions..... July 26, 2018, 5:00 PM, Pacific Time

Request for Proposals Closing Date and Time..... August 2, 2018, 2:00 PM, Pacific Time

Phase 2 Presentations for Top Proposers - tentative..... September 2018

Deadline to Submit Protest of Award..... Seven (7) days from the Intent to Award

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SECTION 1
NOTICE OF REQUEST FOR PROPOSALS

Notice is hereby given that Clackamas County through its Board of County Commissioners will receive sealed Proposals per specifications until **2:00 PM, August 2, 2018** (“Closing”), to provide Medical Staffing Services. No Proposals will be received or considered after that time.

Proposal packets are available from 7:00 AM to 6:00 PM Monday through Thursday at Clackamas County Procurement Division, Clackamas County Public Services Building, 2051 Kaen Road, Oregon City, OR 97045, telephone (503) 742-5444 or may be obtained at <http://www.clackamas.us/bids/>. Sealed Proposals are to be sent to Clackamas County Procurement Services – Attention George Marlton, Director at the above Kaen Road address. Sealed Proposals may be emailed to procurement@clackamas.us or sent to Clackamas County at the above Kaen Road address.

Contact Information

Procurement Process and Technical Questions: Abigail Churchill, 503-742-5449,
ACHurchill@clackamas.us.

The Board of County Commissioners reserves the right to reject any and all Proposals not in compliance with all prescribed public bidding procedures and requirements, and may reject for good cause any and all Proposals upon the finding that it is in the public interest to do so and to waive any and all informalities in the public interest. In the award of the contract, the Board of County Commissioners will consider the element of time, will accept the Proposal or Proposals which in their estimation will best serve the interests of Clackamas County and will reserve the right to award the contract to the contractor whose Proposal shall be best for the public good.

Clackamas County encourages bids from Minority, Women, and Emerging Small Businesses.

SECTION 2 INSTRUCTIONS TO PROPOSERS

Clackamas County (“County”) reserves the right to reject any and all Proposals received as a result of this RFP. County Local Contract Review Board Rules (“LCRB”) govern the procurement process for the County.

2.1 Modification or Withdrawal of Proposal: Any Proposal may be modified or withdrawn at any time prior to the Closing deadline, provided that a written request is received by the County Procurement Division Director, prior to the Closing. The withdrawal of a Proposal will not prejudice the right of a Proposer to submit a new Proposal.

2.2 Requests for Clarification and Requests for Change: Proposers may submit questions regarding the specifications of the RFP. Questions must be received in writing on or before 5:00 p.m. (Pacific Time), on the date indicated in the Schedule, at the Procurement Division address as listed in Section 1 of this RFP. Requests for changes must include the reason for the change and any proposed changes to the requirements.

2.3 The purpose of this requirement is to permit County to correct, prior to the opening of Proposals, RFP terms or technical requirements that may be unlawful, improvident or which unjustifiably restrict competition. County will consider all requested changes and, if appropriate, amend the RFP. County will provide reasonable notice of its decision to all Proposers that have provided an address to the Procurement Division for this procurement. No oral or written instructions or information concerning this RFP from County managers, employees or agents to prospective Proposers shall bind County unless included in an Addendum to the RFP.

2.4 Protests of the RFP/Specifications: Protests must be in accordance with LCRB C-047-0730. Protests of Specifications must be received in writing on or before 5:00 p.m. (Pacific Time), on the date indicated in the Schedule, or within three (3) business days of issuance of any addendum, at the Procurement Division address listed in Section 1 of this RFP. Protests may not be faxed. Protests of the RFP specifications must include the reason for the protest and any proposed changes to the requirements.

2.5 Addenda: If any part of this RFP is changed, an addendum will be provided to Proposers that have provided an address to the Procurement Division for this procurement. It shall be Proposers responsibility to regularly check the Bids and Contract Information page at <http://www.clackamas.us/bids/> for any published Addenda or response to clarifying questions.

2.6 Submission of Proposals: All Proposals must be submitted in a sealed envelope bearing on the outside, the name and address of the Proposer, the project title, and Closing date/time. Proposals must be submitted in accordance with Section 5.

All Proposals shall be legibly written in ink or typed and comply in all regards with the requirements of this RFP. Proposals that include orders or qualifications may be rejected as irregular. All Proposals must include a signature that affirms the Proposer’s intent to be bound by the Proposal (may be on cover letter, on the Proposal, or the Proposal Certification Form) shall be signed. If a Proposal is submitted by a firm or partnership, the name and address of the firm or partnership shall be shown, together with the names and addresses of the members. If the Proposal is submitted by a corporation, it shall be signed in the name of such corporation by an official who is authorized to bind the contractor. The Proposals will be considered by the County to be submitted in confidence and are not subject to public disclosure until the notice of intent to award has been issued.

No late Proposals will be accepted. Proposals submitted after the Closing will be considered late and will be returned unopened. Proposals may not be submitted by telephone or fax.

2.7 Post-Selection Review and Protest of Award: County will name the apparent successful Proposer in a “Notice of Intent to Award” letter. Identification of the apparent successful Proposer is procedural only and creates no right of the named Proposer to award of the contract. Competing Proposers will be notified in writing

of the selection of the apparent successful Proposer(s) and shall be given seven (7) calendar days from the date on the “Notice of Intent to Award” letter to review the file at the Procurement Division office and file a written protest of award, pursuant to LCRB C-047-0740. Any award protest must be in writing and must be delivered by hand-delivery or mail to the address for the Procurement Division as listed in Section 1 of this RFP.

Only actual Proposers may protest if they believe they have been adversely affected because the Proposer would be eligible to be awarded the contract in the event the protest is successful. The basis of the written protest must be in accordance with ORS 279B.410 and shall specify the grounds upon which the protest is based. In order to be an adversely affected Proposer with a right to submit a written protest, a Proposer must be next in line for award, i.e. the protester must claim that all higher rated Proposers are ineligible for award because they are non-responsive or non-responsible.

County will consider any protests received and:

- a. reject all protests and proceed with final evaluation of, and any allowed contract language negotiation with, the apparent successful Proposer and, pending the satisfactory outcome of this final evaluation and negotiation, enter into a contract with the named Proposer; OR
- b. sustain a meritorious protest(s) and reject the apparent successful Proposer as nonresponsive, if such Proposer is unable to demonstrate that its Proposal complied with all material requirements of the solicitation and Oregon public procurement law; thereafter, County may name a new apparent successful Proposer; OR
- c. reject all Proposals and cancel the procurement.

2.8 Acceptance of Contractual Requirements: Failure of the selected Proposer to execute a contract and deliver required insurance certificates within ten (10) calendar days after notification of an award may result in cancellation of the award. This time period may be extended at the option of County.

2.9 Public Records: Proposals are deemed confidential until the “Notice of Intent to Award” letter is issued. This RFP and one copy of each original Proposal received in response to it, together with copies of all documents pertaining to the award of a contract, will be kept and made a part of a file or record which will be open to public inspection. If a Proposal contains any information that is considered a **TRADE SECRET** under ORS 192.501(2), **SUCH INFORMATION MUST BE LISTED ON A SEPARATE SHEET CAPABLE OF SEPARATION FROM THE REMAINING PROPOSAL AND MUST BE CLEARLY MARKED WITH THE FOLLOWING LEGEND:**

“This information constitutes a trade secret under ORS 192.501(2), and shall not be disclosed except in accordance with the Oregon Public Records Law, ORS Chapter 192.”

The Oregon Public Records Law exempts from disclosure only bona fide trade secrets, and the exemption from disclosure applies only “unless the public interest requires disclosure in the particular instance” ORS 192.500(1). Therefore, non-disclosure of documents, or any portion of a document submitted as part of a Proposal, may depend upon official or judicial determinations made pursuant to the Public Records Law.

2.9 Investigation of References: County reserves the right to investigate all references in addition to those supplied references and investigate past performance of any Proposer with respect to its successful performance of similar services, its compliance with specifications and contractual obligations, its completion or delivery of a project on schedule, its lawful payment of subcontractors and workers, and any other factor relevant to this RFP. County may postpone the award or the execution of the contract after the announcement of the apparent successful Proposer in order to complete its investigation.

2.10 RFP Proposal Preparation Costs and Other Costs: Proposer costs of developing the Proposal, cost of attendance at an interview (if requested by County), or any other costs are entirely the responsibility of the Proposer, and will not be reimbursed in any manner by County.

2.11 Clarification and Clarity: County reserves the right to seek clarification of each Proposal, or to make an award without further discussion of Proposals received. Therefore, it is important that each Proposal be submitted initially in the most complete, clear, and favorable manner possible.

2.12 Right to Reject Proposals: County reserves the right to reject any or all Proposals or to withdraw any item from the award, if such rejection or withdrawal would be in the public interest, as determined by County.

2.13 Cancellation: County reserves the right to cancel or postpone this RFP at any time or to award no contract.

2.14 Proposal Terms: All Proposals, including any price quotations, will be valid and firm through a period of one hundred and eighty (180) calendar days following the Closing date. County may require an extension of this firm offer period. Proposers will be required to agree to the longer time frame in order to be further considered in the procurement process.

2.15 Oral Presentations: At County's sole option, Proposers may be required to give an oral presentation of their Proposals to County, a process which would provide an opportunity for the Proposer to clarify or elaborate on the Proposal but will in no material way change Proposer's original Proposal. If the evaluating committee requests presentations, the Procurement Division will schedule the time and location for said presentation. Any costs of participating in such presentations will be borne solely by Proposer and will not be reimbursed by County. **Note:** Oral presentations are at the discretion of the evaluating committee and may not be conducted; therefore, **written Proposals should be complete.**

2.16 Usage: It is the intention of County to utilize the services of the successful Proposer(s) to provide services as outlined in the below Scope of Work.

2.17 Review for Responsiveness: Upon receipt of all Proposals, the Procurement Division or designee will determine the responsiveness of all Proposals before submitting them to the evaluation committee. If a Proposal is incomplete or non-responsive in significant part or in whole, it will be rejected and will not be submitted to the evaluation committee. County reserves the right to determine if an inadvertent error is solely clerical or is a minor informality which may be waived, and then to determine if an error is grounds for disqualifying a Proposal. The Proposer's contact person identified on the Proposal will be notified, identifying the reason(s) the Proposal is non-responsive. One copy of the Proposal will be archived and all others discarded.

2.18 RFP Incorporated into Contract: This RFP will become part of the Contract between County and the selected contractor(s). The contractor(s) will be bound to perform according to the terms of this RFP, their Proposal(s), and the terms of the Sample Contract.

2.19 Communication Blackout Period: Except as called for in this RFP, Proposers may not communicate with members of the Evaluation Committee or other County employees or representatives about the RFP during the procurement process until the apparent successful Proposer is selected, and all protests, if any, have been resolved. Communication in violation of this restriction may result in rejection of a Proposer.

2.20 Prohibition on Commissions and Subcontractors: County will contract directly with persons/entities capable of performing the requirements of this RFP. Contractors must be represented directly. Participation by brokers or commissioned agents will not be allowed during the Proposal process. Contractor shall not use subcontractors to perform the Work unless specifically pre-authorized in writing to do so by the County. Contractor represents that any employees assigned to perform the Work, and any authorized subcontractors performing the Work, are fully qualified to perform the tasks assigned to them, and shall perform the Work in a competent and professional manner. Contractor shall not be permitted to add on any fee or charge for subcontractor Work. Contractor shall provide, if requested, any documents relating to subcontractor's qualifications to perform required Work.

2.21 Ownership of Proposals: All Proposals in response to this RFP are the sole property of County, and subject to the provisions of ORS 192.410-192.505 (Public Records Act).

2.22 Clerical Errors in Awards: County reserves the right to correct inaccurate awards resulting from its clerical errors.

2.23 Rejection of Qualified Proposals: Proposals may be rejected in whole or in part if they attempt to limit or modify any of the terms, conditions, or specifications of the RFP or the Sample Contract.

2.24 Collusion: By responding, the Proposer states that the Proposal is not made in connection with any competing Proposer submitting a separate response to the RFP, and is in all aspects fair and without collusion or fraud. Proposer also certifies that no officer, agent, elected official, or employee of County has a pecuniary interest in this Proposal.

2.25 Evaluation Committee: Proposals will be evaluated by a committee consisting of representatives from County and potentially external representatives. County reserves the right to modify the Evaluation Committee make-up in its sole discretion.

2.26 Commencement of Work: The contractor shall commence no work until all insurance requirements have been met, the Protest of Awards deadline has been passed, any protest have been decided, a contract has been fully executed, and a Notice to Proceed has been issued by County.

2.27 Best and Final Offer: County may request best and final offers from those Proposers determined by County to be reasonably viable for contract award. However, County reserves the right to award a contract on the basis of initial Proposal received. Therefore, each Proposal should contain the Proposer's best terms from a price and technical standpoint. Following evaluation of the best and final offers, County may select for final contract negotiations/execution the offers that are most advantageous to County, considering cost and the evaluation criteria in this RFP.

2.28 Nondiscrimination: The successful Proposer agrees that, in performing the work called for by this RFP and in securing and supplying materials, contractor will not discriminate against any person on the basis of race, color, religious creed, political ideas, sex, age, marital status, sexual orientation, gender identity, veteran status, physical or mental handicap, national origin or ancestry, or any other class protected by applicable law.

2.29 Intergovernmental Cooperative Procurement Statement: Pursuant to ORS 279A and LCRB, other public agencies shall have the ability to purchase the awarded goods and services from the awarded contractor(s) under terms and conditions of the resultant contract. Any such purchases shall be between the contractor and the participating public agency and shall not impact the contractor's obligation to County. Any estimated purchase volumes listed herein do not include other public agencies and County makes no guarantee as to their participation. Any Proposer, by written notification included with their Proposal, may decline to extend the prices and terms of this solicitation to any and/or all other public agencies. County grants to any and all public serving governmental agencies, authorization to purchase equivalent services or products described herein at the same submitted unit bid price, but only with the consent of the contractor awarded the contract by the County.

SECTION 3 SCOPE OF WORK

3.1. SCOPE OF WORK

See Attachment 1 for Full Background, Scope of Work, Qualifications, Attachment 2 for Current Staffing 2018, and Attachment 3 for Jail Medical Inventory, all of which are hereby attached and incorporated by reference.

3.1.1. **Term of Contract:**

The term of the contract shall be from the effective date January 1, 2019 through **June 30, 2023**.

3.1.2 Sample Contract: Submission of a Proposal in response to this RFP indicates Proposer's willingness to enter into a contract containing substantially the same terms (including insurance requirements) of the sample contract identified below. No action or response to the sample contract is required under this RFP. Any objections to the sample contract terms should be raised in accordance with Paragraphs 2.2 or 2.3 of this RFP, pertaining to requests for clarification or change or protest of the RFP/specifications, and as otherwise provided for in this RFP. This RFP and all supplemental information in response to this RFP will be a binding part of the final contract.

The applicable Sample Professional Services Contract for this RFP can be found at <http://www.clackamas.us/bids/terms.html>.

Professional Services Contract (unless checked, item does not apply)

The following paragraphs of the Professional Services Contract will be applicable:

- Article I, Paragraph 4 – Travel and Other Expense is Authorized
- Article II, Paragraph 29 – Confidentiality
- Article II, Paragraph 29 – Criminal Background Check Requirements
- Article II, Paragraph 30 – Key Persons
- Exhibit A – On-Call Provision

The following insurance requirements will be applicable:

- Professional Liability: combined single limit, or the equivalent, of not less than \$3,000,000 per occurrence, with an annual aggregate limit of \$5,000,000 for damages caused by error, omission or negligent acts.
- Commercial General Liability: combined single limit, or the equivalent, of not less than \$3,000,000 per occurrence, with an annual aggregate limit of \$5,000,000 for Bodily Injury and Property Damage.
- Automobile Liability: combined single limit, or the equivalent, of not less than \$1,000,000 per occurrence for Bodily Injury and Property Damage.
- Workers Compensation: combined single limit, or the equivalent, not less than \$1,000,000 per occurrence.
- Sexual Molestation/Abuse: combined single limit, or the equivalent, of not less than \$1,000,000 per occurrence, with an annual aggregate limit of \$2,000,000.

SECTION 4 EVALUATION PROCEDURE

4.1 An evaluation committee will review all Proposals that are initial deemed responsive and they shall rank the Proposals in accordance with the below criteria. The evaluation committee may recommend an award based solely on the written responses or may request Proposal interviews/presentations. Interviews/presentations, if deemed beneficial by the evaluation committee, will consist of the highest scoring Proposers. The invited Proposers will be notified of the time, place, and format of the interview/presentation. Based on the interview/presentation, the evaluation committee may revise their scoring.

Written Proposals must be complete and no additions, deletions, or substitutions will be permitted during the interview/presentation (if any). The evaluation committee will recommend award of a contract to the final County decision maker based on the highest scoring overall Proposal. This is a multi-phase proposal in accordance with LCRB C-047-0261. The County may issue an addendum, before any phase in the evaluation process. Top scoring proposers may be selected for presentations. An additional 50 points will be assigned to the presentation process and will be added to the first phase scoring.

Scores from the written proposals will be considered preliminary. Final scores will be determined based on the review and re-evaluation of the written scores after the presentation and the additional points assigned to the presentation process. The County decision maker reserves the right to accept the recommendation, award to a different Proposer, or reject all Proposals and cancel the RFP.

Proposers are not permitted to directly communicate with any member of the evaluation committee during the evaluation process. All communication will be facilitated through the Procurement representative.

4.2 Evaluation Criteria

All proposals will be reviewed based on the following categories. Each evaluation category has been assigned points based on its relative value to the contract as a whole based on RFP responses. The category and the associated points are listed in the table below:

| | |
|--|------------|
| Phase 1 Criteria | Points |
| Background and Qualifications | 40 |
| Program/Design Strategy | 50 |
| Pharmacy Services | 15 |
| Equipment and Supplies | 5 |
| Comprehensive Health Services/Aftercare/ Release Planning of Inmates | 60 |
| Quality Assurance | 25 |
| Medical Records | 10 |
| Reporting | 10 |
| Third Party Insurance Impacts | 15 |
| Corporate, Tort Claims, and Litigation | 20 |
| Budget | 50 |
| References | 50 |
| SUBTOTAL | 350 |
| Phase 2 Criteria —Presentation | 50 |
| TOTAL POINTS | 400 |

4.3 Once a selection has been made, the County will enter into contract negotiations. During negotiation, the County may require any additional information it deems necessary to clarify the approach and understanding of the requested services. Any changes agreed upon during contract negotiations will become part of the final contract. The negotiations will identify a level of work and associated fee that best represents the efforts required. If the County is unable to come to terms with the highest scoring Proposer, discussions shall be terminated and negotiations will begin with the next highest scoring Proposer. If the resulting contract contemplates multiple phases and the County deems it is in its interest to not authorize any particular phase, it reserves the right to return to this solicitation and commence negotiations with the next highest ranked Proposer to complete the remaining phases.

SECTION 5 PROPOSAL CONTENTS

5.1. Vendors must observe submission instructions and be advised as follows:

5.1.1. Complete Proposals may be mailed to the below address or emailed to Procurement@clackamas.us. The subject line of the email must identify the RFP title. Proposers are encouraged to contact Procurement to confirm receipt of the Proposal. If the Proposal is mailed, an original copy and an electronic copy (on compact disk or jump drive) must be included. The Proposal (hardcopy or email) must be received by the Closing Date and time indicated in Section 1 of the RFP.

5.1.2. Mailing address including Hand Delivery, UPS and FEDEX:

Clackamas County Procurement Division – Attention George Marlton, Director
Clackamas County Public Services Building
2051 Kaen Road
Oregon City, OR 97045

5.1.3. County reserves the right to solicit additional information or Proposal clarification from the vendors, or any one vendor, should the County deem such information necessary.

Provide the following information in the order in which it appears below:

5.2. Proposer's General Background and Qualifications:

- Describe your structure, service history, and experience for all contracts over the past five years.
- Describe all current or past experience with other jail facilities of similar size and diverse populations.
- Describe your experience in obtaining and maintaining NCCHC accreditation at your current locations.
- Detail with specific dates whether those locations have obtained NCCHC accreditation in the past, and the status of each of those accreditations.
- If any accreditation was not renewed at a jail facility, please explain why.
- Provide at least five (5) of the Bidder's major suppliers who can speak to the financial capability of the Bidder to carry out the requirements of the RFP. (Accounting references can include hospitals, pharmacies, laboratories, medical suppliers, or other contractors that the Bidder is currently utilizing.
- Describes any contracts lost, terminated, and/or cancelled over the past five years, and the reasons why such contracts were lost, terminated, and/or cancelled.

5.3. Scope of Work

Program/Design Strategy

- Describe your program model and service strategy for providing inmate health services that meet NCCHC standards.
- Document your transition plan for assuming services if you are the successful proposer and describe lessons learned from previous experiences assuming health care services management from existing correctional facility medical services providers.

- Describe your system of recruiting and training staff and have adequate support staff at the central office to assume the administrative functions of the RFP.
- What is the minimum level of staff required to meet the stated scope of work and meet NCCHC standards?
- What are your planned operational staffing levels?
- What is your plan and timeframe to reach NCCHC accreditation at the Clackamas County Jail?
- How will you ensure that existing staff and new hires possess and maintain all permits, licenses, and professional credentials necessary to provide quality comprehensive medical health services as specified under this RFP?
- Describe your strategy to reduce transportation costs and detail how you will provide primary care in the facility while meeting NCCHC standards of quality care.
- Describe your current process for determination of medically necessary procedures and authorization process for off-site procedures.
- Describe your process for timely response to regular and emergency health care services grievances.
- Describe your strategy and ability to track and care for chronic needs of inmates.

Pharmacy Services

- Describe your experience, protocols, organizational staffing plans, or outsourcing procedures for providing pharmacy services.
- Describe the number of pharmacists (if applicable), policies, and procedures and the methods you will use for dispensing and administering pharmaceuticals.
- Describe or list the standard formulary for pharmaceuticals you would use.
- Describe your pricing strategy for medications and total pharmacy cost.
- Describe how you will comply with security procedures for controlled substances, syringes, needles and surgical instruments.

Equipment and Supplies

- Include a listing of any equipment that you would require the County to provide.

Comprehensive Health Services/ Aftercare/Release Planning of Inmates

- Describe the medical and mental services you have provided in a correctional setting.
- Provide documentation that includes at a minimum and not limited to, descriptions of each categories beginning on page 13 as described in Attachment 1, Statement of Work section C.2).c.—Services.
- Specify how you have handled a communicable/infectious disease outbreak (for example a chicken pox, lice, or flu outbreak).
- Describe at least two medical and/or mental care management programs you have implemented which comply with NCCHC and community-based standards of care.
- Describe if you has developed and implemented a successful comprehensive medical and/or mental care program in a correctional facility within the last five years.
- Describe your experience, protocols, and organizational staffing plans for mental health services. (Advise if you provided the services (1) directly or (2) if it was done in coordination with a prior client agency's jurisdictions or County Mental Health Services department.)
- Describe how you will provide health screening, including appropriate lab work, for intake, inmate food workers, and other inmate workers as required by statutes, regulations, or CCSO.
- Specify how you will address the needs of pregnant and postpartum female inmates.

- Describe how you will make arrangements to provide payments for all consulting medical specialty services and special medical equipment.
- Describe your experience, protocols, and organizational staffing plans for coordinating medical/mental health services with hospitals for both in-patient and outpatient treatment. (Include descriptions of services provided pursuant to court ordered and routine treatment.)
- Describe your qualifications and procedures for providing emergency services provided on-site and off-site, including payment for such services.
- Describe your qualifications and procedures for providing comprehensive medical and mental services during a natural disaster.
- Clearly define the strategy to provide inmates moving to the community with a minimum of 7 days of medication (with no more than 30 days of medication for those going to treatment as requested by the facility) if needed and the distribution process for those medications.

Quality Assurance

- Describe your quality assurance program, how it works, include sample reports, company standards that must be met and process for improvement. Clearly discuss how this meets the NCCHC standard for continuous quality improvement.
- Describe how you will handle complaints from staff and/or inmates. Provide detail of grievance procedures. Describe, by use of an example or other detail, types of complaints the applicant has determined to be a client grievance.
- Describe your past experience providing reports and coordinating with quality assurance consultants, medical advisory boards, and other advisory organizations.
- Describe how you will work with CCSO, the County, and the community, including assignments for meeting attendance.
- Identify your ADA Coordinator who will work with CCSO's Jail ADA Coordinator.
- Describe your internal monitoring system for assuring operational efficiency and effectiveness, fiscal integrity, compliance with current rules and regulations and contract performance requirements.
- Explain your methods for identifying and preventing deficiencies in quality of service performed by your staff or subcontractors before the level of performance becomes unacceptable.

Medical Records

- Describe your electronic record software, your system requirements, sample reports, and any other information that would be helpful for determination of system requirements. Include number of work stations needed and any other requirements for implementation. Provide examples of statistical reporting that this system would be capable of producing, how it will be utilized in performance reporting and quality improvement processes.
- Explain procedures to transfer medical information between agencies due to transfer of inmates to other facilities. Include a discussion of how they are protected from unauthorized disclosure.
- Describe or include sample forms and reports that would be provided to the county. Provide a detailed explanation of what is included to ensure accuracy and quality control of all invoices billed to the County.
- Describe or provide any other sample reports available for review.

Third Party Insurance Impacts

- Describe in detail your process for identification of insurance companies that may be responsible for medical care for covered inmates. This will include private insurance as well as ACA/Medicaid insurance coverage.
- Describe the process for billing insurance carriers for any procedure provided to the inmate that may be allowed by the Affordable Care Act.
- Describe process for documenting and providing reports on insurance providers, explanation of benefits reports showing payments, co-pays, deductibles or balances due by the contractor or county.

Corporate, Tort Claims, and Litigation

- Describe Bidder organizational structure, administrative policies, procedures, and practices that support cost accountability, provision of quality care, quality assurance, medical audits, oversight, and escalation protocols.
- Describe in detail your organization's history of and approach to handling tort claims and litigation for healthcare services provided in corrections facilities. Include a list of all tort claims and state or federal litigation over the last three years arising from the provision of any healthcare services, including claims for negligence, medical malpractice or deliberate indifference, and the outcome of those claims and cases. All cases must be identified by the facility location where the claim occurred, the court it was filed in, case number, and name of parties.
- Summarize any federal, state, and/or local government investigations conducted in which Bidder was the subject of during the past ten years which resulted in fines, penalties, or loss of accreditation. Provide a narrative describing these investigations, why they were implemented, and the results of such investigations.
- For all tort claims and litigation reported in above indicate whether your organization accepted full tender, partial tender, or denied tender of those claims.

For additional information necessary information please reference Attachment 1.

5.4. Budget

- Provide a breakdown of anticipated costs. All proposals must contain a not to exceed price per month for staffing, billing rates for all on-site staff, indirect costs, and administrative costs. Estimates for pharmacy costs, outside provider costs, hospitalization costs and other costs (detail). Contractor not to exceed Consumer Price Index ("CPI") Portland, Oregon or 3% maximum adjustment to rates allowable one-time per fiscal year, effective July 1st, during the contract period.
- Describe your strategies for cost containment, determining your aggregate cost estimates and meeting your aggregate cost estimates at other locations as identified in your references. Include your ability to meet minimum daily and weekly staffing requirements and identify standard penalties for not meeting these requirements.
- Provide a breakdown of cost for services (to include medications for those that are medically necessary) at the Residential Center to include 8 hours of RN time and 2 hours of NP time.
- Explain how your financial reporting system meets the requirements of generally accepted accounting principles.

- Describe your how your company staff salaries fit within the US Department of Labor for Washington and Oregon wage scales.
- Describe your per diem cost for average daily populations over 500 inmates.
- Indicate how you will provide innovative and cost-effective pricing while providing opportunities to share in cost savings with the County.
- Describe how you achieve favorable billing rates with local hospitals for emergency and inpatient care, and your contracting strategy to achieve this goal and provide examples of agreement terms that you have reached with hospitals near your facilities including the length of time the contracts have been in place.
- Detail the administration cost for providing 30 days of medication to inmates in need for transferring to treatment.
- Include a sample invoice that will match your cost estimate and discuss your ability to provide adequate back-up to aggregate costs charged.
- Are there any additional costs associated with a transition plan if you are chosen as the winning contract?
- Describe your strategies for controlling emergency and inpatient hospital costs.
- Can you identify any costs or charges that are not already detailed?

5.5. References

Provide three (3) references from clients your firm has served similar to the County in the past three (3) years, including one client that has newly engaged the firm in the past thirty-six (36) months and one (1) long-term client. Provide the name, address, email, and phone number of the references.

5.6. Completed Proposal Certification (see the below form)

PROPOSAL CERTIFICATION
RFP #2018-33 Medical Staffing Services Jail

Submitted by: _____
(Must be entity's full legal name, and State of Formation)

The undersigned, through the formal submittal of this Proposal response, declares that he/she has examined all related documents and read the instruction and conditions, and hereby proposes to provide the services as specified in accordance with the RFP, for the price set forth in the Proposal documents.

Proposer, by signature below, hereby represents as follows:

- (a) That no County elected official, officer, agent or employee of the County is personally interested directly or indirectly in this contract or the compensation to be paid hereunder, and that no representation, statement or statements, oral or in writing, of the County, its elected officials, officers, agents, or employees had induced it to enter into this contract and the papers made a part hereof by its terms;
- (b) The Proposer, and each person signing on behalf of any Proposer certifies, in the case of a joint Proposal, each party thereto, certifies as to its own organization, under penalty of perjury, that to the best of their knowledge and belief:
 - 1. The prices in the Proposal have been arrived at independently, without collusion, consultation, communication, or agreement for the purpose of restraining competition as to any matter relating to such prices with any other Proposer or with any competitor;
 - 2. Unless otherwise required by law, the prices which have been quoted in the Proposal have not been knowingly disclosed by the Proposer prior to the Proposal deadline, either directly or indirectly, to any other Proposer or competitor;
 - 3. No attempt has been made nor will be made by the Proposer to induce any other person, partnership or corporation to submit or not to submit a Proposal for the purpose of restraining trade;
- (c) The Proposer fully understands and submits its Proposal with the specific knowledge that:
 - 1. The selected Proposal must be approved by the Board of Commissioners.
 - 2. This offer to provide services will remain in effect at the prices proposed for a period of not less than ninety (90) calendar days from the date that Proposals are due, and that this offer may not be withdrawn or modified during that time.
- (d) That this Proposal is made without connection with any person, firm or corporation making a bid for the same material, and is in all respects, fair and without collusion or fraud.
- (e) That the Proposer shall use recyclable products to the maximum extent economically feasible in the performance of the contract work set forth in this document.
- (f) That the Proposer accepts all terms and conditions contained in this RFP and that the RFP and the Proposal, and any modifications, will be made part of the contract documents. It is understood that all Proposals will become part of the public file on this matter. The County reserves the right to reject any or all Proposals.
- (g) That the Proposer holds current licenses that businesses or services professionals operating in this state must hold in order to undertake or perform the work specified in these contract documents.
- (h) That the Proposer is covered by liability insurance and other insurance in the amount(s) required by the solicitation and in addition that the Proposer qualifies as a carrier insured employer or a self-insured employer under ORS 656.407 or has elected coverage under ORS 656.128.
- (i) That the Proposer is legally qualified to contract with the County.
- (j) That the Proposer has not and will not discriminate in its employment practices with regard to race, creed, age, religious affiliation, sex, disability, sexual orientation, gender identity, national origin, or any other protected class. Nor has Proposer or will Proposer discriminate against a subcontractor in the awarding of a subcontract because the subcontractor is a disadvantaged business enterprise, a minority-owned business, a woman-owned business, a business that a service-disabled veteran owns or an emerging small business that is certified under ORS 200.055.

(k) The Proposer agrees to accept as full payment for the services specified herein, the amount as shown in the Proposal.

Resident Bidder, as defined in ORS 279A.120

Non-Resident Proposer, Resident State _____
Oregon Business Registry Number _____

Contractor's Authorized Representative:

Signature: _____ Date: _____

Name: _____ Title: _____

Firm: _____

Address: _____

City/State/Zip: _____ Phone: () _____

e-mail: _____ Fax: _____

Contract Manager:

Name _____ Title: _____

Phone number: _____

Email Address: _____

ATTACHMENT 1
Full Background, Scope of Work and Qualifications

Scope of Work

1.0 INTRODUCTION

The purpose of this document is to define the processes and procedures to be followed by the Contractor to meet the Service Level Agreements outlined herein between the Contractor and the County. The Service Level Agreements shall be utilized by the Contractor to report agreed, measurable criteria for Medical, Behavioral, and Healthcare Services that they commit to provide to the County. The Contractor will measure, collect, record and provide its service performance results to the County beginning the effective date of the contract and continuing until such time as modified or cancelled by all parties to the contract. The Contractor understands that the County Service Level Agreement (SLA) requirements may change in the future as the needs of service evolve. County or its agent will evaluate Contractor's performance under the Agreement on not less than an annual basis. Such evaluation will include assessing Contractor's compliance with all Agreement terms and conditions and performance standards. Contractor deficiencies which County determines are severe or continuing and that may place performance of the Agreement in jeopardy if not corrected will be reported to the Board and listed in the appropriate vendor performance database. The report to the Board will include improvement/corrective action measures taken by County and Contractor. If improvement does not occur consistent with the corrective action measures, County may terminate the Agreement or impose other penalties as specified in the Service Level Agreement.

This document is utilized in conjunction with and does not replace the terms and conditions and other requirements of the Medical Services Agreement, Medical Procedures Manual, or the Medical Quality Assurance Reviews.

2.0 SCOPE

The Contractor will perform all Services represented in the Service Level Agreements contained herein at or better than the minimum level of performance set forth and shall make an effort to achieve and maintain the target levels of performance. The Contractor's goal is to provide exceptional service in all areas identified.

3.0 **ROLES & RESPONSIBILITIES**

3.1 **Contractor Roles and Responsibilities**

- 3.1.1 Monitor, measure, and report performance against the Service Level Agreements
- 3.1.2 Measure all delineated Service Levels sufficiently to provide detailed, justified explanations of reported results.
- 3.1.3 Report performance to the County or County-designated Agent on a monthly basis
- 3.1.4 Promptly investigate and remediate indicators found to have Opportunities for Improvement associated with all Service Levels
- 3.1.5 Minimize reoccurrences of all performance-related deficiencies for which it is responsible
- 3.1.6 Report any problems to the County that appear likely to result in a deficiency to meet a Service Level Agreement requirement
- 3.1.7 Establish a Management team/structure, processes, and procedures to ensure effective management of Service Level Agreements and coordinate processes and procedures that impact the County
- 3.1.8 Designate a Manager who has the overall responsibility for delivery of the Services. The designated manager will:
 - 3.1.8.1 Conduct technical and operational escalations
 - 3.1.8.2 Provide management and resolution of identified problems
 - 3.1.8.3 Resolve and addresses operational delivery issues
 - 3.1.8.4 Ensure adherence to performance targets
 - 3.1.8.5 Oversee service quality and incident management program
 - 3.1.8.6 Function as the primary point of contact/interface for SLA performance, management, and problem resolution
 - 3.1.8.7 Collaborate with the County's Governance Team or County Designee to establish, manage, and meet Agreements, requirements, and expectations, and will ensure operational compliance with the SLAs.

3.2 County Roles & Responsibilities

- 3.2.1 Select an independent 3rd Party Contractor to conduct and complete annual Medical Quality Assurance Reviews and Audits
- 3.2.2 Evaluate Contractor-reported performance against the Service Level Agreements
- 3.2.3 Quickly identify and work to resolve issues that would negatively affect Service Level Agreements for required levels of performance
- 3.2.4 Promptly report any problems that appear likely to result in system performance problems that may or may not impact the ability of the Contractor to meet Service Level Agreements
- 3.2.5 Support technical investigations and remediation of failures associated with all Service Levels

4.0 **SERVICE LEVEL AGREEMENT (Table 1 on Following Pages)**

TABLE 1 - SERVICE LEVEL AGREEMENT

#1: Record-Keeping and Reports

| | |
|---|--|
| Service Level Category | Record-Keeping and Reports |
| Service Level Performance Objective | <ul style="list-style-type: none"> To ensure that the records are kept current, are accurate, available, and stored in a secure area and/or medium. There is a system for timely reactivation of “old or previous” records when requested by a treating health professional. To ensure timely receipt of daily, monthly, quarterly, and annual reports as specified in the Contract. |
| Service Level Definition | <ul style="list-style-type: none"> Includes paper records system as well as hybrid systems where medical records might be both paper and EMR. Includes all file, database, web, imaging, application and support documents, SANs, storage devices, backup systems, kiosks and associated peripheral equipment necessary to process, store, and preserve records, electronic data and information. Also includes Procedures Manual, system for timely reactivation of “old or previous” records when requested by a treating health professional Availability means all components of the systems infrastructure are ready for use, accessible by authorized users, and are operational to perform their assigned function. Contractor will ensure qualified staff are available both during normal business hours (08:00 AM – 5:00 PM Pacific Standard Time) and during non-business hours. Contractor staff will work with the County staff to resolve unexpected issues which impede the ability to perform necessary and time-sensitive work. Daily, Monthly, Quarterly, and Annual Reports as specified in the Contract |
| Key Performance Indicators (KPIs) | <ul style="list-style-type: none"> Accuracy and Execution Timeliness of record-keeping (Current/Updated records – includes but not limited to: intake records, log entries, pharmacy inventory tracking Availability (100% available when they meet the requirements of the service level definition during designated required operational hours as determined by the County. The metric used will be from 06:00 AM to 21:00 PM daily, 365 days per year. 100% Availability of access to electronic record systems is 15 hours uptime per day. Records in jails need to be available 24/7 365 days per year.) Timeliness of submission of daily, monthly, quarterly, and annual reports |
| Acceptable Quality Levels (AQLs) | <ul style="list-style-type: none"> Overall Accuracy = 85% Overall Timeliness (Current/Updated) = 85% Overall Availability = 85% (electronic, paper/manual) |
| Error Rates (Audit Tool used by 3rd Party Consultant conducting Medical Quality Assurance Reviews and Audits) | <p>Minor Error Rate: 20%</p> <p>Major Error Rate: 10%</p> |
| Error Rate Metrics Description | <p><u>Minor Errors:</u></p> <ul style="list-style-type: none"> Accuracy and Execution - Include but not limited to: <ul style="list-style-type: none"> Minor misspelled words Typographical errors “File not found” Signature or document misfiled or missing Entry is missing one of the following: date, time, signature and staff credential (RN, MD, etc.) Timeliness (Current/Updated) – Include but not limited to ≤24 Hours non-current records (records not updated or made current- i.e., intake records, updating log entries, pharmacy inventory tracking, etc.) Availability – Include but not limited to: |

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|---|--|
| | <ul style="list-style-type: none"> ○ Unavailability of health record upon inmate admission to facility ○ 85% or 12.75 hours' uptime per day for electronic records; service interruption of Electronic Medical Record ≥ 6 hours (unless pre-planned update of system or client's system failure) ○ 1-3 Hours delay in accessing records (manual and electronic) <p><u>Major Errors include but not limited to:</u></p> <ul style="list-style-type: none"> • Accuracy and Execution - Include but not limited to: <ul style="list-style-type: none"> ○ Files missing that resulted in extensive delays in providing medical services ○ Grossly inaccurate records that caused misdiagnosis or severe injury ○ Failure to abide by judicial orders ○ Entry is missing two or more of the following: date, time, signature and staff credential (RN, MD, etc.) • Timeliness (Current/Updated) – Include but not limited to >24 Hours non-current records (records not updated or made current- i.e., intake records, updating log entries, pharmacy inventory tracking, etc.) • Availability –Include but not limited to: <ul style="list-style-type: none"> ○ 90% or 13.5 hours' uptime per day for electronic records; service interruption of Electronic Medical Record >6 hours (unless pre-planned update of system or client's system failure) ○ >3 Hours delay in accessing records (manual and electronic) |
| Corrective Action | <ul style="list-style-type: none"> • Contractor shall address and correct Minor Errors within 48 hours of discovery or notification of 3rd Party Contractor's review and audit report • Contractor shall address Major Errors within 24-48 hours of discovery or notification of 3rd Party Contractor's review and audit report. A Corrective Action Plan (CAP) with an expeditious and reasonable timeframe to correct the deficiency/ies (implementation timeframe to be agreed to by the County) shall be developed by Contractor in conjunction with the audit report and submitted to the County within 15 days. |
| Reports and Reporting Format/s | <p><u>Preferred Format:</u> PDF. Report format to be mutually agreed to between Contractor and County.</p> <p><u>Report Elements:</u> To be proposed by the Contractor and approved by the County. Information provided shall, at a minimum, include per Facility and overall Accuracy, Timeliness, and Availability for the month. Documents will be marked "Confidential." Adverse Events related to Sentinel Events will be processed through the Contractor's Quality Assurance/Improvement Program.</p> |
| Measurement and Reporting Window | <p>Daily per Facility during County established operational hours (24 Hours or currently 06:00 AM – 21:00 PM daily).</p> <p>Reporting:</p> <ul style="list-style-type: none"> • Aggregate cost reporting, all claims processing and aggregate cost calculations for external providers, hospitalizations, and pharmacy payments must be completed after December 31st for the prior fiscal year which ends on June 30th. • Other Annual Reports due no later than January 15 for previous calendar year • Quarterly Reports due by the 15th of each month following the end of the quarter • Monthly Reports due by the 15th of each month for previous month's data • Daily Reports due by 9:00 am for the previous 24 hours <p>3rd Party Contractor conducting monthly Medical Quality Assurance Reviews and Audits selected by the County will provide the Audit Tool to determine the measurements and findings.</p> |
| Credits & Penalties | <p><u>Minor Errors:</u> If Minor Error is corrected >48 Hours, or Minor Error Rate goal limit is exceeded in any month, the Contractor will be subject to (1) \$500.00 penalty for the first occurrence, and (2) \$750.00 for the second occurrence in a twelve-month period</p> <p><u>Major Errors:</u> If Major Error is corrected >24 hours, or Major Error Rate goal limit is exceeded in any month, the Contractor will be subject to (1) \$750.00 penalty for the first occurrence, and (2) \$1,000.00 for the second occurrence in a twelve-month period</p> <p><u>Quality Assurance Response:</u> Late responses (over 15 days) either in development and submission of a CAP, or responses as to why implementation is not deemed advisable to the</p> |

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| | <p>recommended corrective actions contained in third party audit report, or implementation of agreed-upon CAP timeframe, shall result in a penalty of \$500.00 per day, until resolved to the satisfaction of County. Failure to develop a CAP to resolve the problems, or continued failure to meet minimum service level standards after corrective action plan is implemented will result in the County's exercise of other available options, up to and including additional penalties and possible termination of the contract.</p> <p>If CCSO does not assess a penalty on any occasion(s) it does not waive its right or ability to assess penalties in the future.</p> |
| Chronic Deficiencies | <p>Chronics are deficiencies that occur three times in an 18-month period, or deficiencies that persist in failure to meet minimum standards for three or more consecutive months, the Contractor will be subject to a \$1,000.00 penalty for Minor Errors and \$1,500.00 penalty for Major Errors. Contractor will be required to develop a Corrective Action Plan (CAP) to resolve the problems within an expeditious time frame agreed to by the County. 3rd Party Consultant conducting annual Medical Quality Assurance Reviews and Audits selected by the County will provide the Audit Tool to determine the measurements and findings.</p> |
| | |

#2: Service and Performance Levels

| | |
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| Service Level Category | Service and Performance Levels |
| Service Level Objective | To ensure that the Contractor complies with the terms and conditions of the Contract and meets the standards requirements for NCCHC |
| Service Level Definition | Includes but not limited to: Scope of Services in Medical Services Agreement, timeliness of care, appropriateness of care, level of care given to the patient, and standards requirements for NCCHC |
| Service Measurement Key Performance Indicators (KPIs) | Compliance with Contract and NCCHC standard requirements |
| Acceptable Quality Levels (AQLs) | Overall 85% - 90% Compliance (dependent on importance of standard or requirement) |
| Error Rate Maximum (Audit Tool used by 3rd Party Contractor conducting monthly Medical Quality Assurance Reviews and Audits) | <p>Minor Error Rate: 20%</p> <p>Major Error Rate: 10%</p> |
| Error Rate Metrics Description | <p><u>Minor Errors include but not limited to:</u></p> <ul style="list-style-type: none"> • Medication Errors not resulting in patient harm • Failure to document assessment of inmate, or his health records, upon notification that he/she is being placed in Segregation. • Documentation of all Patient Education provided to Inmate(s) • Isolated incidences of failure to document a single Refusal of Care where re-training would be the appropriate intervention. <p><u>Major Errors may be determined by a peer review panel or the County and Contractor, and shall include but not be limited to:</u></p> <ul style="list-style-type: none"> • Preventable Sentinel Events: (to be determined by the County and Contractor) Defined as any unanticipated event in a healthcare setting resulting in death or serious physical or psychological injury to a patient or patients, not related to the natural course of the patient's illness. <i>Sentinel events specifically include loss of a limb or gross motor function, and any event for which a recurrence would carry a risk of a serious adverse outcome. (Examples: Heart Attack, Status Asthmaticus, Ruptured Appendix)</i> • Preventable Adverse Drug Reactions/Medication Errors resulting in harm to the patient. |

| | |
|--|--|
| | <ul style="list-style-type: none"> • Preventable communicable infection or disease outbreak • Licensed staff acting outside their Scope of Service • Chronic/systemic evidence of lack of implementation of designated Refusal of Care and Informed Consent process • Failure to continue inmates entering facility on verified Critical Medications, as part of intake process, or notify practitioner for treatment plan • An error that caused severe injury or death to a patient |
| Corrective Action | <ul style="list-style-type: none"> • Contractor shall address and correct Minor Errors within 48 hours of discovery or notification of 3rd Party Contractor's review and audit report • Contractor shall address Major Errors within 24-48 hours of discovery or notification of 3rd Party Contractor's review and audit report. A Corrective Action Plan (CAP) with an expeditious and reasonable timeframe to correct the deficiency/ies (implementation timeframe to be agreed to by the County) shall be developed by Contractor in conjunction with the audit report and submitted to the County within 10 business days. |
| Credits & Penalties | <p><u>Minor Errors:</u> If Minor Error is corrected >48 Hours, or Minor Error Rate goal limit is exceeded in any month, the Contractor will be subject to (1) \$1,000.00 penalty for the first occurrence, and (2) \$2,500.00 for the second occurrence in a twelve-month period</p> <p><u>Major Errors:</u> If Major Error is corrected >24 hours, or Major Error Rate goal limit is exceeded in any month, the Contractor will be subject to (1) \$5,000.00 penalty for the first occurrence, and (2) \$7,500.00 for the second occurrence in a twelve-month period</p> <p><u>Quality Assurance Response:</u> Late responses (over 10 business days) either in development and submission of a CAP, or responses as to why implementation is not deemed advisable to the recommended corrective actions contained in third party audit report, or implementation of agreed-upon CAP timeframe, shall result in a penalty of \$500.00 per day, until resolved to the satisfaction of County. Failure to develop a CAP to resolve the problems, or continued failure to meet minimum service level standards after corrective action plan is implemented will result in the County's exercise of other available options, up to and including additional penalties and possible termination of contract.</p> <p>If CCSO does not assess a penalty on any occasion(s) it does not waive its right or ability to assess penalties in the future.</p> |
| Chronic Deficiencies | <p>Chronics are deficiencies that occur three times in an 18-month period, or deficiencies that persist in failure to meet minimum standards for three or more consecutive months, the Contractor will be subject to a \$7,500.00 penalty for Minor Errors and \$10,000.00 penalty for Major Errors. Contractor will be required to develop a Corrective Action Plan (CAP) to resolve the problems within an expeditious time frame agreed to by the County.</p> |
| | |
| | #3: Staffing |
| Service Level Category | Staffing |
| Service Level Performance Objective | To ensure that staffing level requirements for each position/job title are met in compliance with the Contract |
| Service Level Definition | Each facility must be fully staffed with the minimum staffing requirements stipulated in the agreement, and factoring in any special circumstances at any given time such, as high rates of illness. |
| Key Performance Indicators (KPIs) | <ul style="list-style-type: none"> • 100% compliance with staffing requirements stipulated in the agreement • A Work Post is considered staffed when a qualified individual is present at the facility performing all duties of the position |
| Acceptable Quality Levels (AQLs) | <ul style="list-style-type: none"> • Work Post is vacant or not adequately staffed up to two 8-Hour Days |

| | |
|------------------------------------|---|
| Measurement & Reporting | Daily for the Facility. Notification of absence or vacancy will be provided to the CCSO real-time. Documentation includes Work Post reports, Shift Coverage and Daily Attendance Records. |
| Credits & Penalties | In addition to any other relief and or cause action, CCSO shall be entitled to a penalty if there is inadequate staffing for any Work Post(s). Contractor shall pay a penalty for each Work Post that is not adequately staffed. Any time a Work Post is not adequately staffed for more than two 8-Hour Days, CCSO may assess a penalty amount of up to \$500.00 per day per shift position for the inadequately staffed shift position(s). If CCSO does not assess a penalty on any occasion(s) it does not waive its right or ability to assess penalties in the future. |

I. STATEMENT OF WORK

A. PURPOSE AND GOAL

The Clackamas County Sheriff's Office ("CCSO") is issuing this Request for Proposals (RFP) to solicit proposals for an Agreement with an entity or provider who can provide comprehensive Correctional Medical, Dental, Pharmaceutical, and Mental Health Services ("Services"), at the Clackamas County Jail ("Facility").

CCSO currently contracts with Corizon Health, Inc. ("Corizon") to provide the Services to individuals under the physical custody and control of CCSO at the Facility.

The responsibility for provision Health Care Services to inmates commences with the commitment of an inmate to the custody of the jail and ends with the release of the inmate from custody, and includes but not limited to: inmate medical, mental/psychiatric and dental screening and health services, admissions evaluation, triage, sick call, care of medically and mentally fragile inmates, administering and prescribing medicine, pharmacy services, suicide risk assessments, medical clearances for intra and inter-agency transfers, work clearances, and the continuing care of identified medical and mental health problems, emergency services, coordination with health care providers, clinic time, and other services as more specifically identified in this RFP.

The goal of this RFP is to identify and select a vendor that can provide cost-effective, legally defensible, and medically necessary services and maintain a level of quality in accordance and in compliance with current standards established by the National Commission on Correctional Health Care (NCCHC), from qualified vendors for the Services. The health services program must comply with minimum Jail Standards as defined by the Oregon Revised Statutes, including specifically ORS 169.076 (5), including all updates throughout the life of the agreement. The Contractor must comply and provide evidence of its compliance with the Oregon Medical Practice Requirements.

CCSO intends to award a four-and-half year contract to the contractor selected as most qualified in providing Health Care Services that meet the needs of CCSO inmates.

B. BACKGROUND AND CURRENT OPERATIONS

Since the mid-1800s, CCSO has been providing law enforcement, court security services and detention services to the citizens of Clackamas County. Currently, CCSO is comprised of over 650 employees. Servicing a county of over 1,600 square miles and population of over 400,000, CCSO is responsible for primary law enforcement services of the unincorporated area and the cities of Wilsonville and Happy Valley.

The Sheriff's Office is located at 9101 SE Sunnybrook Blvd, Clackamas, OR 97015; and the Clackamas County Jail is located at 2206 Kaen Road, Oregon City, OR 97045. The Facility serves the state's third most-populous county encompassing 1,893 square miles, and employs 127 full and part-time employees. Approximately 16,000 offenders are booked into and processed at the Clackamas County Facility annually. During 2017, there were a total of 15,182 new admissions into the Clackamas County Facility. Of the new admissions, 11,289 were male, and 3,891 were female. The average daily population of the Facility is approximately 484 inmates.

The Facility spends approximately \$21,700 per month for inmate medications. The majority of this cost is for psychotropic medications serving the 18–20% average daily inmate population who suffer from mental-health issues.

Additionally, medical services are provided, including medications which are medically necessary, at our Residential Services Center in Milwaukie, Oregon (9000 SE McBrod Ave, Milwaukie, OR 97222), at the staffing rate of 4.0 hours (with a desire to go to 8.0 hours) for Registered Nurse and 2.0 hours of Nurse Practitioner time per week.

C. CONTRACTOR QUALIFICATIONS

Contractors must be qualified, experienced, and able to safely and securely provide and coordinate the comprehensive Services and associated systems of care to meet the needs of inmates at the CCSO's detention and corrections facilities.

- 1) **Contractor Minimum Qualifications.** Proposals not meeting minimum qualifications will be disqualified. Due to the complex nature and security concerns of correctional facilities, contractor's minimum qualification criteria include, but are not limited to, the following:

a. *Contractor Experience and Accreditation*

- 1) *Experience.* Contractor shall be regularly and continuously engaged in the business of providing comprehensive inmate detention and/or correction medical and mental care services for at least five (5) years. Contractor shall have a minimum two (2) years' experience providing medical and mental care services in a detentions and corrections facility of similar scope and services within the last five years.
- 2) *NCCHC Accreditation.*
 - a) Contractor must have provided services in a facility accredited under National Commission on Correctional Health Care (NCCHC), during the last five years.

- a) Contractor must specify in their proposal whether they have obtained NCCHC accreditation in the past, and the status of each of those accreditations. If any accreditation was not renewed, please explain why.
 - b) Contractor's proposal must include NCCHC accreditation.
 - c) The Contractor must pay for all fees required to maintain this certification. The Contractor must provide all NCCHC Accreditation reports to the County during and after accreditation process.
 - d) Contractor must currently have, or obtain within 180 days of contract start date if awarded the contract, NCCHC accreditation for an Opioid Treatment Program, which is an onsite methadone detoxification program for inmates who were enrolled in a methadone maintenance treatment program in the community prior to incarceration.
- 3) *Substantiation.* The proposal must include the following information:
- a) For each of the above requirements, specify the name(s) and locations of each facility Contractor has provided services.
 - b) Specify date(s) of the Contractor's NCCHC accreditation.
 - c) Include data on the average inmate census, the types of medical, mental, dental, and pharmaceutical services provided, and frequency of the different types of services. Identify the services provided at each of the facility or offsite (if applicable).
 - d) Provide at least three (3) client references that are similar in size and scope of the services, where the Contractor has provided Services as described in this RFP. Reference list shall include agency's name, contact name, contact title, contact telephone number, and contact email address, with a brief description of the Services the Contractor had/has provided. Each reference contacted will be asked the same questions regarding the Contractor's Services, including but not limited to: quality of services, staffing levels, responsiveness to reported problems including billing, how well the Contractor met the

terms of the contract, and whether the reference would choose to use the services of the Contractor again.

- e) Provide at least five (5) of the Contractor's major suppliers who can speak to the financial capability of the Contractor to carry out the requirements of the RFP. Accounting references can include hospitals, pharmacies, laboratories, medical suppliers, or other contractors that the Contractor is currently utilizing.

b. Staff Minimum Qualifications. The medical professionals and individuals providing services through the Contractor, MUST individually meet certain minimum qualifications. The County reserves the right to immediately exclude any medical professionals and individuals providing services through the Contractor from the Jail to preserve institutional safety and security.

- 1) *Supervising Doctors and Nurses.* Each supervising doctor and nurse must have at least three years' experience in medical practice at a correctional facility after obtaining his or her credentials.
- 2) *Health Services Administrator.* The Health Services Administrator must have at least one years' experience providing similar services in a medical facility of comparable size and patient acuity.
- 3) *Other Supervisors.* All other supervisors must have at least one years' experience in the profession they are supervising, providing similar services medical facility of comparable size and patient acuity.
- 4) *All Individuals.* All service providers, employees, and subcontractors working at the jail and correctional facilities must pass and maintain, to the satisfaction of CCSO, a security and background check performed by CCSO. Failure to pass, divulge information, or comply with the background process will prohibit an individual from entry into CCSO facilities. Any security and background checks performed by CCSO shall be in addition to the new hire and routine, background checks, reference checks, and other procedures performed by the Contractor. All staff will have an ongoing duty to report criminal arrests or violations to County.
- 5) *Substantiation.* The proposal must include the following information:

- a) Recommended Staff. Contractor shall provide the resumes of the proposed staff with titles/function, their education, certifications, and licenses (including license numbers), as well as years of experience in title/function and years of experience working in a detention and/or correctional setting. If awarded the contract, such documentation and verification is an ongoing requirement for all replacement staff of the successful Contractor.
- b) Medical/Mental, nursing, clinical, and administrative personnel must be certified and licensed by the appropriate certification and/or licensing board, as required, by the State of Oregon.

- 2) **Demonstration of Contractor Minimum Qualifications.** Contractors must respond to each of the following questions explaining and demonstrating their qualifications. Each response will be evaluated and scored. Supporting documentation must be provided for the response to each question. For each question, required documentation is noted, or examples of supporting documentation have been identified. Contractors may include additional supporting documentation. Please note that all proposals will be public record, and all personally identifiable information must be redacted from documentation. Scoring will be based on the content, depth, detail in the response, and the documentation provided in support of responses. Failure to provide supporting documentation or inadequate document may result in a reduced or failing score.

The staff of the Contractor shall adhere to the same standards in place for county employees with regard to harassment, alcohol and drug free workplace, violence in the workplace, Prison Rape Elimination Act, Electronic Systems and Equipment Use Policy, or any other current or future policy that impacts county employees.

a. Staff Qualifications

- 1) *Licensing and Credentialing.* How will Contractor ensure that existing staff and new hires possess and maintain all permits, licenses, and professional credentials necessary to provide quality comprehensive medical health services as specified under this RFP? What system does the Contractor have in place to monitor credentials and continuing education requirements by the appropriate certification and/or licensing board, as required, by the State of Oregon.
 - a) Examples of documentation are copies of policies and procedures, screen shots of electronic system displaying tracking or copies of physical tracking records.

- b) Personal information on individuals are encouraged to be redacted.

b. Medical and Mental Health Services Records System

- 1) *Description of Medical and Mental Health Records System.* Describe Contractor's medical and mental health records system, including electronic access, protections, input, and maintenance process.
 - a) Documentation may be policies and procedures and screen shots.
 - b) Any patient information shown must be fictitious or redacted.
- 2) *Examples of Medical and Mental Health Records Systems.* Provide examples of medical records systems in place at existing detention and/or correction facilities where Contractor is providing services.
 - a) Documentation must include examples of reports and summary notes.
 - b) Any patient information shown must be fictitious or redacted.

c. Services

- 1) *General Description.* Describe the medical and mental services Contractor has provided in a correctional setting.
 - a) Provide documentation that includes at a minimum and not limited to, descriptions of each of the following:
 - i. 24 hours per day and 7 days per week staff coverage in the jail;
 - ii. Daily sick call;
 - iii. 24 hours emergency / on-call physician and psychiatric consultation;
 - iv. Minimum a two hour window of time to screen every new jail arrival for medical, dental, or mental health problems;
 - v. Full physical for all lodged inmates within 14 days of admission;
 - vi. On-site care, including equipment and access for inmates;
 - vii. On-call services;

- viii. Provision of services pursuant to court orders;
- ix. Coordinating inmate transfers - Documentation demonstrates that Contractor has previously managed contracts with Ambulance Services providers for transfer of inmates, and has a successful track record of contracting and managing such transport services;
- x. Coordinating services with outside health care systems;
- xi. Dental Services;
- xii. Mental Health Services;
- xiii. Provision of Prosthesis/Glasses and other associated durable medical equipment;
- xiv. Detoxification from Drugs and Alcohol;
- xv. AIDS – including testing, education and/or working with community groups);
- xvi. Continuity of care services after release including coordination, if any, with public health agencies and community based organizations;
- xvii. Managing and facilitating follow-up care after an inmate returns from an outside medical appointment or procedure; and
- xviii. Managing and facilitating discharge planning

2) *Infectious Outbreak.* Specify how Contractor has handled a communicable/infectious disease outbreak (for example a chicken pox, lice, or flu outbreak).

3) Include any policies, procedures and/or reports and notifications advising treatment plans.

4) Include a description of employees responsible for managing such an incident, who would be responsible for the reporting of such incidents to public health officials, who would be responsible for recording and charting such incidents, and the education programs that would occur to prevent future occurrences of such incidents.

5) *Medical Health Care Management.* Specify at least two medical and/or mental care management programs Contractor’s organization has implemented which comply with NCCHC and community-based standards of care.

a) Documentation may be copies of program specifics showing policies and procedures for maintaining certification and standards of care.

- 6) *Development and Implementation of Programs.* Specify if Contractor has developed and implemented a successful comprehensive medical and/or mental care program in a correctional facility within the last five years.
 - a) Documentation must include clear goals, objectives, policies, and procedures for goal achievements in the clinical environment.
 - b) Provide copies of materials from the program.
 - c) The response must also detail if goals and objectives were met.

- 7) *Mental Health Care Services.* Describe Contractor's experience, protocols, and organizational staffing plans for mental health services. Advise if Contractor provided the services (1) directly or (2) if it was done in coordination with a prior client agency's jurisdictions or County Mental Health Services department.
 - a) Please provide examples of how Contractor currently or has in the past provided coordination of mental health services in correctional facilities.
 - b) Documentation may be policies, procedures, and/or copies of agreements.

- 8) *Pharmacy Services.* Describe Contractor's experience, protocols, organizational staffing plans, or outsourcing procedures for providing pharmacy services. Describe the number of pharmacists (if applicable), policies, and procedures and the methods Contractor will use for dispensing and administering pharmaceuticals.
 - a) Please provide examples of existing detention and/or correction facilities where pharmacy services are in place.
 - b) Provide descriptive procedures and examples for the control, tracking, and dispensing of pharmaceuticals in a detentions and corrections facility.

- 9) *Health Screening.* Describe how Contractor will provide health screening, including appropriate lab work, for intake, inmate food workers, and other inmate workers as required by statutes, regulations, or CCSO.

- a) Documentation may be current or proposed policies and procedures.

10) *Prenatal, Pregnant, and Postpartum Services.* Specify how Contractor will address the needs of pregnant and postpartum female inmates.

- a) Documentation may be current or proposed policies and procedures.

d. *Coordination of Special and Outside Services*

1) *Consulting Medical Specialties.* Describe how Contractor will make arrangements to provide payments for all consulting medical specialty services and special medical equipment including, but not limited to, wheel chairs, braces, crutches, etc. Note, each piece of equipment to be brought into either detention facility must be cleared by CCSO.

- a) Documentation may include current or proposed policies and procedures.

2) *Experience and Protocols.* Describe Contractor's experience, protocols, and organizational staffing plans for coordinating medical/mental services with hospitals for both in-patient and outpatient treatment. Include descriptions of services provided pursuant to court ordered and routine treatment.

- a) Provide examples of how Contractor is currently or has in the past provided for such services in correctional facilities.
- b) Documentation may be policies, procedures, and/or copies of agreements.

3) *Emergency Services.* Describe Contractor's qualifications and procedures for providing emergency services provided on-site and off-site, including payment for such services. This must include both medical and dental emergencies.

Describe how Contractor has provided medical services when off-site treatment is required or needed. Documentation should include at a minimum the following:

- a) Policies and Procedures
- b) Billing Statements
- c) Summary Notes or Reports

- 4) *Disaster Services.* Describe Contractor's qualifications and procedures for providing comprehensive medical and mental services during a natural disaster.
 - (a) Provide current or proposed contingency plans to provide medical services to inmates following a natural disaster or declared state of emergency.

e. *Quality Assurance / Oversight / Reporting*

- 1) *Protocols and Standards.* Describe Contractor's protocols and standards for medical quality assurance review, Continuous Quality Improvement Program (CQI), and implementation of any identified corrective action.
 - a) Documentation must include sample reports and summaries from past actions.
 - b) Include current or proposed policies and procedures.
- 2) *Coordination and Cooperation.* Describe Contractor's past experience providing reports and coordinating with quality assurance consultants, medical advisory boards, and other advisory organizations. Include a description of how Contractor will work with quality review committees in CCSO to address identified issues and recommendations for change.
 - a) Documentation must include proposed policies and procedures.
 - b) Documentation may include reports, client feedback, or summaries of how Contractor has improved Contractor's services in the past after incidents or recommendation after quality review.
 - c) Documentation may include reports, summaries, and prior meeting agenda.
- 3) *Participation.* Describe how Contractor will work with CCSO, the County, and the community, including assignments for meeting attendance.
 - a) Provide proposed policies and procedures.
 - b) Provide titles and levels of experience for individuals to be assigned as coordinators and liaisons for

County and community meetings and communications.

f. Structure and Litigation

- 1) *Organization.* Describe Contractor organizational structure, administrative policies, procedures, and practices that support cost accountability, provision of quality care, quality assurance, medical audits, oversight, and escalation protocols.
 - a) Documentation may include sample reports, organizational charts, job descriptions, policies, procedures, or memos describing identified issues and resolutions.
- 2) *Penalties and Fines.* Summarize any federal, state, and/or local government investigations conducted in which Contractor was the subject of during the past ten years which resulted in fines, penalties, or loss of accreditation. Provide a narrative describing these investigations, why they were implemented, and the results of such investigations.
 - a) Provide copies of all reports from State or Federal Investigations in the last ten years which resulted in fines, penalties, or loss of accreditation.
- 3) *Terminated Contracts.* Contractor's proposal must disclose any contracts lost, terminated, and/or cancelled over the past ten years, and the reasons why such contracts were lost, terminated, and/or cancelled. List of sites where contracts were lost, terminated, and/or cancelled over the past ten years.
- 4) *Litigation.* Provide a list of all litigation in which Contractor has been named as party in the last ten years with the name of the case, court and current status or disposition of suit. Include any litigation in which a provider was named while providing services through Contractor, even if Contractor's entity was not named.
 - a) For all cases include a narrative describing the case, the current status of the case, and if the case has been settled provide any settlement terms including amounts of settlement, any specific performance requirements and any agreement regarding changed procedures for providing services.

- b) Include details for any consent decrees associated with providing services to inmates within the last ten years. Provide reason, year, and value for each consent decree.
- g. *Protocols.*** Include sample copies of the following plans and protocols and explain how, if at all, they will be revised for services provided to the County.
 - a) Staff Contagious Disease Testing Plan: including testing for other exposures on a case-by-case basis for various contagious diseases.
 - b) Inmate Court Referral Protocols: including procedures and protocols for addressing medical referrals from the courts.
- h. *Transition.*** Include a proposed or sample implementation plan for transition of health care services from existing providers. Describe lessons learned from previous experiences assuming health care services management from existing correctional facility medical services providers.
- i. *ADA Compliance***
 - 1) Contractor shall be ADA-compliant, and shall provide Contractor's ADA Policy related to Medical, Mental, and Dental Health Care Services.
 - 2) Contractor shall identify Contractor's ADA Coordinator who will work with CCSO's Jail ADA Coordinator, as necessary.

D. MINIMUM REQUIREMENTS FOR COMPREHENSIVE HEALTH CARE SERVICES

The CCSO requires a highly qualified vendor to provide comprehensive Services immediately upon the inmate being brought and accepted into CCSO's custody through the intake process, and throughout the term of inmate detention. The selected vendor will be responsible for providing and coordinating all medical, mental, dental, and pharmaceutical services brought to the inmate, and the services provided at medical sites within the facilities arranging and paying for outside services.

Contractor's proposal must demonstrate how it will provide a system of care that meets the unique needs of the CCSO. Contractor, through its system of care, programs, and services must provide, at a minimum, the following services, and structure during the term of the contract. Contractor's proposal must describe

generally how it will provide the requested services, including the specific requirements contained in this section. Contractor may refer back to responses given in the numbered questions under Section C - CONTRACTOR QUALIFICATIONS. Contractor's proposal must address the specific requirements. The successful contractor shall provide the following:

1. **SERVICES:** Contractor shall provide comprehensive health care Services for inmates housed at the CCSO jail, including preventative services. Contractor's services shall include the following minimum levels of service:

- a. **Medical Health Services**

- 1) *Intake Health Screening.* Receiving Screening is performed on all inmates at the intake facility as soon as possible to ensure that emergent and urgent health needs are met. Contractor shall comply with NCCHC compliance indicators for Receiving Screening. Booking takes place intermittently but is heaviest on the A.M. shift. Mandatory tuberculosis testing is started at this point of contact in accordance with State and local statutes and standards.
 - 2) *Initial Health Assessment.* An initial health assessment shall be given to all incoming inmates, which complies with NCCHC compliance indicators (J-E-04), and is fully compliant with County protocols and requirements. There are two options for completing this task:
 - a) *Full population assessment.* The physical exam may be completed by a physician, physician assistant, nurse practitioner, or an RN who has completed the appropriate training. All inmates shall receive an initial health assessment as soon as possible, but no later than fourteen (14) calendar days after admission to the facility.
 - b) *Individual assessment when clinically indicated.* The physical exam shall be performed by a Registered Nurse. Inmates identified with *clinically significant findings* as the result of a comprehensive receiving screening shall receive an initial health assessment as soon as possible, but no later than two (2) working days after admission.

An examination (history and physical) of all inmates coming into custody shall be completed no later than fourteen (14) days after admission to the facility.

- 3) *Medical Healthcare Services.* Contractor shall provide healthcare services to inmates including preventative care, in compliance with NCCHC standards.
- 4) *Sick Call.* Inmates shall have access to essential health care services at all times. At a minimum, a licensed RN and a physician shall be on duty at all times. Contactor shall conduct sick call. Contractor shall conduct sick call Monday through Friday at both. Sick call shall be held in the medical rooms located in the inmate housing areas of the facilities. Additional sick call hours may be added as required.
- 5) *Medical Health Care Plans.* Development and Implementation of Health Care Plans. Inmates being treated at each facility shall have health care plans with clear goals, objectives, policies, and procedures for documenting goal achievements.

b. *Mental Health Services*

- 1) Contractor shall provide comprehensive mental health care services for inmates housed at the CCSO Facility, including preventative services.
- 2) Contractor shall conduct the mental health initial screening at intake for all inmates. Employees responsible for mental health screening are to have specialized training and appropriate educational degrees in this area.
- 3) Contractor shall conform to and utilize the most current and updated American Psychiatric Association's (APA's) classification and diagnostic tool.
- 4) Contractor's Mental Health Services shall include the following minimum levels of service:
 - a) Intake Health Screening - Intake screening shall be performed for all inmates by a qualified mental health professional or mental health staff at the time of booking in compliance with NCCHC compliance indicators within fourteen (14) days after admission, which includes a structured interview. Contractor shall have an intake pre-screening procedure for mental health issues, referrals, and appropriate mental health medication (including prescription, dosage and frequency). Inmates with positive findings shall receive a mental health evaluation.
 - b) After-Hours, On-call Psychiatric Services - These services must be available and provided on-site for

urgent and emergent issues within one (1) hour of notification. Facility administration is not opposed to considering telepsychiatry.

- c) Mental Health Care Plans - Development and Implementation of Mental Health Care Plans. Inmates being treated at each facility shall have mental health care plans with clear goals, objectives, policies, and procedures for documenting goal achievements.
- d) Services Suicide Prevention Program - Coordinate with CCSO in the Suicide Prevention Program. This shall include attending program meetings and working in collaboration to provide pre-screening and crisis intervention. Contractor shall provide a psychiatrist to participate in the program, review issues related to suicide prevention, and address the resolution of problems in accordance with applicable NCCHC standards. Contractor is responsible for the health and well-being of the inmate, including medication, vitals, other medical needs, and confirmation of well-being.

c. Laboratory and Other Testing Services

- 1) The Contractor will provide all laboratory and other testing services with either in-house staff or contracted staff to come into the Jail to complete the testing.
- 2) The Contractor clinician shall review all routine laboratory results within 24-48 hours after receipt of test results to assess the follow-up care indicated and to screen for discrepancies between clinical observations and laboratory results. The clinician on-call will be notified immediately of all STAT reports as well as all critically abnormal results.
- 3) A list of critically abnormal lab values will be available for healthcare staff reference at all times.
- 4) Provide a Clinical Laboratory Improvement Amendments (CLIA) waived on-site lab inside the Jail facility for use by the appropriate HCP staff.
- 5) Provide blood borne pathogen testing when it is determined that County Jail staff or HCP staff have been exposed by an inmate. OAR 333-022-0300 describes the process for requesting that a source person be tested.

- 6) Provide onsite diagnostic testing such as x-rays and ultra sounds.
- 7) All diagnostic testing shall be performed by qualified technicians and read by Board Certified Clinicians.
- 8) Abnormal results shall be called or faxed to the healthcare staff and relayed to the in-house clinician or on call clinician immediately for disposition.
- 9) The Contractor shall ensure that all results are reported to the institution and placed in the medical record within 24 hours.

d. Chronic Care

- 1) The Contractor will provide a chronic disease program to decrease the frequency and severity of symptoms, prevent disease progression and complications and improve function of the affected detainees.
- 2) This program shall entail the development and implementation of individual treatment plan(s) by a qualified medical clinician specifying instructions on: diet, medication, diagnostic testing, and frequency of follow-up medical evaluation. Adjustment of treatment modalities as clinically indicated.
- 3) Medications may not be changed or discontinued without consulting with the current prescribing provider.
- 4) The Contractor will monitor and make recommendations for detainees with regards to therapeutic diets.
- 5) Protein drinks or other nutritional supplements ordered by the Contractor are the fiscal responsibility of the Contractor.
- 6) Chronic care patients shall be provided a review by a qualified medical clinician every three months at a minimum.
- 7) The Contractor shall provide identification, testing, counseling, education, care, treatment and follow-up for HIV/AIDS and AIDS related conditions. This responsibility shall include the provision for payment for all AIDS related medications.
- 8) The Contractor shall provide identification, testing, counseling, education, care, treatment and follow-up of MRSA and related conditions. This responsibility shall include the provision for payment for medical care and pharmaceuticals.

- 9) A roster of chronic care patients shall be maintained and supplied to Clackamas County Jail Liaison on a weekly basis.
- e. Best Practices.** Provide ongoing recommendations to CCSO and assistance with any changes, policy updates, legal updates, or compliance changes in NCCHC Standards for the entire duration of the contract.
- f. Medication Management.** Periodic review of prescribing policy and practices to comply with minimum standards and best practices, along with a review of the formulary for identification of possible improvements to offset medication costs. This also includes periodic reviews of non-formulary process and costs, and a monthly review of the dispensing logs.
- g. Sick Call.** Inmates shall have access to essential health care services at all times. At a minimum, a licensed Physician, RN, or non-Physician Practitioner shall be on duty at all times. Contactor shall conduct sick calls Monday through Friday. Sick calls shall be held in the medical rooms located in the inmate housing areas of the facility. Additional sick call hours may be added as required.
- h. Continuous Quality Improvement Program and Best Practices.** Continuous Quality Improvement (CQI) Program shall comply with NCCHC standards to monitor and improve health care delivered in the facility, and shall include a Sentinel Event Review Process. Contactor shall collaborate with CCSO-designated Health Services Quality Assurance Coordinator on recommendations and assistance with any changes, policy updates, legal updates, best practices, or compliance changes in NCCHC Standards for the entire duration of any contract.
- i. Medical / Special Diets.** Provide recommendations for all medical and special-needs diets. Contactor shall adhere to the State medical dietary standards.
- j. Hospital Care.** Contactor shall make arrangements to provide payments for all in-patient and out-patient treatment following booking. For the following services, Contactor shall enter into agreements with and use the providers agreed to by CCSO.
- k. Acute Care Needs.** Emergencies that require care outside of the facility, including Emergency Room care.
- l. Dental Services.** Dental Services shall comply with NCCHC Standards for Oral Care, providing for emergency, medically necessary, and non-emergency dental services, including but not limited to extractions and hygienic cleanings.

- 1) Screening, Examination, and Delivery of Care
 - a) Intake Screening. Intake oral screening shall be performed within fourteen (14) days of admission. If possible, a licensed dentist should conduct the intake oral screening as the first measure in determining the extent of periodontal disease in inmates. However, in many settings this is not practical and in that case a qualified health care professional who is trained by a licensed dentist shall perform the intake oral screening. Intake oral screening results shall be documented on a form developed for this purpose. The screener also should provide instructions in oral hygiene and preventive oral education.
 - b) Oral Examination. A comprehensive oral examination shall be performed by a licensed dentist. National Commission on Correctional Health Care (NCCHC) standards require that only a dentist licensed in the state may perform this examination (J-E-06 Oral Care), within 12 months of admission.
- m. **Continuity of Operations Plan.** The Contractor shall include a Contingency Plan to provide for services in the event of unexpected interruptions of the normal working conditions to include but not be limited to: computer outage, power failure, fire, inclement weather, riot, lock-down, labor strikes, declared state of emergency, or acts of God that would preclude normal expectations.
- n. **Detoxification from Drug and Alcohol Program.** Provision of detoxification services in accordance with the NCCHC standards. Provide a methadone maintenance/detoxification program and for obtaining all licenses necessary to operate the program. Contractor shall coordinate and pay enrollment and assessment services of opiate-addicted inmates for methadone maintenance programs. Contractor shall assure that pregnant women with histories of drug dependency are evaluated on-site by registered nurses immediately and referred within four hours for high risk obstetrical evaluation. Contractor shall coordinate and pay enrollment and assessment services of pregnant opiate addicted women for methadone maintenance programs.
- o. **Crisis Intervention.** Non-physician practitioners or mental health clinicians must be available to provide on-site mental health assessments within one (1) hour of an adverse event, such as a suicide threat or attempt, self-injurious behavior or any clear decompensation of mental health status, and the psychiatrist must

be available to provide emergency verbal orders for medication and consultation in patient management decisions.

p. *Aftercare/Release Planning/Program.* Contractor must evaluate the patient's aftercare needs for current, short-term and post-discharge/long-term care and attempt to engage the patient and persons in the patient's significant social network for assistance with the goal of successful transition to outpatient care upon release from jail. For patients with continued incarceration at lower levels of care, State prison, or State mental hospital care, the focus must be to assist the patient with more immediate treatment compliance and successful transition to the identified location. Contractor must coordinate services with Facility staff in order to evaluate eligibility for and access to programs and resources under the direction of CCSO.

- 1) Medication for those inmates released will be provided based on the individual need and coordinated with the community provider for a minimum of 7 day supply (but no more than a 30 day supply upon request of the jail administration for those individuals going to treatment) of medication will be provided.
- 2) For inmates who have a need to continue medications after release, the Contractor shall supply a written prescription for those medications (by either giving to the inmate directly or faxing to a local pharmacy) so that the inmate may obtain needed medication in a timely manner.

q. *Special Needs of Pregnant and Postpartum Women.* Care for the special needs of pregnant and postpartum women, including, but not be limited to:

- 1) Optional Screening and testing for pregnancy at the time of booking the inmate into the facility;
- 2) Following Pregnant Female Protocols established by statute of regulation and CCSO Policies and Procedures. Any new protocols must be approved in writing by CCSO;
- 3) Counseling and care of the pregnant inmate according to NCCHC standard (J-G-09).
- 4) Referrals and coordination with community-based methadone treatment program experienced in the special needs of pregnant/postpartum clients;
- 5) Prenatal education and counseling; and,

- 6) Coordination of special medical services, if requested by CCSO, Contractor shall provide verification by supplying copies of written agreements with service providers to assure the continuous availability of the full range of routine and emergency obstetrical services including management of high risk conditions.
- r. **Prosthesis/Glasses.** Provide and make payment for medically required medical and dental prosthesis and eye glasses. This includes other durable medical equipment associated with prosthesis /glasses.
 - s. **Consulting Services and Medical Equipment.** Making arrangements and payments for all consulting medical specialty services and special medical equipment (i.e. braces, crutches, etc.). Special medical equipment shall be defined as durable medical equipment (DME) as set forth under Medicare Part B plans and includes, but is not limited to diabetic supplies, canes, crutches, walkers, commode chairs, home type oxygen equipment, traction equipment, etc., excluding wheelchairs. As further defined, DME is equipment which 1) can withstand repeated use, 2) is primarily and customarily used to serve a medical purpose, 3) is generally not useful to a person in the absence of illness or injury, and 4) is appropriate for use in the inmates housing area. The use of any DME within the Facilities will be with the approval of the CCSO. For any major equipment, including beds and seat lift mechanisms, Contractor shall meet with CCSO to discuss the need and if CCSO will be purchasing and retaining ownership of the equipment.
 - t. **Hospital Care.** Making arrangements to provide payments for all in-patient and out-patient treatment following booking. For the following services, Contractor shall enter into agreements with and use the providers agreed to by the CCSO:
 - 1) *Acute Care Needs.* Emergencies that require care outside of the facility, for which there is unavailability of specific services.
 - 2) *Emergency Room.* Emergency room care for inmates.
 - u. **AIDS.** Contractor shall cooperate with CCSO in continuing with AIDS education. AIDS/HIV testing shall be provided as clinically indicated within current community standards or upon inmate or Sheriff's Office staff request, pursuant to Labor and Health and Safety Codes. All testing shall be done in accordance with State law.
 - v. **Onsite Dialysis Services.** Onsite dialysis services shall be provided by Contractor, as needed or required by CCSO.

2. **CLINIC/OFFICE SPACE, FURNITURE & EQUIPMENT.** CCSO shall provide the space, limited furniture, fixtures, utilities, telephone (excluding long distance and toll calls), and security necessary for efficient operation of the Health Care System. Contractor shall be responsible for the purchase of all equipment, including replacement equipment as needed, and shall retain ownership of the equipment that it purchases. All health-care related laundry services at the facilities, including contaminated linens, shall be the financial responsibility of Contractor. Contractor shall be responsible for providing its own computers, servers, software, office chairs, ergonomic-related equipment for office and computer work stations and internet/data connection services. CCSO reserves the right to refuse to allow any item into the Facility if they determine it poses a security risk. CCSO may require approval of the vendor and method of internet/data connection services.

3. **COUNTY SHERIFF’S OFFICE STAFF SERVICES.** The Contractor will provide the following services for Sheriff’s Office staff:
 - a. Annual tuberculin skin testing and referrals as necessary
 - b. Hepatitis vaccinations
 - c. Emergency intervention for onsite injuries to employees or visitors
 - d. Flu vaccinations for Jail staff

4. **STAFFING.** Current staffing is shown in Exhibit A. Contractor shall provide medical, mental, dental, technical, and support personnel for rendering the comprehensive Services to inmates at the Facility. The staffing pattern shall be based on the assumption that there will be an average daily population (ADP) of 500 inmates on a monthly basis. If the inmate population increases to a level greater than a 500-ADP on a monthly basis, the Contractor shall charge a variable cost per diem to cover the incremental variable costs of providing services to an additional population. Contractor shall provide in the RFP response, the following:
 - a. ***Recommended staffing, and the Contractor’s rationale for the recommendations.*** The Contractor shall include a recommended Staffing Table with the following column headings for the recommended staffing for the Day, Evening and Night shifts:

| POSITION / TITLE | RECOMMENDED SCHEDULED HOURS | | | | | | | ONSITE / OFFSITE | Full-Time Equivalent (FTE) |
|------------------|-----------------------------|-------|------|--------|------|------|------|------------------|----------------------------|
| | Mon. | Tues. | Wed. | Thurs. | Fri. | Sat. | Sun. | | |

A brief verbiage on the Contractor’s rationale for recommending each position/title, the number of each position/title, the scheduled

hours, onsite or offsite for each staff, and the corresponding FTEs, and how the recommendation can best meets CCSO's needs and requirements, shall follow the Staffing Table.

- b. Variable Cost per Diem.** The variable cost per diem that the Contractor will charge to cover the incremental variable costs of providing services in excess of 500 ADP on a monthly basis.
- c. Option.** Contractor has the option to provide a Doctor of Nursing Practice to function as "Site Director," in lieu of a Doctor of Medicine ("Medical Director"). The Nurse Practitioner (NP) in Oregon is a licensed, independent practitioner able to make differential diagnoses, develop a treatment plan, prescribe medications, etc. There is no need for the NP to have a physician who supervises nor does the NP need to work under a collaborative agreement/supervision with a physician.
- d. Resumes.** Contractor shall include the resume of qualifications for each of the individuals filling the recommended staffing positions. Resume of qualifications shall include:

 - 1) Degrees and formal training completed
 - 2) Current and up-to-date Licenses, Certifications, Applicable Credits
 - 3) Years of Experience (minimum of five years' experience in position, and at least two (2) years of experience in a correctional facility healthcare services setting.
- e. Adequate Staffing.** Contractor must maintain adequate staffing based on Average Daily Population (ADP) levels and the contract. Pricing in proposals must address each position, and at all times Contractor shall:

 - 1) Provide adequate staffing, including physician and licensed RNs at all times.
 - 2) React and promptly accommodate the consistently changing population in the jails.
 - 3) Provide CCSO specific details throughout the term of contract on staff coverage to ensure continued 24-hour coverage.
 - 4) Maintain designated full-time equivalents (FTEs) at all times (i.e. should a person go on vacation they must be replaced). Staffing plan shall include consideration for a relief factor for practitioners.

- 5) The staff positions, including the Medical Director or Site Director, must provide written notification to the Command Staff prior to any scheduled time away from the Facilities including vacations and any unscheduled time, such as for illness. The notice will include the name of the alternate staff to act on behalf of the staff during his/her absence(s) from the Facilities.
- f. Credit for Inadequate Coverage.** Any Work Post left vacant in whole or in part of any shift will result in a credit to the County equal to the Contractor's cost of that position, had the Work Post been staffed (salary plus benefits of the individual assigned to that Work Post for the hours the post is vacant). In addition, Contractor shall be liable for penalties pursuant to the terms of the contract.
- g. Penalty for Inadequate Staffing.** Each facility must be fully staffed for the number of inmates in custody in accordance with the agreement and factoring in any special circumstances at any given time such, as high rates of illness. In addition to any other relief and or cause action, the County shall be entitled to a penalty if there is inadequate staffing for any Work Post(s). A Work Post is considered staffed when a qualified individual is present at the facility performing all duties of the position. In the case of the "on call" physician the position is adequately staffed when a qualified physician is immediately reachable by phone and available to come to the facility if needed. Contractor shall pay a penalty for each Work Post that is not adequately staffed. Any time a Work Post is not adequately staffed for more than two 8-hour days, CCSO may assess a penalty amount per day per shift position for the inadequately staffed shift position(s). If the County does not assess a penalty on any occasion(s) it does not waive its right or ability to assess penalties in the future. Refer to Exhibit 1 – Service Level Agreement.

5. STAFFING DOCUMENTATION. Contactor shall provide the following:

- a. Work Post.** Work Post descriptions (defining the duties, responsibilities, job descriptions, shift and location) for all assignments is to be clearly posted at each facility in an area that is open to all Contractor staff, but not to inmates. Contractor shall review and update the Work Post every six months. Reviewed and approved copies of each Work Post, with the date, must be provided to Operations Lieutenant on February 1st and July 1st of each year.
- b. Shift Coverage and Daily Attendance Record.** Copies of staffing schedules, which include all health care staff, are to be posted in designated areas and submitted to the Operations Lieutenant on a daily basis.

c. Credit for Inadequate Coverage Report. Report of any Work Post left vacant in whole or in part of any shift that resulted or will result in a credit to the County equal to the Contractor's cost of that position, had the Work Post been staffed (salary plus benefits of the individual assigned to that Work Post for the hours the post is vacant).

6. COUNTY JAIL STAFF TRAINING. Contractor shall provide on-going staff training programs consistent with legal and accreditation standards, including but not limited to:

a. The Contractor shall be able to provide training of comprehensive health issues in Jails for Sheriff's Office staff as well as continuing training updates on current and pertinent Jail health issues. Training must comply with the NCCHC standard number J-C-04 Health Training for Correctional Officers.

b. Development and implementation of training program for review of medical and mental protocol and issues.

c. Development and maintenance of a reliable structured program of continuing education that meet or exceed accreditation standards for health care staff annually, including employees, agents, subcontractors, and service providers.

d. Contractor shall provide the County with a copy of its training program if requested; and, shall provide the training and accreditation certification for all of its staff, agents, and/or personnel who work in County detention and correction facilities if requested.

e. All staff shall be trained in their assigned tasks and in the safe handling of equipment.

7. PHARMACEUTICALS

a. Contractor shall provide pharmacy services, directly or through an approved subcontractor.

b. Contractor shall establish a qualified pharmaceutical committee to review inventory and controls management for all drugs. A qualified pharmacist, licensed by the State of Oregon with correctional facility experience, shall be a member of this committee. Contractor shall provide reports from the committee at meetings with County.

c. Pharmaceuticals shall be dispensed using pill cups that are paper, wax-coated paper, or certified compostable meeting American Society for Testing and Materials Standards (ASTM); ASTM-D6400 and/or ASTM-D6868. Contractor may utilize a system whereby pill cups are reused resulting in a reduction in solid waste generation.

- d.** Contractor shall dispense medications to inmates using a system that includes tracking, accountability, and ease of transporting and providing the medications. Contractor shall also have available and ready to implement an alternative system and upon the request of the CCSO, Contractor shall promptly transition to the secondary

8. TRANSPORTATION

- a.** Contractor shall contract with a licensed ambulance entity and pay for necessary ambulance transportation for non-emergency related transports. If requested, Contractor shall provide a copy of the contract to County. Policies and procedures for appropriate modes of transportation shall be jointly developed by CCSO and Contractor.
- b.** Contractor shall pay for the costs of transportation and any other extraneous expenses related to the transfer to or housing of inmates in outside medical facilities.

9. MAINTENANCE OF ACCREDITATIONS. During the term of the contract, Contractor must provide and maintain the following:

- a.** NCCHC accreditation as well as NCCHC accreditation on the Opioid Treatment Program.
- b.** Contractor shall provide copies of any accreditation or other documentation related to qualifications, continuing education, and training upon request of the CCSO.
- c.** Compliance with NCCHC accreditation is mandatory. Contractor shall help to supply documentation for the accreditation process. Formal audits are required every three years and Contractor shall cooperate with CCSO who may informally perform maintenance audits periodically throughout the year.

10. COMPLIANCE WITH LEGAL REQUIREMENTS. Contractor shall comply with all relevant legal requirements including but not limited to the following:

- a. *Inmates with Disabilities, Mental Health Issues, and Gender Matters.*** Contractor shall comply with and abide by the federal and state laws as they relate to inmates, including but not limited to the Americans with Disabilities Act (ADA), inmates determined to have a mental issue, and matters involving transgender inmates.
- b. *Prison Rape Elimination.*** Contractor shall adopt and comply with the Prison Rape Elimination Act (“PREA”) standards, and make information available to CCSO, to demonstrate its PREA compliance. Contractor is required to engage in and receive a PREA audit at least once during a three-year audit cycle.

Contractor will make available to CCSO's Contract Monitor, the auditor's last report after completion of an audit. Until the first audit report becomes available, Contractor shall demonstrate PREA compliance to CCSO by furnishing a copy of its PREA policy to CCSO's Contract Monitor Contractor. If no PREA audit has been conducted by the time the contract begins, plans to conduct a PREA audit must be demonstrated to CCSO within the statutorily set time frame.

10. QUALITY ASSURANCE / OVERSIGHT / REPORTING:

- a. CCSO may, at its own expense, contract with a neutral third party experienced in medical quality assurance reviews ("Quality Assurance Consultant"). The services of this third-party consultant may include items such as conducting monthly audits of inmate medical records for treatment of medical conditions in order to evaluate the timeliness of care, appropriateness of assessment, treatment, and type of provider and level of care. Contractor shall cooperate fully with CCSO's Quality Assurance Consultant including providing full and immediate access to records, including inmate medical records.
- b. Contractor shall participate, as requested, on County committees related to inmate medical care, including providing service information and statistics.
- c. Contractor shall assign a qualified professional to attend and participate in all meetings.
- d. Contractor will work with County, quality assurance consultant and committees to assist County in refining goals for minor and major error rates, based on a monthly assessment. Error rates shall be set for a variety of categories including but not limited to services levels and record keeping.
- e. Results of the medical quality assurance reviews, as well as recommendations for corrective action, will be provided to Contractor. Contractor will take recommended corrective action, or will advise CCSO in writing why such corrective action should not be taken. Contractor will cooperate with procedures to resolve any impasse in recommendations to take corrective actions.
 - 1) Contractor shall provide written responses to County regarding all issues identified in the medical quality assurance reviews within 30 days of receiving them unless an extension is granted in writing by CCSO.
 - 2) Contractor shall provide timely written responses, in no event later than 30 days, from receipt regarding findings in any cases with which Contractor disagree.

- 3) Quality assurance response. Late responses shall result in penalties imposed until resolved to the satisfaction of the CCSO. Refer to Exhibit 1 - Service Level Agreement.
- f. Contractor shall provide quality services with a low error rate. If Contractor's error rate exceeds the goal limits set for either minor errors or major errors, they will be subject to penalties, in addition to any other remedies and actions the County may have. Refer to Exhibit 1 – Service Level Agreement. Failure to maintain a low error rate may also result in termination of the contract for failure to provide adequate services.
11. **HAZARDOUS WASTE MANAGEMENT.** Contractor shall be responsible for the removal and disposal of hazardous medical waste materials. Removal and disposal will be in accordance with applicable local, state, and federal rules, regulations, and codes.
 12. **GRIEVANCE PROCEDURE.** Contractor will follow the current grievance policy and procedure with the CCSO for the communication and resolution of inmate and staff complaints or other items regarding any aspect of health care delivery. Contractor shall identify an individual to respond to and act as the primary contact with CCSO in reviewing and responding to complaints. Contractor shall promptly respond and provide information to CCSO and adhere to all timelines for responses. When the assigned individual is on vacation or otherwise unavailable, coverage must be provided, and a responsible individual identified to the CCSO.
 13. **ACCESS.** Security staff shall accompany health care staff in providing health care services in secure areas in accordance with written policies or procedures. Contractor, their employees, agents, and contractors shall follow CCSO policies and procedures at all times.
 14. **CLAIMS AND LEGAL ACTIONS.** Contractor shall actively and fully cooperate with County Legal Counsel and Risk Management staff in the investigation, defense or and other work related to any claim or legal action against or on behalf of the County, including any of its departments, employees, volunteers or agents. Said assistance shall include, but is not limited to:
 - a. Timely provision of data;
 - b. Medical records;
 - c. Investigation of claims;
 - d. Preparation of declarations or affidavits;

- e. Other information as counsel deems necessary to prepare the defense or prosecution including the participation at any trial or hearing; and
- f. Contractor must comply with all past, current, future settlements, and litigation concerning the delivery of inmate health care services.

15. TRANSFERS, RELEASES AND CONTINUITY OF CARE

- a. **Public Health Notification.** Contractor is responsible for notifying the appropriate public health agencies of reportable illnesses and communicable diseases, and will make such reports prior to inmate release where possible.
- b. **Transfer of Health Records.** Health records of an inmate who is being transferred, whether for medical or other reasons, shall be evaluated by medical staff and a transfer summary completed.
- c. **Tuberculosis.** Procedures for transfer of inmates with suspected or known active tuberculosis shall be established by Contractor in compliance with statutory and regulatory requirements.

16. CONTRACT ADMINISTRATOR

- a. Contractor shall provide a dedicated and competent Contract Administrator who shall be responsible for this contract.
- b. Contractor shall work with the CCSO Operations Lieutenant who is the Contract Compliance Officer whose responsibilities include, but are not be limited to:
 - 1) Contract compliance
 - 2) Fiscal Considerations
 - 3) Liaison with provider and respective County agencies, and
 - 4) Protocol development assistance

17. MEDICAL RECORDS

- a. **Maintenance.** Individual inmate health records shall be fully and properly maintained, including but not limited to:
 - 1) Pre-screen history
 - 2) Medical evaluation report
 - 3) Complaints of injury or illness and action taken

- 4) Physician orders
- 5) Progress notes
- 6) Names of all personnel treating, prescribing, and/or issuing education
- 7) Medications administered
- 8) All laboratory, x-ray, and other documentation of treatment provided
- 9) Documentation of all off-site services

b. Confidentiality. Contractor shall maintain confidentiality of the health care records as is required by law. All medical records shall be and remain the property of the County. In the event of a contract termination, Contractor shall confirm County has received and has access to the full updated and accurate records, in part to assure compliance with medical records retention practices.

c. Audit. Contractor shall cooperate with the County and third parties authorized by County for medical records review.

d. Specific Performance Requirements and Penalties. Contractor shall be subject to penalties for error in record keeping. Penalties shall be based on type and frequency of errors and be assessed in increasing increments. A minor error might include, but is not limited to, "file not found," "signature" or "documentation missing." A major error might include but is not limited to, an error that caused severe injury, extensive delay in providing medical services, or failure to abide by judicial orders. These penalties are in addition to any other remedies and cause of action. Refer to Exhibit 1 – Service Level Agreement.

18. REPORTING. The Contractor will have reporting processes. Cost and quality assurance reporting must be submitted to the County monthly, in addition to the Staffing Documentation listed in Section D.5 of this RFP. Minimum reporting would consist of the following:

a. Aggregate Cost Reporting. Aggregate cost reporting, all claims processing and aggregate cost calculations for external providers, hospitalizations, and pharmacy payments must be completed after December 31st for the prior fiscal year which ends on June 30th. Claims for prior fiscal year costs reported after December 31st will not be paid by the County, and will be the responsibility of the Contractor. The reports shall include:

- 1) Status of aggregate cost monthly

- 2) Early notification to County for anticipated amounts over the estimated aggregate cost due to unusual or extraordinary procedures encountered during the fiscal year
- 3) Quality assurance reports
- 4) Monthly actual staff reports with hourly billing rates submitted within 15 days after the end of the month for review at the Monthly Audit Committee meeting (MAC)
- 5) Monthly statistical reporting for review at the MAC
- 6) Monthly utilization statistics and savings realized from Affordable Care Act
- 7) Monthly and annual prescription utilization and annual formulary
- 8) A roster of chronic care patients shall be maintained and supplied to Clackamas County Jail Liaison on a weekly basis

b. Other Annual Reporting

- 1) *Credentials Report.* Contractor shall submit an annual Compliance Report by calendar year, due each year no later than January 15, to CCSO on all applicable certifications, accreditations, and licenses during the life of this contract.
- 2) *Health Appraisal Status Report.* Contractor shall prepare an annual report by calendar year, due each year no later than January 15 to CCSO on compliance with federal laws and Oregon laws, regulations, and codes, including, but not limited to compliance with PREA and the Americans with Disabilities Act. Report shall include but not be limited to:
 - a) Inmate requests for various services
 - b) Inmates seen at sick call
 - c) Inmates seen by physician
 - d) Inmates seen by dentist
 - e) Inmates seen by psychiatrist
 - f) Inmates seen by psychologist
 - g) Inmates seen by OB/GYN

- h) Inmates seen by case manager
- i) Out Patient Housing Unit admission, patient days, average length of stay
- j) Mental Health referrals
- k) Off-site hospital admissions
- l) Medical specialty consultation referrals
- m) Intake medical screening
- n) History and physical assessments
- o) Psychiatric evaluations
- p) Specialty clinics attendance and screenings in house
- q) Diagnostic studies
- r) Report of third party reimbursement, pursuit of recovery
- s) Percentage of inmate population dispensed medication
- t) Inmates testing positive for venereal disease
- u) Inmates testing positive for AIDS or AIDS antibodies
- v) Inmates testing positive for TB
- w) Inmate mortality
- x) Number of hours worked by entire medical staff, specifying each post or shift
- y) Other data deemed appropriate by the Commander of Detentions and Corrections Division or the CCSO Contract Administrator

c. Quarterly Reporting

- 1) Quarterly reporting of inmates with mental health conditions to be provided to the jail due to CCSO by the 15th of each

month following the end of the quarter. Reports shall include:

- a) Number of inmates with mental health conditions to be provided to the jail. Report shall include:
 - i. Number of inmates with “Mental Illness” defined as individuals with mental health conditions
 - ii. Number of inmates with “severe and persistent mental illness” which is defined as psychotic disorders and major affective disorders including severe recurrent depression and bipolar disorders
 - iii. Number of inmates placed on suicide watch
 - iv. Number of inmate suicides
 - v. Number of times that the HCP recommended use of forced medications and how many times forced medications actually occurred.

- 2) *Quarterly Summaries.* Describes progress toward agreed-upon objectives for the services and the status of special projects or reports requested. This report shall contain data reflecting the previous quarter’s workload, without identifying the inmates’ personal information. The report is due to CCSO by the 15th of each month following the end of the quarter.

- 3) *Quarterly Health Services Utilization Report.* Contains statistical reports on health services utilization, with the data set and report formats approved by CCSO. A quarterly synopsis of this data shall also be prepared and provided to CCSO by 15th of the month following the end of each quarter.

d. Monthly Reporting

- 1) *Statistical Information.* Contractor shall maintain general statistics and record keeping about the services provided. Contractor shall make available to the County accrued data regarding services provided. Data shall be compiled in appropriate reports as defined by CCSO and be provided in a monthly report due by the 15th of each month for the previous month’s data. Such reports shall be in a format that does not contain any personally identifiable information about inmates.

- 2) *Work Post Expense Report.* Contractor shall provide monthly payroll expense reports which include the cost of staffing each position, including salary and employer paid benefits, per Work Post position. The information must be in such a format and usable to calculate any credits for inadequate Work Post coverage/staffing, and due to CCSO by the 15th of each month for the previous month's data.
- 3) *Offsite Activity/Cost Report.* Contractor shall provide an off-site activity/cost report by the 15th of each month for the previous month's data. The report shall contain any and all off-site costs, reports outlining off-site outpatient, in-patient, emergency room visits, and clinical services visits.

j. *Daily Reporting* Contractor shall submit a daily report for the previous 24 hours prior by 9:00 am which includes the following:

- 1) Transfers to off-site hospital emergency departments
- 2) Communicable disease reporting
- 3) Suicide data (i.e., attempts and precautions taken)
- 4) Report of status of inmates in local hospitals and infirmaries
- 5) Staffing rosters
- 6) Submit completed medical incident report copies
- 7) Submit completed medical grievance report copies
- 8) A list of lost medical files
- 9) Intake screenings performed

k. *Summary of Schedules.* Reporting and Scheduled Reviews shall adhere to the following:

- 1) All reports should be provided to CCSO Jail Operations Lieutenant, with copies to other individual as identified by CCSO.
- 2) Daily reports shall be submitted daily by 0900 hours for the previous 24 hours.
- 3) Monthly reports shall be submitted by the 15th calendar day of each month for the previous month's data.

- 4) Quarterly reports shall be submitted by the 15th calendar day of each month following the end of the quarter.
- 5) All other annual reports other than Aggregate Cost Reports shall be submitted by January 15th for the previous year's data.

I. Procedures Manual. Contractor shall maintain an updated on-site procedures manual that meets the requirements of applicable standards as outlined by the NCCHC, as well as any requirements of the CCSO. A separate communicable disease manual shall also be maintained onsite.

19. INMATE CO-PAYMENT AND OTHER PROCEDURES

- a.** Contractor will participate and track the inmate co-pay program. The inmate fees collected will be for the use of the jail and not the Contractor. The Contractor will not collect or handle any inmate funds.
- b.** Contractor shall be responsible for enrolling inmates in the Affordable Care Act and processing necessary paperwork, as applicable.
- c.** In the event that healthcare services provided to inmates of the Facilities are covered by third party payments, e.g., Workers Compensation, health insurance through the Affordable Care Act, fault insurance, private health insurance, etc., Contractor shall bill the third-party payor for the provision of such covered services in the same manner as if the healthcare services were provided by a private physician or health service. For each year of the Agreement Contractor shall, as an offset to its costs, retain 60% of all payments it receives from third party payers. The remaining 40% received by Contractor shall be credited to the County in the next invoice following their receipt. Contractor shall not be entitled to claim reimbursement from County programs including Medically Indigent Adult Program, County Workers' Compensation, and County employee health insurance.
- d.** Contractor shall perform utilization/case management services to monitor the necessity and appropriateness of inpatient hospital care and other outside medical services and will p

20. PRICING. Pricing shall be submitted in a separate sealed envelope. Contractor shall indicate how Contractor will provide innovative and cost-effective pricing, while providing opportunities to share in cost savings with CCSO.

- a.** Pricing is for comprehensive Services without limitations, including on-site inmate health care, furnishing of all professional services,

labor, supplies, insurances, licenses, outside health services and pharmaceutical expenses, and any applicable taxes necessary or proper for completion of the scope of work.

- b.** Contractor shall be responsible for enrolling inmates in the Affordable Care Act and processing necessary paperwork, as applicable.
- c.** Pricing is for comprehensive Services without limitations, including on-site inmate health care, furnishing of all professional services, labor, supplies, insurances, licenses, outside health services and pharmaceutical expenses, and any applicable taxes necessary or proper for completion of the scope of work.
- d.** The cost of outside medical services includes inpatient hospitalization costs, emergency room visits, ambulance transportation expenses, outpatient surgeries, outpatient physician consultations, outside specialist fees, off-site diagnostic procedures, all dialysis treatments, both onsite and offsite, and managed care network fees.
- e.** Components covered under pharmaceutical costs include: Over the counter (O.T.C.) medications, formulary and non-formulary medications, back-up pharmacy expenses, injections, vaccines (including Hepatitis B, flu and rabies), courier service and dispensing fees.
- f.** CCSO payments to Contractor shall be less any monthly telephone charges for toll and long-distance telephone calls made from Facilities' provided telephones, upon receipt of invoice from the County.

21. TRANSITION

- a. *Transition Team.*** For transition to and from providing services, Contractor and CCSO shall establish a transition team composed of appropriate medical and correctional staff, including medical records and clinical representatives, and any CCSO-identified consultants. Contractor shall follow the transition plan approved by CCSO. Contractor shall cooperate fully with, as applicable, the prior or subsequent vendor in effecting a smooth transition.
- b. *Transition to Providing Services.*** If the current contractor is not the successful contractor, the successful contractor shall work cooperatively to transition into providing services. Contractor shall be responsible for, but not limited, to the following:
 - 1) Preparing proposed transition plan.
 - 2) Preparing a strategic/operational plan.

- 3) Conducting in-service training to Contractor staff and appropriate County staff:
 1. Contractor's New Hires will be trained and certified in Basic Life Support-Cardiopulmonary Resuscitation (BLS-CPR) with re-certification provided as required by the regulatory body.
 2. Contractor shall provide Contractor's New Hires will be provided with an Orientation addressing the policies, procedures, and practices of the onsite health care program. Orientation regarding other facility operations will be the responsibility of the Facility.
- 4) Supervision and development of a disease/injury oriented medical record system.
- 5) Developing drug utilization data and evaluating existing inventories.
- 6) Establishing professional contracts with referral facilities.
- 7) Personnel recruitment and hiring.
- 8) Ordering of supplies and equipment.
- 9) Developing both internal and external plans for emergency care.
- 10) Establishing reporting procedures.
- 11) Medical records, including electronic medical records software systems.
- 12) Transition of services from the current vendor, including but not limited to pending and future appointments and follow up on care needs for current and active medical cases.
- 13) All applicable licensure requirements shall be met prior to the start of the Contract. A written list with the names, years of experience, and types of license held for persons who will be providing these services must be given to the CCSO during the transition phase.

c. Transition from Providing Services.

- 1) *Conclusion.* In the event Contractor will no longer be providing services for any reason including but not limited to termination of the Agreement, Contractor shall be

responsible for ensuring that the management, operational, and reporting responsibilities for health services are transferred as efficiently as possible and with as little interruption as possible. Contractor shall cooperate fully with the County and any service provider(s) during the transition.

- 2) *Continuity of Care.* Contractor shall allow their personnel to apply for and receive a position with the new provider(s) without penalty or payment of a finder's fee, or any other fee, assessment or charge of any nature, assessed to such provider or the County

ATTACHMENT 2
Current Staffing 2018

MEDICAL CURRENT STAFFING
 CLACKAMAS COUNTY JAIL
 Clackamas County, Oregon

| POSITION | Scheduled Hours | | | | | | | | Hrs/ Wk | FTEs * |
|----------------------------------|-----------------|------------|------------|------------|------------|-----------|-----------|----------|------------|--------------|
| | Mon | Tue | Wed | Thu | Fri | Sat | Sun. | TBS* | | |
| Day Shift | | | | | | | | | | |
| HSA | 8 | 8 | 8 | 8 | 8 | | | | 40 | 1.00 |
| DON | 8 | 8 | 8 | 8 | 8 | | | | 40 | 1.00 |
| Administrative Assistant | 8 | 8 | 8 | 8 | 8 | | | | 40 | 1.00 |
| Medical Records Clerk | 8 | 8 | 8 | 8 | 8 | | | | 40 | 1.00 |
| RN | 20 | 20 | 20 | 20 | 20 | 12 | 12 | | 124 | 3.10 |
| H & P RN | | | | | | 8 | 8 | | 16 | 0.40 |
| LPN | 12 | 12 | 12 | 12 | 12 | 12 | 12 | | 84 | 2.10 |
| LPN | 8 | 8 | 8 | 8 | 8 | 8 | 8 | | 56 | 1.40 |
| NP/PA | 8 | 8 | 6 | 8 | 8 | | | | 38 | 0.95 |
| Medical Director | | | | | | | | 4 | 4 | 0.10 |
| Psych NP | 8 | 8 | 8 | 8 | 8 | | | | 40 | 1.00 |
| QMHP | 8 | 8 | 8 | 8 | 8 | 8 | 8 | | 56 | 1.40 |
| Dentist | | | | | | 5 | | | 5 | 0.13 |
| Dental Assistant | | | | | | 5 | | | 5 | 0.13 |
| NP (Work Release Center) | | | 2 | | | | | | 2 | 0.05 |
| RN (work Release Center) | | 4 | | | | | | | 4 | 0.10 |
| Medical Assistant | | | | | | | | 4 | 4 | 0.10 |
| Evening Shift | | | | | | | | | | |
| RN | | | | | | | | | - | - |
| LVN | 8 | 8 | 8 | 8 | 8 | 8 | 8 | | 56 | 1.40 |
| RN (Work Release Center) | | 4 | | 4 | | | | | 8 | 0.20 |
| Night Shift | | | | | | | | | | |
| RN | 12 | 12 | 12 | 12 | 12 | 12 | 12 | | 84 | 2.10 |
| LPN | 12 | 12 | 12 | 12 | 12 | 12 | 12 | | 84 | 2.10 |
| | | | | | | | | | - | - |
| TOTAL HOURS/FTEs per week | 128 | 136 | 128 | 132 | 128 | 90 | 80 | 8 | 830 | 20.75 |
| Day Shift Total | | | | | | | | | | |
| | 96 | 100 | 96 | 96 | 96 | 58 | 48 | 8 | 598 | 14.95 |
| Evening Shift Total | | | | | | | | | | |
| | 8 | 12 | 8 | 12 | 8 | 8 | 8 | - | 64 | 1.60 |
| Night Shift Total | | | | | | | | | | |
| | 24 | 24 | 24 | 24 | 24 | 24 | 24 | - | 168 | 4.20 |
| | 72 | 72 | 72 | 76 | 72 | 72 | 72 | | 508 | |

* FTE represents 2,080 annually inclusive of paid leave (sick, vacation, holiday, etc.)

ATTACHMENT 3
Jail Medical Inventory

CC Jail Medical Inventory

| Item Description | Quantity | Misc. Info |
|----------------------------|----------|---------------------------------|
| Monitors | 3 | # 09, 17, 10 |
| Keyboards | 3 | |
| Mouse | 3 | |
| Speakers | 6 | |
| Large rolling chart bin | 1 | |
| Key Safe/Lock Box | 2 | |
| 5 tier wallmount mailbox | 2 | |
| 3 tier wallmount mailbox | 5 | |
| 1 tier paper holder | 21 | |
| Vertical metal holder | 2 | |
| 6 tier table metal holder | 1 | Black |
| Dry Erase board | 1 | |
| Phone- Single Line | 1 | Black |
| Phone- Multi Line | 3 | Cream |
| 4 tier book shelf | 1 | |
| Metal Bin | 1 | |
| Small rolling bin | 2 | |
| Electric Stapler | 1 | |
| Electric Pencil Sharpener | 1 | |
| Richo photo copy/fax | 1 | network |
| Typewriter | 1 | IBM |
| Hole Punch- 2 | 3 | |
| Hole Punch -3 | 1 | |
| Scanner | 1 | Canon |
| Printer | 2 | |
| Security Monitor | 1 | |
| Security Reflector | 2 | |
| Security Cameras | 2 | |
| Heavy Duty Stapler | 1 | |
| Flash Light | 3 | |
| Bulletin Board | 2 | |
| BP-Auto Intellisense | 5 | |
| Stapler | 5 | |
| Wallmount Fire Ext. | 1 | |
| Stool | 1 | |
| Inmate Chair | 6 | |
| Chairs | 3 | |
| AED-Defib | 1 | **one up @ control II as well** |
| BP Cuffs | 8 | |
| Emergency Bag-Blue small | 1 | |
| Emergency Bag-Blue Large | 1 | |
| Suction | 1 | |
| Ambu | 1 | |
| VCR | 1 | Toshiba |
| Wall Clocks | 2 | |
| Wall Mounted Digital Scale | 1 | |
| | | |
| | | |
| | | |
| | | |



GEORGE MARLTON, JD
PROCUREMENT DIVISION DIRECTOR

PROCUREMENT DIVISION
PUBLIC SERVICES BUILDING
2051 KAEN ROAD | OREGON CITY, OR 97045

REQUEST FOR PROPOSALS #2018-33
Medical Staffing Services Jail
ADDENDUM NUMBER #1
June 21, 2018

On June 20, 2018, Clackamas County (“County”) published Request for Proposals #2018-33 Medical Staffing Services Jail (“RFP”). The County has found that it is in its interest to amend the RFP through the issuance of this Addendum #1. Except as expressly amended below, all other terms and conditions of the original RFP and subsequent Addenda shall remain unchanged.

1. Section 1, Notice of Request for Proposals is hereby amended with the following ADDITIONAL language:

A Non-Mandatory Pre-Proposal Conference / Site Visit will be conducted on July 12th, 2018 Proposers shall meet with County Representatives at the following location and time: Clackamas County Jail, 2206 Kaen Road, Oregon City, OR 97045, at 9:00 AM PST. Pre-Proposal Meeting will start promptly at 9:00 AM with the on-site visit following at 10:00 AM. Proposers will meet at the Administrative Entrance at the back of the Jail.

Note: Site visit will be conducted inside a correctional facility. All participants will be briefed prior to entrance into the jail on safety and security protocols. Each individual must provide government identification (i.e. Drivers License) prior to entrance into the facility. No weapons, cellphones, drugs, or other dangerous items may be brought into the jail.

End of Addendum #1



GEORGE MARLTON, JD
PROCUREMENT DIVISION DIRECTOR

PROCUREMENT DIVISION
PUBLIC SERVICES BUILDING
2051 KAEN ROAD | OREGON CITY, OR 97045

REQUEST FOR PROPOSALS #2018-33
Medical Staffing Services Jail
ADDENDUM NUMBER #2
July 16, 2018

On June 20, 2018, Clackamas County (“County”) published Request for Proposals #2018-33 Medical Staffing Services Jail (“RFP”) and on June 21, 2018 published Addendum #1. The County has found that it is in its interest to amend the RFP through the issuance of this Addendum #2. Except as expressly amended below, all other terms and conditions of the original RFP and subsequent Addenda shall remain unchanged.

1. The following language in Section 5.2, bullet number 7, page 12, in the RFP, under section titled Proposer’s General Background and Qualifications, supersedes any other Terminated Contracts requirements mentioned in Attachments I, II, or III.
2. The following language in Section 5.3, bullet number 2, page 15, in the RFP, under section titled Corporate, Tort Claims, and Litigation, supersedes any other litigation requirements mentioned in Attachments I, II, or III.

End of Addendum #2

EXHIBIT B
Vendor Response to RFP #2018-33



Clackamas County, OR

Medical Staffing Services Jail

RFP #2018-33

August 2, 2018 2:00pm





August 8, 2018

Clackamas County Procurement Division
Attention George Marlton, Director
Clackamas County Public Services Building
2051 Kaen Road
Oregon City, OR 97045

RE: RFP #2018-33, Medical Staffing Services Jail

Dear Mr. Marlton:

Thank you for inviting NaphCare, Inc. to submit a proposal in response to Clackamas County RFP #2018-33: Medical Staffing Services Jail. NaphCare is uniquely qualified to operate the medical at your facilities. Our experience in the correctional healthcare industry spans over 28 years, and we focus on managing comprehensive healthcare programs for jails. As a leader in innovative correctional healthcare services, we are committed to continually advancing our technology, which results in **reduced liability, greater accuracy, and improved services**. We offer experienced and knowledgeable personnel, as well as direct access and communication with our leadership team. With qualified people ready to perform a smooth transition, we offer a fresh change from the status quo and we want the CCSO to experience the difference. **NaphCare offers you the following key advantages:**

- ✓ **Proactive Care Model.** NaphCare's Proactive Care Model emphasizes the early identification of medical and mental health issues in order to intervene early and prevent costly emergency situations and off-site trips. We practice proactive care from the initial Receiving Screening and continue throughout our healthcare processes, even into providing re-entry services. **A key feature of this approach is our conducting the NCCHC 14-day Health Assessment at intake, an advantage no other provider offers.** This approach is best not only for the health and stability of the inmate, but also for you, the client, as it produces cost savings. The more comprehensive our care is on-site and up-front, the more we have been able to shelter CCSO from negative health outcomes, litigation, or unnecessary and expensive off-site costs.
- ✓ **Transparency and Performance Measurement.** Compliance to correctional healthcare standards is a priority for NaphCare. We have a 100% success rate in acquiring and maintaining NCCHC and ACA accreditation, which demonstrates our clinical proficiency, accountability, and quality of care. We also self-audit our healthcare services on a regular basis to ensure contract compliance. In addition, our customized reports and access to data will provide daily information and transparency to CCSO administration.
- ✓ **Industry-leading Utilization Management and Off-site Tracking.** Our pre-authorization and retrospective reviews save money and provide the most appropriate care. Electronic tracking of off-site appointments provides complete patient information and the ability to analyze trends and save money. NaphCare averages fewer than 4 days length of stay at our facilities nationwide, saving you money not only in off-site costs but also in security detail.
- ✓ **Electronic Health Record (EHR) System, TechCare®.** Our innovative technology goes above and beyond a traditional EHR system. *TechCare®* not only stores medical records, but also acts as an operational system designed to improve inmate care, staff efficiency, communication with correctional staff, compliance, documentation, and reporting. *TechCare®*'s real-time updates also enable our on-site providers to spend more time with inmate patients providing care, and less time concerned with non-clinical administrative duties. *TechCare®* offers the following advantages:
 - Designed by correctional health clinicians, not software developers;
 - Correctional-specific;
 - Provides daily reports, automatic flags, and warning notifications;
 - Enhances efficiency, improves day-to-day operations, and minimizes the risk of litigation through standardized processes and documentation;

2090 Columbiana Road, Suite 4000 Birmingham, Alabama 35216
(205)536-8400 • 1-800-834-2420 • Fax (205)536-8404

- ✓ **Comprehensive and Proactive Mental Health Care Program.** We offer Clackamas County a mental health program that is built on a foundation of quality staff that focus on proactive identification of persons with behavioral health issues, including mental health screening at intake, far exceeding the 14-day NCCCHC requirement. Our program offers stabilization, continued monitoring, rapid crisis intervention, effective programming, effective communication with facility security leadership and staff, and collaboration with community mental health providers at discharge.

TechCare® is certified by the Office of the National Coordinator for Health Information Technology as a Complete Behavioral and Medical EHR System. Our proposal details the ways that TechCare® and our coordinating mental health services will create a mental health program that is proactive, preventive, and watchful of the special needs of mental health inmate patients in order to ensure high-quality care and reduce risk.

- ✓ **Advanced Detoxification and Withdrawal Program.** We offer provide an advanced Detoxification and Withdrawal Program that has proven to decrease the amount of time spent in and severity of inmate patient withdrawal at our client facilities.
- ✓ **Industry-leading Utilization Management and Off-site Tracking.** Our pre-authorization and retrospective reviews save money and provide the most appropriate care. Using *Milliman's Guidelines for Care*, our strong utilization review team reviews every single off-site order to match intensity of service with severity of illness. Electronic tracking of off-site appointments provides complete patient information and the ability to analyze trends and save money. NaphCare averages fewer than 4 days length of stay at our facilities nationwide, saving you money not only in off-site costs but also in security detail.

We are truly excited about the opportunity to partner with Clackamas County. You are invited to discuss our advanced healthcare services with any of our other NaphCare clients to gain specific insight about our process and our results. Should you need any further information regarding our proposed services, please contact Mr. John Donahue, Senior Vice President of Western Operations, by email at john.donahue@naphcare.com, or by phone at (702) 322-1034.

Sincerely,



Jim McLane
Chief Executive Officer

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Proposer’s General Background and Qualifications:

Describe your structure, service history, and experience for all contracts over the past five years.

NaphCare, Inc. provides healthcare services to the incarcerated population, including City, County, State, and Federal inmates. Our mission is to provide efficient, cost-effective, quality inmate healthcare that meets and/or exceeds all national standards for correctional healthcare. We accomplish this through our innovative approach to delivering the specific needs of the customer. NaphCare has 29 years of experience as a leading provider of comprehensive managed care services in diverse sectors of correctional healthcare across the country. We design and implement client-specific programs to meet inmate healthcare needs, including comprehensive medical services (on-site medical, dental, and mental health services), pharmaceuticals, on-site dialysis services, and our electronic operating system solely to correctional facilities. We also provide off-site management services to the Federal Bureau of Prisons (BOP). We offer an **all-in-one approach** to correctional healthcare, and our mission is to be the leading provider of quality healthcare in the correctional industry.

For 29 years, we have been devoted *solely* to providing correctional institutions with cost-effective, quality healthcare services. NaphCare is headquartered in Birmingham, Alabama, and successfully operates comprehensive healthcare programs across the country. **We have provided our Current Clients List, which includes the following, in the Appendix of our proposal:**



- 27 City/County Jails
- 29 Federal Bureau of Prison Facilities
- 7 Correctional Dialysis Clients (11 dialysis units)
- 6 TechCare® Clients

Jail Comprehensive Healthcare Services

NaphCare is an expert in managing care for jail systems. We provide comprehensive healthcare services and administrative support to City and County jails. The jail environment is fast-paced with frequent inmate turnover. It resembles an emergency room setting, where you must adapt to each day’s needs. We skillfully manage care in the fast-paced environment of jails. In addition, our **Proactive Care Model** helps us identify problems quickly, before conditions grow more acute, more expensive, and utilize more resources, such as security for off-site referrals. Our **Proactive Care Model** is leading the way in correctional healthcare by addressing risk and confronting medical issues immediately.

Correctional Dialysis

NaphCare began providing correctional dialysis treatments in 1995 in response to the growing number of inmates with End Stage Renal Disease (ESRD). With **23 years of experience** in the delivery of renal care, **exclusively at correctional facilities for the inmate population**, NaphCare implements quality, cost-effective nephrology programs specifically tailored to the unique needs of our clients. We offer effective management, skilled clinicians, and state-of-the-art nephrology arrangements, while also providing professional staffing and strong management support from our corporate office. We currently operate 11 on-site correctional dialysis units for seven clients throughout the country.

Off-site Management Services

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

Electronic Operating System, *TechCare*®

TechCare® was created specifically for use in correctional facilities and is the only system certified for corrections. Beyond just electronic health records, it has a myriad of features designed to improve inmate care, staff efficiency, compliance, communication, and documentation. Therefore, *TechCare*® provides the highest level of quality assurance and risk management for a correctional healthcare program.

In addition to providing *TechCare*® to all of our comprehensive clients, NaphCare has also implemented *TechCare*® as a stand-alone service for the following clients. These large-scale correctional organizations have used *TechCare*® with great success and depend on it to manage their high volume of inmate medical records reliably and accurately:

- **Maricopa County Correctional Health Services, Arizona** –7,000 ADP and 2,070,000 records, over 250,000+ per year
- **San Bernardino County Jail, California** – 6,300 ADP
- **County of Orange Health Care Agency, California** – 7,000+ ADP and more than 1.4 million records
- **Riverside County Correctional Healthcare Services Division, California** – 4,000+ ADP
- **New Hampshire Department of Corrections** – 3,000 ADP
- **Allegheny County Jail, Pennsylvania** – 2,400 ADP

These facilities provide services for adult and juvenile inmates with a combined inmate population of over 18,000. As their EHR provider, NaphCare manages over 3.4 million existing medical records using *TechCare*®. NaphCare won these contracts in very competitive bid processes against some of the most well-known EHR programs available, such as NextGen, Clinical Works, AccessMed, Cerner, CorEMR, and Centricity. *TechCare*® was designed specifically to provide efficiency, accountability, transparency, and consistency in correctional facilities and its ease of use and capabilities exceed the expectations of even the largest correctional institutions. **The following chart shows the results from the Orange County EHR bid process and how *TechCare*® compared in competition against other well-known systems.**

| EHR Vendors | Average Score |
|---|---------------|
| NaphCare, Inc. | 91.82 |
| Nextgen Healthcare | 86.4 |
| Cerner Corporation | 78.68 |
| Ambassador Medical Technologies, Inc. (Assistmed) | 68.6 |
| Business Computer Applications, Inc. (BCA) | 65.94 |
| Netsmart Technologies, Inc. | 65.75 |

| | |
|--|-------|
| Medical Information Technology, Inc. (Meditech Circle) | 60.63 |
| Z-Geoinfo, Inc. (Hermes) | 56.18 |
| Sequest Technologies, Inc. | 53.96 |
| CorEMR | 48.28 |
| American Correctional Solutions, Inc. (ACS) | 40.78 |
| RioTap Health Informatics, LLC | 36.25 |
| Cal2Cal Corporation | 35.86 |
| Medical Informatics Engineering, Inc. (MIE) | 30.37 |

NaphCare's 5-Year Service History

2013

- Mobile County Metro Jail in Mobile, AL awarded a contract to provide comprehensive health care services for its 1,600 bed facility.
- Oklahoma Department of Corrections awarded a contract to provide dialysis treatments to the Oklahoma State Penitentiary (ADP 1,115) and Lexington Assessment and Reception Center (ADP 1,439).

2014

- Federal Correctional Institution (FCI) in Bastrop, TX awarded a contract to provide administrative and medical services for an inmate population of 305.
- Alabama Department of Public Health, Division of HIV/AIDS Prevention, re-awarded contract for Alabama Drug Reimbursement Program pharmacy services.
- Clark County, Nevada, re-awarded a contract to provide comprehensive health care services for its 4,000 bed facilities at the Clark County Detention Center and North Valley Complex.
- Federal Prison Camp (FPC) in Alderson, WV awarded a contract to provide administrative and medical services for an inmate population of 1,118.
- Federal Correctional Institution (FCI) in Marianna, FL awarded a contract to provide administrative and medical services for an inmate population of 1,235.
- Hillsborough County Sheriff's Office, FL, awarded a contract to provide comprehensive health care services for its 2,850 bed facilities at its Orient Road and Falkenburg Road Jails.
- The City of Richmond, VA, awarded a contract to provide comprehensive health care services for its 1,032 bed facility at the Richmond City Justice Center.
- The City of Santa Ana, CA, awarded a contract to provide comprehensive health care services for its 440 bed facility at the Santa Ana Jail.
- The Louisiana Department of Public Safety & Corrections (LADPSC) awarded a contract to provide claims management services for all LADPSC detainees.
- Riverside County, CA, awarded a contract to provide Electronic Medical Records (EMR) services for detainees of all Riverside County Jails.
- Kings County, CA, awarded a contract to provide comprehensive health care services for its 650 bed facilities at Kings County Adult Main Jail and the Kings County Juvenile Center.

2015

- The City of Virginia Beach, VA, awarded a contract to provide comprehensive healthcare services for the Virginia Beach Correctional Center's 1,460 inmates.

- Washington County Jail in Hillsboro, OR awarded a new contract to provide comprehensive healthcare services for approximately 570 inmates housed at the Jail.
- Pierce County Detention and Corrections Center awarded a contract to provide comprehensive healthcare services for approximately 1,200 inmates.
- Washoe County Sheriff's Office awarded a contract to provide comprehensive healthcare services for the 1,019 inmates housed in the Jail.
- San Bernardino County Jail awarded a contract to provide Electronic Medical Records (EMR) services to the County's 6,300 inmates.

2016

- The New Hampshire Department of Corrections awarded a contract to provide EMR services to over 3,000 State inmates.
- The Nashua Street Jail in Boston, Massachusetts awarded a contract to provide comprehensive medical services to its 650 inmates.
- Federal Correctional Institution in Miami, Florida (FCI Miami) awarded a contract under a Blanket Purchase Agreement with the Federal Bureau of Prisons (BOP) to provide comprehensive medical services to the inmates of the Institution.
- Spokane County Jail in Spokane, Washington awarded a contract to provide comprehensive medical care to over 900 inmates.
- Middlesex County Jail and Juvenile Detention Center awarded a contract to provide comprehensive medical care to over 702 adult and 76 juvenile inmates.

2017

- Lewis County Sheriff's Office in Chehalis, Washington awarded a contract to provide comprehensive medical care to 230 male and female detainees at the Jail.
- Benton County Jail in Kennewick, WA awarded a contract to provide comprehensive medical care to 550 inmates at the Jail.
- Franklin County Corrections Centers I (528 ADP) and II (1,426 ADP) awarded a contract to provide comprehensive medical and mental health services to its inmates.
- Allegheny County Jail in Pittsburg, PA (2,400 ADP) awarded a contract to provide comprehensive healthcare services to its inmates.
- San Bernardino County, West Valley Detention Center awarded a contract to provide dialysis services to its 930-inmate population.
- North Carolina Department of Corrections awarded a contract to provide dialysis services to its 1,300-inmate Women's Correctional Institution, 1,300-inmates Central Prison Hospital, and 350-inmate Hoke Correctional Institution.
- Mendocino County Jail awarded a contract to provide comprehensive healthcare services to its 593 ADP inmate population.

2018

- Skagit County Community Justice Center awarded a contract to provide comprehensive healthcare services to its 200 inmate population.
- New York Department of Corrections awarded a contract to provide dialysis services to its 1,750-inmate population.
- Henderson Detention Center in Nevada awarded a contract to provide inmate healthcare services to its 503-inmate population.

NaphCare Leadership

NaphCare is under the leadership of our Chief Executive Officer and founder, James S. McLane. With Mr. McLane, you will experience stable, accessible leadership, a straightforward, dedicated, hands-on CEO who is involved in every facet of his business. Mr. McLane works hard to ensure our clients are receiving beneficial, innovative services that no other competitor can offer. If you have been let down by provider leadership in the past, then you will experience a refreshing change with us. **As a privately owned company, NaphCare has many advantages to offer:**

- We answer to clients, not shareholders or investment bankers
- Available and open to creating new ways of doing business
- Our clinical team is allowed the opportunity to be flexible and innovative in solving your problems
- Personal attention from our clinical team and company leadership
- Daily communication, as well as weekly and monthly reports

Our steady yet selective growth, solid financial stability, and manageable size allow us the time and resources to fully connect with our clients and provide the personalized attention you deserve. We choose our projects carefully to find those that are the best fit, not only for us, but also for the client. While competitors may brag on the number of contracts they have, we focus on quality, making each and every client matter. **Our leadership and company structure offer a fresh change from the status quo—it's the way healthcare should be run.**

We are privately owned and not distracted by the mergers and acquisitions that limit our competitors' responsiveness

Executive Leadership



James McLane, Chief Executive Officer

Direct line - (205) 536-8460 Email – jim@naphcare.com

Mr. McLane founded the company now known as NaphCare, Inc. in 1989. He has more than 40 years of management and healthcare experience, including 29 years in correctional healthcare. He is the chief planner and operational director of the company and is committed to providing quality healthcare solutions to correctional facilities in the most innovative and efficient manner possible. With keen insight, he is firmly committed to the continued success of partnering with correctional institutions to provide quality healthcare solutions.

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



Bradford McLane, JD, Chief Operating Officer—Administration

Direct line - (205) 536-8532 Email – bradford.mclane@naphcare.com

Mr. McLane is an attorney with over 20 years of management, leadership and legal experience, including nine years of litigation and policy experience working for the U.S. Department of Justice in Washington, D.C. He supports all aspects of operations with a focus on oversight of Legal Affairs, Pharmacy and Ancillary Services at NaphCare.



Connie Young, CPA, Chief Financial Officer

Direct line - (205) 536-8414 Email - cyoung@naphcare.com

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



Lee Harrison, President

Direct line - (205) 536-8496 Email - Lee@naphcare.com

Mr. Harrison brings to NaphCare more than 42 years of experience in the healthcare industry, including over 24 years in a correctional setting. His primary responsibility is managing the company's growth by directing the efforts of NaphCare's Business Development and Marketing departments. In addition, he oversees the continued expansion of the Pharmacy Operations and End Stage Renal Disease lines of business. Mr. Harrison's vast experience in sales, contract negotiations, budgeting, and staffing plays a critical role in positioning the company for the future. He has contributed daily to NaphCare's mission since joining the leadership team in 1994.



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

Direct line - (205) 552-1732 Email - susanne.moore@naphcare.com

Mrs. Moore is a Registered Nurse and licensed attorney having over 20 years of clinical based experience. Her broad work background includes healthcare operations, business startups, trial and appellate legal work and risk management. For NaphCare, she is responsible for overseeing comprehensive jail healthcare operations, monitoring compliance with regulatory standards and leading a team to deliver NaphCare's proactive healthcare model consistently and efficiently at each of our contracted jail facilities.



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

Direct line - (205) 536-8540 Email - katherine.tarica@naphcare.com

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



Bradley J. Cain, JD, Executive Vice President and Chief Legal Officer
Direct line - (205) 536-8534 Email - brad.cain@naphcare.com

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



Emily Feely, MD, Chief Medical Officer
Direct line - (205) 552-1794 Email – emily.feely@naphcare.com

Dr. Feely graduated medical school at the University of Alabama, then completed her Internal Medicine residency and Nephrology fellowship at Wake Forest University. She worked in private practice for eight years before joining NaphCare as Corporate Nephrologist in 2015 and became Chief Medical Officer in 2017. Dr. Feely provides nephrology care to dialysis and chronic kidney disease patients at our sites through both in-person site visits and telemedicine. She is the Medical Director for all of our in-house dialysis units and is an active participant in the company's Morbidity and Mortality conferences, Pharmacy and Therapeutics Committee, and Utilization Management process. She performs peer reviews and is involved with the educational development and training of our on-site providers. Dr. Feely has oversight over the clinical departments for NaphCare and assists with management and development of our detox programs. She helps create protocols and policies for our jails and works closely with the on-site providers to ensure that these processes run smoothly. She is board certified in both Internal Medicine and Nephrology.



Jeffrey Alvarez, MD, CCHP, Chief Medical Officer for Western States
Direct line - (602) 980-6250 Email – jeffrey.alvarez@naphcare.com

Dr. Alvarez graduated from the University of Arizona College of Medicine and is board certified in Family Medicine. His professional life has been spent in community medicine working with underserved populations in county health clinics, federally qualified community health centers, and corrections. Before his employment with NaphCare, Dr. Alvarez was the Medical Director of the Maricopa County Jail System, which is the fourth largest system in the country, serving an ADP of 8,000 patients in six jails. While there, Dr. Alvarez led the system to achieving accreditation with the National Commission on Correctional Health Care and receiving Facility of the Year status in 2015.

He was also able to achieve designation and accreditation for all jails in the Maricopa system to be licensed opioid treatment programs. Dr. Alvarez continues to care for individuals with substance use disorder at a community opioid treatment center in Phoenix providing Medication Assisted Therapy to those suffering from this disorder. Dr. Alvarez has served as a physician surveyor for the NCCHC for over five years and sits on the NCCHC Board of Directors as a representative of the American Academy of Family Physicians. He chaired the 2018 revision of the NCCHC Standards for Prisons and Jails.

With NaphCare, Dr. Alvarez serves as Chief Medical Officer (CMO) over the Western States. In this role, he oversees all clinical care provided at the NaphCare sites located in Washington, Oregon, California, and Nevada, along with serving as the liaison with IT in all clinical process changes and development in TechCare®. Although he is over our Western States facilities, Dr. Alvarez is available to consult with and support all NaphCare's client sites. Some of his duties as CMO include peer review, policy and procedure development, centralized quality control, and ensuring that NaphCare's Proactive Care Model is implemented and followed at all sites.

Project Management Team

Our organization is structured differently. It promotes direct communication, accessibility, and transparency, while also shifting the burden of healthcare management from you to us. We feature centralized responsibility at the corporate level for the functions of personnel, management information systems, finance, purchasing, product development and marketing, with related operations and clinical programs developed specifically to manage health services in the correctional healthcare environment.

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

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

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

Clinical Operations



Donna Sewell, PhD, LCSW, Corporate Mental Health Director

Direct line - (205) 552-1759 Email – donna.sewell@naphcare.com

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



Cornelius Henderson, RN, Senior Vice President of Jail Operations

Direct line - (205) 536-8474 Email – cornelius.henderson@naphcare.com

Mr. Henderson is an RN with experience in facility transitions and hands-on patient care. He has over 11 years of progressive experience within the healthcare field and is instrumental in facility transitioning, hiring and training staff on TechCare®, the development of policies and procedures, and clinical support for personnel.

Prior to working as NaphCare’s Senior VP of Operation, he worked as Regional Director of Nursing, and as an RN, providing direct patient care to over 3,500 inmates. As an RN, he was responsible for ensuring correct documentation and evaluation of provider orders, notes, and MARS. His clinical and administrative expertise allows him to oversee clinical practices and ensure high quality care at contracted correctional facilities.



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

Direct line – (205) 552-1727 Email – marsha.burgess@naphcare.com

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



Crystal Alexander, NP, Director of Jail Operations

Direct Line- (205) 545-9512 Email- crystal.alexander@naphcare.com

Ms. Alexander is a Nurse Practitioner with 10 years of healthcare experience. She joined NaphCare as a Corporate Nurse Practitioner, and has become a leader within our company as a Director of Jail Operations. In this position, she helps lead and support the operations team, STATCare, Utilization Management, transition startups, and leadership development. She helps to build client relationships through strategy and support, both on-site and off-site. On-site, she provides leadership, training, and site coverage at NaphCare client facilities.



Gina Savage, Senior Vice President of Administration

Direct line - (205) 536-8552 Email – gina.savage@naphcare.com

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



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

Direct line - (205) 536-8516 Email – darrelle.knight@naphcare.com

Dr. Knight has over 10 years of pharmacy experience. Her responsibilities include formulary management, clinical CQI initiatives, facility audits, drug utilization review, pharmacokinetics, and pharmacotherapy. She takes pride in developing strong relationships with NaphCare’s customers and maximizing patient outcomes through cost-effective measures for our customers.

Dr. Knight successfully ensures seamless pharmacy transitions for our clients. During a transition she is on site to manage all functions of the pharmacy. She also trains staff on the use of TechCare®, including medication administration from medication order entry to the pill-pass process.



Richard Apollo, RN, Vice President of Ancillary Services

Direct Line- (205) 536-8516 Email- rapollo@naphcare.com

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

has extensive experience with federal, state, and local regulations related to ancillary services.



Jack Donahue, Senior Vice President of Western States

Direct line – (702) 322-1034 Email – john.donahue@naphcare.com

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

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



Shannon Matthews, Vice President of Operations, Western States

Direct line – (702) 322-1032 Email – shannon.matthews@naphcare.com

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

implemented services.



Melanie Menear, MHA, BSN, RN, CCHP Regional Director of Operations, Western States

Direct line – (702) 322-1032 Email – melanie.menear@naphcare.com

Ms. Menear joined NaphCare in 2015, serving as Health Services Administrator for Washington County Jail in Hillsboro, OR. Ms. Menear brings with her extensive experience in healthcare and health administration. As a Registered Nurse, her clinical experience ranges from emergency and critical care, to management and quality control. She currently serves to provide clinical oversight to our western states division as Regional Director of Operations. Ms.

Menear serves as a liaison between healthcare staff and jail staff to ensure the success of NaphCare's Proactive Care Model at each site. She strives to ensure the health care delivery model is a collaborative relationship between the jail and NaphCare.



Alicia Clarke, Director of Jail Operations of Western States

Direct line – (702) 322-1052 Email – alicia.clarke@naphcare.com

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

and outcomes continues to improve.



Jason Douglas, Vice President of Information Systems

Direct line - (205) 536-8445 Email - jdouglas@naphcare.com

Jason Douglas brings more than 14 years of experience in information systems and information technology operations to NaphCare. As Vice President of Information Systems, he oversees the architecture and implementation of NaphCare's innovative correctional healthcare system, TechCare®. He is also responsible for directing the design and development of NaphCare's IT systems as well as the deployment of these systems in the field.

In addition to the detailed oversight of TechCare®, Jason also manages the persons directly responsible for the development of all software systems at NaphCare. He also oversees the site and corporate IT operations and works closely with the Director of IT Operations to ensure full coverage of all IT systems for all users. Mr. Douglas' ability to understand the uniqueness of correctional healthcare has allowed him to identify and apply technologies in order to streamline NaphCare's proactive approach and provide superior service to all involved parties.



Byron Harrison, MS, Director of Information Systems

Direct line - (205) 552-1734 Fax - (205) 769-0984 Email – byron.harrison@naphcare.com

Mr. Harrison has over ten years of experience in the Information Technology field, five years specific to corrections, and is responsible for the coordination and communication between all the moving parts of TechCare®. With a working knowledge of networking, servers, software, and managing IT systems within a professional environment, Mr. Harrison works closely with the NaphCare operations team and the software development team to ensure the goals of TechCare® are met with efficient coordination.

Further, Mr. Harrison is also responsible for overseeing the 24/7 IT Helpdesk and its obligation to strict service level agreements. He helps ensure that NaphCare provides consistent support and results for all IT systems in place. He also assists with the coordination of upgrades and new deployments of TechCare® by working with the software, hardware, and operations teams at NaphCare.



Scott Wilson, Director of IT Systems

Direct line - (205) 536-8409 Email – swilson@naphcare.com

Mr. Wilson has over 17 years of experience in the Information Technology field and is responsible for all NaphCare network operations including local-area network and wide-area network infrastructure and management, server management, and end user support.

In this management role, he will be responsible for developing and implementing strategic direction and management of the daily activities of the corporate office and the County information management systems, local area computer network, telephone systems, voice, video, and data telecommunication systems, internet and intranet systems and information systems support. With ongoing projects and contract management, he will lead the implementation of systems integration responsibilities in coordination with applicable departments, vendors, and contractors.

Mr. Wilson recommends long-range and short-range management information system plans and budgets for the department by being thoroughly familiar with rapid changes in the information technology environment and tailoring those technologies to the needs of the client and corporation.



Patrick McLoughlin, Director of IT Operations

Direct line - (205) 536-8480 Email – patrick.mcloughlin@naphcare.com

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

Capability of the Project Management Team

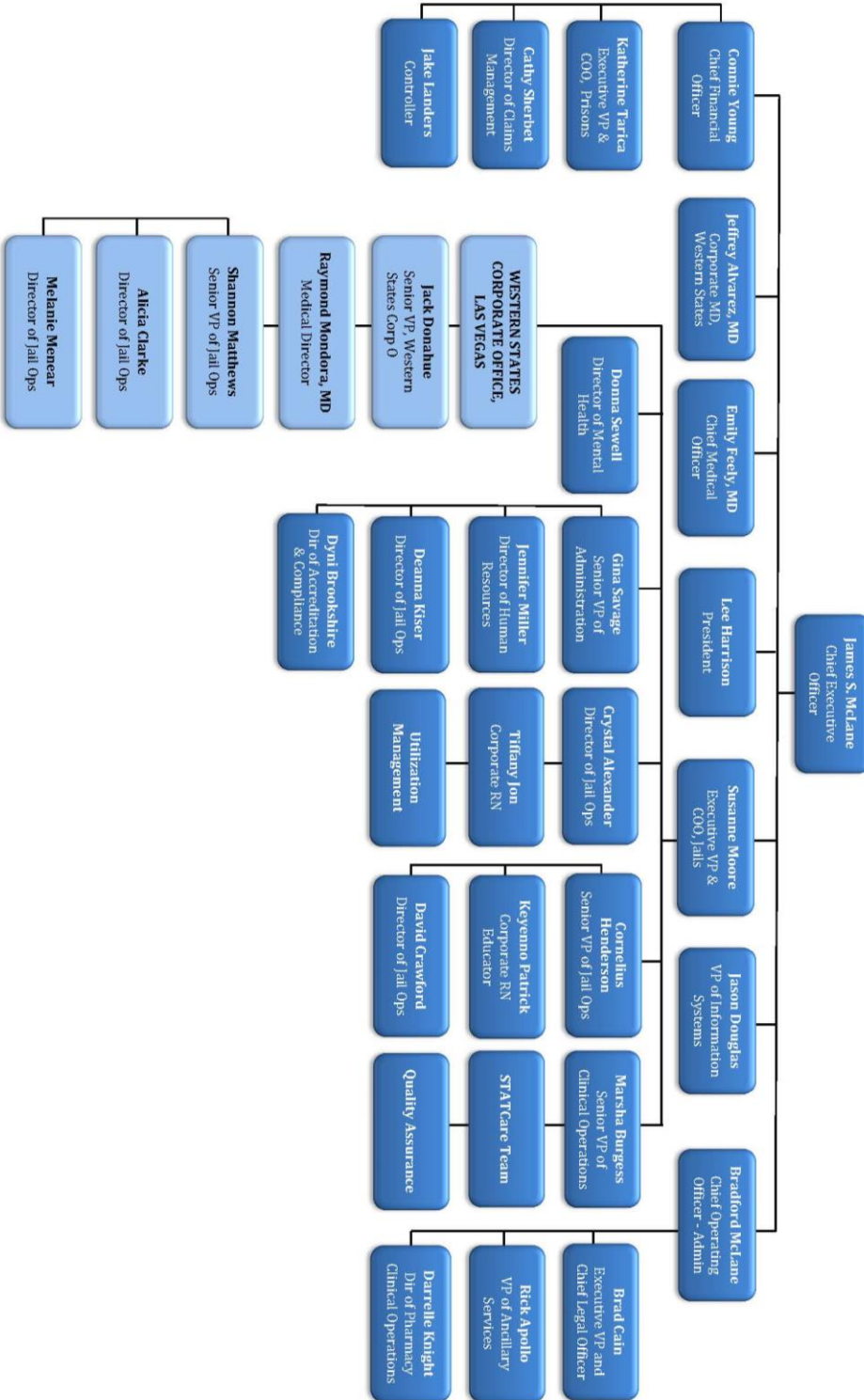
Our Project Management Team has years of experience providing quality care at correctional facilities across the country. Currently, they provide support services (similar to those requested by the County) at our 24 client jail facilities. The success of our team can be illustrated by the following accomplishments:

- ✓ 100% success rate in acquiring and maintaining accreditation
- ✓ Successful transition process that provides hands-on support and meets client timelines
- ✓ Risk management strategies reduce risk and exposure to liability.
- ✓ Customized healthcare processes and solutions for each client facility using our EHR, TechCare®
- ✓ Development and implementation of CIWA-Ar Alcohol and Detoxification Program for client facilities
- ✓ Partnerships with local medical providers and negotiated discounted rates for inmate care for our clients
- ✓ Completely customized reporting based on any data requested by our clients.
- ✓ Historically, we have operated our healthcare programs within budget, and many times, with additional cost savings that we pass along to the client.

To learn more about the specific success that NaphCare and our project team has achieved at each of our client facilities, please refer to our Contract Accomplishments provided in the Appendix.

NaphCare Organizational Chart

Birmingham, AL Corporate Office and Western States Corporate Office, NV



Describe all current or past experience with other jail facilities of similar size and diverse populations.

NaphCare has the resources, knowledge, and personnel to implement effective healthcare systems for Clackamas County. Our electronic operating system, *TechCare*®, was designed specifically to provide efficiency, accountability, transparency, and consistency in facilities such as these. In addition, our experience helps us identify any problems quickly, before conditions grow more acute and more expensive. With focus and dedication on jails similar to Clackamas County’s facilities, we are well-prepared and enthusiastic to provide quality healthcare services and support that meet the unique and evolving needs of Clackamas County.

Large-Scale Jail Clients
ADP 1,000 and over

| Client | ADP |
|--|-------|
| Clark County Detention Center, Las Vegas, NV | 4,000 |
| Hillsborough County Jail, FL | 3,242 |
| Fulton County Jail, GA | 3,000 |
| Franklin County Corrections Centers I and II, OH | 1,995 |
| Hamilton County Corrections System, Cincinnati, OH | 1,717 |
| Virginia Beach Correctional Center, Virginia Beach, VA | 1,557 |
| Essex County Correctional Facility, Middleton, MA | 1,470 |
| Pierce County Detention and Corrections Center | 1,215 |
| Washoe County Sheriff’s Office | 1,164 |
| Mobile County Metro Jail, Mobile, AL | 1,071 |

We have provided our contract accomplishments for all of NaphCare’s current jail clients in the *Appendix*. These accomplishments illustrate the range of services NaphCare provides and our ability to meet and exceed the needs of our clients.

Describe your experience in obtaining and maintaining NCCHC accreditation at your current locations.

NaphCare operates and maintains healthcare systems that meet the accreditation standards of the NCCHC and ACA. We have achieved initial NCCHC accreditation for several of our client facilities and have successfully participated in the re-accreditation process numerous times. ***We have a 100% success rate in acquiring and maintaining accreditation, which demonstrates our clinical proficiency, accountability, and quality of care.*** Our policies and procedures, as well as our EHR, are all written to ensure compliance with NCCHC and ACA standards. The following list includes the most recent accreditations for our client jail facilities, ***all of which were commended on their professional conduct and assistance.***

Detail with specific dates whether those locations have obtained NCCHC accreditation in the past, and the status of each of those accreditations.

NaphCare's Accredited Jail Facilities

| Client Facility | Accreditation |
|--|--|
| <p>Clark County Detention Center 330 S. Casino Center Blvd. Las Vegas, NV 89101</p> | <p>NCCHC October 2005, December 2008, February 2009, January 2011, June 2012, June 2015</p> <p>ACA January 2008, October 2010, October 2013, December 2016</p> |
| <p>Hillsborough County Jail 520 N Falkenburg Road Tampa, FL 33619</p> | <p>NCCHC May 2014</p> |
| <p>Essex County Correctional Facility 20 Manning Avenue Middleton, MA 01949</p> | <p>NCCHC June 2009, 2013, February 2015</p> <p>ACA May 2009, October 2012, October 2015</p> |
| <p>Hamilton County Corrections System 1000 Sycamore Street Cincinnati, OH 45202</p> | <p>NCCHC Nov. 2010, Dec. 2014, February 2017</p> |
| <p>Suffolk County House of Correction 20 Bradston Street Boston, MA 02118</p> <p>Nashua Street Jail 200 Nashua Street Boston, MA 02114</p> | <p>NCCHC April 2014</p> <p>ACA October 2016</p> <p>NCCHC Nov. 2015</p> <p>ACA</p> |
| <p>Virginia Beach Correctional Center 2501 James Madison Blvd. Virginia Beach, VA 23456</p> | <p>NCCHC Dec. 2016</p> |

| Client Facility | Accreditation |
|--|---|
| Washoe County Sheriff's Office 911 E Parr Blvd. Reno, NV 89512 | NCCHC Sept 2016 |
| Mobile County Metro Jail 450 S. Emanuel Street Mobile, AL 36603 | NCCHC March 2015 |
| Middlesex County Jail 130-132 Apple Orchard Ln. North Brunswick Township, NJ 08902 | NCCHC June 2017 |
| Montgomery County Jail 333 West 2nd Street Dayton, OH 45422 | NCCHC Dec. 2007, March 2011, July 2014 ACA January 2013, Dec. 2016 |
| South Correctional Entity Multijurisdictional Misdemeanant Jail (SCORE) 20817 17 th Ave South Des Moines, WA 98198 | NCCHC |
| Washington County Jail 215 SW Adams Avenue Hillsboro, OR 97123 | NCCHC March 2015 |
| Client Facility | Accreditation |
| Franklin County Corrections Center I 370 S. Front Street Columbus, OH 43215 Franklin County Corrections Center II 2460 Jackson Pike Rd Columbus, OH 43223 | NCCHC April 2018 |

| Client Facility | Accreditation |
|---|---|
| <p>Newton County Jail 15151 Alcovy Jersey Road Covington, GA 30014</p> | <p>NCCHC February 2014, Nov. 2016</p> <p>ACA October 2015</p> |
| <p>Black Hawk County Jail 225 East Sixth Street Waterloo, IA 50703</p> | <p>NCCHC Nov. 2004, Nov. 2007, March 2011, February 2014</p> |

The facilities where NaphCare provides on-site dialysis and off-site management services are also currently accredited. We work in partnership with these correctional facilities to maintain the highest level of care and ensure our operations within the facility are compliant. The following is a list of accredited facilities where NaphCare has contracts for off-site and dialysis services.

NaphCare’s Accredited Federal Bureau of Prisons Facilities

| Facility Name | Accreditation |
|---|-----------------------|
| <p>Federal Medical Center, Butner</p> | <p>ACA/ JCAHO</p> |
| <p>Federal Correctional Complex, Victorville</p> | <p>ACA/ JCAHO</p> |
| <p>Federal Correctional Institution, Fort Dix</p> | <p>ACA/ JCAHO</p> |
| <p>Federal Correctional Center, Forrest City</p> | <p>ACA/ JCAHO</p> |
| <p>Federal Correctional Institution, Terre Haute</p> | <p>ACA/ JCAHO</p> |
| <p>Metropolitan Detention Center, Brooklyn</p> | <p>ACA/ JCAHO</p> |
| <p>Federal Correctional Institution, Elkton</p> | <p>ACA/ JCAHO</p> |
| <p>Federal Correctional Institution, Beckley</p> | <p>ACA/ JCAHO</p> |
| <p>Federal Correctional Institution, Edgefield</p> | <p>ACA/ JCAHO</p> |

| | |
|--|---------------|
| Federal Correctional Institution, Jesup | ACA/ JCAHO |
| Federal Correctional Institution, Bennettsville | ACA/ JCAHO |
| Federal Correctional Institution, Herlong | ACA/ JCAHO |
| United States Penitentiary, Lewisburg | ACA/ JCAHO |
| United States Penitentiary, Atwater | ACA/ JCAHO |
| Federal Correctional Institution, Marianna | ACA/ JCAHO |
| Federal Correctional Institution, Greenville | ACA/ JCAHO |
| Federal Correctional Institution, Memphis | ACA/ JCAHO |
| Federal Correctional Institution, Miami | ACA/ JCAHO |
| Federal Correctional Institution, Bastrop | ACA/ JCAHO |
| United States Penitentiary, Marion | ACA/ JCAHO |
| Federal Correctional Institution, Fairton | ACA/ JCAHO |
| Federal Correctional Institution, Oxford | ACA/ JCAHO |
| Federal Correctional Institution, Tallahassee | ACA/ JCAHO |
| Federal Correctional Institution, Mendota | ACA/ JCAHO |
| Federal Prison Camp, Alderson | ACA/ JCAHO |
| Federal Detention Center, Philadelphia | ACA/ JCAHO |
| Metropolitan Correctional Center, New York | ACA/ JCAHO |

| | |
|---------------------------------------|---------------|
| Federal Prison Camp, Pensacola | ACA/ JCAHO |
|---------------------------------------|---------------|

Accredited Dialysis Sites

| FACILITY NAME | ACCREDITING AGENCY |
|---|--------------------|
| New York Dept. of Correctional Services, Fishkill Correctional Facility | ACA |
| New York Dept. of Correctional Services, Wende Correctional Facility | ACA/JCAHO |
| Oregon DOC , Two Rivers Correctional Institution | NCCHC |
| North Carolina DOC , Central Prison Hospital | ACA |
| North Carolina DOC , NC Women’s Correctional Institution | ACA |
| North Carolina DOC , McCain Prison Hospital | ACA |
| Federal Bureau of Prisons, Federal Medical Center Devens | JCAHO/ACA |
| Colorado DOC , Denver Women’s Correctional Facility | ACA |

If any accreditation was not renewed at a jail facility, please explain why.

We are experienced in maintaining site accreditation. **We have no facilities that have lost accreditation while the facility’s healthcare program has been under our administration.** We implement, operate, and maintain a healthcare system that meets the accreditation standards of the NCCHC in order to maintain accreditation. Using NaphCare’s technology, our central office staff ensures compliance with all accreditation requirements and facilitates the accreditation process. We will provide staff and expertise to maintain files and accreditation. We operate a proactive system of maintaining all requirements for accreditation at all times. Our staff will monitor each site for upcoming surveys and begin final preparation for the survey six months prior to the NCCHC visit. Preparation steps include an initial mock survey, development of a corrective plan to address all findings, and then a final mock survey conducted by our corporate employees that are trained NCCHC surveyors. We have several employees with extensive NCCHC accreditation experience, and they ensure that accreditation standards are met.

Our credentialing files are always available for NCCHC as these files are maintained by our Human Resources Department and can be viewed electronically at any time. Each of our employees has an electronic personnel file that includes an accreditation-specific file, so with the click of a button everything needed for an accreditation audit is accessible. **This unique process far exceeds the competition in organization and saves on-site staff countless hours in accreditation preparation.**

Below, we have provided at least five (5) of NaphCare’s major suppliers who can speak to the financial capability of NaphCare to carry out the requirements of the RFP.

| Vendor Name | Type of Service | Contact Name | Phone Number | Fax Number |
|--|-----------------------------------|---------------------|----------------------------|--------------|
| AmerisourceBergen 172 Cahaba Valley Pkwy. Pelham, AL 35124 | Drug Distributor | Ben Campbell | 256-508-6977 | 845-483-1633 |
| ASD HealthCare 345 International Blvd. Suite 400A Brooks, KY 40109 | Drug Distributor | Kristen Festa-Bruno | 888-642-6999, ext. 6711 | 800-337-6436 |
| Cybernius Medical 86 McKenney Ave. St Alberta, Alberta, Canada TBN 2T7 | Software | Sandra Afonso | 780-458-4989, ext. 100 | 780-458-4980 |
| Fresenius Medical Care 920 Winter Street Waltham, MA 02451 | Medical Supplies and Equipment | Sandy Lee | 781-699-4190 | 781-699-9087 |
| Hydrotech 176 Mountain Road Rindge, NH 03461 | Maintenance | Chris Olsson | 603-899-5059 | 603-899-5056 |
| McKesson Medical-Surgical 9954 Mayland Drive Suite 4000 Richmond, VA 23233 | Medical Supplies and Equipment | Charlie Watson | 800-933-4633, ext. 9336 | 205-871-3416 |
| Mobile Medical Diagnostic Services 48 Silver Lake Avenue Newton, MA 02458 | Mobile Radiology | Scott Grinley | 617-244-9729 | 617-244-9730 |
| SoftWriters, Inc. 5800 Corporate Dr. Fl 4 Pittsburgh PA 15237-7098 | Software | John Juliano | 412-492-9841 ext 303 | 412-492-9851 |
| Staples Advantage 5551 Parkwest Drive Suite 115 Bessemer, AL 35022 | Office Supplies | Kayla Barnowsky | 205-565-3933 | - |

Describe any contracts lost, terminated, and/or cancelled over the past five years, and the reasons why such contracts were lost, terminated, and/or cancelled.

Over the past five years, NaphCare had no contract that was lost, terminated and/or cancelled by a client. Though, over the last five years, the following contracts expired or were cancelled by NaphCare.

| Facility | Term of Contract | | Reason |
|--------------------------------------|------------------|----------|---|
| City of Richmond, VA | 10/01/04 | 06/30/17 | Contract expired. NaphCare declined to extend or submit a proposal in response to any competitive bid. |
| Hampton Roads, VA | 06/30/12 | 12/01/15 | Contract expired. NaphCare declined to submit a proposal in response to any competitive bid. |
| IL DOC (dialysis services) | 01/01/10 | 03/31/18 | NaphCare ended this contract effective 3/31/18 for nonpayment of services due to the state's financial crisis for over a year |
| Nueces County, Texas | 12/01/10 | 11/30/15 | Contract expired. RFP issued, NaphCare submitted a proposal and the contract was awarded to a competitor. |
| Worcester County House of Correction | 10/06/11 | 10/05/15 | Contract expired. RFP issued, NaphCare submitted a proposal and the contract was awarded to a competitor. |

Scope of Work

After addressing the following key County requirements, we have also detailed our approach to Scope of Work requirements.

- **Program/Design Strategy**

Describe your program model and service strategy for providing inmate health services that meet NCCHC standards.

PROACTIVE APPROACH TO HEALTHCARE

We believe in a new model of care. Pioneered by NaphCare, our **Proactive Care Model** identifies important medical and mental health issues up front, during intake, so we can intervene without delay. We've proven that this approach is best for our patients because it gets them healthy and keeps them stable. Our clients benefit by reducing off-site trips, inmate movement, and emergency medical situations. In turn, this saves costs related to custody staff time and transportation.

NaphCare's **Proactive Care Model** focuses on timely care that meets inmate needs without delay. The Urban Institute in Washington, D.C. published a report in February 2013 titled, *Opportunities for Cost Savings in Corrections without Sacrificing Service Quality: Inmate Health Care*. They identified medical screenings upon intake, and immediate treatment, as an approach to reduce the inmate need for healthcare and, thereby, reduce inmate healthcare costs.

"A comprehensive medical and psychological exam when prisoners first arrive is the critical first step to head off epidemics and to reduce severity of untreated illnesses and conditions. Many prisoners have psychological problems and addictions that are as important to identify and treat as physical illnesses. Inmates often immediately benefit from treatments, especially on their previously unknown or untreated conditions."

NaphCare implements this approach as part of our **Proactive Care Model**. Our advanced intake process includes a receiving screening, health assessment, mental health screening, and TB screening. All inmates receive each of these screenings before entering the general population, and treatment plans are developed and started immediately to prevent spread and reduce severity. As the Urban Institute's report agrees, this also reduces the level of treatments needed later.

Our **Proactive Care Model** extends beyond the receiving screening and continues throughout our healthcare processes. We continuously check quality standards and contract requirements using *TechCare*®.

- NaphCare provides health appraisals upon intake to identify and treat chronic illnesses or current medical or mental health issues immediately. Some vendors will wait until the 14-day deadline before performing the assessment, but this creates a delay in care. NaphCare exceeds ACA and NCCHC standards by assessing inmates up front.

- Our sick call protocols emphasize proactive care

According to DOJ, from 2000 to 2014, "More than a third (425 of 1,053 deaths, or 40%) of inmate deaths occurred within the first 7 days of admission."

<https://www.bjs.gov/index.cfm?ty=pbdetail&iid=5865>

by triaging sick call requests **at every shift** to identify and address major medical conditions without delay.

- **TechCare®** provides a system of alerts to ensure timely care and compliance with standards.
 - For example, all screenings and evaluations identify inmates with suicidal and homicidal tendencies, as well as acute and chronic behavioral health issues. Alerts in **TechCare®** prompt clinical staff to take action, such as placing an inmate on suicide precautions, contacting custody, or assigning special housing.
 - **TechCare®** alerts on-site healthcare professionals and corporate leadership of inmate patient quality assurance exceptions. Simply put, our system sends warnings to the charge nurse when patient care parameters are out of bounds, or a patient care appointment is missed. We currently check the inmate patient population for missed medical and mental health screenings, abnormal blood pressure and glucose readings, medication exceptions, chronic care management, diagnostics reviews, medical records review, positive mental health screenings, sick call completion, TB reads, therapeutic drug levels, non-formulary drug use, and infectious disease.
- We take a proactive approach to the management of chronic disease in order to minimize the development of any urgent or emergent conditions that might require off-site transportation. Our emphasis on preventive care begins at the point of intake, where inmates are classified into the appropriate chronic care clinic in **TechCare®** and electronically scheduled for their initial follow-up with the provider. NaphCare has a history of reducing off-site costs through our proven chronic care module within **TechCare®**. In addition, we greatly reduce liability by identifying this high-risk population during the intake process.

I could not be more pleased with their performance to date. Strong partnerships with professionals from the County Health Department and NaphCare will help ensure a more comprehensive and compassionate approach to inmate care.

–Sheriff Pat Garrett, Washington County Sheriff’s Office, WA

From the initial receiving screening to the completion of a baseline health data set, from nursing protocols for simple sick call requests to managing complex chronic conditions, we follow a pattern that combines multiple levels of triage with opportunities to intervene and educate patients. Our staff is trained to always have a screening mindset, be on the lookout for important clinical issues, and use such opportunities for brief interventions, such as patient-focused education. Our proactive approach has been shown to be one of the most effective methods for motivating patients to adhere to healthcare recommendations, which in turn leads to the best possible health outcomes while providing the most cost-effective care.

Document your transition plan for assuming services if you are the successful proposer and describe lessons learned from previous experiences assuming health care services management from existing correctional facility medical services providers.

The following is a general overview of NaphCare’s transition process for all new clients. Upon contract award, NaphCare will further customize this plan to meet the specific needs and requests of Clackamas County. **We have provided our Start-up Plan, a detailed timeline that outlines transition activities, in the Appendix.** This timeline is also open to revision based upon the individual requirements of the County.

WELCOME TO THE NAPHCARE WAY: TRANSITION PLAN FOR THE CLACKAMAS COUNTY JAIL

NaphCare is committed to providing the CCSO with a seamless transition. We want to relieve the County of the complexities and issues of a transition by assuming responsibility for transition activities and completing the transition with ease and efficiency. At the same time, we want you to understand and feel comfortable with the process. We will meet this goal through:

- ✓ **Proactive and careful planning,**
- ✓ **Early cooperation and coordination with key jail personnel, and**
- ✓ **Dedicated support from our headquarters.**

Our experienced healthcare professionals ensure continuity of clinical and administrative services by examining your unique needs. **We transition facilities by maintaining a physical presence on-site for a minimum of six weeks.** Through operational and clinical collaborative efforts, and in conjunction with our on-site Transition Leadership Team and *TechCare*® Super Users, NaphCare will do the following:

- **Promote open and straightforward communication with CCSO administration.**
- **Communicate with you daily and provide the County with a continuous point of contact to ensure all your needs are met.**
- **Perform a detailed examination of credentials for all existing and newly hired CCSO on-site employees.**
- **Begin employee benefits day one of contract.**
- **Strive to ensure continuity of care for your inmates during the transition period.**
- **Minimize movement, increasing control and security in your facility.**
- **Verify all previously scheduled off-site visits and confirm scheduled appointments for Go-Live.**

We are enthusiastic about creating a partnership with Clackamas County and want to reassure you that the transition process will be accomplished on time without interruption of care or the day-to-day functions of your facility. The following pages provide an overview of our transition approach and experience.

We shift the burden away from you as we create, manage, and ensure timely and thorough completion of essential transition tasks.

Successful Transition Experience

We have the experience, resources, and personnel to successfully implement our health services program for the CCSO. We have successfully transitioned our client facilities using an experienced transition team and proven processes. Specifically, we have effectively transitioned the following clients to The NaphCare Way.

Fulton County Jail, Georgia (ADP 3,000)

We completed a 30-day transition of the Fulton County Jail in Atlanta, Georgia upon termination of their former provider. During this time, our team was on-site recruiting, implementing our *TechCare*® system, training staff, developing the drug delivery system, and finalizing ancillary services, all within a very short start date.

- Focused on the medication, allergy, and sick call entry prior to the transition.
- Shifted focus to scheduling chronic care visits to the first week of the transition ensuring continuity of care.
- On-site staff placed to help identify detox patients, getting these patients in the correct dashboards in *TechCare*® so they would not fall through the cracks during the transition.
- *TechCare*® was adapted to Fulton County's unique needs well in advance of go-live allowing users to train on the exact system they use when providing services.

- All critical EHR interfaces were live at least 2 weeks prior to go-live allowing for verification and testing, including JMS interface.
- Training and New Employee Orientation began day one.
- All staff fully trained on *TechCare*® prior to go-live.
- PRN staff hired and provided shifts to work in order to become acquainted with NaphCare so staffing vacancies due to vacation or illness are easily filled.

Suffolk County House of Corrections, Massachusetts (ADP 1,300)

We completed an immediate transition of the Suffolk County House of Corrections in Boston, Massachusetts upon termination of their former provider. During this time, our team was on-site recruiting, implementing our *TechCare*® system, training staff, developing the drug delivery system, and finalizing ancillary services, all within an immediate start date.

- All network/T1 lines were installed in 12 days.
- *TechCare*® was live and fully-functional in 12 days.
- Training and New Employee Orientation began day one.
- **Completed ICE audit within 30 days of taking over contract and received 100% compliance in all areas.**
- Booking/intake process was completely restructured. As a result, a nurse practitioner completes a thorough Health and Physical on all new intakes.
- Corporate office pharmacy staff was on-site to audit/order/stock medications during this immediate start-up.

“Our recent transition to NaphCare as our health provider has been flawless. The impact of the changeover was felt immediately by reduced inmate movement within the jail facility and elimination of inmate complaints concerning undelivered medications and delays when requesting medical appointments.”

– Sam Houston, Deputy Warden, Mobile County Jail

Mobile County Jail, Alabama (ADP 1,600)

NaphCare completed a 30-day transition of the Mobile County Jail in Alabama. During this time, our team was on-site recruiting, implementing *TechCare*®, training staff, developing the drug delivery system, and finalizing ancillary services, all within the timeframe desired by the County.

- Approximately 90% of employees retained.
- All IT infrastructure was procured and installed within 30 days.
- *TechCare*® was live and fully-functional on day one of contract start date.
- Training and New Employee Orientation started one week prior to transition.
- Booking process was completely restructured: RNs added to support our Proactive Care Model in which critical issues are identified sooner, reducing negative outcomes for the site.
- Aspects of healthcare operations were decentralized, which reduced movement and improved security in the facilities.

Hamilton County Correctional System, Ohio (ADP 1,422)

We completed a 30-day transition of the Hamilton County Correctional System in Ohio. During this time, our team was on-site recruiting, implementing our *TechCare*® system, training staff, developing the drug delivery system, and finalizing ancillary services, all within the timeframe desired by the County.

- All network/T1 lines were installed a week before the actual transition of services.
- *TechCare*® was live and fully-functional for the first day of operations.
- Training and New Employee Orientation began one week prior to transition.
- Booking/intake process was completely restructured; prior to our commencement of services, there was not a 24/7 nursing staff dedicated to the booking area.
- Corporate office pharmacy staff was on-site to audit/order/stock medications during the first week of transition.

Clackamas County Transition Leadership Team

We are committed to ensuring a smooth transition for you while delivering on our promise to offer our quality, cost-effective healthcare program that complies with NCCHC and ACA standards. To ensure that we meet all aspects of your healthcare program, our multidisciplinary Transition Leadership Team includes correctional healthcare experts, Information Technology experts, and pharmacists. On day one, our Transition Leadership Team will ensure that our policies and procedures are blended with your own for continuity of care. **The members of our Transition Leadership Team for the CCSO are listed in the following chart.** This team spends time with County leadership to foster constructive relationships so that all transition activities occur with ease.

| CCSO Transition Leadership Team |
|---|
| VP of Clinical Operations/Project Leader – Shannon Matthews |
| Executive VP and Chief Operating Officer—Jails – Susanne Moore |
| Director of Pharmacy |
| Corporate Medical Director |
| Health Services Administrator – Train the Trainer |
| Director of Nursing – Train the Trainer |
| Psychiatric Nurse Consultant |
| Director of Clinical Pharmacy Services |
| Site Information Technology Manager |
| Clinical Nurse Supervisor |
| Purchasing Manager |
| Vice President of Ancillary Services |

Pre-emptive planning occurs as soon as we are notified of the award. Our transition team will establish immediate contact with the CCSO to initiate a start-up plan meeting. During this meeting, our bid response and the resulting contract will be reviewed to reaffirm a complete and mutual understanding of our responsibilities. This meeting will allow us to clarify any operational issues, review and adjust start-up goals and objectives, and confirm mutual priorities. Suggested agenda topics include:

- Review and collaboration of existing policies and procedures
- Discussion of incumbent staff
- Review of start-up plan Scheduling of meetings for weekly updates and identification of attendees
- Introduction of key facility management staff

- Review of any current concerns or operational problems effecting NaphCare or start-up
- Tour of the CCSO

During the transition phase, the transition team will meet with key County administrators on a daily basis to inform administrators of operational progress and any problems encountered, to discuss transitional activities, and to discuss any corrective action plans needed to overcome obstacles. During the final days prior to transition, these briefings will focus on a smooth transfer of responsibility to us, ensuring continuity of care and minimizing any disruption of services.

The major purpose of briefings during the transition phase is to provide progress reports, build mutual confidence, and foster a cooperative, productive working relationship.

Value Added - Corporate Leadership Support

In addition to the on-site support you receive, our Corporate Support Team is available to you at all times for **no additional charge**. This team is composed of experienced clinicians and administrators who work to ensure that healthcare services in your facility run effectively, efficiently, and professionally.

Specialized Workforce Assistance Team (SWAT) – Training and Orientation like No Other

Rather than assigning software developers to train on “software,” we send our SWAT Team of clinical staff on-site to train your employees. Our SWAT Team is composed of medical doctors, mental health professionals, nurse practitioners, registered nurses, and licensed practical nurses who engage in position-specific training of your healthcare staff via a peer-to-peer method. This method ensures that all employees have a comprehensive understanding of their role as a healthcare provider and user of *TechCare*®. The hands-on approach, which our SWAT Team will implement for the CCSO, will help to fully integrate *TechCare*® into your facility.

***TechCare*® SuperUsers:** NaphCare provides the opportunity for select users to advance their understanding of *TechCare*® to that of a **SuperUser**. As *TechCare*® experts, SuperUsers provide ongoing, peer-to-peer training in your facilities, ensuring that your healthcare staff receive continuing system training long after the initial transition training.

Quality People Working for You from Day One.

A major component of any successful EMR transition is collaboration of our experienced and highly qualified staff in carrying out transition activities. Unlike many providers, our on-site team is not simply composed of one regional manager: we supply a well-equipped team of highly qualified nurses, physicians, midlevel providers, mental health professionals, human resources managers, and off-site management representatives who help train your existing on-site healthcare staff through peer-to-peer, position-specific training. Our on-site team maintains a physical presence for a minimum of six weeks to ensure that all critical areas are addressed.

TRANSITION TASKS

We have identified several key goals to achieve a successful transition. Essential tasks can be completed on a shorter timeline by compressing the deadlines for these tasks. **The Start-up Plan, which represents the major transition goals to be accomplished, is located in the Appendix.**

Staffing Coverage and Retention of Quality Staff

We understand the importance of experienced staff and we will make every effort to retain current Clackamas County staff as instructed and approved by the County. We recruit, interview, hire, train, and supervise all healthcare staff. All persons providing medical, dental, or mental health treatment will meet Washington State licensure and/or certification requirements. To ensure that our medical professionals have the appropriate licensure and/or credentialing to provide the services required, we conduct a thorough interview and credentialing process.

Our competitive salaries and benefits begin on **day one** of contract start date with **no waiting period**, so your staff does not have to worry about a lapse in coverage.

Onboarding – Human Resources Support Made Simple

When transitioning, employees can access paperwork from personal computers through our web-based onboarding system, making onboarding extremely convenient. All candidates providing medical, dental, or mental health treatment will meet licensure and certification requirements, in accordance with NCCHC requirements and state and federal law. We verify credentials upon hire, then again before licensure expires, and we maintain electronic records of all credential verifications. Upon request, all credentialing, profiling, privileges, competency review, licensure, disciplinary, and other regulatory data is made available to you.

Extensive Pool of Highly Qualified Relief Staff Ensures Your Needs are Met

To ensure that you always have highly qualified staff on hand, we offer an extensive pool of highly qualified, locally-developed relief staff. We train them alongside our regular full-time and part-time employees so that they know your facility inside and out.

Orientation of New Staff

We understand that a comprehensive employee orientation program is essential to efficient, effective healthcare delivery and positive employee relations. Therefore, we conduct personnel orientation that clearly communicates policies and procedures and all applicable rules and regulations governing the scope of services to each employee. We also discuss our policies and procedures relating to human resources activities. Our HSA is responsible for orienting the site medical director, specifically introducing and/or explaining such processes as policies and procedures, drug formulary, x-rays, labs, protocols, sick call, etc.

Hospital Services, Subcontractors, and Specialists Ideal for Your Needs

In addition to recruiting on-site personnel, we also contract with local healthcare providers and hospitals. To ensure continuity of care and reduced costs, we establish Preferred Provider Networks through pre-arranged agreements with community agencies. We have already contacted several local providers and will continue to develop and expand medical services arrangements for the CCSO upon contract award. Key specialties will also be included, and we will finalize agreements with these providers upon contract award. We will communicate with you frequently to identify which community resources you desire and any changes that occur. For hospital services, NaphCare will provide follow-up reports to command staff for high acuity and high profile inmates.

Pharmaceutical, Laboratory, Radiology, and Medical Supplies

All contracted vendors for services such as laboratory, radiology, and medical supplies are finalized during the transition period to ensure availability of services on the contract start date. Our transition team finalizes agreements upon approval of the jail administration.

Identification and Assuming Current Medical Care Cases

Throughout the transition process, we strive to ensure continuity of care for all inmates currently receiving medical care. We communicate directly with the existing providers as we approach the actual transition date. To ensure continuity of care, the following information will be requested from the CCSO:

- Current inpatient hospital admissions within 24 hours of contract start will include patient name, identifier number, date of admission, facility, attending physician, diagnosis, prognosis, estimated release date, and remarks
- Inmates with scheduled appointments as of contract start date or after
- Chronic care clinics roster
- HIV-positive inmates
- Current outpatient care
- Current prescribed medication roster (drug, strength, and dosage prescribed, expected date of required refills, attending physician, and remarks)
- Current psychotropic medication roster
- Periodic physical examination due roster
- Current scheduled surgical care or consults
- Mental health treatment roster

Equipment and Inventory

Appropriate, properly functioning equipment helps to ensure continuity of and access to care. The HSA conducts a survey of the facility for inventory purposes and to determine the adequacy of equipment. The condition of existing equipment is noted and items are identified for adjustment, if needed. Equipment and items that are needed to attain proper accreditation are identified and recommended for acquisition. This activity is scheduled for completion with sufficient time allotted for procurement of any equipment that may have a lengthy ordering time.

TechCare® Electronic Operating System

To carry forward our Proactive Care Model for the Clackamas County Jail, we will provide equipment, training, technical support, and maintenance to the facility. **The timeline for the changeover begins upon award; TechCare® will be operational by the County's desired start date.**

TechCare® is currently functional at all of NaphCare's client facilities and **we guarantee that it will be fully implemented and operational on day one of the contract.** We have a **100% success rate** for complete *TechCare®* implementation by day one of contract.

The *TechCare®* implementation process begins immediately upon award. During the transition period, we review the health record system at the facilities and then begin the process of transitioning the site to our system, including data migration. NaphCare will integrate all pertinent information contained in the prior paper charts and EHR systems with *TechCare®*. We will maintain all health records in a confidential and secure manner in a physically secure area under the immediate control of healthcare staff.

NaphCare will collaborate with the County's IT staff in order to develop a secure interface with the existing jail management system (JMS) for integration of the *TechCare®* system. As part of the initial on-site meeting, NaphCare's IT staff begins the process of setting up the repetitive data transfers from the JMS into *TechCare®* to allow for the timely tracking of inmate housing and other demographic information associated with the inmates' medical needs.

Along with the data interface, our IT team identifies the specific type and location of computer equipment and networking needs to optimize the efficiency of our clinical resources. We manually transfer pertinent clinical information from the existing paper health records at the Jail. **The pre-loading of medical information allows us to begin using the *TechCare*® system immediately upon the first day of operations.**

IT Hardware Start-up Plan:

Initial on-site meeting with County IT Department
Perform walk-through of Facility
Identify type and location of equipment needs for optimum efficiency
Plan/Design IT infrastructure implementation
Place Hardware orders/obtain equipment from NaphCare Inventory
Place orders for redundant Internet connections to site
Stage hardware and perform initial configuration
Complete network and server installation at site
Complete workstation and printer setup at site
Complete documentation of network for support purposes

"As the Chief Jailer for the Fulton County Jail in Atlanta, Georgia I have had the experience of transitioning contract service providers. In the transition of medical/mental health services vendor, I have had a problem free experience with NaphCare. "

Mark Adger, Colonel, CCHP, Chief Jailer
FULTON COUNTY SHERIFF'S OFFICE

TechCare® Start-up Plan:

Initiate contact with interface providers (JMS, Lab, Radiology, etc)
Initiate contact with current EHR provider and coordinate data migration
Initiate import of all existing medical documents and transfer pertinent clinical information from the existing paper health records at the facilities if exist
Develop customized electronic forms acceptable to the County for use in *TechCare*®.
Develop a demographic bridge between *TechCare*® and the JMS.
Complete additional customization
Coordinate loading of *TechCare*® with orders, CIWA, Labs, etc.
Perform Staff member training

TechCare® Training:

All staff members receive job-specific training on the *TechCare*® system, in addition to orientation on guidelines for health record documentation and confidentiality requirements for the correctional and medical environment. **We provide training that our competitors simply cannot deliver:**

- An active "Working Demo" for hands-on training of all staff disciplines.
- On-site training will be conducted at each facility by Super-users for training and troubleshooting or customization needs.
- Annual train-the-trainer updates after initial implementation.
- Annual Super User training workshops.
- Our staff will be available on-site to guide users through the implementation process and answer any and all questions.
- Self-paced on-line training is also available.

- Training Topics Include:
- Report creation, storage, and retrieval
- System backup, disaster recovery, and file restoration
- Preventative maintenance
- Application functionality

Post-Transition Activities

Our transition team remains dedicated to the operations of the healthcare program throughout the start-up period and maintains open and continuous communication with jail administration. **We will be receptive to feedback from command staff and mid-level supervision, and all other parties named appropriate by the County.** This dedication continues throughout the contract term; NaphCare leadership conducts routine visits to the correctional facility to monitor contract performance. Corporate nurse managers conduct audits on a regular basis to guarantee consistent standards of care in accordance with NCCHC guidelines. A post-transition survey is also administered, and based on the results, we develop process improvement strategies.

After 30 to 60 days, new employees are fully integrated into the healthcare program, and all employees are fully aware of NaphCare and the County's expectations for program success. During this phase, we implement long-range planning activities and organizational changes as necessary to continue successful operation of the healthcare program.

Describe your system of recruiting and training staff and have adequate support staff at the central office to assume the administrative functions of the RFP.

NAPHCARE'S RECRUITMENT AND RETENTION PROGRAM

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

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

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

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

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

Applicant Tracking & Onboarding System—Taleo Software

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

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



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

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

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

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

To ensure that our medical professionals have the appropriate licensure and/or credentialing to provide the services required, we conduct a thorough interview and credentialing process, which includes the following steps:

- Pre-screening applicants through phone interviews and the submission of credentials/licensure.
- Interviewing of candidates by our health services administrator (HSA) or another company representative.
- Verifying references and licenses with the appropriate state and/or national agencies.
- Extensive site visits to CCSO prior to making a formal employment decision.
- Requiring prospective employees to undergo and pass a criminal background check.
- Requiring prospective employees to undergo and pass a pre-employment drug screen.

NaphCare will ensure that all professional staff working in your correctional facilities have evidence of current licensure, certification, and/or registration as required by the state or federal law on file at all times. We will verify its medical professionals' credentials initially upon hire, and at least every two years thereafter, and will maintain appropriate records of these credential verifications. We will make credentialing, profiling, privileges, competency reviews, licensure, disciplinary and other regulatory data available to the CCSO upon request. The medical director will be a qualified, licensed physician and will have the ultimate responsibility of supervising all medical and clinical staff, although nursing personnel may be responsible for intermediate levels of supervision over such staff. We understand that the CCSO reserves the right to conduct security clearances on all healthcare staff recruited to work in the CCSO correctional facilities.

Retention Strategies

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

Strong Benefits Package and Competitive Salaries

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

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

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

Employee Assistance Program

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

Career Advancement

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

Educational Assistance Program

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

Advanced Nursing Tools

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

Positive Company Culture

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

Proven Staff Retention

Successful employee retention benefits everyone: the inmates, the correctional staff and administration, and the healthcare staff and provider. Employee retention enhances continuity of care within the facility and creates a familiar environment that is conducive to quality care and security. We are proud of our rate of employee retention.

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

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

SUPPORT SERVICES FOR CCSO

As a value-added service, NaphCare offers support services that shift the burden from you to us. Our centralized support programs give you direct communication, swift decision making, and consistent leadership in the administrative and medical services we provide. In turn, the on-site healthcare personnel are able to focus solely on delivering quality healthcare without distractions. The following are examples of the services provided by our corporate staff, which will be valuable to the County and both the medical and correctional staff at the jail:

- **Centralized Medical Scheduling Department:** This department schedules all off-site appointments and communicates all patient preparation and information required for transportation of the inmate through the Utilization Management module of *TechCare*®.
- **Staffing Schedules:** We prepare staffing schedules and integrate them through our payroll system. The system contains a central database of information, including employee skills, certifications, availability, preferences, seniority, and cost.
- **Legal Department:** A medical records specialist handles all medical record requests on behalf of the facility. The Legal Department also manages all inmate grievances with clinical oversight from our Chief Medical Officer.
- **Ongoing Training:** Our Operations Team provides orientation and training to all healthcare staff. With ongoing training, our correctional healthcare experts keep you updated on current trends and topics important to your facility.
- **Budgeting Services:** We review all budget information with the facility administrators each month. Lists of all supplies, pharmaceuticals, and over-the-counter medications are maintained by the corporate office and sent to the administrators weekly to allow for better control of expenditures.

Medical and Monitoring Support

Our health services program is supported by our clinical team in addition to corporate office personnel. Administrative meetings are conducted on a consistent basis, and committees will be fully integrated to ensure program obligations and targets are met.

We understand the correctional setting is a unique environment, so as your healthcare partner, we will establish and maintain an ongoing positive relationship with institutional staff. The HSA, and any appropriate NaphCare staff, will participate in quarterly meetings with the Institutional Authority and any designated institutional staff in order to identify, clarify, anticipate, and resolve issues relevant to inmate healthcare services. Our staff will also meet monthly in order to receive current information on all aspects of the institution's healthcare delivery (*NCCHC, J-A-04*).

Administrative meetings will be established as part of our partnership, to include, but not be limited to:

- Oregon Administration/On-site HSA Meetings
- Medical Administrative Committee
- Continuous Quality Improvement Committee
- Infection Control Committee

What is the minimum level of staff required to meet the stated scope of work and meet NCCHC standards?

Please see Staffing Plan.

What are your planned operational staffing levels?

Please see Staffing Plan.

What is your plan and timeframe to reach NCCHC accreditation at the Clackamas County Jail?

Accreditation by the National Commission of Correctional Health Care requires that at least 12 months of documentation be available for review before scheduling an on-site survey. We will make application for NCCHC accreditation after the 12-month period and expect the survey to be scheduled within 3 to 6 months of application.

How will you ensure that existing staff and new hires possess and maintain all permits, licenses, and professional credentials necessary to provide quality comprehensive medical health services as specified under this RFP?

NAPHCARE'S CREDENTIALING PROGRAM

All NaphCare staff providing medical, dental, or mental health treatment meet state licensure and/or certification requirements. To ensure that our medical professionals have the appropriate licensure and/or credentialing to provide the services required, we conduct a thorough interview and credentialing process, which includes the following steps:

- Pre-screening applicants through phone interviews and the submission of credentials/licensure.
- Interviewing of candidates at the CCSO by our health services administrator (HSA) or another company representative.
- Verifying references and licenses with the appropriate state and/or national agencies.
- Extensive site visits to the CCSO prior to making a formal employment decision.
- Requiring prospective employees to undergo and pass a criminal background check.
- Requiring prospective employees to undergo and pass a pre-employment drug screen.

We ensure that all professional staff, including contract physicians working in the Clackamas County Jail, has evidence of current licensure, certification, and/or registration as required by state or federal law on file with NaphCare. We verify our medical professionals' credentials initially upon hire and again before each individual's license expires. We maintain appropriate records of these credential verifications. These records are maintained by our corporate office and stored securely online, so sites have access to any needed documentation. Copies of all current nursing and physician licenses are also kept on file in the health administrator's office. We make credentialing, profiling, privileges, competency reviews, licensure, disciplinary and other regulatory data available to the County upon request.

Credentialing Support Saves Time

Our unique process far exceeds the competition in organization and saves on-site staff countless hours in accreditation preparation.

We check for primary source verification with the American Medical Association, National Practitioner Data Bank and the state licensing web site, and credential all physicians and mid-level practitioners. We verify licenses, education and any disciplinary actions taken against the potential employee. Our nursing and ancillary staff are all credentialed according to their license or certificate and verified on the corresponding verification website.

NaphCare not only maintains a system for verifying that our staff's licenses remain current and unexpired, we also subscribe to the National Practitioner's Data Bank Continuous Query service. Continuous Query keeps us informed 24 hours a day, 365 days a year about any adverse licensure, privileging, Medicare/Medicaid exclusions, civil and criminal convictions, and medical malpractice payments on our enrolled practitioners. As a result, we are notified electronically within 24 hours of a report received by the Data Bank and have continuous access to check the credentials of our enrolled practitioners.

Our credentialing files are always available for review, as these files are maintained by our corporate Human Resources Department and can be viewed electronically at any time. Each NaphCare employee has an electronic personnel file that includes an accreditation specific file so that with the click of a button everything you need for an accreditation audit can be accessed.

On the following pages, we have described our strategies to reduce transportation costs and provide primary care in the facility while meeting NCHC standards of quality care. We have also described our current process for determination of medically necessary procedures and authorization process for off-site procedures.

CENTRALIZED MEDICAL SCHEDULING

We coordinate off-site appointments for our clients through the Medical Scheduling Department at our corporate office. By using *TechCare*®, we facilitate the exchange of important healthcare and financial information between the correctional facility and NaphCare. This system has several key features that are beneficial to Clackamas County:

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

An Organized and Efficient Process

Our process for off-site requests ensures seamless preparation and performance of inmate off-site care. From our central office, our expert Medical Scheduling Department organizes and executes every step of the process with the priority on full communication and cooperation for the most organized, cost-efficient, and safe results.

Approved requests are sent to the Medical Scheduling Department where they schedule the appointment, noting such details as inmate insurance and special instructions. Appointments classified as urgent or routine and appointment requests are addressed and scheduled within the required time frames.

The Medical Scheduling Department generates and maintains an off-site calendar of appointments that is visible to any authorized on-site personnel and security officers. Medical Schedulers at the central office communicate necessary information (date, time, location) so the correctional officers responsible for the transport are prepared for the inmate's appointment. The medical schedulers also communicate any pre-appointment needs to the correctional facility, such as food and drink requirements, medication instructions, labs needed, or any other special instructions that relate to the inmate's care.

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

Responsible Follow-Up

Individuals returning to the correctional facility following off-site treatment encounters return with documentation of the treatment received, in the form of a discharge summary, consult follow-up or other progress note. A registered nurse evaluates all patients returning from an inpatient hospital stay prior to placement in the general population. These inmates also see an on-site provider as soon as possible to ensure appropriate orders and follow-up.

In addition to the vast functionality that exists within the calendar and scheduling system, NaphCare has the ability to track and trend all cancelled appointments. Missed or cancelled appointments are often unavoidable, but they create a

drain on facility resources. Our goal is to work with each client to minimize cancellations whenever possible. We record every cancelled appointment with the following information so we can track and trend the data to reduce cancellations and ensure new appointments are scheduled:

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

Please see more information under Off-site Management Services.

Describe your process for timely response to regular and emergency health care services grievances.

INMATE COMPLAINT/GRIEVANCE PROCEDURE

NaphCare wants to ensure that every inmate concern, complaint, grievance regarding health care is addressed by the Health Services Administrator or designee in a timely manner and in accordance with NaphCare procedures. We maintain a complaint and grievance process available to all inmates that provides an open and meaningful forum for their concerns, the resolution of these complaints, and is subject to clear guidelines. The corporate Clinical Department and corporate Legal Department will provide clear oversight of the complaint process. NaphCare's policy and procedures for grievances and complaints comply with *NCCHC Standard J-A-11* and *ACA Standard 4-ALDF-6B-01*.

NaphCare has developed a fully electronic system for tracking complaints from receipt to resolution. Our proprietary *TechCare*® Grievance Tracker provides automated daily mail notifications to multiple key operations and risk management staff, including our Chief Legal Officer. This innovative daily alert feature ensures that urgent issues receive immediate attention, from the right people.

NaphCare encourages inmate issues be resolved on an informal basis without the need for filing a formal complaint. NaphCare's complaints and grievances policy includes an informal process:

1. Inmates shall always be encouraged to discuss healthcare concerns with the appropriate member of the health care staff.
2. The Health Services Administrator, when possible, will encourage and make available informed mechanisms for the communication of, and potential resolution of, inmate health care concerns.
3. The Health Services Administrator is encouraged to meet informally with representatives of the department (e.g., chaplain) who may have input on the adequacy of health care delivery.

NaphCare's grievance process begins by ensuring that inmates have an open forum to voice their complaints and that no inmate will be denied access to the grievance process. Our personnel are trained to seek resolution to inmate concerns before they escalate into grievances. Once an inmate files a grievance, a systematic process is triggered that is fully compliant with all relevant NCCHC and ACA guidelines. This process is overseen by our Chief Medical Officer and our Chief Legal Officer. Any grievances that we are unable to successfully address will be escalated to an appeal process.

Below is an outline of our grievance process:

- Upon entrance into the facility, each inmate receives information about the grievance procedure and how to file a grievance form.

- All NaphCare personnel are required to attend training regarding the grievance procedure.
- Inmates with special needs (such as impaired vision, hearing problems, language barriers, etc.) who request special assistance in completing a grievance form receive assistance.
- No inmate will be denied access to the grievance process.
- Grievance notification alerts are emailed automatically to key staff daily.
- Grievances are reviewed and responded to by healthcare staff daily.
- Our grievance process complies with all relevant NCCHC and ACA guidelines.
- Our grievance process includes electronic tracking of all medical grievances and concerns, along with our healthcare staff's response.
- NaphCare personnel receive ongoing corporate support and education pertaining to grievance management.

NaphCare will generate a monthly report of complaints received and provide it to the County. The report includes: inmate name, identification number, date the complaint was received, complaint description, date of response, and a brief description of the resolution. NaphCare's Grievance Tracker system is a fully data-minable electronic database. As a result, grievances can be filtered by inmate or type of grievance, therefore allowing tracking of similar type issues. NaphCare regularly creates and reviews reports of grievances and their disposition to help identify and resolve problem trends. We do this because we view grievances as an instrument for helping us identify ways to continually improve our care and processes. In keeping with this philosophy, NaphCare prepares a corrective action plan for substantiated grievances. This methodical approach to grievance tracking results in ever-improving patient care.

Describe your strategy and ability to track and care for chronic needs of inmates.

NAPHCARE'S PROACTIVE CHRONIC CARE MANAGEMENT

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

We take a proactive approach to the management of chronic care disease in order to minimize the development of any urgent or emergent conditions that might require off-site transportation. Our emphasis on preventive care begins **at the point of intake** (receiving screening), where inmates are

classified into the appropriate chronic care clinic and scheduled for follow-up treatment. Our extensive staff training, use of best practices based on nationally recognized guidelines, and innovative on-site diagnostic testing help us keep chronic care patients in a stable state throughout their incarceration. **We will schedule and track all chronic care clinic visits within TechCare®.** This data will be available to the County at all times. At a minimum, the database will include the following:

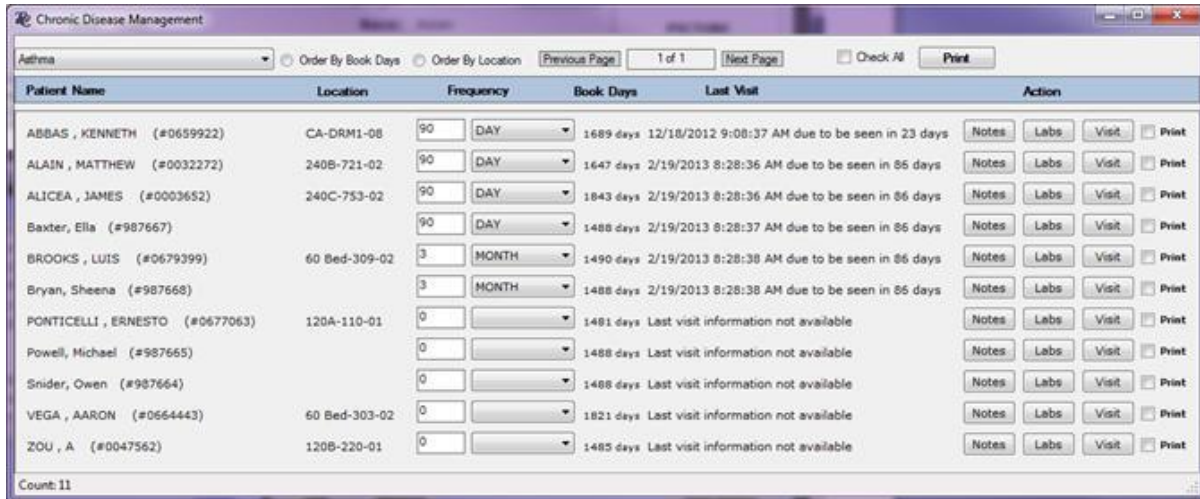
- Each inmate enrolled in a chronic care clinic.
- Each occasion when an enrolled inmate is seen at a chronic care clinic.
- Patient refusals for a chronic care visit.

Using TechCare® helps ensure that chronic care patients are seen by a provider at appropriate intervals as clinically indicated. In the Chronic Disease Management section of TechCare®, the user can access/view inmates with certain

Our proactive approach and effective management of inmates with chronic diseases enables healthcare professionals to treat symptoms earlier, and more effectively, preventing costly hospitalizations.

chronic care illnesses. To see a specific chronic illness, simply select a chronic illness from the drop down list. The user can view previous notes, labs, and chronic care visits, or complete a chronic care visit. The amount of time until the next visit can also be reviewed from this screen. The patient's name turns red when the visit is past due.

Chronic Disease Management within TechCare®



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

Count: 11

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

Collection of Pertinent Healthcare Information

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

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

“TechCare® provides a more efficient, effective method of monitoring the inmates. We can ensure that the inmate has been placed in the appropriate chronic care clinic, an appointment has been made with the appropriate provider, blood sugar checks have been initiated, etc., all from looking at the inmate's record in the computer.”

*Dyni Brookshire, RN,
Director of Accreditation
and Compliance*

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

Chronic care clinics are built into the TechCare® system, which creates consistent documentation and standardizes the provision of care.

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

NaphCare has education about chronic diseases available for chronically ill inmates. Disease-specific information can be easily selected from a list in *TechCare®* and printed to give the inmate the knowledge to help take care of him or herself.

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

NaphCare’s STATCare Team and Chronic Care

Our STATCare Team also plays a vital role in Chronic Care. In addition to flagging patients for Chronic Care needs at intake, they track and follow-up on the care of Chronic Care patients. They ensure that treatments plans are initiated at intake and then ensure that care is appropriate and timely throughout the patient’s stay. **In the fourth quarter of 2017, our STATCare Team started 18,419 medications and scheduled 7,479 Sick Call visits for incoming patients.** This **remote continuous follow-up and treatment tracking for routine care allows on-site healthcare staff to focus their attention on more acute healthcare needs**, ensuring that healthcare is provided as efficiently as possible while maintaining quality.

Individual Treatment Plans

Individual treatment plans are developed by the responsible physician for inmates with special medical conditions requiring close medical supervision, including chronic care. The plan includes directions to healthcare personnel regarding their roles in the care and supervision of the patient. Before the treatment plan is implemented, it is approved by a physician. Individual treatment plans include, at a minimum:

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

Management of Diabetic Inmates

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

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

- **Pharmacy Services**

On the following pages, we have described NaphCare’s experience, protocols, organizational staffing plans, or outsourcing procedures for providing pharmacy services.

Describe the number of pharmacists (if applicable), policies, and procedures and the methods you will use for dispensing and administering pharmaceuticals.

NaphCare has 6 full-time and 7 part-time pharmacists at our corporate office. Our pharmacists provide a thorough clinical review of drug orders as new prescriptions are electronically sent to the NaphCare Pharmacy. **As a value-added service for the Jail, NaphCare’s pharmacists review all orders for accuracy.** They verify real-time prescriptions for safe dosage, allergies, specified length of time, need for drug, and duplications. By identifying duplications, we minimize the number of drugs a patient needs while still ensuring high quality care.

Describe or list the standard formulary for pharmaceuticals you would use.

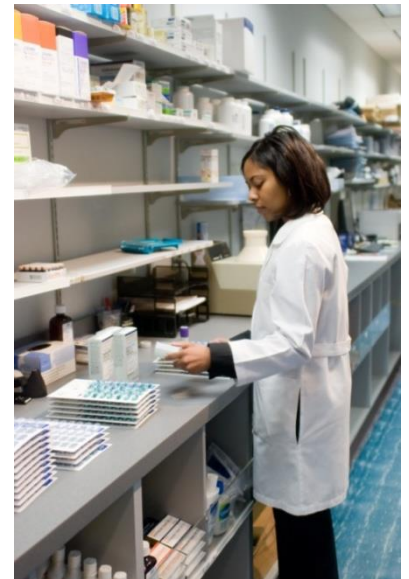
We have included NaphCare’s standard formulary in the *Appendix*.

Describe your pricing strategy for medications and total pharmacy cost.

NaphCare will provide medications at our acquisition cost. The total pharmacy cost has been included in our submitted pricing offer with the exception of hepatitis C medications and blood factor treatments. If any hepatitis C and/or blood factor medications are provided during a given month, they will be billed back to the County on our monthly invoice at NaphCare’s acquisition cost plus a \$5.00 per card dispensing fee.

Describe how you will comply with security procedures for controlled substances, syringes, needles and surgical instruments.

NaphCare nurses keep a perpetual inventory that must be signed and accounted for by two staff members. Upon receipt of all controlled medications, healthcare staff will add the medications to the inventory in the medication room. All new inventory will be added to the Controlled Substance Log book. This is a numbered, bound log book. This gives greater accountability for all doses that are received into inventory and dispensed to patients. From receipt, to cabinets in the medication room, to the medication carts for dispensing, all narcotics will remain under a double-lock at all times. Two signatures are required by healthcare staff upon receipt, administration, waste, and count verification. NaphCare’s policy is to count controlled substances at the beginning of each shift, and we will comply with all CCSO security procedures.



NAPHCARE’S IN-HOUSE PHARMACY SERVICES

Medication administration is a high-volume and high-risk process, and NaphCare takes this responsibility very seriously. Safeguards are needed all along the delivery system. NaphCare’s goal is to provide our clients with safe and efficient pharmaceutical services while also reducing their drug costs. We own and operate our pharmacy, which is dedicated solely to the correctional facilities we serve. The pharmacists are all employed by us and are highly qualified with degrees in Doctor of Pharmacy, Master of Administration, and Bachelor of Science, and possess multiple disciplines of pharmaceutical experience.

**NaphCare has provided pharmacy services
for 29 years!**

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

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



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

| NaphCare’s In-House Pharmacy Benefits |
|--|
| 29 years of correctional pharmacy experience. |
| Purchasing discounts & cost savings extend directly to you. |
| Drug ordering made simple through use of <i>TechCare</i> ® and our eMAR services. |
| Automation streams prescriptions to pharmacists for efficient, accurate, & complete clinical review. |
| Improved communication between pharmacy & healthcare units, allowing for immediate access to new drug orders and simplified drug formulary management. |
| Pharmacist review of all new drug orders for duplicate therapy, drug interactions, allergies, dosing schedules, and appropriateness of therapy. |
| National contracts with local major pharmacies for emergency back-up services, ensuring 24-hour access to prescription drugs. |
| Medications available 24 hours per day, 7 days per week, 52 weeks per year. |
| Most prescriptions free of charge for NaphCare employees who elect our health insurance plan. |

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

| Pharmaceutical Management – Continuity of Care for the CCSO |
|--|
| Efficient, accurate pharmaceutical ordering – ensures adequate and appropriate supplies & minimal use of emergency ordering; |
| Storage & security of drugs, syringes, needles, dispensing instruments, & instruments; |
| Close monitoring of drug prescribing patterns; |
| Maintenance of patient profiles at the pharmacy with drug allergies & drug interaction alerts noted; |
| Control inventory; |
| Renew prescriptions to avoid any interruption or delay in drug dispensing; |
| Develop and utilize quality improvement tools to monitor psychotropic drug usage and poly-pharmacy issues; |
| All prescriptions will be labeled in accordance with applicable state and federal regulations. We will provide for electronic submission and prescriptions tracking; |

Routine reporting of current prescriptions that will expire within five days, unless the prescription was specified as a one-time prescription, and;
Proper disposal of all unused drugs.

Medication Review

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

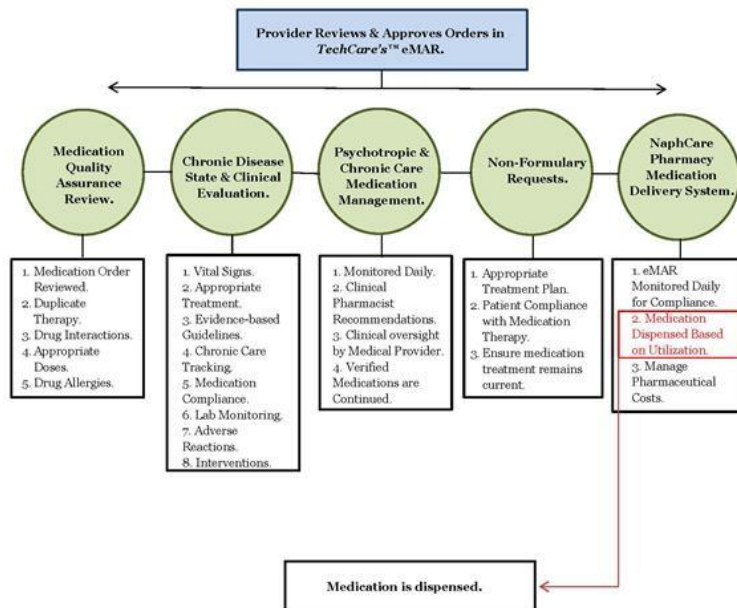
Pharmacy Queue & Vital Signs

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

Clinical Pharmacist Quality Assurance Management Process

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

Within our eMAR, all **providers have the information they need to review and approve orders and make more informed decisions regarding patient care.** At the time that our providers review and approve orders, our Pharmacy Quality Assurance Management Process begins. **All activities that compose our Clinical Pharmacist Quality Assurance Management Process are completed within 24 hours of an inmate entering your facility.** Finally, when all medications are approved and our pharmacists have reviewed all medication information in detail, our nurses administer medications to inmates in compliance with NCHC standards for care and the manner which you have requested. When a provider reviews and approves orders in the *TechCare*® eMAR, our **Pharmacy Quality Assurance Management Process** begins. The following chart outlines this process. **NaphCare’s Pharmacy Quality Assurance Management Process:**



Electronic Prescription Ordering

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

Automatic Reordering System

As nurses administer drugs using our eMAR, we match refills with distribution. **The result is that you only pay for what is used and avoid unnecessary drug costs.** On-site staff and our pharmacy department access the same drug list, greatly reducing human error. Automatic Reordering also provides improved tracking of medications.

Within our eMAR, tracking renewals of maintenance medications is easy. For the Jail, we will ensure that renewals of maintenance medications are consistent and ongoing so as not to place an inmate's health at risk. Under no circumstances will maintenance medications or keep-on-person (KOP) medications lapse. Our pharmacists review all orders, verifying prescriptions for accuracy, safe dosage, allergies, specified length of time, need for drug, and duplications. Our providers review inmate records for medications near expiration and ensure that inmates assigned to regular chronic care check-ups have medications renewed on time. Within our eMAR, our pharmacists search for prescriptions that are nearing expiration and request appropriate refills. All of NaphCare's pharmaceutical operations comply with *NCCHC J-D-02 Medication Services*, which mandates that medication services are clinically appropriate and provided in a timely, safe, and sufficient manner.

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

Cost Containment Initiatives

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

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

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

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

Electronic Medication Administration Record (eMAR)

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

We are committed to proactively reducing medication errors. Our eMAR ensures accountability at every level of the medication process, from the entry of the order to the administration to the patient. Inmate records/information can be retrieved using a unique inmate number, and documentation complies with federal and state legal requirements. *TechCare*® also has a user-friendly interface for accurate documentation that is immediately accessible and can be retrieved easily for reporting and tracking purposes.

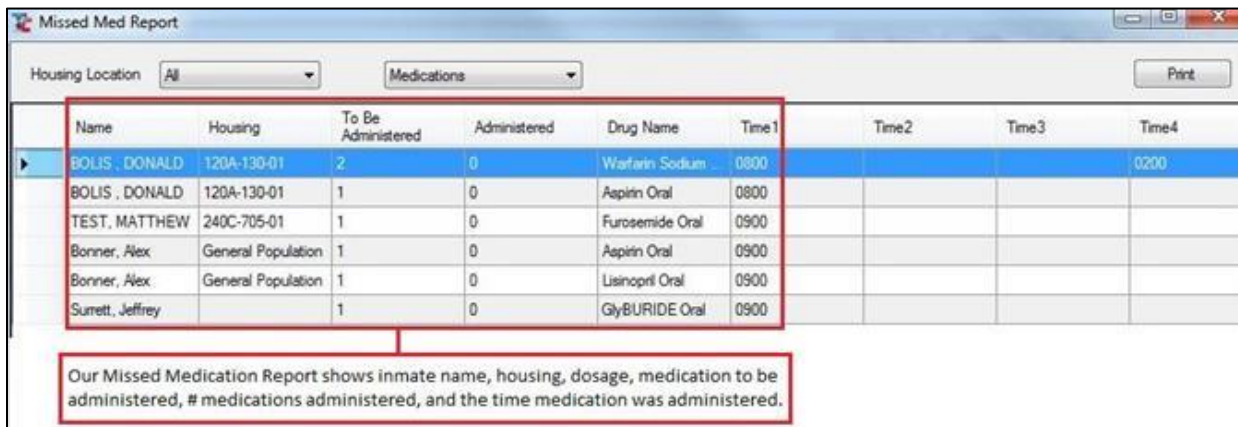
Also, vital signs, such as blood pressure and blood glucose levels, are shown in our eMAR and Pharmacy Queue to alert healthcare staff of abnormal vital signs that may require further attention.

The eMAR assists in developing an efficient, structured med pass process. With our eMAR, medication administration is structured and nurses organize medication carts in relation to inmate location, which greatly reduces time needed for medication administration and correctional staff oversight during this process. The *TechCare*® eMAR screen allows nurses operating in your facilities to access all patient information during medication pass.

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

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

eMAR - Missed Medication Report

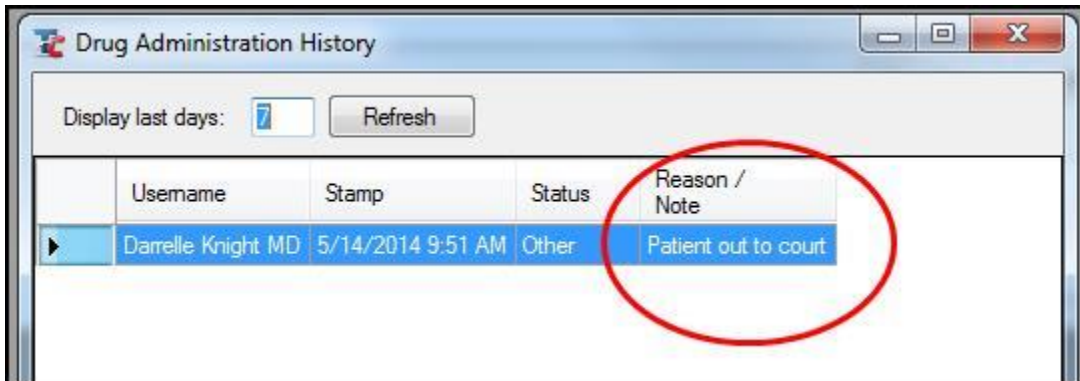


The screenshot shows a window titled "Missed Med Report" with filters for "Housing Location" (All) and "Medications". A table lists inmate records with columns for Name, Housing, To Be Administered, Administered, Drug Name, and Time. A red box highlights the first six rows of the table. Below the table, a text box explains the report's content.

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

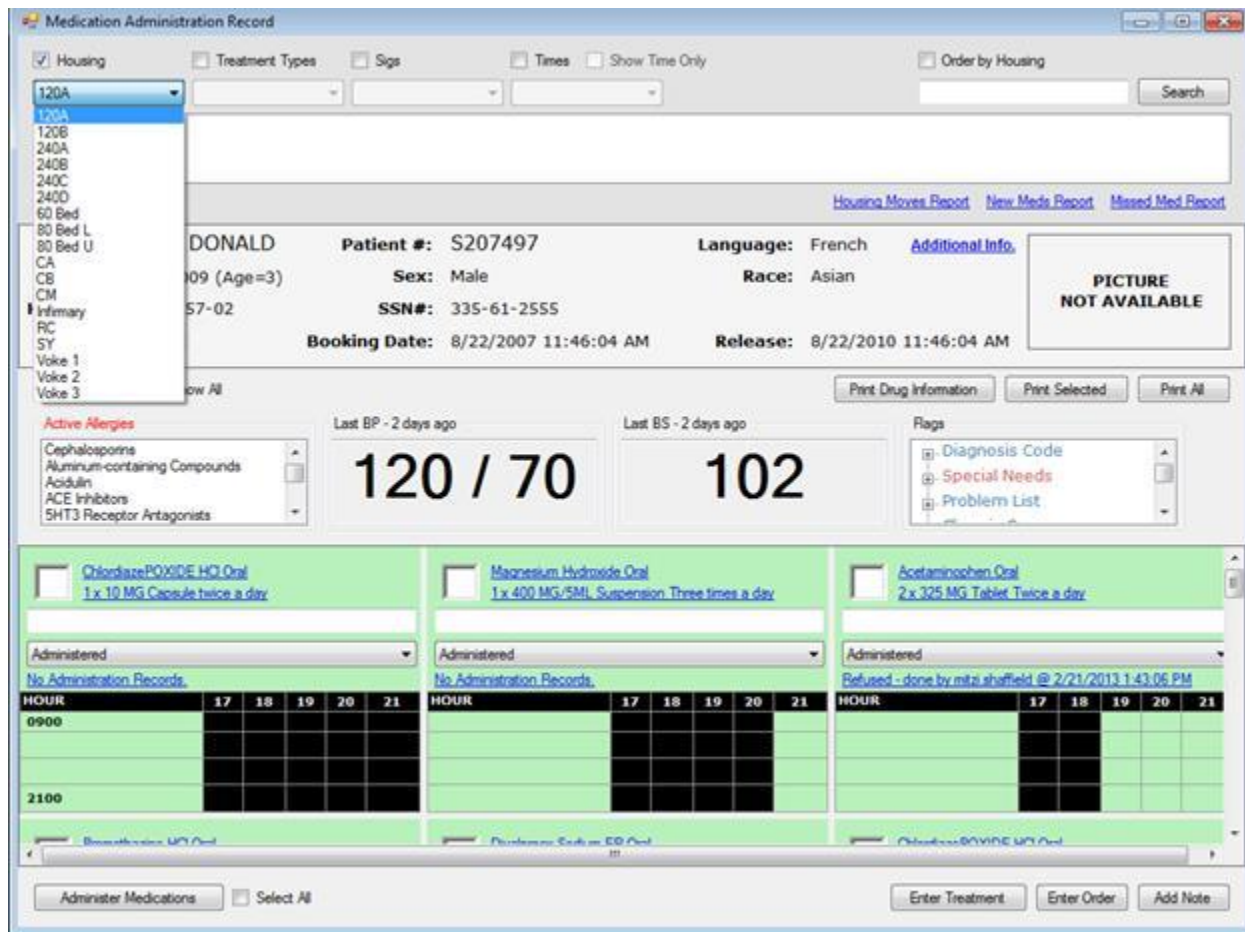
Our Missed Medication Report shows inmate name, housing, dosage, medication to be administered, # medications administered, and the time medication was administered.

eMAR - Drug Administration History – Reasons for Missed Medications – Detail



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

NaphCare’s eMAR screen housed in *TechCare*®



Other benefits of our eMAR system include the following:

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

Formulary Drugs

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

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

Formulary Management

NaphCare will actively participate and assist in maintaining and enforcing drug formulary, protocols, policies & procedures and will work with the County to manage the formulary to control costs and ensure effective clinical care. Clinical experts will share information regarding the 'best practices' in formulary management techniques based on experience with clients, healthcare organizations, and the State Department of Correction. By programming *TechCare*® with the approved formulary, we ensure that inmate medication orders are in strict compliance with approved formulary.

- **Equipment and Supplies**

NaphCare does not require the County to provide any medical equipment for the submission of this proposal. The equipment list below is what NaphCare is providing in our base pricing.

| ITEM DESCRIPTION | QTY |
|----------------------|-----|
| Medication Carts | 2 |
| Vital Signs Machines | 3 |
| Treatment Cart | 1 |
| EKG with Cart | 1 |
| O2 Concentrator | 1 |
| Crash Bags | 2 |
| Pulse Oximeters | 4 |

- **Comprehensive Health Services/ Aftercare/Release Planning of Inmates**

On the following pages, we describe the medical and mental services we provide in a correctional setting. We have also provided documentation that includes at a minimum and not limited to, descriptions of each categories beginning on RFP page 13 as described in Attachment 1, Statement of Work section C.2).c.— Services.

Section 3, Scope of Work

2.0 SCOPE

NaphCare will perform all Services represented in the Service Level Agreements contained herein at or better than the minimum level of performance set forth and will make an effort to achieve and maintain the target levels of performance. ***NaphCare’s goal is to provide exceptional service in all areas identified.***

3.0 ROLES & RESPONSIBILITIES

We have read and understand all NaphCare and County roles and responsibilities.

4.0 SERVICE LEVEL AGREEMENT

We have read and understand these requirements.

I. STATEMENT OF WORK

A. PURPOSE AND GOAL

NaphCare understands that our primary responsibility in Health Care Services to inmates commences with the commitment of an inmate to the custody of the jail and ends with the release of the inmate from custody, and includes but not limited to: inmate medical, mental/psychiatric and dental screening and health services, admissions evaluation, triage, sick call, care of medically and mentally fragile inmates, administering and prescribing medicine, pharmacy services, suicide risk assessments, medical clearances for intra and inter-agency transfers, work clearances, and the continuing care of identified medical and mental health problems, emergency services, coordination with health care providers, clinic time, and other services as more specifically identified in this proposal.

NaphCare would like to meet the County's goal to provide cost effective, legally defensible, and medically necessary services and maintain a level of quality in accordance and in compliance with current standards established by the National Commission on Correctional Health Care (NCCHC). The health services program will comply with minimum Jail Standards as defined by the Oregon Revised Statutes, including specifically ORS 169.076 (5), including all updates throughout the life of the agreement. NaphCare will comply with and provide evidence of our compliance with the Oregon Medical Practice Requirements through our policies and procedures.

B. BACKGROUND AND CURRENT OPERATIONS

NaphCare has read and understands the current background and operations at the Clackamas County facilities, and was able to attend the Walk-Through and tour the facilities last month. *While we are not experts at your facilities, we are experts in correctional healthcare and our experience is detailed throughout this proposal.* NaphCare would like the opportunity to introduce the County to our exceptional **Proactive Care Model** and programs.

C. NAPHCARE QUALIFICATIONS

NaphCare is qualified, experienced, and able to safely and securely provide and coordinate the comprehensive Services and associated systems of care to meet the needs of inmates at the CCSO's detention and corrections facilities.

1) Contractor Minimum Qualifications. As evidenced on the following pages, NaphCare meets and exceeds all minimum qualifications:

a. NaphCare Experience and Accreditation

1) *Experience.* NaphCare is regularly and continuously engaged in the business of providing comprehensive inmate detention and/or correction medical and mental care services for at least five (5) years. We have a minimum two (2) years' experience providing medical and mental care services in a detentions and corrections facility of similar scope and services within the last five years. **Please see Sections on Experience and Accreditation.**

2) *NCCHC Accreditation.*

- a) NaphCare has provided services in facilities accredited under National Commission on Correctional Health Care (NCCHC), during the last five years.
- b) Please see section on NCCHC Accreditation.
- c) Please see section on NCCHC Accreditation.
- d) NaphCare will pay for all fees required to maintain this certification. We will provide all NCCHC Accreditation reports to the County during and after accreditation process.
- e) NaphCare will obtain, within 180 days of contract start date if awarded the contract, NCCHC accreditation for an Opioid Treatment Program, which is an on-site methadone detoxification program for inmates who were enrolled in a methadone maintenance treatment program in the community prior to incarceration.

3) *Substantiation.* The proposal will include the following information:

- a) Please see section on NCCHC Accreditation.
- b) Please see section on NCCHC Accreditation.
- c) In the *Appendix*, we have included our Client Listing, which includes data on inmate census and services provided.

d) Please see References section.

d) On page 13, we have provided at least five (5) of NaphCare's major suppliers who can speak to the financial capability of NaphCare to carry out the requirements of the RFP.

b. Staff Minimum Qualifications. The medical professionals and individuals providing services through NaphCare WILL individually meet certain minimum qualifications. The County reserves the right to immediately exclude any medical

professionals and individuals providing services through NaphCare from the Jail to preserve institutional safety and security.

- 1) *Supervising Doctors and Nurses.* Each supervising doctor and nurse will have at least three years' experience in medical practice at a correctional facility after obtaining his or her credentials.
- 2) *Health Services Administrator.* The Health Services Administrator will have at least one years' experience providing similar services in a medical facility of comparable size and patient acuity.
- 3) *Other Supervisors.* All other supervisors will have at least one years' experience in the profession they are supervising, providing similar services medical facility of comparable size and patient acuity.
- 4) *All Individuals.* All service providers, employees, and subcontractors working at the jail and correctional facilities will pass and maintain, to the satisfaction of CCSO, a security and background check performed by CCSO. Failure to pass, divulge information, or comply with the background process will prohibit an individual from entry into CCSO facilities. Any security and background checks performed by CCSO will be in addition to the new hire and routine, background checks, reference checks, and other procedures performed by NaphCare. All staff will have an ongoing duty to report criminal arrests or violations to County.

5) Substantiation. This proposal includes the following information:

- a) Recommended Staff. **We understand the importance of experienced staff and we will make every effort to retain current Clackamas County staff as instructed and approved by the County.** Upon contract award, we will provide the resumes of proposed staff with titles/function, their education, certifications, and licenses (including license numbers), as well as years of experience in title/function and years of experience working in a detention and/or correctional setting. If awarded the contract, we understand that such documentation and verification is an ongoing requirement for all replacement staff of the successful contractor.
- b) Medical/Mental, nursing, clinical, and administrative personnel will be certified and licensed by the appropriate certification and/or licensing board, as required, by the State of Oregon.

2) **Demonstration of Contractor Minimum Qualifications.** NaphCare's staff will adhere to the same standards in place for county employees with regard to harassment, alcohol and drug free workplace, violence in the workplace, Prison Rape Elimination Act, Electronic Systems and Equipment Use Policy, or any other current or future policy that impacts county employees.

a. Staff Qualifications

1) *Licensing and Credentialing.* All NaphCare staff providing medical, dental, or mental health treatment meet state licensure and/or certification requirements. To ensure that our medical professionals have the appropriate licensure and/or credentialing to provide the services required, we conduct a thorough interview and credentialing process, which includes the following steps:

- Pre-screening applicants through phone interviews and the submission of credentials/licensure.
- Interviewing of candidates at the CCSO by our health services administrator (HSA) or another company representative.
- Verifying references and licenses with the appropriate state and/or national agencies.
- Extensive site visits to the CCSO prior to making a formal employment decision.
- Requiring prospective employees to undergo and pass a criminal background check.
- Requiring prospective employees to undergo and pass a pre-employment drug screen.

We ensure that all professional staff, including contract physicians working in the Clackamas County Jail, has evidence of current licensure, certification, and/or registration as required by state or federal law on file with NaphCare. We verify

our medical professionals' credentials initially upon hire and again before each individual's license expires. We maintain appropriate records of these credential verifications. These records are maintained by our corporate office and stored securely online, so sites have access to any needed documentation. Copies of all current nursing and physician licenses are also kept on file in the health administrator's office. We make credentialing, profiling, privileges, competency reviews, licensure, disciplinary and other regulatory data available to the County upon request. **Please see more information about Credentialing in Section for tracking documentation and screenshots.**

b. Medical and Mental Health Services Records System

1) Description of Medical and Mental Health Records System.

TEHCARE®, NAPHCARE'S OPERATIONAL SYSTEM

NaphCare's **Proactive Care Model** is delivered by **Quality People, Quality Processes, and Quality Systems** working in unity. An integral part of this model is NaphCare's comprehensive electronic operating system, *TechCare*®. Beyond providing electronic health records, *TechCare*® is a corrections-specific **operational system** that automates, standardizes, and enforces proactive inmate care. It also connects NaphCare, our on-site staff, and our clients in a way that no other system can, providing on-demand, transparent information and communication regarding healthcare services.

TechCare® is currently functional at ALL of NaphCare's client facilities, and we guarantee that it will be **fully implemented and operational on day one of the contract**. NaphCare will install the system, pre-load data, and train all users on *TechCare*®. We encourage Clackamas County to contact our references to gauge their level of satisfaction and our ability to deliver on our implementation timeframes and promises.

A Comprehensive System

Most correctional healthcare providers propose to use an EHR system. With NaphCare, you receive proven, more advanced technology in **a comprehensive operating system tailored specifically to the needs of** Clackamas County. Electronic records are one of *many TechCare*® features, but there is much more. *TechCare*® is NaphCare's operational system and helps NaphCare to be the best provider of correctional healthcare possible. It tracks the healthcare activities of each inmate upon incarceration, creating **standardized treatment processes** (with the appropriate documentation) from intake through discharge. It identifies inmates' critical medical needs and **ensures timely intervention** with appropriate care. The *TechCare*® system includes the following components:

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

- Medication Administration Record/Electronic Medication Administration Record
- Sick Call
- Flags
- Queues/Dashboards (Doctor, Nurse, Pharmacy)
- Alerts
- Detailed, Compliance Supporting, Logging

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

2) Examples of Medical and Mental Health Records Systems.

TechCare® is currently in place at all of our client facilities as an operational system with a medical records component. *TechCare*® was created specifically for use in correctional facilities and is the only system certified for corrections. Beyond just electronic health records, it has a myriad of features designed to improve inmate care, staff efficiency, compliance, communication, and documentation. Therefore, *TechCare*® provides the highest level of quality assurance and risk management for a correctional healthcare program.

In addition to providing *TechCare*® to all of our comprehensive clients, NaphCare has also implemented *TechCare*® as a stand-alone service for the following clients. These large-scale correctional organizations have used *TechCare*® with great success and depend on it to manage their high volume of inmate medical records reliably and accurately:

- **Maricopa County Correctional Health Services, Arizona** –7,000 ADP and 2,070,000 records, over 250,000+ per year
- **San Bernardino County Jail, California** – 6,300 ADP
- **County of Orange Health Care Agency, California** – 7,000+ ADP and more than 1.4 million records
- **Riverside County Correctional Healthcare Services Division, California** – 4,000+ ADP
- **New Hampshire Department of Corrections** – 3,000 ADP
- **Allegheny County Jail, Pennsylvania** – 2,400 ADP

These facilities provide services for adult and juvenile inmates with a combined inmate population of over 18,000. As their EHR provider, NaphCare manages over 3.4 million existing medical records using *TechCare*®. NaphCare won these contracts in very competitive bid processes against some of the most well-known EHR programs available, such as NextGen, Clinical Works, AccessMed, Cerner, CorEMR, and Centricity. *TechCare*® was designed specifically to provide efficiency, accountability, transparency, and consistency in correctional facilities and its ease of use and capabilities exceed the expectations of even the largest correctional institutions.

We have included Sample Reports in the *Appendix*. **Please see section on Electronic Medical Records for more information.**

c. Services

1) *General Description*. Throughout this proposal, we have described the medical and mental services NaphCare has provided in a correctional setting.

a) Within our proposal, we have provided documentation that includes at a minimum and not limited to, descriptions of each of the following:

- i. 24 hours per day and 7 days per week staff coverage in the jail; **Please see Staffing Plan for more details.**
- ii. Daily sick call; **please see section on Sick Call Program.**

- iii. 24 hours emergency / on-call physician and psychiatric consultation;
- iv. Minimum two hour window of time to screen every new jail arrival for medical, dental, or mental health problems;
- v. Full physical for all lodged inmates within 14 days of admission;
- vi. On-site care, including equipment and access for inmates;
- vii. On-call services;
- viii. Provision of services pursuant to court orders;
- ix. Coordinating inmate transfers – In the *Appendix*, we have provided a redacted contract with one of our transport service providers; this documentation demonstrates that NaphCare has previously managed contracts with Ambulance Services providers for transfer of inmates, and has a successful track record of contracting and managing such transport services;
- x. Coordinating services with outside health care systems;
- xi. Dental Services;
- xii. Mental Health Services;
- xiii. Provision of Prosthesis/Glasses and other associated durable medical equipment;
- xiv. Detoxification from Drugs and Alcohol;
- xv. AIDS – including testing, education and/or working with community groups);
- xvi. Continuity of care services after release including coordination, if any, with public health agencies and community based organizations;
- xvii. Managing and facilitating follow-up care after an inmate returns from an outside medical appointment or procedure; and
- xviii. Managing and facilitating discharge planning; **please see section on Discharge Planning.**

2) Infectious Outbreak.

NaphCare's Infection Control Program

NaphCare has an established Infection Control Program that is based on *NCCHC standard J-B-01 and ACA Standards for Communicable Disease and Infection Control Program*. Our Infection Control Program provides guidelines for the management of, and reduction of unnecessary exposure to, infectious and communicable diseases for inmates, institution and healthcare staff. It also offers guidelines to enact protection for health of inmates, staff and visitors through maintenance of a clean and orderly health unit. Our program is based on universal precautions recommended by the Centers for Disease Control (CDC), the Occupational Safety and Health Administration (OSHA), the Association for Practitioners in Infection Control, and other nationally recognized infection control organizations.

An infection control program will be implemented at the CCSO to establish a comprehensive system of programming for surveillance and treatment of infectious diseases within the correctional environment. This program also eliminates or minimizes the risk of infection and transmission of communicable diseases for inmates and employees, and provides for the reporting of diseases as required by local, state and federal law.

The HSA oversees and implements infection control measures to monitor the incidence of infectious and communicable diseases, ensures proper handling and disposal of biological waste, and provides education to inmates, correctional staff, and clinical staff on control, treatment, and prevention of infection. Infection control activities are monitored by the CQI committee. At a minimum, our infection control program includes written policies, procedures, and practices to:

- Define surveillance procedures for inmates identified with infectious/communicable disease;
- Ensure appropriate testing and immunizations for staff;
- Provide inmate immunizations as recommended by the on-site Medical Director;

- Provide care and treatment to inmates with communicable diseases, including the recommendation for special housing/isolation when medically indicated;
- Implement Bloodborne Pathogen Program;
- Monitor compliance with treatment regimens and continuity of care for inmates with communicable diseases;
- Ensure confidentiality;
- Define decontamination of medical equipment and proper disposal of sharp instruments and biohazard wastes;
- Define strict adherence to universal precautions by all NaphCare staff to minimize the risk of exposure to blood and body fluids of inmates; and
- Provide reports to designated authority of infectious diseases and nosocomial infections (infections that originate or occur in a hospital) in accordance with local, state, and federal laws and regulations.

Meetings are held at least quarterly, or whenever an infection control issue requires immediate or continuing attention. A licensed healthcare provider is designated to serve as the Infection Control Coordinator. The infection control committee will consist of the following members:

- Medical Director or Physician;
- Dentist or representative, if applicable;
- HSA;
- Director of Nursing, if applicable;
- Infection Control Coordinator;
- Institutional Authority representative; and
- Any other representatives, depending on issues for discussion as designated in conjunction with the HSA or our Corporate Office.

Infectious disease reporting is achieved through the *TechCare*® system. An inmate diagnosed with an infectious disease is immediately enrolled in a chronic care clinic that will then provide the appropriate referrals and treatment plan. The inmate's care can be tracked through the chronic care clinic module in *TechCare*®. *TechCare*® maintains data in real time to ensure that appropriate care is provided.

Infection Control Education

All new hires receive a comprehensive introduction and overview of the infection control program during their orientation period via our training module, NaphCare University. In addition, we provide annual review and competency training of our infection control program for all site staff via NaphCare University as well as on-site in-services. Infectious disease education includes, but is not limited to blood-borne pathogens, air-borne pathogens, post-exposure management, proper hand washing technique, bio-hazardous waste handling, and MRSA. We also provide inmate patient education handouts that address MRSA, HIV/AIDS, and Hepatitis C for use in the facilities.

Delousing Procedures

As part of our policy and procedure for Infection Control, we implement delousing procedures in accordance with *NCCHC standard J-B-01*. Inmates entering the Jail are examined and treated, if indicated, for ectoparasites in order to prevent possible institutional infestation.

- Disinfection includes the inmate, bedding, and clothing;
- Treatment given to infected inmates considers all conditions and is ordered by a clinician; and
- Only over-the-counter medications are used for facilities which routinely delouse inmates.

Pandemic Response

We will prepare healthcare staff to implement the aspects of our response to a pandemic of infectious disease to ensure the health, safety, and welfare of inmates, staff, and visitors. It is our policy to work in conjunction with the County to ensure that the health, safety, and welfare of inmates, staff and visitors are not jeopardized within the confines of the correctional institution during a pandemic of infectious disease. The Pandemic Response Plan is based on guidelines established by the Center for Disease Control and Prevention (*NCCHC J-B-01a; ACA Communicable Disease and Infection Control*).

5) *Medical Health Care Management*. Specify at least two medical and/or mental care management programs NaphCare's organization has implemented which comply with NCCHC and community-based standards of care.

a) Documentation may be copies of program specifics showing policies and procedures for maintaining certification and standards of care.

6) *Development and Implementation of Programs*. Specify if NaphCare has developed and implemented a successful comprehensive medical and/or mental care program in a correctional facility within the last five years.

a) Documentation will include clear goals, objectives, policies, and procedures for goal achievements in the clinical environment.

b) Provide copies of materials from the program.

c) The response will also detail if goals and objectives were met.

7) *Mental Health Care Services*. Describe NaphCare's experience, protocols, and organizational staffing plans for mental health services. Advise if NaphCare provided the services (1) directly or (2) if it was done in coordination with a prior client agency's jurisdictions or County Mental Health Services department.

a) Please provide examples of how NaphCare currently or has in the past provided coordination of mental health services in correctional facilities.

b) Documentation may be policies, procedures, and/or copies of agreements.

Please see Section on Mental Health.

8) *Pharmacy Services*. We have described our experience, protocols, organizational staffing plans, or outsourcing procedures for providing pharmacy services. Describe the number of pharmacists (if applicable), policies, and procedures and the methods NaphCare will use for dispensing and administering pharmaceuticals. **Please see Section on our Pharmacy Program.**

9) *Health Screening*. On the following pages, we have described and shown documentation on how NaphCare will provide health screening, including appropriate lab work, for intake, inmate food workers, and other inmate workers as required by statutes, regulations, or CCSO.

NAPHCARE'S RECEIVING SCREENING

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

Our client facility, Clark County Detention Center in Las Vegas, Nevada, screens over 80,000 inmates per year using *TechCare*®.

NaphCare's Receiving Screen is NCCHC compliant and designed to be

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

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

Any inmate whose responses indicate a need for further medical or mental health intervention will have their record flagged electronically to indicate this. There are built-in prompts within *TechCare*® to assist the interviewer in taking appropriate action based on responses – such as placing an inmate on suicide precautions; urgently contacting medical, mental health, or security personnel; and any special housing recommendations. All Receiving Screens are included in the electronic health record for providers' review.

Receiving Screening Form in TechCare®

RECEIVING SCREENING
Print Complete

Patient: DOE, JANE #: 02510761805067f29d89d3 Lang: >1d6 (1234) Additional Info.
DOB: 4/8/1990 (Age=26) **Sex:** Female **Race:**
Housing: **SSN:** **HIDDEN**
Status: ACTIVE **Booking Date:** 4/8/2015 3:50:25 PM

PICTURE NOT AVAILABLE

BP 120 / 80 **TEMP** 98.6 **PULSE** 75 **RESP** 18 **SaO2** 98 **BS** 120 **PAIN** NA **Ht (ft)** 5 **Ht (inches)** 10 **Wt** 149 **BMI** 21.4 **MAP** 93.33

| Type | Last Update Date Time | Blood Pressure Systolic | Blood Pressure Diastolic | Temperature | Pulse | Respirations | Height in Feet | Height in Inches | Weight in Pounds | Weight in Ounces | Oxygen Saturation |
|-------------|-----------------------|-------------------------|--------------------------|-------------|-------|--------------|----------------|------------------|------------------|------------------|-------------------|
| Vital Signs | 2/17/2017 2:09 PM | 120 | 80 | 98.6 | 75 | 18 | 5 | 10 | 149 | NA | 98 |

Allergy: Add Clear
 Current Allergies:
 Allergy History Not Known

Screeners: All questions in this form must be addressed. For questions with a single checkbox, by leaving the checkbox unselected, you are documenting your conclusion that all parameters of the question are false. By selecting the checkbox, you are acknowledging a positive response to the item and further documentation must be provided in the corresponding questions and text boxes.

ARRESTING OFFICER QUESTIONS--Select and Document all that apply

Is the arresting officer aware of any of the following?:

| | Yes | No | NA |
|---|--------------------------|--------------------------|-------------------------------------|
| Illness or Injuries | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Current/Recent Suicidal Ideation | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Under Influence of Drugs or Alcohol | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Combative, Assaultive or Extremely Hostile Behavior | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Treatment by Medical Personnel in the Field | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Proactive H&P upon Intake

A beneficial feature of NaphCare’s receiving screening process for the CCSO is that we propose to perform the H&P up front, during intake. By performing this screening at intake, we can identify urgent medical and mental health issues upon an inmate’s arrival. This not only reduces costs for emergency and hospital transportation, but it also reduces the inmate movement required to provide the 14-day health assessment. This model has proven successful at our client facility, the Clark County Detention Center in Las Vegas, which has a large inmate population with an ADP of over 3,500.

Mental Health Screening: NaphCare’s mental health screening complies with NCCHC standards and proactively identifies and prioritizes inmates in need of mental health services. **NaphCare is the only provider that completes the mental health screening on day one, at intake.** Other providers wait up until 14 days to provide this critical screening, which can have negative consequences. The following is a description of each section of the screening and the information it obtains:

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

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

Tuberculosis Testing: It is our policy to complete a symptom screening and administer the tuberculin skin test during the receiving screening and to schedule a follow-up appointment. Our TB screening follows guidelines issued by the American Thoracic Society and the Centers for Disease Control (CDC) for the management and treatment of Tuberculosis.

The TB test is logged in the medical record and automatically flagged for follow-up. A list of inmates requiring a TB read is generated and results of the test can be read and recorded—this ensures that all inmates receive a TB read in a timely manner. Our healthcare personnel ensure that inmates are either medically cleared before they are sent to general population or referred to the appropriate healthcare service. Nursing staff can access TB reads and results electronically, which offers significant advantages such as:

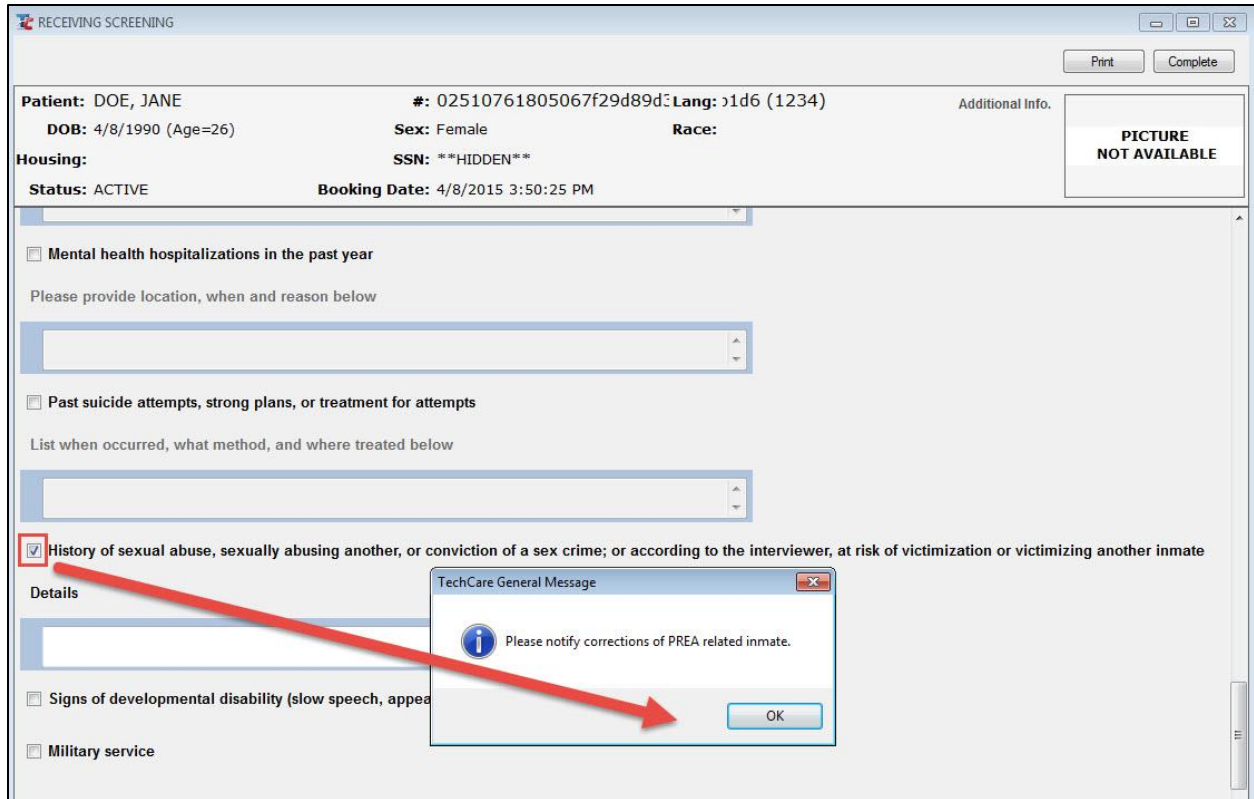
1. Drastically reduces workload; no paper charts need to be pulled.
2. Generates list of inmates grouped by TB status (positive/negative, administered, read, results, follow-up).
3. Eliminates unnecessary duplication of healthcare services for re-admitted inmates.
4. Accesses the date the last TB test was administered, history of services available.
5. Reduces costs for staff time and test supplies.

Prison Rape Elimination Act (PREA)

In order to comply with PREA standards, and as an added service benefit to you, NaphCare offers a PREA segment within the Receiving Screening in *TechCare*®. The following PREA question is asked during the receiving screening: *Does the inmate have a history of sexual abuse, of sexually abusing another, or a conviction of a sex crime; or according to the interviewer, is at risk of victimization or victimizing another inmate?*

TechCare® automatically sets a PREA flag based on a positive response to the above question. A daily PREA report is automatically generated from TechCare® and sent to custody and NaphCare leadership at the site.

In addition to this feature, the Informed Consent screen, which is also part of NaphCare’s receiving screening process, describes the PREA Announcement to ensure inmates are aware of the assistance that is available to them. These features are in place and operational at each of NaphCare’s client facilities to ensure PREA compliance.



Receiving Screening Quality Assurance

NaphCare’s corporate CQI staff will monitor the Receiving Screening process to ensure full compliance with *NCCHC standards J-E-03, J-E-04, and J-E-05*. The following **proactive** QA studies help prevent costly mistakes, medical emergencies, and expensive off-site care.

- ✓ **Timely Receiving Screening:** We seek to provide a timely Receiving Screening within hours of an inmate’s admission and within County required times. Using TechCare®, we audit the Receiving Screening. TechCare® searches the database of all active inmates with a bed assignment for completed Receiving Screenings. Corporate staff then reviews the screening report Monday through Friday, and any missed screenings are reported to the site Health Services Administrator (HSA). The HSA follows up on all identified inmates, and these inmates receive a Receiving Screening within 48 hours of site notification.
- ✓ **Positive Mental Health Screenings:** Per NCCHC standards, any inmate with a positive mental health screen must then be seen by a qualified mental health professional for a more in depth Mental Health Evaluation. Our QA department runs a weekly report that shows all active inmates who had a positive mental health screen, but have not yet had the mental health evaluation performed. This information is sent to the site HSA so that these inmates

will not be missed. The site is responsible for reviewing the list of inmates, explaining why the evaluations have not been performed yet, and providing a report of resolution back to the QA department within a few days.

- ✓ **Daily TB Read Report:** We identify any active inmate that does not have a TB read recorded in *TechCare*[®]; this alert is then automatically generated and shown on the Nurses Dashboard. This quality assurance activity helps ensure that all active inmates have a completed TB testing process or other appropriate care, such as a chest x-ray or Isoniazid treatment.

Inmate Worker Clearance

NaphCare will examine and provide a customized medical clearance for all inmate workers. The medical clearance process will be initiated within twenty-four (24) hours of receiving the list of inmates to be cleared. However, the need for laboratory testing may increase the time required to provide medical clearance. Inmate worker clearance will be documented on a standardized form and include the following information:

- A review of the inmate's current healthcare record, including history and physical exam.
- Questions regarding the inmate's past medical history, including communicable disease, cardiac problems, pulmonary problems, allergies and back problems.
- Questions regarding current signs and symptoms of illness.
- Documentation that the inmate has no conditions that preclude work based on criteria provided by the County.

Inmate workers will not be allowed to provide health services or work in the health services area, except for cleaning purposes. Inmates working in the health services area will be supervised at all times.

We have an established method to medically clear inmate food service workers through a pre-service physical examination. All inmates referred for food service work clearance will receive a pre-assignment medical examination to ensure freedom from any infection or illness that could be transmittable by food or utensils. Medical clearance for all inmate food service workers will be documented through the EHR system, *TechCare*[®], on the Inmate Worker Clearance form, which will remain a permanent part of their electronic health record. Should an inmate not be medically cleared for food service work, NaphCare will ensure that the inmate is scheduled for any appropriate treatment for the infection or illness. We will provide training to the food service provider to allow proper daily monitoring of those inmates scheduled for food service work. We may conduct periodic re-examinations and reviews of the inmate's health record to ensure that the inmate remains free of infection or illness.

10) *Prenatal, Pregnant, and Postpartum Services.* Specify how NaphCare will address the needs of pregnant and postpartum female inmates. **Please see Section on Female Healthcare Services.**

d. Coordination of Special and Outside Services

1) *Consulting Medical Specialties.* If awarded the contract, NaphCare will make appropriate arrangements with all specialty services and equipment providers as allowed under the scope of work defined in this response. We have working relationships with several medical service and supply companies with which we will arrange payment terms. We understand that each piece of equipment to be brought into either detention facility will be cleared by CCSO.

2) *Experience and Protocols.* We have described NaphCare's experience, protocols, and organizational staffing plans for coordinating medical/mental services with hospitals for both in-patient and outpatient treatment.

OFF-SITE MANAGEMENT SERVICES

If an inmate requires off-site care, NaphCare provides the most cost-effective and well-coordinated medical services possible. Our *TechCare*[®] and web-based systems play an integral part in managing the care of any inmate needing

outside services. Not only do we provide a daily list of all inmates currently hospitalized, but we also detail the clinical course and treatment plan; all this information is readily available within *TechCare*® to all authorized users. The availability of information makes communicating and coordinating care and discharge needs much easier. This data also allows us to track and trend off-site care in order to find opportunities to reduce costs and bring specialties on-site. **By providing centralized off-site management services, the on-site medical staff is able to focus solely on inmate care.**

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

NETWORK MANAGEMENT

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

NaphCare is an experienced provider and administrator of off-site care and Preferred Provider Networks. We boast a Network Management Department that is focused on negotiating discounted rates and developing beneficial provider networks for our clients. Currently, we coordinate off-site care and specialty medical services for 29 Federal Bureau of Prisons (BOP) facilities and 26 city and county jails. This network contains over 20,000 physicians and 500 facilities across the country. Our network management specialists are experienced in many types of provider negotiations such as hospital, physician, and agreements for providing on-site specialty clinic services. We will manage the specialty network for the CCSO with efficiency, quality, and cost effectiveness.

*Our experience developing and maintaining large hospital and preferred provider networks generates substantial reductions in costs for our clients. For example, FCI Memphis realized a savings **of over 50%.***

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

Features:

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

- Listen to community providers' concerns and rectify them quickly so that healthcare services are provided in an effective manner
- Coordinate security needs with provider needs

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

UTILIZATION MANAGEMENT

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

NaphCare realizes that high quality care does not have to be expensive; expensive care does not guarantee high quality; and preventive care saves money long-term. Our Utilization Management program follows a simple formula: *match intensity of service with severity of illness*. We consider the following factors during the review process:

- Medical necessity using *Milliman* criteria
- Appropriateness and efficiency of medical services, procedures, and facilities on all requests
- Off-site service delivery – inpatient and outpatient setting
- Length of stay using *Milliman* criteria
- Maximization of on-site infirmary capabilities
- Care consistent with community standards, contractual, or legal mandates
- Coordination of on-site and off-site care – eliminates duplication of services

Off-site Requests

Information needed to determine approval or deferral of services is available within *TechCare*®, allowing NaphCare's nurses to make reliable and informed decisions in a timely manner. The following screenshot shows an off-site request in *TechCare*®.

Inmate Tracking

We use *TechCare*® to track all off-site requests throughout the Utilization Management process. On average, NaphCare’s corporate Utilization Management nurses review off-site requests in less than one day, and when appropriate, approve requests.

Requests referred to the physician are reviewed within one business day. The average time frame for approved service scheduling with community based providers is one day. Emergency cases are immediately referred off-site and are reviewed retrospectively. For continuity of care, the Health Services Administrator or designee submits a notification immediately. Upon return from an emergency room visit, including psychiatric visits, the appropriate Advanced Clinical Provider or designated staff will see the inmate, review the discharge information and treatment recommendations, and issue follow-up orders as clinically indicated. Documentation of ER visits is tracked and monitored via *TechCare*® to identify outliers and further ensure continuity of care. At NaphCare, our goal is to provide inmates with the care they need when they need it; care is not delayed within our Utilization Management process. In most cases, NaphCare completes the process—from the time of the initial request to the scheduling of the appointment—in less than two days.

Utilization Management Key Interactive Components

We control costs by performing the following types of review:

1. **PROSPECTIVE REVIEW** - Occurs prior to delivery of care and establishes medical necessity, ensuring appropriate and cost-effective care within the correct timeframe. The following services are reviewed for all requests:
 - Hospitalizations—scheduled inpatient and observation
 - Outpatient surgical or non-surgical procedures
 - Specialty office visits and procedures
 - Diagnostics, durable medical equipment and prosthetics
 - Course of outpatient treatment—physical therapy, dialysis, chemo, radiation

NaphCare’s site Medical Director, designated site staff, Chief Medical Officer or designee, and a dedicated utilization nurse review and discuss proposed non-emergent services to determine the most appropriate and medically sound approach to care. Resulting outcomes and planned courses of action are shared with the site Medical Director or designee and progress notes are documented in *TechCare*®.

Prospective review can produce multiple outcomes, all of which are tracked by *TechCare*®. In our approach to correctional UR, we do not “deny” a provider’s recommendation for off-site care, but rather, discuss the case physician-to-physician and develop alternate plans of care as appropriate. Our UR process takes less than 24 hours on routine cases when all necessary clinical information is provided. Requests for care within 14 days are reviewed and processed the same business day.

Complex Off-site Healthcare Alerts (COHA): NaphCare’s Utilization and Case Management team closely monitors inmates diagnosed with chronic and complex illness. *TechCare*® aids staff in this process by tracking the number of off-site visits by way of a watch list. Inmate acuity level is based on the severity of illness and subsequent off-site treatments. When our nurse anticipates that an inmate’s care will require a wide range of resources, multiple off-site trips, or extended hospitalizations and treatments, a Complex Off-site Healthcare

Outcomes May Include

- ✓ Request for additional information for proper determination
- ✓ Nurse or physician review
- ✓ Nurse or physician approval

Alerts is sent to the Captain and appropriate jail personnel. NaphCare ensures that high acuity inmates are closely monitored, which reduces readmission, prolonged length of stay, and repeat surgery, as well as other medical expenses.

Pre-Procedure Instructions to Inmates: With the goal of educating inmates on scheduled procedures, NaphCare’s clinical support staff provides inmates with medical instructions and information prior to these procedures. Through this process, inmates receive evidence-based answers to clinical questions at the point of care. Informed of their procedures, inmates are prepared to ask questions and engage in conversations with clinical staff regarding course of treatment. Inmates have the tools necessary to improve treatment prognosis and minimize recidivism through self-care.

By following our policies we are able to shorten the length of stay, preserve quality of care, and enhance discharge planning for return to the facility.

- 2. CONCURRENT REVIEW** – Begins immediately after admission and continues throughout hospital stay, ensuring that an appropriate treatment plan, efficient delivery of services, and timely preparation for discharge are established.

For health concerns requiring inpatient admission, Utilization Management nurses remain in daily contact with hospital case managers and the attending physician to ensure that the length of stay is no longer than medically appropriate. Regular communication helps NaphCare develop appropriate discharge plans and maximize on-site infirmary capabilities.

- 3. RETROSPECTIVE REVIEW** – Occurs on all ER trips and for any questions or concerns that may arise regarding the quality and appropriateness of an inmate’s care. As part of our quality initiative, our UR nurses and Chief Medical Officer review all emergency room visits and monitor the site Medical Director’s appropriate use of the on-site facilities.

Utilization Management Reports

NaphCare has unlimited reporting capabilities based on the data captured in *TechCare*®. We analyze costs, trends, and provide reports in any format you request. In addition to providing the above services, we study statistics that aid you in improving your utilization of off-site care. Our sophisticated reporting capabilities, combined with our strong correctional operations experience, creates highly satisfied clients. NaphCare offers:

- Daily Hospitalization Report—including reason for admission and length of stay
- Detailed monthly utilization report—including detailed time frames for each process of the review
- Inpatient & outpatient statistical report—by service and location
- Specialty services—consults, procedures, and diagnostic services
- ER trips—by service and location
- Utilization Review—by disease classification

Case Management

NaphCare provides Case Management and Utilization Review efforts for hospitalized inmates. We recognize the value of on-site nurses in the facilitation of care in the hospital setting; our nurses are dedicated to and have extensive expertise in the above areas. Responsibilities for on-site nurses in the hospital setting include the following:

- Assistance with direct admissions—prevents lengthy & costly emergency room visits
- Discharge planning—ensures that all medical needs are met prior to discharge
- Increased communication between medical disciplines during complex hospital stays
- Establishment of collaborative long & short term goals for treatment
- Discharge planning—use of formulary drugs
- Optimization of infirmary beds—ensures proper assignment & level of care for inmates

Quality Initiatives

NaphCare's Utilization Management Department conducts a monthly Utilization Management Committee Meeting to identify and implement quality initiatives such as the readmission review process. Research is performed and shared with the committee, resulting in implementation of quality improvement processes. When necessary, cases are referred back to the Chief Medical Officer for peer review and further recommendations for quality improvement. Utilization Management education is an ongoing process throughout the life of the contract.

CENTRALIZED MEDICAL SCHEDULING

We coordinate off-site appointments for our clients through the Medical Scheduling Department at our corporate office. By using *TechCare*®, we facilitate the exchange of important healthcare and financial information between the correctional facility and NaphCare. This system has several key features that are beneficial to Clackamas County:

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

An Organized and Efficient Process

Our process for off-site requests ensures seamless preparation and performance of inmate off-site care. From our central office, our expert Medical Scheduling Department organizes and executes every step of the process with the priority on full communication and cooperation for the most organized, cost-efficient, and safe results.

Approved requests are sent to the Medical Scheduling Department where they schedule the appointment, noting such details as inmate insurance and special instructions. Appointments classified as urgent or routine and appointment requests are addressed and scheduled within the required time frames.

The Medical Scheduling Department generates and maintains an off-site calendar of appointments that is visible to any authorized on-site personnel and security officers. Medical Schedulers at the central office communicate necessary information (date, time, location) so the correctional officers responsible for the transport are prepared for the inmate's appointment. The medical schedulers also communicate any pre-appointment needs to the correctional facility, such as food and drink requirements, medication instructions, labs needed, or any other special instructions that relate to the inmate's care. An example of our Off-site Calendar that is used to summarize off-site scheduled appointments is shown on the following page.

We understand the issue of security and transportation costs and we work closely with custody to consolidate patient transfers.

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

Responsible Follow-Up

Individuals returning to the correctional facility following off-site treatment encounters return with documentation of the treatment received, in the form of a discharge summary, consult follow-up or other progress note. A registered nurse evaluates all patients returning from an inpatient hospital stay prior to placement in the general population. These inmates also see an on-site provider as soon as possible to ensure appropriate orders and follow-up.

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

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

MEDICAL RECORDS DEPARTMENT

Our Medical Records Department supports NaphCare's coordination of off-site services. On behalf of the facility, we obtain copies of all diagnosis, treatments, treatment plans, final medical records, discharge summaries, and other information related to the off-site referral in a very timely manner. Our Medical Records Department has direct access to many hospital's EHR systems (*where they exist and appropriate access has been granted*) to obtain records immediately upon completion of service which greatly adds to the continuity of care of the inmates.

When the records are received, they are filed in the inmate's electronic health record in *TechCare*[®]. Appropriate personnel can view medical records and print a hard copy for each appointment or medical service provided. As a quality assurance measure, the records also stay on the site Medical Director's *TechCare*[®] 'Doctor's Queue' until they are reviewed by the ordering physician. This service greatly aids continuity of care and the ease with which services are coordinated. In addition, the timely distribution of hospital reports, discharge summaries, and consult reports ensures compliance with program review requirements.

NaphCare's Medical Record Department is also available to assist our clients in securing medical records for care that is delivered in the community prior to incarceration. Determining the appropriate course of treatment inside the facility is difficult if current outside medical records are not available. NaphCare assumes the responsibility of securing these records for on-site providers so that appropriate intervention and care can be delivered quickly and efficiently. Securing outside medical records also reduces on-site healthcare costs by eliminating the need to repeat costly tests that may have been provided prior to incarceration.

TechCare[®] stores all outside medical record information and ensures all medical records and documentation are protected. *TechCare*[®] ensures security and HIPAA compliance by utilizing industry standards of security.

CLAIMS ADJUDICATION

Our Claims Department has the latest technology available in the market today. This enables our staff to handle your claims in the most efficient manner. The accurate and rapid processing of claims is a fundamental part of keeping costs down, and it also maintains our positive relationships with community providers, hospitals, and specialists. We ensure timely payments, accurate evaluation of claims based on approved services, and payments on claims only for inmates that are eligible at the time of service.

Our Director of the Claims Department, Cathy Sherbet, has over 20 years of experience in claims management, including 7 years with McKesson, where she managed a department that processed over 400,000 claims per year. Cathy currently manages NaphCare's claim's department of over 30 employees.

- ✓ NaphCare's Claims Department adjudicates "clean claims" within an average of 48 hours.
- ✓ Average cost savings on re-priced claims are 60% off usual and customary charges.
- ✓ Prompt turnaround time with non-electronically received claims keyed within 24 hours.

Claims Processing System

Our methods for processing claims and hospital/provider discounts focus on listening to clients' needs. We adhere to high standards of accountability and quality that set us apart from the competition. All claims are reviewed for accuracy and proper treatment, as well as correct coding and billing.

Claims are adjudicated using the software system *McKesson, Managed Care Optimization (MCO)*, specifically designed for the managed care industry. We pay claims promptly and accurately by applying all applicable payment rules. The provider's contract, fee schedules, negotiated rates, and terms and conditions are all loaded in the MCO system at the time of agreement, ensuring providers are paid according to agreement. The system does not allow for payment of a global rate and additional codes charged for the same service, known as bundling of codes. Through this system, the submitted claims are correctly analyzed for accuracy. This software also provides healthcare claim DRG calculation, APC assignment, Medicare/Medicaid reimbursement calculation, data editing, and validation to set specifications.

MCO, linked with *TechCare*[®], is the perfect combination to manage inmate eligibility and ensure that only claims on eligible inmates are paid. Information from the client's inmate management system goes through *TechCare*[®] to MCO. The integration of MCO and *TechCare*[®] also allows the flow of information obtained from healthcare claims back to *TechCare*[®]. The on-site clinical team will have real-time access to off-site provider information, which dramatically improves continuity of care.

Claims Administration

Our claims examiners work closely with your staff to support your facility. From claims processing to bill payment, our streamlined administrative services will provide you with valuable benefits. Each claim received by the claims department is reviewed for accuracy and adherence to community standards.

NaphCare assigns an authorization number to each off-site occurrence that includes a scenario detailing the approved services integrated with service classes and procedural codes. Only approved services are reimbursed. We review claims to determine that charges are not in excess of the appropriate Usual and Customary Charges. We also review claims for prior payment to prevent duplicate billing. In addition, we review for accuracy to include valid dates of service, CPT and ICD-10 codes, and bundling and unbundling of codes. Any claims that are not valid will be returned to

the provider as a denial and a corrected claim will be resubmitted for payment. The following criteria will be used in these reviews:

- Eligible Patients
- Usual and Customary Charges
- Prior Payment
- Accuracy

Services that support our clients' efforts to stay current and compliant in a dynamic environment include:

- Optimize productivity for correctional facilities through automated essential operations
- Identify correct payments for providers
- Direct contracts with providers
- Flexible managed care software that allows for a wide range of date-sensitive fee schedules associated with contracts, including integrated DRG and APC processing
- Referral/authorization component to facilitate case management and utilization management
- Eligibility, submission/receipt of electronic claim files, and HIPAA standards
- Customer service
- Facilitate daily transactions
- Allow providers to look up a member's eligibility and check claim status
- Provide clients a comprehensive, line-by-line bill audit and analysis, ensuring they are charged a reasonable amount for the appropriate services
- Match facility and/or physician bills to itemized statements to identify errors and unbundling of services

3) *Emergency Services.* Below, we have described and documented NaphCare's qualifications and procedures for providing emergency services provided on-site and off-site, including payment for such services. This includes both medical and dental emergencies. We have described how NaphCare has provided medical services when off-site treatment is required or needed.

4) *Disaster Services.* Below, we have described NaphCare's qualifications and procedures for providing comprehensive medical and mental services during a natural disaster.

EMERGENCY RESPONSE

Correctional facilities require unique and proven methods of successfully managing jail healthcare operations in the event of an emergency. With the medical and correctional staff working as a team, it is imperative that each know specific roles and perform them well. NaphCare will work side by side with all Clackamas County personnel to ensure the continued operation of the inmate medical services program. We will ensure that the health, safety, and welfare of inmates, staff, and visitors are not jeopardized within the confines of the correctional institution during an emergency, and we will provide 24-hour emergency healthcare services (*NCCHC J-A-07, J-E-06*).

We take the following steps to ensure that NaphCare healthcare staff members are prepared to implement the health aspects of the CCSO's emergency response plan.

Emergency Response Plan

1. Health aspects of the CCSO emergency plan will be approved by the responsible health authority and facility administrator, and will include:
 - Responsibilities of health care;
 - Procedures for triage;
 - Predetermination of the site for care;

- Telephone numbers and procedures for calling health staff and the community emergency response system (e.g. hospitals, ambulances);
 - Procedures for evacuating patients, and
 - Alternate backups for each of the plan's elements and time frames for response.
2. At least one mass disaster drill is conducted annually in the CCSO so that over a three-year period each shift has participated.
 3. A man-down drill is practiced annually per shift where health staff are regularly assigned. All training for these drills of our staff is documented on the Education Log.
 4. All man-down drills will be documented using NaphCare's Medical Emergency Code Report.
 5. Critiques of each emergency response, drill, and tabletop exercise are conducted, reviewed, and documented on the Emergency Response Critique Form and shared with all healthcare staff.
 6. Full-time healthcare staff not assigned to a particular shift are exempt from drills.

Emergency Services

1. Emergency medical, dental and mental health services to include provisions for suicide watch when suicidal inmates are identified are provided.
 1. When an actively suicidal inmate is identified, suicide precautions are immediately initiated and mental health is notified.
 2. NaphCare policy "Suicide Prevention J-G-05" will be initiated as well as any facility policy.
2. A written plan includes arrangements for the following, which are carried out when necessary:
 1. Emergency transport of the patient from the facility including emergency medical vehicle;
 2. The Emergency Contact Numbers form will be completed and updated as necessary by the Health Services Administrator;
 3. Use of one or more designated hospital emergency rooms or other appropriate health facilities;
 4. Emergency on-call physician, dentist and/or mental health staff are available 24 hours per day, when the emergency health facility is not located in a nearby community;
 5. Security procedures will be reviewed to ensure the immediate transfer of patients when appropriate;
 6. The Health Services Administrator will be notified of all emergency situations; and
 7. Emergency evacuation of the patient from the facility.
 8. Notification of the person legally responsible for the facility.
3. On-site emergency first aid and crisis intervention using emergency medication(s), supplies and medical equipment that are regularly maintained. Monthly inspections are performed using the Emergency First Aid Kit Monthly Inspection form.

Emergency Training for Correctional and Health Staff

- 1) NaphCare staff will be trained to immediately initiate a response to emergency health-related situations. The training program will be conducted on an annual basis and will include instruction on the following:
 - a) Recognition of signs/symptoms and knowledge of action that is required in potential emergency situations;
 - b) Administration of basic first aid;

-
- c) Certification in cardiopulmonary resuscitation (CPR) in accordance with the recommendations of the certifying health organization;
 - d) Methods of obtaining assistance;
 - e) Signs and symptoms of mental illness, violent behavior, and acute chemical intoxication and withdrawal;
 - f) Procedures for patient transfers to appropriate medical facilities or health care providers; and
 - g) Suicide intervention.
- 2) Emergency Response training, when provided by NaphCare to correctional staff, will be conducted on an annual basis and will be established by NaphCare in cooperation with the institution. Training provided by NaphCare to correctional staff will be documented on the Education Log.

NaphCare is experienced in helping our client facilities deal with emergency situations, such as hurricanes and natural disasters. We have been the provider for multiple sites that have dealt with these issues, and have been commended on our handling of the situations. The following is a copy of a letter we recently received from our client in Tampa, Florida, following Hurricane Irma. NaphCare is proud of our staff and their capability in meeting challenges that arise, not only on a day-to-day basis, but also in extreme situations such as this.



David Gee, Sheriff
Jose Docobo, Chief Deputy

P.O. Box 3371
Phone (813)247-8000
www.hcso.tampa.fl.us

Hillsborough County
Tampa, Florida 33601

September 21, 2017

James S. McLane
Chief Executive Officer
NaphCare, Inc.
2090 Columbiana Road
Suite 4000
Birmingham, Alabama 35216

Dear Mr. McLane:

It is with sincere gratitude that I am writing to you to express my appreciation for the support and service that NaphCare provided to our inmates during Hurricane Irma. The NaphCare management team developed a comprehensive plan of action that was executed flawlessly.

NaphCare staff played an integral part in ensuring that our continuity of operations plan for medical services to the inmates was met. Their dedication to the inmates, agency, and each other is commendable and greatly appreciated. NaphCare and HCSO staff worked as a team to accomplish a successful outcome during an extremely stressful event.

Please share my gratitude with your staff for all of their hard work, personal sacrifice, and professionalism during this event. As always, I look forward to working with NaphCare in the future.

Sincerely,

A handwritten signature in blue ink that reads "KDavis".

Kenneth D. Davis, Colonel
Department of Detention Services

KD/tc

e. Quality Assurance / Oversight / Reporting

- 1) *Protocols and Standards.* In our section on Continuous Quality Improvement, we have described NaphCare's protocols and standards for medical quality assurance review, Continuous Quality Improvement Program (CQI), and implementation of any identified corrective action.
- 2) *Coordination and Cooperation.* We have described NaphCare's past experience providing reports and coordinating with quality assurance consultants, medical advisory boards, and other advisory organizations. We have included a description of how NaphCare will work with quality review committees in CCSO to address identified issues and recommendations for change.
- 3) *Participation.* We have described how NaphCare will work with CCSO, the County, and the community, including assignments for meeting attendance.

See Section on NaphCare's Quality Improvement Program.

f. Structure and Litigation

- 1) *Organization.* We have described NaphCare's organizational structure, administrative policies, procedures, and practices that support cost accountability, provision of quality care, quality assurance, medical audits, oversight, and escalation protocols.
- 2) *Penalties and Fines.* We have described any federal, state, and/or local government investigations conducted in which NaphCare was the subject of during the past ten years which resulted in fines, penalties, or loss of accreditation. We have provided a narrative describing these investigations, why they were implemented, and the results of such investigations.
- 3) *Terminated Contracts.* We have disclosed any contracts lost, terminated, and/or cancelled over the past ten years, and the reasons why such contracts were lost, terminated, and/or cancelled. List of sites where contracts were lost, terminated, and/or cancelled over the past ten years.
- 4) *Litigation.* We have provided a list of all litigation in which NaphCare has been named as party in the last ten years with the name of the case, court and current status or disposition of suit.
We have included any litigation in which a provider was named while providing services through NaphCare, even if NaphCare's entity was not named.

g. Protocols. Upon contract award, we will provide sample copies of the following plans and protocols and explain how, if at all, they will be revised for services provided to the County.

- a) Staff Contagious Disease Testing Plan: including testing for other exposures on a case-by-case basis for various contagious diseases.
- b) Inmate Court Referral Protocols: including procedures and protocols for addressing medical referrals from the courts.

h. Transition. We have included a proposed implementation plan for transition of health care services from existing providers. Our contract accomplishments described lessons learned from previous experiences assuming health care services management from existing correctional facility medical services providers.

i. ADA Compliance

- 1) NaphCare will be ADA-compliant, and have provided our ADA Policy related to Medical, Mental, and Dental Health Care Services.
- 2) Below, we have identified NaphCare's ADA Coordinator who will work with CCSO's Jail ADA Coordinator, as necessary.

ADA Coordinator

NaphCare's ADA Coordinator who will work with CCSO's Jail ADA Coordinator is **Dyni Brookshire, Director of Accreditation and Compliance**. Ms. Brookshire will communicate and work with the Jail's Facility ADA Coordinator for inmates with disabilities who are also under medical care by the jail medical department. This ADA Coordinator will be trained and knowledgeable concerning the requirements of applicable state and federal laws regarding accommodation and the provision of auxiliary aids or services to qualified inmates with disabilities. The ADA Coordinator will ensure reasonable accommodation to qualified inmates with disabilities without cost when needed and not an undue burden, to provide equal access to and participation in medical programs, services, and activities and ensure effective communication with all individuals with disability participating in medical services.

SPECIAL NEEDS INMATES LOCAL OPERATING PROCEDURE

NCCHC Standard: *Patients with Special Health Needs (J-G-02); Communication on Patients' Health Needs (J-A-08)*

ACA Standard: *Special Needs Inmates (4-ALDF-4C-40)*

Purpose: To ensure that the health care needs of inmates with special health conditions (including chronic and convalescent care) are met.

Policy: Inmates with special health needs will be identified, have an appropriate treatment plan developed and periodically reviewed, and have any pertinent concerns communicated to the designated security staff.

Procedures: TREATMENT OF SPECIAL NEEDS INMATES:

1. Appropriate health care staff will develop individualized Special Needs Treatment Plans for every inmate who is identified with a special need. Inmates will be screened upon admission for special needs, including, but not limited to:
 - a. Chronic illnesses;
 - b. Serious communicable disease;
 - c. Physical disability;
 - d. Terminal illness;
 - e. Developmental disability;
 - f. Mental health disorder;
 - g. Renal disease requiring dialysis;
 - h. Difficulty with activities of daily living;
 - i. Pregnancy;
 - j. Frail or elderly patients; and
 - k. Adolescents incarcerated in an adult facility.
2. At a minimum, treatment plans should include:
 - a. The frequency of follow-up for medical evaluation and adjustment of treatment modality;
 - b. Type and frequency of diagnostic testing and therapeutic regimens; and
 - c. Instructions regarding diet, exercise, adaptation to the correctional facility, and medication when appropriate.

3. Special needs patients will be identified in TechCare by the setting of the appropriate Inmate Flag. Later, if the special need is resolved or determined not to apply, the flag will be deleted.
4. The timing for creation of a Special Needs Treatment Plan will be depending upon patient acuity. Initial Treatment Plans may be made around the time of intake, around the time of Health Assessment, or around the time of the initial chronic care visit.
5. Special needs should be listed on the master problem list in the inmate's health record. The Special Needs Treatment Plan will be placed in the inmate's health record.
6. The Report "Inmates with Chronic Care(s)" will be utilized to maintain a master list of inmates with special needs. This data will be made available to the Corporate Office if requested.
7. Inmates with special treatment needs will be enrolled in the appropriate Chronic Care Clinic and will be monitored on a periodic basis by health care staff as medically indicated. Tracking of such inmates may be done through the TechCare Chronic Disease Management screen.
8. Should the health status of an inmate improve or deteriorate, the appropriate health care staff will develop a revised Special Needs Treatment Plan.
9. Inmates with chronic illnesses will be managed according to guidelines outlined in the Chronic Care Clinic established guidelines.
10. Inmates with active tuberculosis will be managed according to established guidelines.
11. Inmates with terminal illnesses will be managed at the institution as long as the medical needs can be adequately addressed. When medical/nurse care demands exceeding the capability of the institution, the inmate will be transferred to another facility capable of providing needed care according to established protocol.
12. Inmates experiencing difficulty with mobility or activities of daily living (feeding, toileting, dressing), will be managed according to established protocol.
13. Health care staff will notify the institutional authority or designee if the medical condition of the inmate should be accommodated when security plans a disciplinary action.

INMATES WITH MENTAL HEALTH SPECIAL NEEDS:

1. Inmates who have serious and persistent mental illness or are developmentally disabled will be referred to mental health.
2. Treatment plans for mental health conditions should address:
 - a. Inmate's problems and strengths;
 - b. Involvement of the inmate in the development of the plan;
 - c. Relapse prevention risk management strategies (which include signs and symptoms associated with relapse or recurring difficulties);
 - d. How the inmate thinks a relapse can be prevented; and
 - e. How best to help the inmate manage crisis.
3. A Special Needs Treatment Plan will be developed or revised for every inmate expressing suicidal ideation. These should include a mental health staff member as well as the inmate in order to address relapse prevention and should include:
 - a. A description of signs, symptoms, and the circumstances under which the risk for suicide is likely to occur;
 - b. How reoccurrence of suicide thoughts can be avoided; and
 - c. Actions the inmate and staff can take if the thoughts reoccur.

4. If the inmate is placed on suicide watch, an individualized treatment plan should be developed which addresses the suicidal ideations expressed by the inmate as well as the treatment intervention to discontinue suicide watch as soon as possible.

COMMUNICATION ON PATIENTS' HEALTH NEEDS:

1. Health care staff should communicate with correctional staff regarding any inmate special needs that may affect their housing, work or program assignments, disciplinary measures, or admissions/transfers to other facilities. Health staff should try to limit the communication to the minimum amount necessary that the particular correctional staff member has a need to know (e.g., just the needed accommodation to a line officer, but may include the diagnosis and treatment plan if necessary to the jail commander).
2. The Health Services Administrator will notify the OIC in writing of any ICE detainee diagnosed as having a medical or psychiatric condition identified as a special need as listed below:
 - a. Chronic illnesses;
 - b. Serious communicable diseases;
 - c. Physical disabilities;
 - d. Terminal illnesses;
 - e. Developmental disabilities;
 - f. Mental health disorders;
 - g. Renal disease requiring dialysis;
 - h. Difficulties with daily living activities;
 - i. Pregnancy;
 - j. Frail or elderly patients; or
 - k. Adolescents incarcerated in adult facilities.

References: *National Commission on Correctional Health Care: Standards for Health Services in Jails, 2008.*

American Correctional Association: Performance-Based Standards for Adult Local Detention Facilities, Fourth Edition, 2004.

American Correctional Association: Standards Supplement, 2012.

D. MINIMUM REQUIREMENTS FOR COMPREHENSIVE HEALTH CARE SERVICES

We understand that the CCSO requires a highly qualified vendor to provide comprehensive Services immediately upon the inmate being brought and accepted into CCSO's custody through the intake process, and throughout the term of inmate detention. We understand that NaphCare, if selected, will be responsible for providing and coordinating all medical, mental, dental, and pharmaceutical services brought to the inmate, and the services provided at medical sites within the facilities arranging and paying for outside services.

NaphCare's proposal demonstrates how we will provide a quality system of care that meets the unique needs of the CCSO. NaphCare, through its system of care, programs, and services will provide, at a minimum, the following services, and structure during the term of the contract. We have addressed the following specific requirements. NaphCare will provide the following:

1. SERVICES: NaphCare will provide comprehensive health care Services for inmates housed at the CCSO jail, including preventative services. Our services will include the following minimum levels of service:

a. Medical Health Services

1) *Intake Health Screening.* Receiving Screening is performed on all inmates at the intake facility as soon as possible to ensure that emergent and urgent health needs are met.

NaphCare will comply with NCCHC compliance indicators for Receiving Screening. Booking takes place intermittently but is heaviest on the A.M. shift. Mandatory tuberculosis testing is started at this point of contact in accordance with State and local statutes and standards.

2) *Initial Health Assessment.* An initial health assessment will be given to all incoming inmates, which complies with NCCHC compliance indicators (J-E-04), and is fully compliant with County protocols and requirements. There are two options for completing this task:

- a) *Full population assessment.* The physical exam may be completed by a physician, physician assistant, nurse practitioner, or an RN who has completed the appropriate training. All inmates will receive an initial health assessment as soon as possible, but no later than fourteen (14) calendar days after admission to the facility.
- b) *Individual assessment when clinically indicated.* The physical exam will be performed by a Registered Nurse. Inmates identified with *clinically significant findings* as the result of a comprehensive receiving screening will receive an initial health assessment as soon as possible, but no later than two (2) working days after admission.

An examination (history and physical) of all inmates coming into custody will be completed no later than fourteen (14) days after admission to the facility.

3) *Medical Healthcare Services.* NaphCare will provide healthcare services to inmates including preventative care, in compliance with NCCHC standards.

4) *Sick Call.* Inmates will have access to essential health care services at all times. At a minimum, a licensed RN and a physician will be on duty at all times. NaphCare will conduct sick call. We will conduct sick call Monday through Friday at both. Sick call will be held in the medical rooms located in the inmate housing areas of the facilities. Additional sick call hours may be added as required.

5) *Medical Health Care Plans.* Development and Implementation of Health Care Plans. Inmates being treated at each facility will have health care plans with clear goals, objectives, policies, and procedures for documenting goal achievements.

b. Mental Health Services

- 1) NaphCare will provide comprehensive mental health care services for inmates housed at the CCSO Facility, including preventative services.
- 2) NaphCare will conduct the mental health initial screening at intake for all inmates. Employees responsible for mental health screening will have specialized training and appropriate educational degrees in this area.
- 3) NaphCare will conform to and utilize the most current and updated American Psychiatric Association's (APA's) classification and diagnostic tool.
- 4) NaphCare's Mental Health Services will include the following minimum levels of service:
 - a) Intake Health Screening - Intake screening will be performed for all inmates by a qualified mental health professional or mental health staff at the time of booking in compliance with NCCHC compliance indicators within fourteen (14) days after admission, which includes a structured interview. We will have an intake pre-screening procedure for mental health issues, referrals, and appropriate mental health medication

(including prescription, dosage and frequency). Inmates with positive findings will receive a mental health evaluation.

- b) After-Hours, On-call Psychiatric Services – These services will be available and provided on-site for urgent and emergent issues within one (1) hour of notification. We understand that Facility administration is not opposed to considering Telepsychiatry. **Please see more information on Telepsychiatry in the Mental Health Program.**
- c) Mental Health Care Plans - Development and Implementation of Mental Health Care Plans. Inmates being treated at each facility will have mental health care plans with clear goals, objectives, policies, and procedures for documenting goal achievements.
- d) Services Suicide Prevention Program – Coordinate with CCSO in the Suicide Prevention Program. This will include attending program meetings and working in collaboration to provide pre-screening and crisis intervention. NaphCare will provide a psychiatrist to participate in the program, review issues related to suicide prevention, and address the resolution of problems in accordance with applicable NCCHC standards. NaphCare is responsible for the health and well-being of the inmate, including medication, vitals, other medical needs, and confirmation of well-being.

Please see Section on Mental Health Services.

c. Laboratory and Other Testing Services

- 1) NaphCare will provide all laboratory and other testing services with either in-house staff or contracted staff to come into the Jail to complete the testing.
- 2) NaphCare’s clinician will review all routine laboratory results within 24-48 hours after receipt of test results to assess the follow-up care indicated and to screen for discrepancies between clinical observations and laboratory results. The clinician on-call will be notified immediately of all STAT reports as well as all critically abnormal results.
- 3) A list of critically abnormal lab values will be available for healthcare staff reference at all times.
- 4) Provide a Clinical Laboratory Improvement Amendments (CLIA) waived on-site lab inside the Jail facility for use by the appropriate HCP staff.
- 5) Provide blood borne pathogen testing when it is determined that County Jail staff or HCP staff have been exposed by an inmate. OAR 333-022-0300 describes the process for requesting that a source person be tested.
- 6) Provide on-site diagnostic testing such as x-rays and ultra sounds.
- 7) All diagnostic testing will be performed by qualified technicians and read by Board Certified Clinicians.
- 8) Abnormal results will be called or faxed to the healthcare staff and relayed to the in-house clinician or on call clinician immediately for disposition.
- 9) NaphCare will ensure that all results are reported to the institution and placed in the medical record within 24 hours.

LABORATORY SERVICES

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

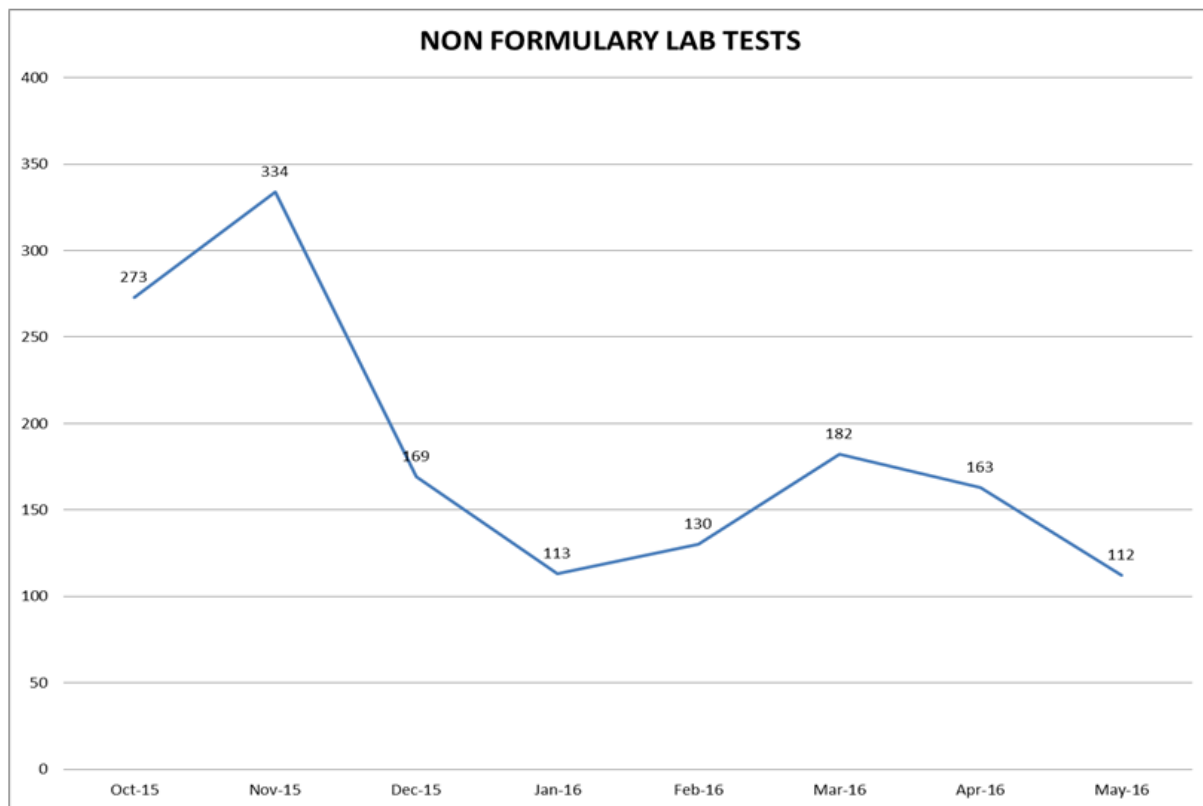
In addition, so as to maximize efficiencies related to the ordering, pricing, and flow of lab information, NaphCare has chosen to partner more closely with BioReference Laboratories. With each of these lab partners, we have created an electronic bridge between them and *TechCare*® that seamlessly automates the transfer of patient information. Through this secure bridge, *TechCare*® and the selected lab efficiently exchange clinical test information, from ordering to results.

This provides an automatic, permanent record in *TechCare*® without the need to print a hardcopy, and then scan and save to the EHR.

The bridge ensures accurate and timely reporting of lab results to our providers immediately after testing is completed, allowing an inmate’s laboratory results to be viewed instantly. Laboratory results are stored in the inmate’s EHR, which saves staff time, since traditional paper files are not needed, and access to the inmate patient’s history can also be compared. The result? Continuity of care and better decision making.

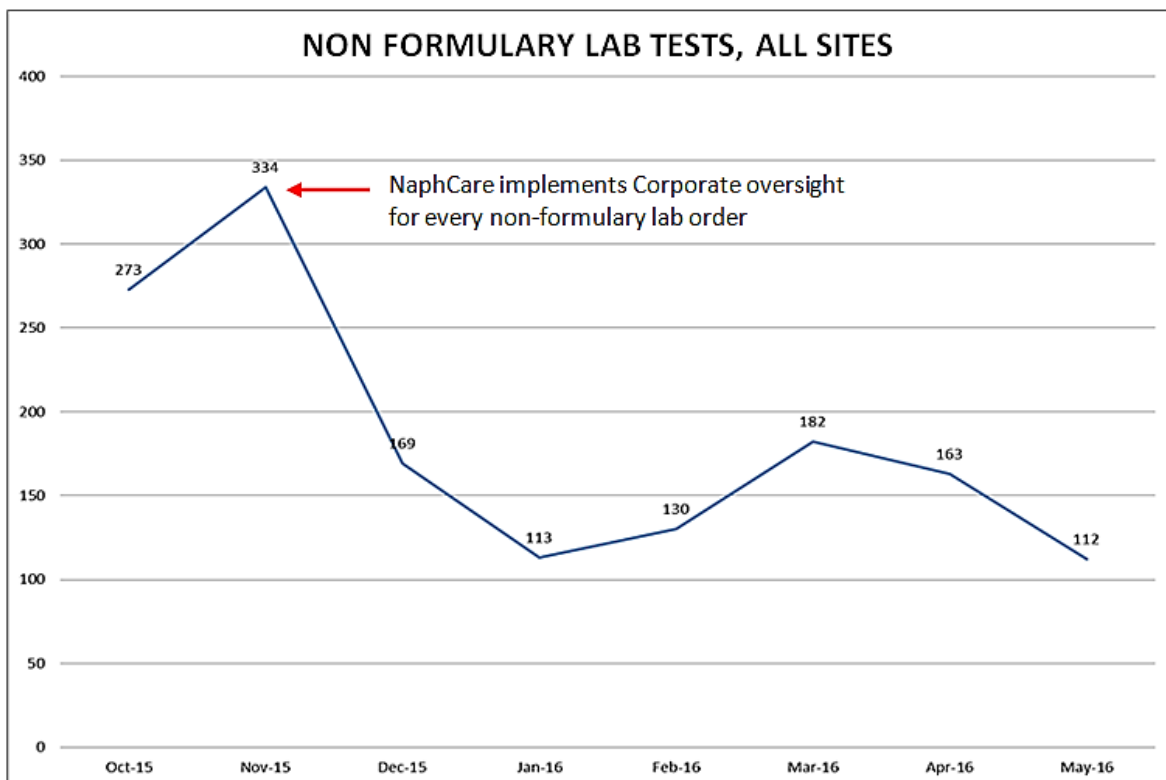
This close alignment with our lab partners also means that our clients receive discounted pricing for lab tests that we aggressively renegotiate several times per year, keeping lab charges competitive and current.

Another automatic time-saving benefit of this feature is that **abnormal results are colored in red**, distinguishing between abnormal (out of range) and normal results in an easily recognized format. The following screenshot shows how lab results can be instantly accessed and viewed by the appropriate medical professional.



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

Should the need arise to go outside of NaphCare’s lab formulary, our Corporate office is automatically notified, 24/7 and in real time, that an off-formulary test has been ordered. The order is immediately reviewed by senior medical staff and approved, or other options are explored with the provider. This “checks and balances” safeguard is unique to NaphCare; no other correctional healthcare management company is working as hard to save costs and improve the delivery of care. The graph below shows the immediate and substantial reduction in non-formulary lab orders across all NaphCare managed jail sites, once this system was implemented.



d. Chronic Care

- 1) NaphCare has developed and will provide a chronic disease program to decrease the frequency and severity of symptoms, prevent disease progression and complications and improve function of the affected detainees.
- 2) This program will entail the development and implementation of individual treatment plan(s) by a qualified medical clinician specifying instructions on: diet, medication, diagnostic testing, and frequency of follow-up medical evaluation. Adjustment of treatment modalities as clinically indicated.
- 3) Medications may not be changed or discontinued without consulting with the current prescribing provider.
- 4) NaphCare will monitor and make recommendations for detainees with regards to therapeutic diets.
- 5) Protein drinks or other nutritional supplements ordered by NaphCare are the fiscal responsibility of NaphCare.
- 6) Chronic care patients will be provided a review by a qualified medical clinician every three months at a minimum.
- 7) We will provide identification, testing, counseling, education, care, treatment and follow-up for
 1. HIV/AIDS and AIDS related conditions. This responsibility will include the provision for payment for all AIDS related medications.
 - 8) We will provide identification, testing, counseling, education, care, treatment and follow-up of MRSA and related conditions. This responsibility will include the provision and payment for medical care and pharmaceuticals. Please see Cost Proposal for further details.
 - 9) A roster of chronic care patients will be maintained and supplied to Clackamas County Jail Liaison on a weekly basis.

Please see Section on Chronic Care.

e. Best Practices. NaphCare will provide ongoing recommendations to CCSO and assistance with any changes, policy updates, legal updates, or compliance changes in NCCHC Standards for the entire duration of the contract.

f. Medication Management. We conduct a periodic review of prescribing policy and practices to comply with minimum standards and best practices, along with a review of the formulary for identification of possible improvements to offset medication costs. This also includes periodic reviews of non-formulary process and costs, and a monthly review of the dispensing logs. **Please see more information in our Pharmacy section.**

g. Sick Call. Inmates will have access to essential health care services at all times. At a minimum, a licensed Physician, RN, or non-Physician Practitioner will be on duty at all times. NaphCare will conduct sick calls Monday through Friday. Sick calls will be held in the medical rooms located in the inmate housing areas of the facility. Additional sick call hours may be added as required.

SICK CALL PROGRAM

Access to care is a top priority for us, so we take extensive steps to ensure that inmates are seen in a timely manner and that sick call days are prioritized by the severity of need. All inmates have a daily opportunity to request healthcare through our sick call system, which gives inmates unimpeded access to healthcare services. Our nursing personnel collect, triage, and respond to all inmate requests daily. For inmates who do not have access to the sick call boxes,

Proactive Care

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

alternative arrangements are made for filing sick call requests. The frequency of sick call is consistent with NCCHC standards and the facility schedules, and we provide appropriate time for sick call at the correctional facility.

Timeliness of the response to sick call requests is an important indicator of quality of care and NaphCare meets NCCHC standards for sick call response times. We will operate site-specific sick call throughout the CCSO. Sick call services, in compliance with NCCHC standards, are provided at sufficient levels to allow the healthcare staff to give **same-day response to urgent inmate requests** for healthcare services. Nursing sick call is conducted seven days a week, and physician sick call is conducted according to a set schedule agreed upon by NaphCare and the facility. If an inmate's custody status precludes attendance at sick call, then our staff consults with security staff to make access to healthcare services possible.

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

Sick Call Quality Assurance

NaphCare's corporate CQI staff will monitor the sick call process at the Clackamas County Sheriff's Office via TechCare®. They ensure that all inmate requests are documented and reviewed for urgency of need and any required intervention within 24 hours, and that sick call clinics are conducted on a timely basis by licensed medical staff in accordance with NCCHC Standard J-E-07, Nonemergency Healthcare Requests and Services.

Triage Methods

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

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

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

Decentralized Sick Call

Depending on your facility's particular characteristics, we may be able to implement a decentralized sick call schedule. The *TechCare*® system makes this possible since nurses have access to all inmate medical records via a laptop. This type of model allows nursing personnel to provide care in the modules occupied by the patients, which **reduces inmate movement and increases the amount of time allowed for sick call to occur**. Another advantage is that nursing personnel can address routine sick call needs, such as a headache, immediately on the floor. Our clinicians essentially take the clinic to our patients on a daily basis.

h. Continuous Quality Improvement Program and Best Practices.

Continuous Quality Improvement (CQI) Program will comply with NCCHC standards to monitor and improve health care delivered in the facility, and will include a Sentinel Event Review Process.

NaphCare will collaborate with CCSO-designated Health Services Quality Assurance Coordinator on recommendations and assistance with any changes, policy updates, legal updates, best practices, or compliance changes in NCCHC Standards for the entire duration of any contract.

Please see Section on Quality Assurance.

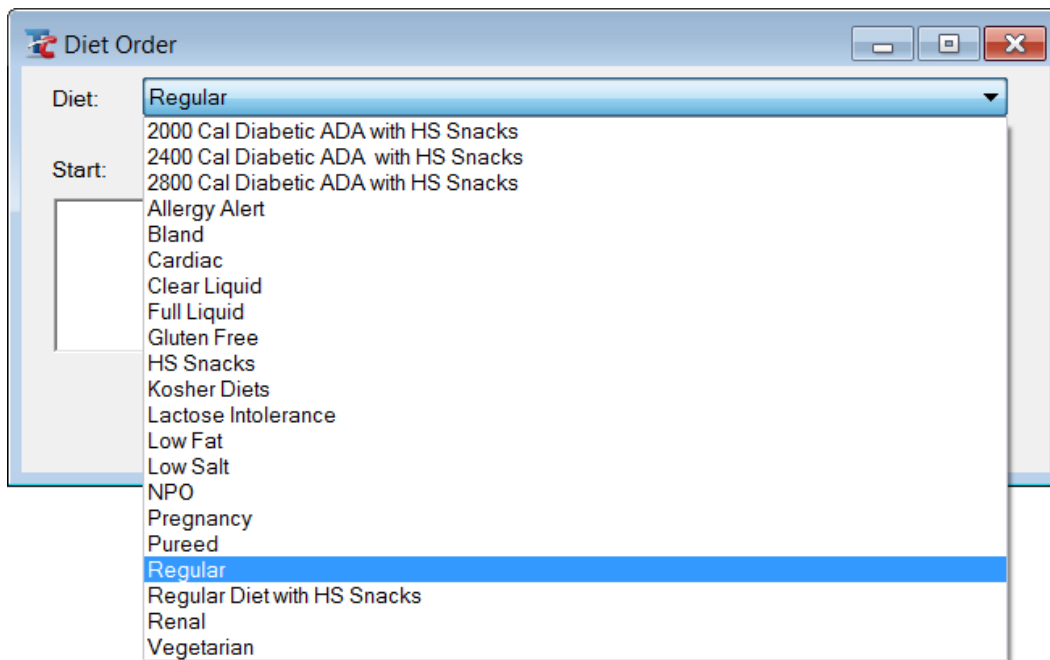
i. Medical / Special Diets. We will provide recommendations for all medical and special-needs diets. NaphCare will adhere to the State medical dietary standards.

NUTRITIONAL SERVICES

NaphCare provides a system for managing the nutritional needs of inmates and improving continuity of care. We will collaborate with the established food service provider to ensure the provision of medically necessary diets. Our physician will prescribe the following medical diets when necessary:

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

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



Users can easily enter an inmate's medical diet needs into *TechCare*®, including diet start and end dates.

j. Hospital Care. NaphCare understands our financial responsibility begins when an inmate is physically located and officially booked into the facility. For the proposed services, NaphCare will enter into agreements with and use the providers agreed to by CCSO.

k. Acute Care Needs. Emergencies that require care outside of the facility, including Emergency Room care.

l. Dental Services. Dental Services will comply with NCCHC Standards for Oral Care, providing for emergency, medically necessary, and non-emergency dental services, including but not limited to extractions and hygienic cleanings.

1) Screening, Examination, and Delivery of Care

- a) Intake Screening. Intake oral screening will be performed within fourteen (14) days of admission. If possible, a licensed dentist will conduct the intake oral screening as the first measure in determining the extent of periodontal disease in inmates. However, in many settings this is not practical and in that case a qualified health care professional who is trained by a licensed dentist will perform the intake oral screening. Intake oral screening results will be documented on a form developed for this purpose.
- b) The screener will also provide instructions in oral hygiene and preventive oral education.
- c) Oral Examination. A comprehensive oral examination will be performed by a licensed dentist.
- d) National Commission on Correctional Health Care (NCCHC) standards require that only a dentist licensed in the state may perform this examination (JE-06 Oral Care), within 12 months of admission.

DENTAL CARE

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

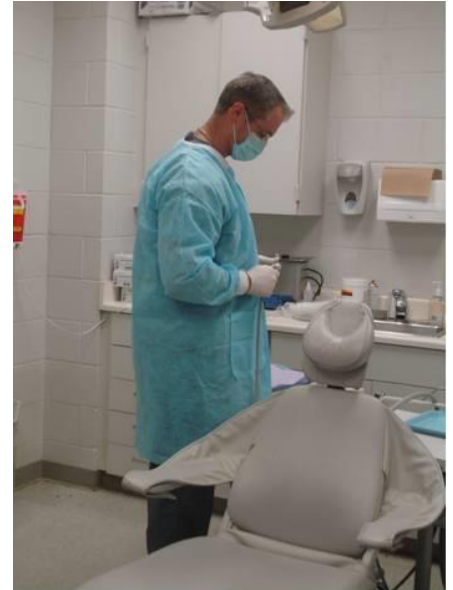
Additionally, we ensure that inmate's serious dental needs are met following NCCHC standards. We provide dental services in accordance with established guidelines for dental evaluation and treatment. An established priority system is used to guide treatment decisions and proper infection control procedures are utilized for all oral treatment procedures. Documentation is standardized in the health record to better document dental health conditions and treatment in order to enhance communication among healthcare staff.

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

We will provide emergency and medically required dental care for inmates with an emphasis on relieving pain and attending to urgent or emergent dental needs. Dental services, except for urgent or emergent care, are provided during regular clinic hours. Emergency dental services are available on a 24 hour a day basis. We institute periodic performance measurements to ensure that inmates have timely access to dental care. NaphCare provides the following dental services for inmates:

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

Our services do not limit dental treatment to extractions. We provide an appropriate and timely response to requests for dental services. Dental emergencies are addressed immediately. Inmates with urgent dental needs are seen at the initial sick call. We coordinate appropriate off-site referrals for inmates requiring dental care outside the capabilities of the facility. All dental services are delivered according to proper Universal Precaution measures and are documented in the inmate's medical record. We do not perform cosmetic dental services. The following screenshot shows the Dental Screening form used in *TechCare*®.



A NaphCare Dentist prepares for an on-site dental clinic. NaphCare is dedicated to the provision of quality, cost-effective healthcare services.

Dental Screening Form

| | | |
|-------------------------------|--|--|
| Patient: TEST, DONALD | Patient #: S207497 | Language: French Additional Info. |
| DOB: 6/13/2009 (Age=3) | Sex: Male | Race: Asian |
| Housing: 240A-657-02 | SSN#: 335-61-2555 | |
| Status: ACTIVE | Booking Date: 8/22/2007 11:46:04 AM | Release: 8/22/2010 11:46:04 AM |

PICTURE NOT AVAILABLE

S: Patient Complains of:

UR UL LR
 LL

O: Reviewed Medial / Dental Hx

Allergies:

NKDA

Significant Med. Hx:

None

X-Ray(s):

None
 PA x

Review Previous

Limited Exam / X-rays reveal

| | | |
|--------------|------------------------------|--|
| Caries | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Swelling | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Radiolucency | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Fistula | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Suppuration | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Mobility | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Bone loss | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

m. Continuity of Operations Plan. NaphCare will include a Contingency Plan to provide for services in the event of unexpected interruptions of the normal working conditions to include but not be limited to: computer outage, power failure, fire, inclement weather, riot, lock-down, labor strikes, declared state of emergency, or acts of God that would preclude normal expectations. **Please see section on Emergency Response.**

n. Detoxification from Drug and Alcohol Program. NaphCare will provide detoxification services in accordance with the NCCHC standards. We will provide a methadone maintenance/detoxification program and will obtain all licenses necessary to operate the program. NaphCare will coordinate and pay enrollment and assessment services of opiate-addicted inmates for methadone maintenance programs.

NaphCare will assure that pregnant women with histories of drug dependency are evaluated on-site by registered nurses immediately and referred within four hours for high risk obstetrical evaluation. We will coordinate and pay enrollment and assessment services of pregnant opiate addicted women for methadone maintenance programs.

NAPHCARE'S DETOXIFICATION AND WITHDRAWAL PROGRAM

We understand that the County is seeking to expand drug assisted treatment for opioid-addicted inmates. NaphCare's detoxification and withdrawal program is on the forefront in correctional healthcare, and our approach is standard care in many hospitals and treatment centers. The program is based on standardized national clinical guidelines from organizations such as the American Society of Addiction Medicine (ASAM). All aspects of the program meet NCCHC standards as well.

The assessment of alcohol and drug withdrawal risk begins with the Receiving Screen. Patients are asked specific questions about their alcohol and drug use during this screening. Based on their responses, *TechCare*® will automatically open a Comprehensive Detox Assessment screen. This screen asks detailed questions about patient substance use and risk of withdrawal from drugs and alcohol.

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

For any patient identified as being at risk of withdrawal for a specific class of substance, the following actions are taken:

- Enrollment in the Detox Monitor within *TechCare*®
- Enrollment in an ongoing assessment and treatment protocol, specific to the substance causing withdrawal.
 - Clinical Institute Withdrawal Assessment (CIWA-Ar)
 - Clinical Institute Withdrawal Assessment – Benzodiazepines (CIWA-B)
 - Clinical Opiate Withdrawal Scale (COWS)

These assessment and treatment protocols are nationally recognized and accepted as standard of care for these issues. Each one is outlined briefly below.

Clinical Institute Withdrawal Assessment, Revised (CIWA-Ar)

Of all withdrawal situations, that from alcohol is potentially the most dangerous to the patient. We take an aggressive approach to the treatment of detoxification that is based on treating symptoms as they occur, rather than a scheduled treatment modality.

By utilizing the CIWA assessment tool at the Clark County Detention Center in Las Vegas, our healthcare staff's infirmary and observation protocol decreased from a 7 day average length of stay to 2 days.

Evaluation of the Inmate Patient in Alcohol Withdrawal: Our alcohol withdrawal protocol is consistent with recommendations of the ASAM, ACA, and NCCHC. Symptoms of withdrawal are assessed using the CIWA-Ar, with dosing of medication based on scored results of the CIWA-Ar. The CIWA-Ar scale is a 10-item assessment tool used to measure the severity of alcohol withdrawal syndrome, and allows healthcare professionals to better monitor and provide medication for inmates experiencing withdrawal. The healthcare professional performing the screening identifies chemically dependent inmates using the following criteria:

- Nausea and vomiting
- Tremor
- Paroxysmal sweats
- Anxiety
- Agitation

- Tactile disturbances
- Auditory disturbances
- Visual disturbances
- Headache, fullness in head
- Orientation and clouding of sensorium

CIWA-Ar Alcohol and Detoxification Guidelines: After the healthcare professional administers the detoxification screening, the identified Total CIWA score is calculated, using the responses and factoring in the patient’s vital signs. This guides the clinician towards the proper course of treatment as results will be classified as mild, moderate, or severe alcohol withdrawal syndrome. Using the CIWA-Ar recommended treatment protocols, the detoxification clinical pathway will be enacted upon order of the advanced clinical provider. The advanced clinical provider will determine if the inmate requires medications or other supportive care and will coordinate detoxification with healthcare professionals. Detoxification will be enacted only under the supervision of an advanced clinical provider and in accordance with local, state and federal laws.

The following table demonstrates how the CIWA score helps to determine level of severity and offers recommendations for treatment based on the patient’s individual symptom report.

| CIWA Score | Severity of Withdrawal | Next Assessment | Recommendations |
|------------|------------------------|-----------------|-------------------------------|
| 1-7 | Minimal | 6 hours | None |
| 8-15 | Mild | 4 hours | Chlordiazepoxide 50mg PO now |
| 16-25 | Moderate | 4 hours | Chlordiazepoxide 100mg PO now |
| >25 | Severe | | Contact Provider |

• **Mild to Moderate Withdrawal**

The advanced clinical provider may keep an inmate who is exhibiting mild to moderate symptoms of withdrawal under observation as deemed necessary. Patients will be assessed and treated based on protocol recommendations and provider assessment and orders. Under CIWA-Ar patients are assessed (including vital signs) a minimum of every 6 hours, but may be assessed every 4 hours if indicated by their scores.

Librium is given based on level of withdrawal as assessed by the CIWA-Ar scale at regular intervals. Patients with more severe withdrawal will receive more frequent doses of Librium (chlordiazepoxide) and be checked by nursing staff more frequently. This ensures that acute withdrawal is appropriately treated, and that any complications are discovered and triaged early. Thiamine and folate are used as supplementation.

• **Severe Withdrawal**

Patients assessed as being at highest risk of developing delirium tremens will be transferred to a hospital for further assessment and treatment as necessary. The on-site Medical Director will develop written policies consistent with nationally accepted guidelines to address the prolonged detoxification process. The choice of treatment setting for detoxification will be either within the facility or when required, as inpatient. Withdrawal and detoxification protocols will include symptoms necessitating immediate transfer, as well as procedures for transfer to a hospital or other medical facility. Inmates experiencing severe, life-threatening intoxication or withdrawal will be transferred immediately to a hospital.

Symptom-Focused Medical Treatment: Our healthcare professionals individually care for each separate and unique patient based on their classification as mild, moderate, or severe. **Most inmate patients with mild to moderate**

withdrawal symptoms can be treated safely and effectively on-site, in less time, saving off-site transportation and inpatient costs. Medication can be altered for patients who are in the highest risk group for complications from alcohol withdrawal.

Benefits of the Symptom-Focused Method

- ✓ Less medication is used
- ✓ Better inmate patient outcome in less time
- ✓ Reduced nursing time
- ✓ Increased safety for more severe, high-risk patients due to individualized care that reduces progression of severe symptoms
- ✓ Cost reductions
- ✓ Reduces the incidence of over sedation.

Inmates experiencing severe, life-threatening intoxication or withdrawal will be transferred immediately to a hospital. We document the assessment of the withdrawing patient, obtain laboratory diagnostic tests, and offer vitamins and nutritional support. Female alcoholics of reproductive age are tested for pregnancy, and if pregnant, an obstetrician immediately reviews the situation.

Clinical Institute Withdrawal Assessment – Benzodiazepines (CIWA-B)

Patients often present to the jail taking sedative medications such as benzodiazepines and barbiturates. This may be legal or illegal use. Examples of these medications are alprazolam (Xanax), lorazepam (Ativan), diazepam (Valium). All of these agents lead to a withdrawal profile similar to alcohol, but in a slightly longer time frame.

The standard of care for detox treatment of these patients involves using a long acting benzodiazepine in a taper fashion, with monitoring of the patient’s response. Since the highest risk of severe benzodiazepine withdrawal is generally about one week after the last use, most tapers should last at least this long. Patients with high-dose, daily use will require longer tapers. A five- to six-day taper may be sufficient for patients at low risk of withdrawal. The most commonly used agents for this purpose are lorazepam (Ativan) and clonazepam (Klonopin).

The modified CIWA for Benzodiazepines (CIWA-B) is a shortened version of the full-length CIWA-B designed to maximize objectivity and shorten the assessment. It is a 10-item scale assessing appetite, numbness/burning, palpitations, muscle aches, anxiety/nervousness, sleep restfulness, visual disturbance, diaphoresis, tremor, and agitation. Items are scored from 0 to 4, with higher scores indicating more severe withdrawal. [A screenshot of the CIWA-B form in TechCare® is provided in the Appendix.](#)

The following table outlines how the CIWA-B protocol scoring and recommendations are assist in patient management:

| CIWA-B Score | Severity of Withdrawal | Suggested Next Assessment and Recommendations |
|--------------|------------------------|---|
| 0-10 | Mild | 12 hours |
| 11-20 | Moderate | 8 hours |
| 21-30 | Severe | Contact provider |
| >30 | Very severe | Contact provider |

Clinical Opiate Withdrawal Scale (COWS)

Addiction to opiates has become a national epidemic and the result is that more and more commonly patients addicted to opiates are entering our jails. Patients may be on illegal opiates such as heroin, or may be on prescription opiates

(either legally or illegally obtained). Some patients are participating in Medication Assisted Treatment with opiate or non-opiate medications also and will need their medication issues addressed. Once they arrive in our facilities they are at risk of suffering significant withdrawal symptoms.

Opiate withdrawal symptoms can range from mild to severe and typical symptoms include: sweating, restlessness, dilated pupils, bone and joint aches, tremor, GI distress, and irritability. Opiate use is assessed at intake and if a patient’s responses on the Comprehensive Detox Assessment tool indicate that they are at risk of withdrawal, then they are entered into the Detox Dashboard and their opiate withdrawal symptoms are monitored using the Clinical Opiate Withdrawal Scale (COWS) which measures withdrawal symptom severity. **A screenshot of the COWS form within TechCare® is provided in the Appendix.**

Patients are monitored at intervals determined by the severity of their score (which is a measure of their withdrawal symptoms) and treatment is administered based on these scores. The following table demonstrates COWS protocol scoring and treatment:

| COWS Score | Level of Withdrawal | Consider Reassessing in: | Recommendations* |
|------------|---------------------|--------------------------|-------------------------|
| 0-6 | Minimal | 8 hours | None |
| 7-12 | Mild | 8 hours | Clonidine 0.1 mg PO now |
| 13-24 | Moderate | 6 hours | Clonidine 0.1 mg PO now |
| 25-36 | Moderately Severe | 4 hours | Contact Provider |
| >36 | Severe | 2 hours | Contact Provider |

Adjunctive medications are used as a supportive treatment in all of the above described detox protocols (CIWA-Ar, CIWA-B, COWS). They are administered on an as needed basis for specific withdrawal related symptoms. These include:

- Ibuprophen or acetaminophen for pain;
- Promethazine or meclizine for nausea;
- Loperamide for diarrhea;
- Dicyclomine or methocarbamol for cramps;
- Oral or IV fluids or oral electrolyte solution for dehydration.

Pregnant, opiate addicted female patients are not allowed to go through opiate withdrawal as this endangers the well-being of the fetus. **Patients who are confirmed through testing to be pregnant and opioid addicted will be treated with opioid maintenance medications such as methadone or buprenorphine to ensure the well-being of the fetus.**

NaphCare has grown increasingly concerned that the traditional COWS opiate withdrawal protocol is insufficient to protect the lives and health of our patient population. Thus, NaphCare has piloted a supervised withdrawal protocol at some of our West Coast jails. A central feature of this protocol is the administration of a five day taper of buprenorphine (Subutex) for patients who score a 12 or higher on the COWS assessment – which equals moderate withdrawal symptoms. The drug is administered under the close supervision by NaphCare medical staff and monitored until it is completely dissolved to decrease the potential for diversion. The protocol also calls for administration of electrolyte containing fluids by mouth and intravenously for patients with more severe volume depletion. The above mentioned adjunctive medications are also administered as needed.

Since administration of buprenorphine is a central aspect of this protocol grounded in the traditional COWS scale, we refer to our protocol as “COWS-B”. This protocol has been extremely successful in improving the withdrawal process for

our patients. For example, the protocol has drastically reduced withdrawal symptoms, successfully addressing the risks of withdrawal and increasing the likelihood that patients will be able to participate in mental health evaluations, court appearances, and other routine jail tasks. It has also decreased the need for ER send-outs and hospitalizations related to opiate withdrawal.

COWS-B Buprenorphine Dosing Schedule:

| Day Number on Buprenorphine | Morning Dose | Evening Dose |
|-----------------------------|--------------------|--------------------|
| Day 1 | 4mg | 4mg |
| Day 2 | 4mg | 4mg |
| Day 3 | 4mg | 2mg |
| Day 4 | 2mg | 2mg |
| Day 5 | 2mg | 0mg |
| Day 6 | COWS prompted meds | COWS prompted meds |
| Day 7 | COWS prompted meds | COWS prompted meds |

NaphCare proposes to implement our COWS-B protocol as soon as practicable. Implementation of this protocol cannot occur until medical providers have obtained the necessary licenses and training to prescribe buprenorphine. Prior to implementation of the COWS-B protocol, NaphCare will implement the traditional COWS protocol as outlined above.

Housing

Inmates booked into the facility under the influence of alcohol or drugs or who are undergoing withdrawal treatment are separated from the general housing population and placed in observation, segregated cell, or detoxification unit.

Healthcare professionals monitor these patients using established nursing protocols. Inmates with a history of multiple episodes of detoxification are evaluated by a physician. An advanced clinical provider makes the diagnosis of chemical dependency, which is listed on the Problem List. The HSA trains healthcare professionals in the recognition of signs and symptoms for chemical dependency and notifies the Facility staff when an inmate requires specialized placement and observation. The referral of chemically dependent inmates includes the inmate’s individual care plan, which will include referral to mental health and chemical dependency programs within the facility when available (Alcoholics Anonymous, group therapy) and discharge planning referral services.

Detox Monitor

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

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

o. Crisis Intervention. Non-physician practitioners or mental health clinicians will be available to provide on-site mental health assessments within one (1) hour of an adverse event, such as a suicide threat or attempt, self-injurious behavior or any clear decompensation of mental health status, and the psychiatrist will be available to provide emergency verbal orders for medication and consultation in patient management decisions.

p. Aftercare/Release Planning/Program. NaphCare will evaluate the patient's aftercare needs for current, short-term and post discharge/long-term care and attempt to engage the patient and persons in the patient's significant social network for assistance with the goal of successful transition to outpatient care upon release from jail. For patients with continued incarceration at lower levels of care, State prison, or State mental hospital care, the focus will be to assist the patient with more immediate treatment compliance and successful transition to the identified location. NaphCare will coordinate services with Facility staff in order to evaluate eligibility for and access to programs and resources under the direction of CCSO.

- 1) Medication for those inmates released will be provided based on the individual need and coordinated with the community provider for a minimum of 7 day supply (but no more than a 30 day supply upon request of the jail administration for those individuals going to treatment) of medication will be provided.
- 2) For inmates who have a need to continue medications after release, NaphCare will supply a written prescription for those medications (by either giving to the inmate directly or faxing to a local pharmacy) so that the inmate may obtain needed medication in a timely manner.

NaphCare's Discharge Planning and Re-Entry Program

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

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

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

A caseworker coordinates the inmate's anticipated medical and mental healthcare needs to include resource numbers and resource access to care according to their demographics in collaboration with mental health and healthcare staff to facilitate ongoing reintegration care. We provide the inmate with educational information regarding their specific illness and the importance of follow-up appointments and medication continuity. The inmate also receives a comprehensive packet that contains essential community resources to include the following:

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

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

Community Partnership for Continuity of Care

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

Medication

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

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

Medication renewals for incarcerated patients are currently processed through the electronic Medication Administration Record. When a medication order is about to expire, the provider may "renew" the order, the renewal is documented in the electronic record, and a new supply of medicine is sent to the facility. When the medication is instead intended to be dispensed as a release medication, the provider may so indicate as an alternate form of medication "renewal," so the pharmacy may send a supply of medication to the facility that has been appropriately packaged for community use. This system allows us to remain in compliance with state pharmacy laws, which do not allow nurses to dispense or repackage medications, and with Federal pharmacy law, which requires medications intended for community use to be dispensed in appropriately labeled child resistant containers.

At the same time, the provider may choose to print any or all of the active medications from the Medication Administration Record in the form of prescriptions. These prescriptions may be filled at a community pharmacy of the

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

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

Documentation of Discharge Planning

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

Release Summary

RELEASE SUMMARY [Print] [Complete]

Patient: TEST, DONALD **Patient #:** S207497 **Language:** French [Additional Info.](#)
DOB: 6/13/2009 (Age=3) **Sex:** Male **Race:** Asian
Housing: 240A-657-02 **SSN#:** 335-61-2555
Status: ACTIVE **Booking Date:** 8/22/2007 11:46:04 AM **Release:** 8/22/2010 11:46:04 AM

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

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

Allergies:
Cephalosporins, Aluminum-containing Compounds

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

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

Transferring Facility: Henderson Co. Jail

Portal Access CCD Management Verify File

Diagnostics
OBX(Prothrombin Time)58.7-11.5(BELOW NORMAL - LOW), OBX(INR)50.8-1.2(ABOVE NORMAL - HIGH)

Follow-up Care Needed:

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

TechCare® Patient Portal Access

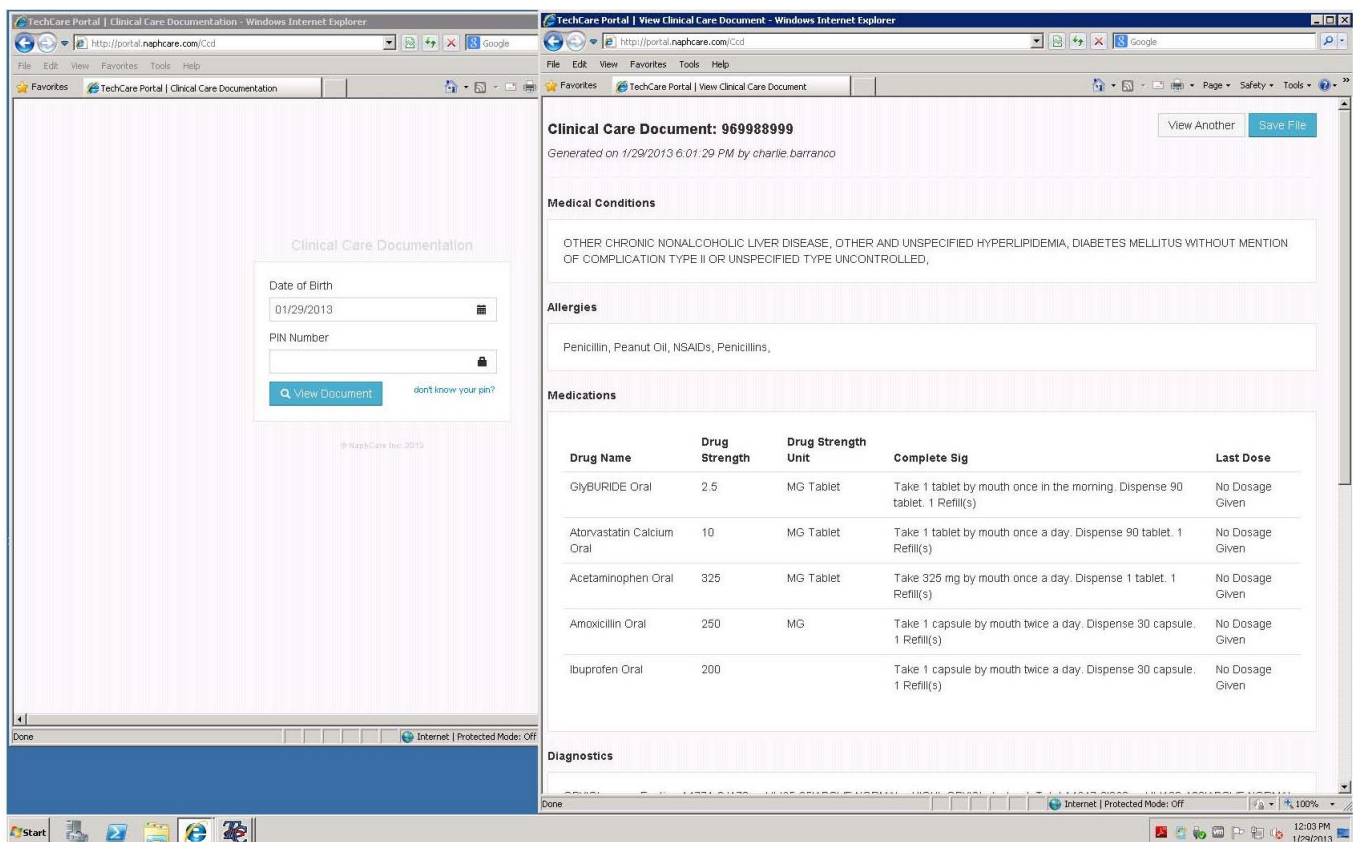
NaphCare has programmed *TechCare®* with the capability to give released offenders access to their medical information through an outside portal. This is an essential part of today's ever-evolving discharge planning model to enable patients to better participate in their own healthcare.

Upon discharge or release, patients receive a passcode that gives them portal access to a specified webpage. Their medical data is encrypted and specific to the passcode provided. Some of the key components that are available for retrieval are lab test results, problem lists, and their chronic care diagnosis. Also available is the patient's current medications list and patient allergies.

An important feature is that this portal is accessible from any internet-based data terminal, and all results can be printed for easy transfer. The *TechCare®* Patient Portal Access is customizable to any facility's needs in the event any information is site-specific or otherwise relevant to further support increased patient care.

Our patients are no longer burdened with medical records requests or delays to receive their healthcare information. Instead, our patients are able to access their individual healthcare record summary and clinical information as needed, in real time.

Patient Portal



The screenshot displays two browser windows from Internet Explorer. The left window shows the 'Clinical Care Documentation' login page with fields for 'Date of Birth' (01/29/2013) and 'PIN Number'. The right window shows the 'View Clinical Care Document' page for document ID 969988999, generated on 1/29/2013 6:01:29 PM by charlie.barrano.

Clinical Care Document: 969988999
Generated on 1/29/2013 6:01:29 PM by charlie.barrano

Medical Conditions
OTHER CHRONIC NONALCOHOLIC LIVER DISEASE, OTHER AND UNSPECIFIED HYPERLIPIDEMIA, DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION TYPE II OR UNSPECIFIED TYPE UNCONTROLLED,

Allergies
Penicillin, Peanut Oil, NSAIDS, Penicillins,

Medications

| Drug Name | Drug Strength | Drug Strength Unit | Complete Sig | Last Dose |
|---------------------------|---------------|--------------------|---|-----------------|
| GlyBURIDE Oral | 2.5 | MG Tablet | Take 1 tablet by mouth once in the morning. Dispense 90 tablet. 1 Refill(s) | No Dosage Given |
| Atorvastatin Calcium Oral | 10 | MG Tablet | Take 1 tablet by mouth once a day. Dispense 90 tablet. 1 Refill(s) | No Dosage Given |
| Acetaminophen Oral | 325 | MG Tablet | Take 325 mg by mouth once a day. Dispense 1 tablet. 1 Refill(s) | No Dosage Given |
| Amoxicillin Oral | 250 | MG | Take 1 capsule by mouth twice a day. Dispense 30 capsule. 1 Refill(s) | No Dosage Given |
| Ibuprofen Oral | 200 | | Take 1 capsule by mouth twice a day. Dispense 30 capsule. 1 Refill(s) | No Dosage Given |

Diagnostics

q. Special Needs of Pregnant and Postpartum Women. Care for the special needs of pregnant and postpartum women, including, but not be limited to:

- 1) Optional Screening and testing for pregnancy at the time of booking the inmate into the facility;
- 2) Following Pregnant Female Protocols established by statute of regulation and CCSO Policies and Procedures. Any new protocols will be approved in writing by CCSO;
- 3) Counseling and care of the pregnant inmate according to NCCHC standard (J-G-09).
- 4) Referrals and coordination with community-based methadone treatment program experienced in the special needs of pregnant/postpartum clients;
- 5) Prenatal education and counseling; and,
- 6) Coordination of special medical services, if requested by CCSO, NaphCare will provide verification by supplying copies of written agreements with service providers to assure the continuous availability of the full range of routine and emergency obstetrical services including management of high risk conditions.

FEMALE HEALTHCARE SERVICES

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

Pregnancy Testing at Intake

All female inmates will be offered a voluntary pregnancy test upon intake. Those with a positive pregnancy screening will be referred to the appropriate provider for treatment as soon as possible after their arrival to the facility in order to ensure continuity of care. Referrals will be prioritized based on risk factors.

Health Assessment

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

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

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

On-site OB/GYN Services

We possess a great deal of experience and understanding of OB/GYN care. We routinely make certain that all of our client facilities requiring the oversight of an OB/GYN specialist receive organized, scheduled on-site care. Please see our pricing proposal for pricing details of on-site services.

Contraception and Care in Pregnancy

NaphCare will provide health care to address the unique needs of female inmates with regard to family planning, pregnancy, prenatal care, and postpartum care while incarcerated. NaphCare assumes no financial responsibility for newborn care and/or treatment. We ensure that women receive appropriate contraceptive services and that pregnant inmates receive appropriate prenatal care, specialized obstetrical services, and postpartum care. All policies and

procedures adhere to *NCCHC Standard J-G-08, Contraception, and ACA Standard 4-ALDF-4C-13, Pregnancy management.*

Contraception

- 1) Emergency contraception will be made available to females at intake and following sexual assault;
- 2) Female inmates will be provided the opportunity to continue contraception at the time of intake, if appropriate;
- 3) Written educational materials regarding contraception and community resources will be available.

Care of the Pregnant Inmate

- 1) All pregnant inmates will be provided with timely and appropriate prenatal obstetrical care consistent with the community standards of care, including routine and high-risk prenatal care, including, but not limited to:
 - a) Medical examinations, treatments, and follow-up care as directed by the advanced clinical provider;
 - b) Appropriate laboratory and diagnostic tests;
 - c) Comprehensive counseling, which will address the appropriate levels of activity, safety precautions, nutritional guidance and pregnancy;
 - d) Recommended medications;
 - e) Appropriate nutritional support;
 - f) Prenatal counseling;
 - g) Education on activity, safety, and alcohol and drug avoidance; and
 - h) Management of chemically addicted pregnant inmates as per protocols and policy and procedure.
- 2) A current list with phone numbers will be maintained for all obstetrical services and community hospitals on an Emergency Contact Numbers document for referral.
- 3) A contract with a community facility for delivery will be established.
- 4) Documentation of the inmate's prenatal history noted on the off-site health care referral will accompany the pregnant inmate to the hospital. Documentation of appropriate postpartum care will be maintained by the advanced clinical provider in the inmate's health record.
- 5) A list of all pregnancies and their outcomes will be recorded and maintained for monitoring through the CQI process annually on the Obstetrical Tracking Log. During the course of the pregnancy, the inmate flag for pregnancy will be set and the pregnancy will be added to the problem list. Pregnancy shall be considered a special need.
- 6) All females of childbearing age (15-45) will receive a urine pregnancy test at the time of booking.
- 7) Female inmates presenting at any time with signs or symptoms of pregnancy will be offered a urine pregnancy test.
- 8) The advanced clinical provider will evaluate the pregnant inmate within seven (7) days of notification of a positive pregnancy test.
- 9) Pregnant inmates are given comprehensive counseling and assistance from either the medical/mental health staff or a community agency in accordance with their expressed desires regarding their pregnancy and whether they elect to keep the child, use adoption services, or have an abortion.
- 10) Pregnant women with serious mental illness require specialized psychosocial and psychopharmacological monitoring by the mental health staff.
- 11) Mental health staff should consult with medical staff regarding any psychotropic medication use due to deleterious effects on a developing fetus.
- 12) Restraints will not be used on inmates during active labor and delivery.
- 13) When obstetrical care is provided by an outside NaphCare (e.g., midwife or OB/GYN physician), copies of pertinent diagnostic test results and evaluations should be requested and filed in the medical record. Charting

using forms such as those developed by the American College of Obstetrics and Gynecology (ACOG) or equivalent, is encouraged.

- 14) Pregnant patients shall be offered appropriate preventive interventions, including the prescribing of pre-natal vitamins. As a CQI process, the corporate pharmacy will monitor that pregnant women have been offered pre-natal vitamins.
- 15) After the delivery of the baby, documentation of appropriate postpartum care will be included in the patient chart. The Pregnancy flag will be removed after delivery of the baby and care is completed.

OB Care Module

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

Patient: DOE, JANE #: 2985919609c6bc9cea94a0 Lang: !545 (123456) [Additional Info.](#)

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

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

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

Diagnosis Codes:

- DGN10 Z3A.19 19 weeks gestation of pregnancy [Remove]
- DGN10 O15.02 Eclampsia in pregnancy, second trimester [Remove]
- [Remove]
- [Remove]

Actions Taken: [Empty]

Flags: [Empty]

Prepregnancy BMI: 21 Recommended Total Weight Gain: 25 OB Lab Progress Notes: 5/16/2016 10:04 AM [View] [Add]

EDD Determination

LMP: 12/31/2015 EDD: 10/7/2016

Initial Exam: 2/25/2016 8 0 EDD: 10/6/2016

Ultrasound: 2/25/2016 8 0 EDD: 10/6/2016

Initial EDD: 10/6/2016

18-20 Week EDD Update

Quickening: 5/5/2016 +22 wks = 10/6/2016

Fundal Ht@Umb: [] +20 wks = []

FHT w/Fetoscope: [] W D +20 wks = []

Ultrasound: 5/13/2016 19 5 EDD = 10/2/2016

Final EDD: []

| Weeks Gestation (Best Est.) | Days | Fundal Height | Presentation | FHR | Fetal Movement | Preterm Labor Signs / Symptoms | Cervix Exam | Blood Pressure Systolic | Blood Pressure Diastolic | EDEMA | Weight | Urine (Albumin/Glucose) | Next Appt in Wks |
|-----------------------------|------|---------------|--------------|-----|----------------|--------------------------------|-------------|-------------------------|--------------------------|-------|--------|-------------------------|------------------|
| 19 | 2 | | | | | | | | | | | | |

| Created By | Created On | Date of Visit | Week Gest | Day Gest | Fundal Height | Presentation | FHR | Fetal Movement | Preterm Label Signs |
|---|--------------------|---------------|-----------|----------|---------------|--------------|-----|----------------|---------------------|
| Kendall Gibson Software Implementation Specialist | 5/16/2016 10:06 AM | 5/13/2016 | 19 | 2 | 0 | | | | |
| Kendall Gibson Software Implementation Specialist | 5/13/2016 4:30 PM | 5/13/2016 | 0 | 0 | 0 | | | | |

r. Prosthesis/Glasses. NaphCare will provide and make payment for medically required medical and dental prosthesis and eye glasses. This includes other durable medical equipment associated with prosthesis /glasses.

s. Consulting Services and Medical Equipment. Making arrangements and payments for all consulting medical specialty services and special medical equipment (i.e. braces, crutches, etc.). Special medical equipment will be defined as durable medical equipment (DME) as set forth under Medicare Part B plans and includes, but is not limited to diabetic supplies, canes, crutches, walkers, commode chairs, home type oxygen equipment, traction equipment, etc., excluding wheelchairs. As further defined, DME is equipment which 1) can withstand repeated use, 2) is primarily and customarily used to serve a medical purpose, 3) is generally not useful to a person in the absence of illness or injury, and 4) is appropriate for use in the inmates housing area. The use of any DME within the Facilities will be with the approval of the CCSO. For any major equipment, including beds and seat lift mechanisms, NaphCare will meet with CCSO to discuss the need and if CCSO will be purchasing and retaining ownership of the equipment.

t. Hospital Care. NaphCare understands our financial responsibility begins when an inmate is physically located and officially booked into the facility. For the following services, NaphCare will enter into agreements with and use the providers agreed to by the CCSO:

- 1) *Acute Care Needs.* Emergencies that require care outside of the facility, for which there is unavailability of specific services.
- 2) *Emergency Room.* Emergency room care for inmates.

Please see Section on Off-site Management Services.

u. AIDS. NaphCare will cooperate with CCSO in continuing with AIDS education. AIDS/HIV testing will be provided as clinically indicated within current community standards or upon inmate or Sheriff's Office staff request, pursuant to Labor and Health and Safety Codes. All testing will be done in accordance with State law.

v. On-site Dialysis Services. NaphCare and County will determine if volume of dialysis patients will be cost effective in bringing the service on-site.

2. CLINIC/OFFICE SPACE, FURNITURE & EQUIPMENT. CCSO will provide the space, limited furniture, fixtures, utilities, telephone (excluding long distance and toll calls), and security necessary for efficient operation of the Health Care System. NaphCare will be responsible for the purchase of all equipment, including replacement equipment as needed, and will retain ownership of the equipment that it purchases. All healthcare related laundry services at the facilities, including contaminated linens, will be the financial responsibility of NaphCare. We will be responsible for providing our own computers, servers, software, office chairs, and ergonomic-related equipment for office and computer work stations and internet/data connection services. CCSO reserves the right to refuse to allow any item into the Facility if they determine it poses a security risk. CCSO may require approval of the vendor and method of internet/data connection services.

3. COUNTY SHERIFF'S OFFICE STAFF SERVICES. NaphCare will provide the following services for Sheriff's Office staff:

- a. Annual tuberculin skin testing and referrals as necessary
- b. Hepatitis vaccinations
- c. Emergency intervention for on-site injuries to employees or visitors
- d. Flu vaccinations for Jail staff

4. STAFFING. NaphCare will provide medical, mental, dental, technical, and support personnel for rendering the comprehensive Services to inmates at the Facility. The staffing pattern will be based on the assumption that there will

be an average daily population (ADP) of 500 inmates on a monthly basis. If the inmate population increases to a level greater than a 500-ADP on a monthly basis, NaphCare will charge a variable cost per diem to cover the incremental variable costs of providing services to an additional population. In our Staffing Plan, we have provided the following:

a. Recommended staffing, and NaphCare’s rationale for the recommendations. On the following pages, NaphCare has included a recommended Staffing Table with the required column headings for the recommended staffing for the Day, Evening and Night shifts.

NaphCare’s staffing matrix for Clackamas County provides for required personnel and is fully compliant with NCCHC regulations. We would like the County to know that this alternative staffing plan is adjustable and negotiable.

RFP Option 1 Staffing Plan:

| Clackamas County, OR 2018 RFP Staffing | | | | | | | | | |
|---|-----------|--------|--------|--------|--------|--------|--------|-------|-------|
| | Mon | Tues | Wed | Thurs | Fri | Sat | Sun | Hours | FTE |
| Position Title | Day Shift | | | | | | | | |
| Health Services Administrator | 8.000 | 8.000 | 8.000 | 8.000 | 8.000 | | | 40 | 1.000 |
| Director of Nursing | 8.000 | 8.000 | 8.000 | 8.000 | 8.000 | | | 40 | 1.000 |
| Administrative Assistant | 8.000 | 8.000 | 8.000 | 8.000 | 8.000 | | | 40 | 1.000 |
| Medical Records Clerk | 8.000 | 8.000 | 8.000 | 8.000 | 8.000 | | | 40 | 1.000 |
| Registered Nurse | 20.000 | 20.000 | 20.000 | 20.000 | 20.000 | 12.000 | 12.000 | 124 | 3.100 |
| H&P Registered Nurse | | | | | | 8.000 | 8.000 | 16 | 0.400 |
| Licensed Practical Nurse | 12.000 | 12.000 | 12.000 | 12.000 | 12.000 | 12.000 | 12.000 | 84 | 2.100 |
| Licensed Practical Nurse | 8.000 | 8.000 | 8.000 | 8.000 | 8.000 | 8.000 | 8.000 | 56 | 1.400 |
| NP/PA | 8.000 | 8.000 | 6.000 | 8.000 | 8.000 | | | 38 | 0.950 |
| Medical Director | 4.000 | | | | | | | 4 | 0.100 |
| Psych NP | 8.000 | 8.000 | 8.000 | 8.000 | 8.000 | | | 40 | 1.000 |
| QMHP | 8.000 | 8.000 | 8.000 | 8.000 | 8.000 | 8.000 | 8.000 | 56 | 1.400 |
| Dentist | | | | | | 5.000 | | 5 | 0.125 |
| Dental Assistant | | | | | | 5.000 | | 5 | 0.125 |
| NP (Work Release Center) | | | 2.000 | | | | | 2 | 0.050 |
| RN (Work Release Center) | | 4.000 | | | | | | 4 | 0.100 |
| Medical Assistant | 4.000 | | | | | | | 4 | 0.100 |
| Evening | | | | | | | | | |
| Licensed Practical Nurse | 8.000 | 8.000 | 8.000 | 8.000 | 8.000 | 8.000 | 8.000 | 56 | 1.400 |
| RN (Work Release Center) | | 4.000 | | 4.000 | | | | 8 | 0.200 |
| Night Shift | | | | | | | | | |
| Registered Nurse | 12.000 | 12.000 | 12.000 | 12.000 | 12.000 | 12.000 | 12.000 | 84 | 2.100 |
| Licensed Practical Nurse | 12.000 | 12.000 | 12.000 | 12.000 | 12.000 | 12.000 | 12.000 | 84 | 2.100 |

Total FTEs 20.750

NaphCare’s Option 2 Staffing Plan:

| Clackamas County, OR 2018 NaphCare Staffing | | | | | | | | | |
|--|--------------------|--------|--------|--------|--------|--------|--------|-------|-------|
| | Mon | Tues | Wed | Thurs | Fri | Sat | Sun | Hours | FTE |
| Position Title | Day Shift | | | | | | | | |
| Health Services Administrator | 8.000 | 8.000 | 8.000 | 8.000 | 8.000 | | | 40 | 1.000 |
| Director of Nursing | 8.000 | 8.000 | 8.000 | 8.000 | 8.000 | | | 40 | 1.000 |
| Administrative Assistant | 8.000 | 8.000 | 8.000 | 8.000 | 8.000 | | | 40 | 1.000 |
| Medical Assistant/Medical Records Clerk | 8.000 | 8.000 | 8.000 | 8.000 | 8.000 | | | 40 | 1.000 |
| Registered Nurse - Booking/H&P | 20.000 | 12.000 | 20.000 | 16.000 | 20.000 | 12.000 | 12.000 | 112 | 2.800 |
| Registered Nurse - Kite | 8.000 | 8.000 | 8.000 | 8.000 | 8.000 | | | 40 | 1.000 |
| Licensed Practical Nurse | 24.000 | 24.000 | 24.000 | 24.000 | 24.000 | 24.000 | 24.000 | 168 | 4.200 |
| NP/PA | 8.000 | 8.000 | 6.000 | 8.000 | 8.000 | | | 38 | 0.950 |
| Medical Director (Remote) | 4.000 | | | | | | | 4 | 0.100 |
| Psych NP | 8.000 | 8.000 | 8.000 | 8.000 | 8.000 | | | 40 | 1.000 |
| Mental Health Professional | 8.000 | 8.000 | 8.000 | 8.000 | 8.000 | | | 40 | 1.000 |
| Discharge Planner/MHP | 8.000 | 8.000 | 8.000 | 8.000 | 8.000 | | | 40 | 1.000 |
| Dentist | | | | | | 5.000 | | 5 | 0.125 |
| Dental Assistant | | | | | | 5.000 | | 5 | 0.125 |
| NP (Work Release Center) | | | 2.000 | | | | | 2 | 0.050 |
| RN (Work Release Center) | | 8.000 | | 4.000 | | | | 12 | 0.300 |
| | Night Shift | | | | | | | | |
| Registered Nurse | 12.000 | 12.000 | 12.000 | 12.000 | 12.000 | 12.000 | 12.000 | 84 | 2.100 |
| Licensed Practical Nurse | 24.000 | 24.000 | 24.000 | 24.000 | 24.000 | 24.000 | 24.000 | 168 | 4.200 |

Total FTEs 22.950

Clackamas County - Staffing

NaphCare offers the CCSO two staffing options to provide for all medical, mental, dental and emergency healthcare services for Clackamas County detainees. Option 1 mirrors the plan outlined in the RFP. Option 2 is NaphCare’s recommended staffing plan, which reflects application of our 29 years of correctional health management experience in similar sized jails applied to our understanding of your needs based on the information provided to us during the bidding process specific to the CCSO. Both staffing options are based on a monthly ADP of 500 inmate patients. Whether the County selects Option 1 or 2, NaphCare is able to offer a superior level of care due to our experience, the efficiencies created by our electronic health record and operating system – *TechCare*®, the high level of corporate support we provide, and efficiencies built into our **Proactive Care Model**.

Option 2 is designed to optimally support our **Proactive Care Model**, which focuses on identifying critical medical issues up front in order to prevent more serious outcomes later. This staffing option consists of 22.95 Full Time Equivalent (FTE) employees – 2.2 FTEs more than the County’s proposed staffing matrix. This option will increase NaphCare’s ability to recruit and retain competent personnel by moving to 12 hour shifts from 8 hour shifts used in the County’s model. NaphCare’s proposed staffing adds nursing time, including an LPN on the night shift, which will increase productivity

during hours when a new arrival's medical needs are sometimes the most intense. NaphCare's proposed staffing also adds mental health staff time to meet the discharge planning objectives outlined in the RFP.¹

NaphCare will perform the initial *Receiving Screening* at the time of an inmate's admittance with an RN available for intake 24/7 so that any urgent medical and mental health issues needing prompt attention are identified without delay. Then, we conduct a comprehensive *Health Assessment* up front, whereby a thorough history and physical examination is performed, vital signs are recorded, and the inmate's medical history is obtained, all of which is documented in *TechCare*®. While NCCHC guidelines allow up to two weeks to perform this step, NaphCare prefers to conduct the history and physical examination upfront, to facilitate early intervention to meet our patient's health care needs and avoid the risk of missing critical health information early in the intake process. NaphCare's staffing plan ensures that all core functions necessary for efficient inmate care are maintained.

Our mental health program likewise focuses on *early recognition and intervention*. NaphCare exceeds NCCHC standards by performing the *Mental Health Screen* at intake on day 1, while the standard allows up to 14 days to complete this screening. This proactive approach enables us to more rapidly identify any patient entering the facility with a mental health issue or developmental disability.

By devoting more attention to critical medical and mental health needs sooner, we stabilize your mental health and medical population quickly, allowing us to reduce suicide risks and improve the overall stability of your incarcerated population. Care is improved, grievances are decreased, movement within the Jail is reduced, and legal liability is minimized.

Our recruiting and retention abilities combined with our PRN Pool have led to a 94% fill rate for scheduled hours across all of our clients.

A team of corporate providers and healthcare professionals – which we call the Stabilization Twenty Four/Seven Assessment Team or STATCare – provides dedicated 24/7 corporate support to NaphCare's booking nurses in order to maximize on-site patient care and reduce unnecessary send-offs. For the CCSO, our STATCare team will initiate medications, treatment orders, referrals, and detox, typically within an hour after completion of the receiving screen. STATCare will also review receiving screenings for the first 90 days of the contract, with periodic audits thereafter to ensure continued clinical quality.

For staffing vacancy replacement, rather than using agency nurses, NaphCare establishes and maintains an extensive pool of highly qualified clinical relief staff. Each medical professional is pre-credentialed to ensure Oregon licensing/certification compliance and is trained to use *TechCare*®. This relief pool ensures that both facilities will always have appropriately credentialed staff ready to work at a moment's notice.

b. Variable Cost per Diem. The variable cost per diem that NaphCare will charge to cover the incremental variable costs of providing services in excess of 500 ADP on a monthly basis is provided in the Cost Proposal.

c. Option. We understand that NaphCare has the option to provide a Doctor of Nursing Practice to function as "Site Director," in lieu of a Doctor of Medicine ("Medical Director"). The Nurse Practitioner (NP) in Oregon is a licensed, independent practitioner able to make differential diagnoses, develop a treatment plan, prescribe medications, etc.

¹ We understand that Clackamas County wishes to establish an Infirmary in the jail. NaphCare's staffing does not include the staff needed to support an infirmary. Should Clackamas County establish an Infirmary in the jail, additional staff will be required.

There is no need for the NP to have a physician who supervises nor does the NP need to work under a collaborative agreement/supervision with a physician. We are willing to work with Clackamas County to determine the best possible fit for your medical needs.

d. Resumes. Upon contract award, NaphCare will include the resume of qualifications for each of the individuals filling the recommended staffing positions. Resume of qualifications will include:

- 1) Degrees and formal training completed
- 2) Current and up-to-date Licenses, Certifications, Applicable
- 3) Credits
- 4) Years of Experience (minimum of five years' experience in position, and at least two (2) years of experience in a correctional facility healthcare services setting).

In lieu of resumes, and per Q&A changes, we have provided job descriptions for all positions in the Appendix.

e. Adequate Staffing. NaphCare will maintain adequate staffing based on Average Daily Population (ADP) levels and the contract. Pricing in proposals address each position, and at all times NaphCare will:

- 1) Provide adequate staffing, including physician and licensed RNs at all times.
- 2) React and promptly accommodate the consistently changing population in the jails.
- 3) Provide CCSO specific details throughout the term of contract on staff coverage to ensure continued 24-hour coverage.
- 4) Maintain designated full-time equivalents (FTEs) at all times (i.e. should a person go on vacation they will be replaced).

Staffing plan will include consideration for a relief factor for practitioners.

5) The staff positions, including the Medical Director or Site Director, will provide written notification to the Command Staff prior to any scheduled time away from the Facilities including vacations and any unscheduled time, such as for illness. The notice will include the name of the alternate staff to act on behalf of the staff during his/her absence(s) from the Facilities.

f. Credit for Inadequate Coverage. Any Work Post left vacant in whole or in part of any shift will result in a credit to the County equal to NaphCare's cost of that position, had the Staffing Matrix Position been staffed (salary plus benefits of the individual assigned to that Staffing Matrix Position for the hours the post is vacant). In addition, NaphCare will be liable for penalties pursuant to the terms of the contract.

g. Penalty for Inadequate Staffing. NaphCare understands that a filled position with like-kind or greater staff member shall be deemed a filled position.

5. STAFFING DOCUMENTATION. NaphCare will provide the following:

- a. **Work Post.** Work Post descriptions (defining the duties, responsibilities, job descriptions, shift and location) for all assignments will be clearly posted at each facility in an area that is open to all NaphCare staff, but not to inmates. We will review and update the Work Post every six months. Reviewed and approved copies of each Work Post, with the date, will be provided to Operations Lieutenant on February 1st and July 1st of each year.
- b. **Shift Coverage and Daily Attendance Record.** Copies of staffing schedules, which include all health care staff, are to be posted in designated areas and submitted to the Operations Lieutenant on a daily basis.
- c. **Credit for Inadequate Coverage Report.** NaphCare understands that a filled position with like-kind or greater staff member shall be deemed a filled position.

STAFFING AND SCHEDULING SUPPORT

We prepare staffing schedules and integrate them through our payroll system on behalf of our clients. The system contains a central database of information, including employee skills, certifications, availability, preferences, seniority, and cost. This allows the schedules to be easily created and maintained based on workload. The corporate scheduler is able to control labor cost, minimize overtime, manage performance, ensure wage and hour compliance, and ensure adequate staff coverage. Jail administrators can review the payroll worksheet and staffing schedules prior to finalization.

Scheduling Support with SHIFTHound

SHIFTHound is an online program that offers staff scheduling and Open Shift Management. Shift requests, shift swaps, time off, announcements, and much more will occur via SHIFTHound, rather than traditional paper and phone call methods.

NaphCare uses ShiftHound to completely automate staff scheduling and open shift management. Because ShiftHound is electronic and online, staff can log in from their home computer or even their mobile phone to check their schedules. They are notified of open shifts by real-time, automated means, including email and text message. When a staff member accepts an open shift, their information is instantly and automatically populated to the schedule so that everyone is aware. SHIFTHound saves administrative time and hassle and gives employees more control over their schedule.

NaphCare wants to afford more flexibility in scheduling for employees. Using SHIFTHound helps us to effectively utilize staff across units, providing the following benefits and results:

- More opportunities for staff to work full-time schedules or pick up overtime shifts.
- Greater continuity of care from having NaphCare employees take care of patients.
- Eliminates the need for agency staff.
- Saves costs.

State-of-the-art resources like this keep NaphCare staff engaged and proud of their workplace.

6. COUNTY JAIL STAFF TRAINING. NaphCare will provide on-going staff training programs consistent with legal and accreditation standards, including but not limited to:

- a. We will provide training of comprehensive health issues in Jails for Sheriff's Office staff as well as continuing training updates on current and pertinent Jail health issues.
- b. Training will comply with the NCCHC standard number *J-C-04 Health Training for Correctional Officers*.
- c. Development and implementation of training program for review of medical and mental protocol and issues.
- d. Development and maintenance of a reliable structured program of continuing education that meets or exceeds accreditation standards for health care staff annually, including employees, agents, subcontractors, and service providers.
- e. NaphCare will provide the County with a copy of its training program if requested; and, will provide the training and accreditation certification for all of its staff, agents, and/or personnel who work in County detention and correction facilities if requested.
- f. All staff will be trained in their assigned tasks and in the safe handling of equipment.

Corrections-based Continuing Education

In addition to the in-service education programs within the facilities, NaphCare offers on-line training through NaphCare University. This corrections-based system includes a training program for both correctional and healthcare staff.

NaphCare is committed to ensuring that all staff and correctional staff develop an understanding and competency in dealing effectively with the very challenging correctional population. This corrections-based training program provides for efficient staff orientation, increased compliance with state and federal regulatory training mandates, maintaining accreditation through the American Correctional Association (ACA), Bureau of Prisons (BOP), and National Commission on Correctional Health care (NCCHC), and further expands the continuing education opportunities for its staff.

A variety of courses will be provided which are accredited by the American Correctional Association (ACA), as well as a variety of other accrediting agencies, which include the following:

- ANCC (American Nurses Credentialing Center)
- APA (American Psychological Association)
- ASWB (Association of Social Work Boards)
- NAADAC (National Association of Alcohol and Drug Abuse Counselors)
- NBCC (National Board of Certified Counselors)
- USPPRA-CPRP (US Psychiatric Rehabilitation Association/Certified Psychiatric Rehabilitation Professional)
- AAMA (American Association of Medical Assistants)
- AHIMA (American Health Information Management Association)
- BREI (The Breining Institute for Registered Addiction Specialists)
- CCMC (Commission for Case Manager Certification)
- CRCC (Commission on Rehabilitation Counselor Certification)
- HRCI (Human Resources Certification Institution)
- NAHQ (National Association for Health care Quality)
- NASW (National Association of Social Workers)
- PDH (Employee Assistance Certification Commission)
- As well as many state specific accrediting agencies, including, but not limited to, those from Alabama, Florida, Texas, Illinois, Ohio, California, Louisiana, District of Columbia, Arkansas, Arizona, South Dakota, Connecticut, Hawaii, Kentucky, Oklahoma, Massachusetts, Michigan, Minnesota, Missouri, New York, Pennsylvania, and South Carolina.

NaphCare's online program for continuing education provides CEU's for each NaphCare Staff member, including the Medical Directors. NaphCare also develops specific modules within the program for in-service training, orientation, and competency assessments. Assessments include questions regarding all aspects of operations, policies and procedures, and selected clinical topics. All levels of staff in operation positions are assessed on an annual basis.

The online program is easily accessible, allows tracking of trainings, assignment of courses, and generates reports. There are over 300 courses available for continuing education credits with over 100 of those being corrections-based courses within the following topics:

- Safety and Security
- Medical Information for Correctional Officers
- Mental Health Information for Correctional Officers
- Special Needs Offenders
- Medical and Mental Health Staff

- Medical Staff
- Supervision and Management of Staff
- Workplace Issues
- Computer Skills
- Juvenile Corrections-Behavioral Health Topics
- Juvenile Corrections-Youth Workers

The customized training program is web-based thereby allowing courses to be taken from anywhere with an internet connection. Email reminder notifications are sent to supervisors and employees for training due dates and licensure and certification renewals.

The online training program also includes on-line classes offered by NaphCare, online discussion forums for employees, current articles and information about behavioral health, addiction, and general healthcare issues, and staff announcements.

7. PHARMACEUTICALS

- a. NaphCare will provide pharmacy services, directly or through an approved subcontractor.
- b. We have established a qualified pharmaceutical committee to review inventory and controls management for all drugs. A qualified pharmacist, licensed by the State of Oregon with correctional facility experience, will be a member of this committee. We will provide reports from the committee at meetings with County.
- c. Pharmaceuticals will be dispensed using pill cups that are paper, wax-coated paper, or certified compostable meeting American Society for Testing and Materials Standards (ASTM); ASTM-D6400 and/or ASTM-D6868. NaphCare may utilize a system whereby pill cups are reused resulting in a reduction in solid waste generation.
- d. We will dispense medications to inmates using a system that includes tracking, accountability, and ease of transporting and providing the medications. We will also have available and ready to implement an alternative system and upon the request of the CCSO, NaphCare will promptly transition to the secondary.

Please see Pharmacy Section.

8. TRANSPORTATION

- a. NaphCare will contract with a licensed ambulance entity and pay for necessary ambulance transportation for non-emergency related transports. If requested, NaphCare will provide a copy of the contract to County. Policies and procedures for appropriate modes of transportation will be jointly developed by CCSO and NaphCare. We have contacted local providers (**Metro West Ambulance**) and will continue to develop and expand service arrangements for Clackamas County.
- b. We will pay for the costs of transportation and any other extraneous expenses related to the transfer to or housing of inmates in outside medical facilities.

9. MAINTENANCE OF ACCREDITATIONS. During the term of the contract, NaphCare will provide and maintain the following:

- a. NCCHC accreditation as well as NCCHC accreditation on the Opioid Treatment Program.
- b. We will provide copies of any accreditation or other documentation related to qualifications, continuing education, and training upon request of the CCSO.
- c. We understand compliance with NCCHC accreditation is mandatory. NaphCare will help to supply documentation for the accreditation process. Formal audits are required every three years and NaphCare will cooperate with CCSO who may informally perform maintenance audits periodically throughout the year.

Please see section on Accreditation.

10. COMPLIANCE WITH LEGAL REQUIREMENTS. NaphCare will comply with all relevant legal requirements including but not limited to the following:

- a. ***Inmates with Disabilities, Mental Health Issues, and Gender Matters.*** We will comply with and abide by the federal and state laws as they relate to inmates, including but not limited to the Americans with Disabilities Act (ADA), inmates determined to have a mental issue, and matters involving transgender inmates.
- b. ***Prison Rape Elimination.*** NaphCare will adopt and comply with the Prison Rape Elimination Act (“PREA”) standards, and make information available to CCSO, to demonstrate its PREA compliance. We understand that NaphCare is required to engage in and receive a PREA audit at least once during a three-year audit cycle.

NaphCare will make available to CCSO’s Contract Monitor, the auditor’s last report after completion of an audit. Until the first audit report becomes available, we will demonstrate PREA compliance to CCSO by furnishing a copy of our PREA policy to CCSO’s Contract Monitor NaphCare. If no PREA audit has been conducted by the time the contract begins, plans to conduct a PREA audit will be demonstrated to CCSO within the statutorily set time frame.

ABUSE AND SEXUAL ASSAULT

It is NaphCare’s policy to provide all victims of sexual assault, abuse, or allegations prompt response with medical treatment that includes evidence preservation and a mental health evaluation for emotional support. We will provide timely medical and psychological intervention for sexual abuse and assault in accordance with *NCCHC Standards J-B-04 and J-B-05*, and *ACA Standard 4-ALDF-2A-29 & 4-ALDF-4D-22*.

We have zero tolerance for sexual assault and sexual harassment, both in our corporate environment and the facilities we serve. All employees are expected to treat other staff and patients with respect and without bias. At the time of hire, all NaphCare employees receive training on creating a work environment free of harassment, and they receive annual refresher training. This intensive training, both in the physical and psychological outcomes of sexual abuse, includes differences based on the gender and culture of the victim.

We are aware of the legal implications of an allegation of sexual abuse. Our staff is trained to cooperate with law enforcement and to counsel victims immediately after the event in a manner that is emotionally supportive, yet helps preserve evidence. Our policy is not to perform any detailed forensic evaluation but to document an initial assessment.

The following are NaphCare’s procedures for addressing sexual abuse and assault.

Reporting Regulations

- 1) Healthcare staff will follow all protocols for reporting to the designated institutional authorities and will comply with the Prison Rape Elimination Act (PREA).
- 2) Appropriate screening questions will be asked during the intake process, which will include a history of victimization and abusiveness.
- 3) Healthcare staff will submit incident reports for all evaluations of patients related to alleged sexual abuse within twenty-four (24) hours of the event.
- 4) The Health Services Administrator will submit a monthly report of all medically triaged alleged sexual abuse patients to the institutional authority upon request.

Procedures in the Event of Sexual Abuse

- 1) Healthcare staff will treat all patients in a neutral and non-judgmental manner. No details of the event will be solicited by the healthcare staff.

- 2) Healthcare staff will coordinate their activities with all first responders, investigators, and the institutional authority as required.
- 3) The designated Sexual Abuse Response Team (SART) team shall be activated as soon as possible in any situation where forensic evidence is to be collected.
- 4) Emergency medical treatment may be provided by on-site health care staff as needed. No attempt will be made to clean or treat the victim unless the injuries are such that not treating them would cause deterioration of the victim's medical condition.
 - a. The victim shall be transported to the emergency department for examination and additional treatment.
 - b. Personnel accompanying an offender victim to the emergency room will ensure that a standard medical "sexual assault kit" is requested.
- 5) A mental health professional will be contacted for counseling and follow-up.
- 6) In the case of rape or sexual offenses where evidence may be available, the victim and perpetrator (if known) should not be allowed to shower or wash in any manner. Clothing and bed linens should be treated as evidence.
- 7) The on-site Medical Director will review all treatment recommendations from the off-site provider and issue appropriate orders.
- 8) For offender victims and perpetrators, medical staff will ensure provisions are made for testing for sexually transmitted diseases, unless already completed by emergency department personnel. Prophylactic treatment will be offered, as appropriate. See NaphCare's policy and procedure Management of Inmate Bloodborne Pathogen Exposures.
- 9) Any recommendation for special housing or a change in housing will be provided to the institutional authority.
- 10) Health care staff will not collect forensic medical information or evidence from an alleged perpetrator.

Training

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

NaphCare's PREA Feature within TechCare®

In an effort to assist you in implementing PREA at your site and as an added service benefit to you, NaphCare offers an optional PREA segment of TechCare®.

As part of the receiving screening, the following PREA question is featured: *Has the inmate ever been sexually abused, sexually abused someone else, been convicted of a sex crime, or does the interviewer feel the inmate may be at risk of victimization?*

TechCare® auto-sets a PREA flag based on a positive response to the above question. A daily PREA report is then auto-generated from TechCare® and sent to custody and NaphCare leadership at the site. An example of this feature in the Receiving Screening is featured below.

RECEIVING SCREENING

Completed by: paula.moore on 10/29/2012

Inmate: test, HERMAN Inmate #: 1675730
 DOB: 07/04/1970 (Age=42) Race: WHITE Sex: Male Status: ACTIVE
 Housing: 240C-705-01 SSN#: Booking Date: 7/11/2008 6:22:00 PM

20. Are you or could you be pregnant? Yes No
 If yes, result of pregnancy test: _____

21. Have you recently delivered, miscarried, or aborted? Yes No

22. Last menstrual cycle?

23. Have you ever been sexually abused; have you ever sexually abused someone or been convicted of any sexual abuse offense? Yes No

24. Have you ever considered suicide? Yes No

25. Are you now considering suicide? (if yes, initiate suicide watch protocol) Yes No

Disposition: _____

Treatment Plan Refer to:
 Medical Doctor (acute need) Dental Medical
 Dentist (acute need) Medical Chronic Care Mental Health
 Detoxification Protocol Mental Health Chronic Care Clinic Authorization for Release of Information

10. QUALITY ASSURANCE / OVERSIGHT / REPORTING:

- a. We understand that the CCSO may, at its own expense, contract with a neutral third party experienced in medical quality assurance reviews (“Quality Assurance Consultant”). The services of this third-party consultant may include items such as conducting monthly audits of inmate medical records for treatment of medical conditions in order to evaluate the timeliness of care, appropriateness of assessment, treatment, and type of provider and level of care. NaphCare will cooperate fully with CCSO’s Quality Assurance Consultant including providing full and immediate access to records, including inmate medical records.
- b. NaphCare will participate, as requested, on County committees related to inmate medical care, including providing service information and statistics.
- c. NaphCare will assign a qualified professional to attend and participate in all meetings.
- d. NaphCare will work with County, quality assurance consultant and committees to assist County in refining goals for minor and major error rates, based on a monthly assessment. Error rates will be set for a variety of categories including but not limited to services levels and record keeping.
- e. Results of the medical quality assurance reviews, as well as recommendations for corrective action, will be provided to NaphCare. NaphCare will take recommended corrective action, or will advise CCSO in writing why such corrective action should not be taken. We will cooperate with procedures to resolve any impasse in recommendations to fake corrective actions.
 - 1) NaphCare will provide written responses to County regarding all issues identified in the medical quality assurance reviews within 30 days of receiving them unless an extension is granted in writing by CCSO.
 - 2) NaphCare will provide timely written responses, in no event later than 30 days, from receipt regarding findings in any cases with which we disagree.
 - 3) Quality assurance response. Late responses will result in penalties imposed until resolved to the satisfaction of the CCSO.

- f. NaphCare will provide quality services with a low error rate. If our error rate exceeds the goal limits set for either minor errors or major errors, we understand that NaphCare will be subject to penalties, in addition to any other remedies and actions the County may have.

11. HAZARDOUS WASTE MANAGEMENT. NaphCare will be responsible for the removal and disposal of hazardous medical waste materials. Removal and disposal will be in accordance with applicable local, state, and federal rules, regulations, and codes.

12. GRIEVANCE PROCEDURE. NaphCare will follow the current grievance policy and procedure with the CCSO for the communication and resolution of inmate and staff complaints or other items regarding any aspect of health care delivery. The HSA will respond to and act as the primary contact with CCSO in reviewing and responding to complaints. NaphCare will promptly respond and provide information to CCSO and adhere to all timelines for responses. When the assigned individual is on vacation or otherwise unavailable, coverage will be provided, and a responsible individual identified to the CCSO. **Please see section on Inmate Grievances.**

13. ACCESS. Security staff will accompany health care staff in providing health care services in secure areas in accordance with written policies or procedures. NaphCare, our employees, agents, and contractors will follow CCSO policies and procedures at all times.

14. CLAIMS AND LEGAL ACTIONS. NaphCare will actively and fully cooperate with County Legal Counsel and Risk Management staff in the investigation, defense or and other work related to any claim or legal action against or on behalf of the County, including any of its departments, employees, volunteers or agents. Said assistance will include, but is not limited to:

- a. Timely provision of data;
- b. Medical records;
- c. Investigation of claims;
- d. Preparation of declarations or affidavits;
- e. Other information as counsel deems necessary to prepare the defense or prosecution including the participation at any trial or hearing; and
- f. NaphCare will comply with all past, current, future settlements, and litigation concerning the delivery of inmate health care services.

15. TRANSFERS, RELEASES AND CONTINUITY OF CARE

- a. **Public Health Notification.** NaphCare is responsible for notifying the appropriate public health agencies of reportable illnesses and communicable diseases, and will make such reports prior to inmate release where possible.
- b. **Transfer of Health Records.** Health records of an inmate who is being transferred, whether for medical or other reasons, will be evaluated by medical staff and a transfer summary completed.
- c. **Tuberculosis.** Procedures for transfer of inmates with suspected or known active tuberculosis will be established by NaphCare in compliance with statutory and regulatory requirements.

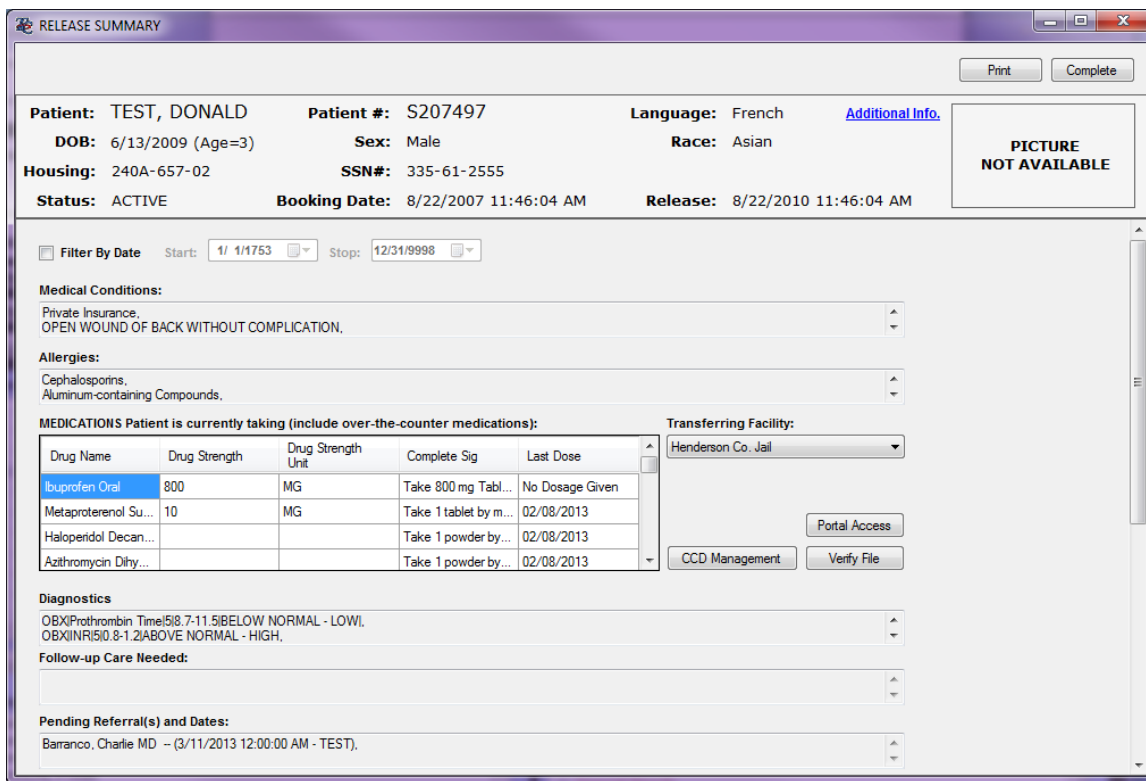
TechCare® easily provides all the required information to ensure continuity of care with intrasystem transfers.

Inmate Transfers with the TechCare® System

TechCare® manages all inmate healthcare records from the point of intake to release, which creates a standardized process of care with documentation provided every step of the way. TechCare® tracks inmates within the Jail—from cell

to cell, floor to floor, or wherever the inmate is currently housed—while keeping all updates to the health record available for medical staff to share and exchange. The information can also be accessed simultaneously by multiple users. *TechCare*® will quickly become an invaluable tool for healthcare and correctional staff alike.

Additionally, *TechCare*® is a valuable addition to the County’s transfer process. Inmates who are transferred from one facility to the next (County or State) will have their patient history and record of care readily available. In *TechCare*®, we can create a summary that will pull all the medical information for an inmate and print it at once to be taken to the facility where the inmate is transferred.



RELEASE SUMMARY

Patient: TEST, DONALD Patient #: S207497 Language: French [Additional Info.](#)
 DOB: 6/13/2009 (Age=3) Sex: Male Race: Asian
 Housing: 240A-657-02 SSN#: 335-61-2555
 Status: ACTIVE Booking Date: 8/22/2007 11:46:04 AM Release: 8/22/2010 11:46:04 AM

PICTURE NOT AVAILABLE

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

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

Allergies:
 Cephalosporins, Aluminum-containing Compounds.

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

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

Transferring Facility:
 Henderson Co. Jail

Diagnostics
 OBXIProthrombin Time[5]8.7-11.5|BELOW NORMAL - LOWI, OBXIINR[5]0.8-1.2|ABOVE NORMAL - HIGH.

Follow-up Care Needed:

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

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

An all-inclusive system, *TechCare*® is the best reason that NaphCare is the choice provider for quality inmate medical services. We propose to implement the *TechCare*® system at the Jail the day we begin our contracted services. **The EHR is provided to Clackamas County at no additional cost in order to increase the efficiencies within the correctional facility.**

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

16. CONTRACT ADMINISTRATOR

- a. NaphCare will provide a dedicated and competent Contract Administrator who will be responsible for this contract.
- b. We will work with the CCSO Operations Lieutenant who is the Contract Compliance Officer whose responsibilities include, but are not be limited to:
 - 1) Contract compliance
 - 2) Fiscal Considerations
 - 3) Liaison with provider and respective County agencies, and
 - 4) Protocol development assistance

17. MEDICAL RECORDS

- a. **Maintenance.** Individual inmate health records will be fully and properly maintained, including but not limited to:
 - 1) Pre-screen history
 - 2) Medical evaluation report
 - 3) Complaints of injury or illness and action taken
 - 4) Physician orders
 - 5) Progress notes
 - 6) Names of all personnel treating, prescribing, and/or issuing education
 - 7) Medications administered
 - 8) All laboratory, x-ray, and other documentation of treatment provided
 - 9) Documentation of all off-site services
- b. **Confidentiality.** NaphCare will maintain confidentiality of the health care records as is required by law. All medical records will be and remain the property of the County. In the event of a contract termination, NaphCare will confirm County has received and has access to the full updated and accurate records, in part to assure compliance with medical records retention practices.
- c. **Audit.** NaphCare will cooperate with the County and third parties authorized by County for medical records review.
- d. **Specific Performance Requirements and Penalties.** We understand that NaphCare will be subject to penalties for error in record keeping. Penalties will be based on type and frequency of errors and be assessed in increasing increments.

Please see Section on Medical Records

18. REPORTING. NaphCare has reporting processes in place. Cost and quality assurance reporting will be submitted to the County monthly, in addition to the Staffing Documentation listed in Section D.5 of this RFP. Minimum reporting will consist of the following:

We have submitted our base pricing based on Section 20. Pricing “without limitations” language and have not provided aggregate cost estimates or reports. We are willing to negotiate our pricing arrangement if the County would prefer to have aggregate cost limits.

a. Aggregate Cost Reporting. Aggregate cost reporting, all claims processing and aggregate cost calculations for external providers, hospitalizations, and pharmacy payments will be completed after December 31st for the prior fiscal year which ends on June 30th. Claims for prior fiscal year costs reported after December 31st will not be paid by the County, and will be the responsibility of NaphCare. The reports will include:

- 1) Status of aggregate cost monthly
- 2) Early notification to County for anticipated amounts over the estimated aggregate cost due to unusual or extraordinary procedures encountered during the fiscal year
- 3) Quality assurance reports
- 4) Monthly actual staff reports with hourly billing rates submitted within 15 days after the end of the month for review at the Monthly Audit Committee meeting (MAC)
- 5) Monthly statistical reporting for review at the MAC
- 6) Monthly utilization statistics and savings realized from Affordable Care Act
- 7) Monthly and annual prescription utilization and annual formulary
- 8) A roster of chronic care patients will be maintained and supplied to Clackamas County Jail Liaison on a weekly basis

b. Other Annual Reporting

- 1) *Credentials Report.* NaphCare will submit an annual Compliance Report by calendar year, due each year no later than January 15, to CCSO on all applicable certifications, accreditations, and licenses during the life of this contract.
- 2) *Health Appraisal Status Report.* NaphCare will prepare an annual report by calendar year, due each year no later than January 15 to CCSO on compliance with federal laws and Oregon laws, regulations, and codes, including, but not limited to compliance with PREA and the Americans with Disabilities Act. Report will include but not be limited to:
 - a) Inmate requests for various services
 - b) Inmates seen at sick call
 - c) Inmates seen by physician
 - d) Inmates seen by dentist
 - e) Inmates seen by psychiatrist
 - f) Inmates seen by psychologist
 - g) Inmates seen by OB/GYN
 - h) Inmates seen by case manager
 - i) Out Patient Housing Unit admission, patient days, average length of stay
 - j) Mental Health referrals
 - k) Off-site hospital admissions
 - l) Medical specialty consultation referrals
 - m) Intake medical screening
 - n) History and physical assessments
 - o) Psychiatric evaluations
 - p) Specialty clinics attendance and screenings in house
 - q) Diagnostic studies
 - r) Report of third party reimbursement, pursuit of recovery
 - s) Percentage of inmate population dispensed medication
 - t) Inmates testing positive for venereal disease
 - u) Inmates testing positive for AIDS or AIDS antibodies
 - v) Inmates testing positive for TB

- w) Inmate mortality
- x) Number of hours worked by entire medical staff, specifying each post or shift
- y) Other data deemed appropriate by the Commander of Detentions and Corrections Division or the CCSO Contract Administrator

c. Quarterly Reporting

- 1) Quarterly reporting of inmates with mental health conditions to be provided to the jail due to CCSO by the 15th of each month following the end of the quarter. Reports will include:
 - a) Number of inmates with mental health conditions to be provided to the jail. Report will include:
 - i. Number of inmates with "Mental Illness" defined as individuals with mental health conditions
 - ii. Number of inmates with "severe and persistent mental illness" which is defined as psychotic disorders and major affective disorders including severe recurrent depression and bipolar disorders
 - iii. Number of inmates placed on suicide watch
 - iv. Number of inmate suicides
 - v. Number of times that the HCP recommended use of forced medications and how many times forced medications actually occurred.
- 2) *Quarterly Summaries*. Describes progress toward agreed upon objectives for the services and the status of special projects or reports requested. This report will contain data reflecting the previous quarter's workload, without identifying the inmates' personal information. The report is due to CCSO by the 15th of each month following the end of the quarter.
- 3) *Quarterly Health Services Utilization Report*. Contains statistical reports on health services utilization, with the data set and report formats approved by CCSO. A quarterly synopsis of this data will also be prepared and provided to CCSO by 15th of the month following the end of each quarter.

d. Monthly Reporting

- 1) *Statistical Information*. NaphCare will maintain general statistics and record keeping about the services provided. We will make available to the County accrued data regarding services provided. Data will be compiled in appropriate reports as defined by CCSO and be provided in a monthly report due by the 15th of each month for the previous month's data. Such reports will be in a format that does not contain any personally identifiable information about inmates.
- 2) *Work Post Expense Report*. NaphCare will provide monthly payroll expense reports which include the cost of staffing each position, including salary and employer paid benefits, per Work Post position. The information will be in such a format and usable to calculate any credits for inadequate Work Post coverage/staffing, and due to CCSO by the 15th of each month for the previous month's data.
- 3) *Off-site Activity/Cost Report*. NaphCare will provide an off-site activity/cost report by the 15th of each month for the previous month's data. The report will contain any and all off-site costs, reports outlining off-site outpatient, in-patient, emergency room visits, and clinical services visits.

j. Daily Reporting NaphCare will submit a daily report for the previous 24 hours prior by 9:00 am which includes the following:

- 1) Transfers to off-site hospital emergency departments
- 2) Communicable disease reporting
- 3) Suicide data (i.e., attempts and precautions taken)
- 4) Report of status of inmates in local hospitals and infirmaries
- 5) Staffing rosters
- 6) Submit completed medical incident report copies
- 7) Submit completed medical grievance report copies

- 8) A list of lost medical files
- 9) Intake screenings performed

k. Summary of Schedules. Reporting and Scheduled Reviews will adhere to the following:

1. All reports will be provided to CCSO Jail Operations Lieutenant, with copies to other individual as identified by CCSO.
2. Daily reports will be submitted daily by 0900 hours for the previous 24 hours.
3. Monthly reports will be submitted by the 15th calendar day of each month for the previous month's data.
4. Quarterly reports will be submitted by the 15th calendar day of each month following the end of the quarter.
5. All other annual reports other than Aggregate Cost Reports will be submitted by January 15th for the previous year's data.

l. Procedures Manual. NaphCare will maintain an updated on-site procedures manual that meets the requirements of applicable standards as outlined by the NCCHC, as well as any requirements of the CCSO. A separate communicable disease manual will also be maintained on-site.

NAPHCARE'S REPORTING CAPABILITY

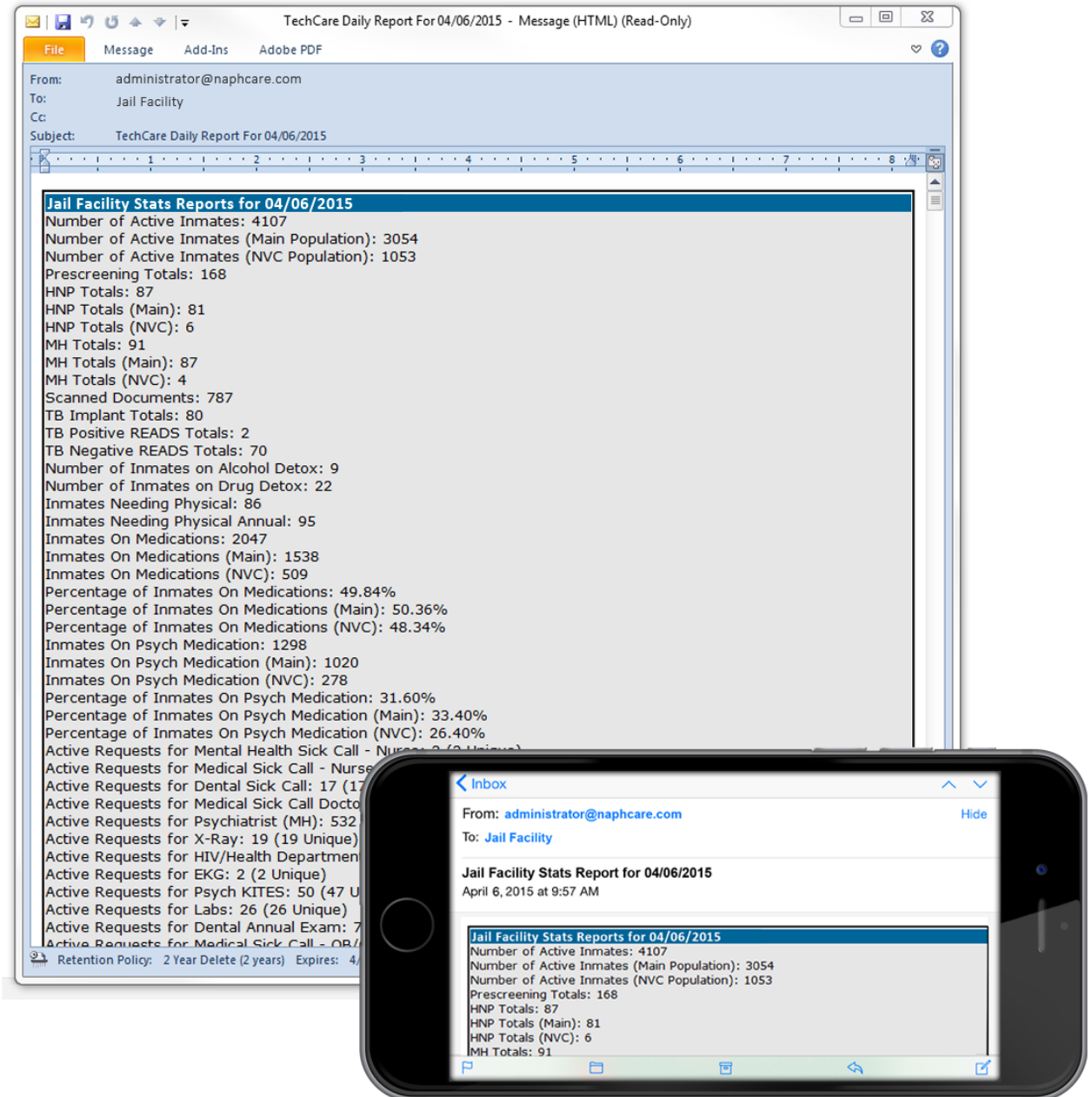
NaphCare connects facility administrators with the medical team through an easy-to-use reporting system that provides full transparency and keeps you informed of our services throughout your correctional facility. NaphCare's electronic operating system, *TechCare*®, captures health services data and offers reporting functions that are clinically meaningful to users. *TechCare*® creates reports that show your administration the current, daily, monthly, and yearly snapshot of medical services. A variety of reports can be generated as the following examples illustrate. This list is an example of the reports that are provided, at a minimum:

- ✓ Daily Hospitalization Report (*via email*)
- ✓ Detailed Weekly Report
- ✓ Detailed Monthly Utilization Report
- ✓ Inpatient/Outpatient Statistical Report by Service
- ✓ Off-site Visit Report

Daily Reports

Via email, we will provide CCSO administration with a daily statistical report that details the services provided in the last 24-hours. **This provides quality and contract assurance at your fingertips. Reports also help identify trends before they become expensive issues.**

As an example of the Daily Report that is sent electronically to clients, the following sample email portrays how we provide requested data. This report can also be downloaded and displayed on an iPhone for easier access.



Monthly Reports

The following screenshot shows a monthly report, which includes screenings and general information, chronic care, infectious disease, sick calls completed, and much more.

Off-Site Reporting

Data has value when it can be used to improve the care delivery process. NaphCare has unlimited reporting capabilities based on the data captured in *TechCare*®. We analyze costs, trends, and provide reports in any format you request. We study statistics that aid you in improving your utilization of off-site care. Our sophisticated reporting capabilities, combined with our strong correctional operations experience, will generate meaningful reports with information you can use. NaphCare offers:

- **Daily Hospitalization Report**—including reason for admission and length of stay.
- **Detailed Monthly Utilization Report**—including detailed time frames for each process of the review.
- **Inpatient and Outpatient Statistical Report**—by service and location.
- **Specialty Services**—consults, procedures, and diagnostic services.
- **ER Trips**—by service and location.
- **Utilization Review**—by disease classification.

Staff Time Reporting

NaphCare efficiently maintains and manages a facility's labor force using a web-based timekeeping and scheduling system—ShiftHound. **Using this software, we will provide the CCSO with staffing audits.** This application streamlines the entire staffing management process by enabling the creation of schedules based on contract requirements and tracking real-time attendance information.

19. INMATE CO-PAYMENT AND OTHER PROCEDURES

- a. NaphCare will participate in and track the inmate co-pay program.

If desired by the County, NaphCare can implement electronic co-pay protocols through our EHR system, *TechCare*®. We have protocols within *TechCare*® that help us calculate co-pays and report them to our clients electronically. We can use *TechCare*® to automatically track medications ordered and sick calls performed in order to calculate all Inmate co-pays for the County. Medications are selected for co-pay charges at time of ordering, which eliminates costly errors and time trying to retrieve this information at a later date. These reports will be automatically generated and emailed to the appropriate CCSO personnel as required. We have the proven ability to calculate the amount of funds to be withdrawn from the Inmate's commissary or general account when the County provides the actual charges required for services. We readily provide these reports to our current facilities. Our clients find this to be an efficient time saver for their clerical and medical staff.

- b. We understand that the inmate fees collected will be for the use of the jail and not NaphCare. NaphCare will not collect or handle any inmate funds.
- c. We understand that NaphCare will be responsible for enrolling inmates in the Affordable Care Act and processing necessary paperwork, as applicable.
- d. In the event that healthcare services provided to inmates of the Facilities are covered by third party payments, e.g., Workers Compensation, health insurance through the Affordable Care Act, fault insurance, private health insurance, etc., NaphCare will bill the third-party payor for the provision of such covered services in the same manner as if the healthcare services were provided by a private physician or health service. For each year of the Agreement NaphCare will, as an offset to its costs, retain 60% of all payments it receives from third party payers. The remaining 40% received by NaphCare will be credited to the County in the next invoice following their receipt. We will not be

entitled to claim reimbursement from County programs including Medically Indigent Adult Program, County Workers' Compensation, and County employee health insurance.

- e. NaphCare will perform utilization/case management services to monitor the necessity and appropriateness of inpatient hospital care and other outside medical services.

20. PRICING

We have submitted our pricing in a separate document, per County instructions.

21. TRANSITION

a. Transition Team. For transition to and from providing services, NaphCare and CCSO will establish a transition team composed of appropriate medical and correctional staff, including medical records and clinical representatives, and any CCSO-identified consultants. We will follow the transition plan approved by CCSO. NaphCare will cooperate fully with, as applicable, the prior or subsequent vendor in effecting a smooth transition. Please see Transition Plan and Transition Timeline in the *Appendix*.

b. Transition to Providing Services. If the current contractor is not the successful contractor, the successful contractor will work cooperatively to transition into providing services. We understand that the contractor will be responsible for, but not limited, to the following:

- 1) Preparing proposed transition plan.
- 2) Preparing a strategic/operational plan.
- 3) Conducting in-service training to contractor staff and appropriate County staff:
 1. New Hires will be trained and certified in Basic Life Support-Cardiopulmonary Resuscitation (BLS-CPR) with recertification provided as required by the regulatory body.
 2. We will provide New Hires with an Orientation addressing the policies, procedures, and practices of the on-site health care program. Orientation regarding other facility operations will be the responsibility of the Facility.
- 4) Supervision and development of a disease/injury oriented medical record system.
- 5) Developing drug utilization data and evaluating existing inventories.
- 6) Establishing professional contracts with referral facilities.
- 7) Personnel recruitment and hiring.
- 8) Ordering of supplies and equipment.
- 9) Developing both internal and external plans for emergency care.
- 10) Establishing reporting procedures.
- 11) Medical records, including electronic medical records software systems.
- 12) Transition of services from the current vendor, including but not limited to pending and future appointments and follow up on care needs for current and active medical cases.
- 13) All applicable licensure requirements will be met prior to the start of the Contract. A written list with the names, years of experience, and types of license held for persons who will be providing these services will be given to the CCSO during the transition phase.

c. Transition from Providing Services.

- 1) *Conclusion.* In the event NaphCare will no longer be providing services for any reason including but not limited to termination of the Agreement, we will be responsible for ensuring that the management, operational, and reporting responsibilities for health services are transferred as efficiently as possible and with as little interruption as possible. NaphCare will cooperate fully with the County and any service provider(s) during the transition.

2) *Continuity of Care*. NaphCare will allow our personnel to apply for and receive a position with the new provider(s) without penalty or payment of a finder's fee, or any other fee, assessment or charge of any nature, assessed to such provider or the County

Specify how you have handled a communicable/infectious disease outbreak (for example a chicken pox, lice, or flu outbreak).

Please see section on Infection Control.

Describe at least two medical and/or mental care management programs you have implemented which comply with NCCHC and community-based standards of Care:

MENTAL HEALTH PRELIMINARY SCREENING AND EVALUATION

NaphCare's first opportunity to identify a patient with mental illness is during the Receiving Screening. Our Receiving Screen asks about medical and mental health issues to proactively identify patients with these problems as soon as they arrive. NaphCare is the only provider that completes the mental health screening on day one, at intake. Other providers wait up until 14 days to provide this critical screening, which can have negative consequences.

Following the Receiving Screen, a **Mental Health Screen** is performed per **NCCHC J-E-05**, Mental Health Screening and Evaluation, and NaphCare policy and procedure. All inmates will receive a mental health screening, to include a suicide risk assessment, by a trained nurse upon arrival.

The following is a description of each section of NaphCare's Mental Health Screening and the information it obtains:

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

NAPHCARE'S SUICIDE PREVENTION PLAN

NaphCare is an experienced provider of correctional mental health services, and suicide prevention figures predominantly in this experience. We take our responsibility seriously, and have devoted time and resources to creating a proactive suicide prevention plan that addresses the current state of corrections and correctional healthcare. We believe our proactive approach and use of technology figure largely into our plan and its success at our client facilities. Our low suicide rates are some of the best in the industry.

| SUICIDE RATES | |
|---|---|
| National Average 50 per 100,000 inmates | NaphCare Average 32 per 100,000 inmates |
| Clark County Detention Center Average, prior to NaphCare 3-5 annually | CCDC Average with NaphCare .5 per year |

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

- **Staff Training** – intensive training of all medical, mental health, and correctional staff on:
 - Signs and symptoms to recognize
 - Risk Factors
 - Management of suicidal inmates
 - Review of policies and procedures in dealing with suicidal inmates
 - Ongoing training and annual review of training to keep up to date

- **Screening and Identification of High Risk Inmates**
 - Most suicide attempts occur soon after incarceration, so proactive and thorough assessment through the Receiving and Mental Health Screens is vital and is also the cornerstone of NaphCare’s proactive approach.
 - Alerts in *TechCare*® assist the evaluator in decision making and notifying corrections and mental health personnel of an inmate in need of urgent services.

- **Referral, Evaluation, Housing**
 - Inmates at risk of suicide are quickly referred to appropriate housing and mental health services.
 - They will be placed on Suicide Watch in appropriate housing located within the facility and will be monitored as clinically indicated based on their level of acuity.
 - Once discharged from watch they remain in the mental health caseload and have regular follow up until released from custody.

- **Review of Policies and Procedures**
 - At the onset of the contract we will review current policies and procedures, work with correctional staff and tailor a program that fits the needs of the facility.
 - All policies and procedures will be reviewed regularly to keep them up to date.
 - Staff will be trained for any changes that occur.

- **Effective Communication**
 - Clear and consistent communication among all parties – corrections, medical, mental health, and inmates - is vital to the success of the prevention plan.
 - Our QA program monitors and provides feedback to ensure success of the plan.

Critical Incident Review

- Morbidity and Mortality Committee reviews occur both locally and at the corporate level. They analyze and review critical incidents and develop corrective actions plans when necessary.
- The committee is made up of clinical, administrative, and legal personnel.
- The site receives and implements the action plan and provides feedback to the corporate level.

- **Critical Incident Debriefing** – Any staff who have been negatively affected by the self-harm or suicidal act will be provided assistance by trained mental health professionals in a timely manner

Alerts for Suicide Risks

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

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

Suicide Alerts

MENTAL HEALTH SCREENING

COMPLETE

Inmate: DOE JOHN Inmate #: 0453141
 DOB: 05/13/1973 Race: White Sex: Male Status: ACTIVE
 Housing: 240b-621-01 SSN#: Booking Date: 8/8/2008 9:21:00 PM

c. Are you taking the medication as prescribed?

d. What is your doctor's name?

3. Do you ever see or hear things that other people don't seem to see or hear? Yes No

a. What kind of hallucinations do you experience?

i. Auditory?

ii. Visual?

iii. Other:

4. Do you feel depressed at this time? Yes No

5. Does anyone in your family have mental, emotional, or behavioral problems? Yes No

6. Do you have anything to look forward to in the future? Yes No

7. Have you recently experienced a significant loss? Yes No

8. Are you thinking of hurting or killing yourself? Yes No

9. Have you considered suicide in the last 3 months? Yes No

10. Have you ever attempted suicide? Yes No

a. How many times?

b. When was the last time?

c. What did you do in past attempts to kill yourself?

Suicide Watch Tracking

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

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

Suicide Watch Policy and Procedures

NaphCare’s policy and procedure for Suicide Prevention addresses Suicide Watch and complies with **NCCHC Standard J-G-05, Suicide Prevention, and ACA Standard 4-ALDF-4C-32, Suicide Prevention and Intervention.**

Any inmate that screens positive for suicidal ideation during the initial mental health screen (upon intake) will be placed on Suicide Watch and kept under close or constant observation until evaluated by mental health staff, which will occur as soon as possible. A potentially suicidal inmate will be housed in a safe cell or other secure housing. The following procedures for Suicide Watch are from NaphCare’s complete policy and procedure for Suicide Prevention.

1. Per correctional policies and procedures, the shift commander will ensure that appropriate correctional staff is properly informed of the status of each inmate placed on a Suicide Watch. The shift commander will be responsible for briefing the incoming shift commander on the status of all inmates on a Suicide Watch.
2. Inmates placed on a Suicide Watch may be strip-searched prior to being placed in a safe cell according to the correctional facility’s Policies and Procedures.
3. Inmates on a Suicide Watch may be provided with a suicide resistant gown and blanket, if applicable. Removal of clothing may only be utilized as a last resort and only for periods in which the inmate is in eminent danger of engaging in self-destructive behavior.
4. The use of physical restraints may only be utilized as a last resort for periods in which the inmate is physically engaging in self-destructive behavior. The decision to utilize physical restraints for suicidal inmates are only to be made by Mental Health Staff in conjunction with the appropriate corrections staff, according to the facility’s Policies and Procedures.
5. All inmates placed on Suicide Watch will receive a face-to-face evaluation by Mental Health Staff within 24 hours of initiation of the Suicide Watch. Referrals for follow-up with a Qualified Mental Health Professional is to be made as clinically indicated.
6. The inmate who is on Suicide Watch will be assessed at least once every 24 hours by Mental Health Staff. These assessments will be recorded in *TechCare*®.
7. Only a mental health professional has the ability to remove an inmate from Suicide Watch.
8. The inmate will be reassessed within 24 hours of being discharged from Suicide Watch by Mental Health Staff. Periodic follow-up assessments will continue as deemed clinically appropriate.
9. Where appropriate, interdisciplinary team meetings, to include correctional, mental health, and medical staff will be conducted to discuss suicidal inmates that require closer supervision and planning.
10. Treatment plans for the suicidal inmate are developed with follow-up as clinically indicated.
11. NaphCare will not use other inmates in any way (e.g. companions, cell-mates, suicide prevention aides) to substitute for staff supervision of a suicidal inmate.

Suicide Prevention Training

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

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

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

NaphCare stands ready to implement a correctional-based Crisis Intervention Team Training Program for the County to enhance the awareness of mental illness and intervention skills for all staff.

Describe if you have developed and implemented a successful, comprehensive medical and/or Mental Care Program in a Correctional Facility within the last 5 years:

- **Mental Health Stabilization Unit – Hillsborough County Jail, Falkenburg**
NaphCare is proud of our newly established Mental Health Stabilization Unit (MHSU) at the Falkenburg location of the Hillsborough County Jail. Each inmate in the unit has been diagnosed as severely mentally ill. The MHSU can hold 64 inmates and includes varying types of cells to address inmates' different needs. The goals for each style of occupancy are listed here:
- **36 open bay beds**
 - Attend therapy groups
 - Participate in treatment with medical and mental health staff
 - Appropriately discuss and manage their concerns. This will decrease harm to self or others and improve patient communication skills.
- **12 “behind glass” single cells**
Patients have a visible view of other patients in the unit, which gives them something to work toward and helps them feel less alone and separated.
- **16 double occupancy cells**
 - Provides therapy groups for inmates to attend.
 - Keeps inmates from being “behind glass,” where suicide risk is increased.
 - Gives inmates a sense of security and comfort by having a “peer” close by, but also allows them to separate themselves from the larger group when they feel overwhelmed.

Within the MHSU, they provide daily, mandatory psycho-educational groups Monday through Friday and optional weekend groups. The groups held on this unit include the following:

- Problem Solving/Goal Setting
- Depression/Mood Management
- Discharge Planning Group

- Anger/Stress Management
- Medical Topics
- Anxiety/Stress Reduction/Relaxation (Peer-led group with approval from MHC)
- Confidence Building (Peer-led group with approval from MHC)

The MHSU has regular med passes and increased visits from medical providers/nurses and mental health providers/clinicians daily.

The Treatment Team meets every morning to discuss the prospective incoming inmates on the unit, already existing inmates on the unit, and inmates who may be able to graduate. This team includes all disciplines – nurse, medical provider, mental health provider and/or mental health clinician, and the officer on the unit. The officers who work in the MHSU go through an application process to ensure that they are able to work with the severely mentally ill population.

Once a week, a multi-disciplinary team meets to discuss possible inmate/graduate transitioning from MHSU to General Population. This is evaluated both qualitatively and quantitatively. The team includes, but is not limited to, the following: Housing Deputy, Captain for Operation Support, Classification, Mental Health Director, and HSA.

Because this is a pilot group, inmates currently have no more than a four-month stay. However, Hillsborough is moving towards a six- to eight-week stay as the unit and program progresses.

Recently, Isaiah Dennard, Jail Services Coordinator for the Florida Sheriffs Association, toured the MHSU, and had this to say about it: "...you have something unique that is not often seen at the local jail level. The proactive approach to healthcare, instituted by NaphCare, lends itself in addressing new arrests' medical and mental health needs. This is truly a program initiative that deserved to be shared with others, so I will be reaching out to you ... soon."

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

Describe your experience, protocols, and organizational staffing plans for Mental Health services.

Experience: NaphCare has been a part of the Correctional Healthcare Industry since 1989.

Organizational Staffing Plan for MH Services: There will be 2- Full Time Mental Health Professionals (MHPs). One of the MHPs will also serve as a Discharge Planner.

Our Discharge Planning Protocol for Mentally Ill Inmates

Mental health staff will assist in the referral of mental health inmates to community agencies prior to or upon their release from the facility. We understand the value and importance of proactive, comprehensive discharge planning within correctional facilities. Our goal is to reduce recidivism by collaborating with community mental health resources for effective discharge planning.

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

Throughout this proposal we have described how NaphCare will provide health screening, including appropriate lab work, for intake, inmate food workers, and other inmate workers as required by statutes, regulations, or CCSO.

Specify how you will address the needs of pregnant and postpartum female inmates.

See Section on Female Healthcare Services.

Describe how you will make arrangements to provide payments for all consulting medical specialty services and special medical equipment.

If awarded the contract, NaphCare will make appropriate arrangements with all specialty services and equipment providers as allowed under the scope of work defined in this response. We have working relationships with several medical service and supply companies with which we will arrange payment terms.

Describe your experience, protocols, and organizational staffing plans for coordinating medical/mental health services with hospitals for both in-patient and outpatient treatment.

Please see Off-site Management Services.

Describe your qualifications and procedures for providing emergency services provided on-site and off-site, including payment for such services.

Please see Off-site Management Services.

Describe your qualifications and procedures for providing comprehensive medical and mental services during a natural disaster.

Please see section on Emergency Services.

Clearly define the strategy to provide inmates moving to the community with a minimum of 7 days of medication (with no more than 30 days of medication for those going to treatment as requested by the facility) if needed and the distribution process for those medications.

Please see section on Discharge Planning.

- **Quality Assurance**

On the following pages, we have described NaphCare's quality assurance program, how it works, have included sample reports and company standards that must be met and process for improvement. We have also clearly discussed how this meets the NCCHC standard for continuous quality improvement. NaphCare will work with CCSO, the County, and the community, including assignments for meeting attendance.

ADA Coordinator

NaphCare's ADA Coordinator who will work with CCSO's Jail ADA Coordinator is **Dyni Brookshire, Director of Accreditation and Compliance**. Ms. Brookshire will communicate and work with the Jail's Facility ADA Coordinator for inmates with disabilities who are also under medical care by the jail medical department. This ADA Coordinator will be trained and knowledgeable concerning the requirements of applicable state and federal laws regarding accommodation and the provision of auxiliary aids or services to qualified inmates with disabilities. The ADA Coordinator will ensure reasonable accommodation to qualified inmates with disabilities without cost when needed and not an undue burden, to provide equal access to and participation in medical programs, services, and activities and ensure effective communication with all individuals with disability participating in medical services.

Describe your internal monitoring system for assuring operational efficiency and effectiveness, fiscal integrity, compliance with current rules and regulations and contract performance requirements.

NaphCare is confident in our ability to meet all these areas of performance according to the standards set forth by the CCSO. We will ensure compliance through the following:

- **TechCare®** — *TechCare®* was written to ensure compliance with ACA and NCCHC standards. By having these standards written into the program, *TechCare®* is a continual quality assurance and contract compliance tool. It features built-in alerts and processes that ensure compliance, and our Quality Assurance department will monitor the sites for compliance using data stored within *TechCare®*.

The use of *TechCare®* also ensures that medical staff at each facility will implement the same proven programs and repeatable processes. This consistent approach will maintain uniform methods across all the sites.

- **Policies and Procedures** — Our policies and procedures are all written to ensure compliance with ACA and NCCHC standards, and we will work with the CCSO to develop site-specific policies and procedures that include specific Oregon Healthcare Services Directives as well.
- **Quality Assurance Studies** — We self-audit our services on a daily basis to ensure full compliance in the correctional setting. Our quality assurance studies include checks for the timely completion of medical and mental health screenings, chronic care management, PPD reads, timely completion of sick call, sick call trends and issues, and more.
- **Contract Compliance Reports** – We submit statistical daily reports pertaining to medical services rendered, and a monthly contract compliance report to the Contract Monitor, administrators, and/or their designees, to assist management with the efficient and direct correlation of contract compliance indicators. This monthly report consists of the following data:
 - Completed reception screens;
 - Health assessments;
 - Sick calls;
 - TB tests;
 - Yearly evaluations;
 - Chronic care clinics;
 - Off-site referrals;
 - Pharmacy report;
 - Lab reports;
 - Diagnostic reports;
 - Suicide watch;
 - Infirmary care;
 - Detoxification numbers; and
 - Other data requested by the CCSO.

- **Contract Monitor Access to TechCare®** – The Contract Monitor will have access to off-site referral data, files, and data during the term of the agreement in order to monitor contract compliance. This data is readily available in a web-based format, in which inmate healthcare information can be viewed instantly. The contract monitor is notified of all inmates who are receiving off-site care. *TechCare®* captures all inmate data, which allows reports to be modified should the CCSO's criteria change. We submit statistical daily reports pertaining to medical services rendered, and a monthly contract compliance report to the Contract Monitor, to assist management with the efficient and direct correlation of contract compliance indicators.
- **Exhaustive Quarterly Contract Compliance Reports** - The goal of our work with Clackamas County would be to build a partnership providing quality, community level care while still providing cost efficiency for the County. Our goal is for there to be no question of contract compliance or quality of services. **We will provide the County quarterly, exhaustive contract compliance and service reports.** We currently provide this service to several of our client sites. Each contract item is listed and fulfillment is detailed. Services provided for the quarter are listed as well as usage statistics. Our proprietary operating system, *TechCare®*, gives us the information needed to provide this. As the only correctional healthcare company with a fully proprietary comprehensive operations system, we are the only provider who can provide this level of contract compliance assurance. We want to build a partnership with the County in which the County knows exactly where its funds are going and receives tangible proof of the savings and quality of care we provide. Our unlimited contract compliance and quality assurance reporting capabilities will allow us to do that.

On the following pages, we discuss our methods for identifying and preventing deficiencies in quality of service performed by staff or subcontractors before the level of performance becomes unacceptable.

CONTINUOUS QUALITY IMPROVEMENT (CQI) PROGRAM

NaphCare's on-site Continuous Quality Improvement (CQI) Program monitors, evaluates, and improves efficiency, cost-effectiveness, quality, and appropriateness of care provided to the inmate population. The CQI Program monitors and evaluates healthcare delivery, makes changes to improve healthcare delivery, and resolves identified problems. Components of the CQI Program include the following:

- Credentialing and reappointment of healthcare staff,
- Peer review,
- Utilization management review,
- Health record review,
- Patient satisfaction surveys,
- Risk management activities,
- Mortality review, and
- Staff development.

The CQI Program is comprised of the following reviews and studies:

Independent Review: The evaluation of a healthcare professional's compliance with discipline-specific and community standards, including an analysis of trends in a practitioner's clinical practice.

Peer Review: A process wherein, at set intervals or by special requests, the medical practices and management of a given practitioner are reviewed by another practitioner at the same or higher level. Peer Review operates under the umbrella of CQI, but is a special kind of review that follows specific rules and enjoys protection from discovery. The clinical performance of the facility's primary care providers is reviewed at least annually.

Process Quality Improvement Study: Examines the efficiency of the healthcare delivery process. Primary focus of a study may be on “high-volume,” “high-risk,” or “problem-prone” services of care. One example of an annual process study that NaphCare performs is the process of documentation on the electronic medication administration record (eMAR) in *TechCare*®. The expected process is for the nurse to enter documentation on the eMAR for every scheduled medication administration (without exception).

Outcome Quality Improvement Study: Examines whether expected outcomes of patients’ healthcare were achieved. Primary focus of a study may be on “high-volume,” “high-risk,” or “problem-prone” services of care. An outcome study that NaphCare is currently working on is related to diabetic patients. Given medical intervention by NaphCare site staff, the outcome for diabetic patients will be a decreased HgbA_{1C}, which indicates improved control of diabetes.

To enhance communication, we will share results through monthly committee meetings and monthly reports to Clackamas County administration. An annual summary is also prepared as part of the annual report. Our CQI program includes all on-site disciplines and also includes the jail administrator and contract monitor.

CQI Committee

Our CQI committee includes the following members (variances are allowed for facilities where some of these positions are not represented on staff):

- Institution Administrator/Designee;
- Institution Security Representative;
- Medical Director;
- Health Services Administrator;
- Director of Nursing, if applicable;
- Medical Records Clerk, if applicable;
- Mental Health Director or designee; and
- Institutional staff as locally determined (this typically includes a representative from mental health, dental, food services, and any other area that has a special program).

The CQI committee monitors and evaluates healthcare delivery, makes changes to improve healthcare delivery, and resolves identified problems. To enhance communication, the committee will meet monthly and provide reports to the site administration. The corporate CQI team also meets to review and assist with their CQI studies and actions. The goals of the on-site and corporate meetings are to:

- Establish standards for clinical practice,
- Increase clinical and operational productivity,
- Ensure cost-effectiveness,
- Monitor utilization and clinical practice patterns,
- Review discharge planning practices,
- Identify high-risk patients,
- Track and trend infectious diseases,
- Meet contract obligations, and
- Recommend issues for improvement or change.

At year’s end, the site CQI committee and corporate CQI team meet to review all completed studies and address any areas in need of improvement. The CQI committee prepares an annual summary as part of the annual report.

Quality Assurance Activities

We are committed to a high level of quality and excellence. We strive to monitor and improve healthcare delivery at our client facilities to enhance patient safety. Our quality assurance activities add value to our overall healthcare program by improving the quality of patient care at the jail site, decreasing the need to send inmate patients off-site for care. **These efforts not only enhance quality, but also have saved our clients 30% in cost, proving that you don't have to reduce services to reduce costs.**

CQI activities will focus on the following:

- Establishing standards for clinical performance;
- Increasing clinical and operational productivity;
- Ensuring cost-effective processes;
- Monitoring utilization, resource consumption and clinical practice patterns;
- Ensuring appropriate admissions to internal or external skilled nursing facilities, including community hospitals, with adequate justification for length of stay;
- Ensuring the timely collection and reposting of accurate information for clinical and financial decision-making;
- Implementing discharge-planning efforts to streamline hospitalizations;
- Identifying high-risk patients;
- Providing quality care; and
- Recommending quality issues that may be appropriate for clinical updates, policy and/or procedure change.

Quality Assurance with the *TechCare*® System

TechCare® is a valuable tool in ensuring quality assurance, contract compliance, and the timely performance of standard medical protocols in the correctional setting. We self-audit our services on a daily basis to ensure full compliance in the correctional setting. We provide administration with a contract compliance report that demonstrates our adherence to the contract standards. Through *TechCare*®, we give all jail commanders a daily report via email that details the services provided in the last 24 hours. This provides quality and contract assurance at your fingertips.

Our system is a continuous quality assurance study of inmate care. It alerts on-site healthcare professionals and corporate leadership of inmate patient quality assurance exceptions. Simply put, our system sends warnings to the charge nurse when patient care parameters are out of bounds, or a patient care appointment is missed. We currently check the inmate patient population for the following:

- *TechCare*® provides real-time reports on the status of initial and annual physicals, TB read reports, positive mental health screenings, missed medications, and pending patient appointments.
- Overdue initial physicals
- Overdue annual physicals
- Medication exceptions are sent to the charge nurse for follow up.
- A daily report is sent to the HSA listing any active inmate without a TB Read recorded in *TechCare*®.
- Follow-up for Positive Mental Health Screenings to ensure that any inmate with a positive mental health screening is scheduled and seen by a mental health professional for a more in-depth evaluation.
- Upon each emergency room visit, notification emails are sent immediately to your facility. Documentation of ER visits is tracked and monitored via *TechCare*® to identify outliers and further ensure continuity of care.

Our system adds value to NaphCare's overall healthcare program by improving the quality of patient care at the jail site, decreasing the need to send the inmate patient off-site for care. These efforts not only enhance quality, but also have saved our clients 30% in cost, proving that you don't have to reduce services to reduce costs.

Clinical Dashboards

A special feature of the EHR system, *TechCare*[®], is the Doctor's Queue and Nurse's Queue, which provide a daily workload for physicians and nurses. We are the only correctional healthcare company to provide a variety of dashboards for its clinical staff. With the queue, physicians and nurses can access and review inmate records quickly and thoroughly.

The Doctor's Queue provides the physician with a list of items needing physician approval or review to ensure timely follow-up for medical needs: Histories and Physicals, medication orders, lab results, off-site requests, glucometer readings, sick call requests, and UM review.

The Nurse's Queue provides a quick and complete clinical review of all the pertinent information that a nurse needs for the day or shift, all in one place. It electronically alerts staff of clinical issues that require immediate action, organizes services (e.g. sick call), and lists services that require the review of an advanced clinical provider. For example, the queue lists items awaiting review by the Charge Nurse or Nurse Manager, including Receiving Screens, TB reads, and utilization management requests. This queue also contains a Message Board which allows for inter-faculty communication. **The Nurse's Queue ensures accountability through the ability to view reports quickly and the system of follow-ups it offers.**

Pharmacy Quality Assurance Activities

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

Duplicate Therapy Avoidance: Our pharmacy team is trained to promptly report unanticipated problems involving risk to patients. As a result, our pharmacists identify possible duplicate therapy orders and prevent prescribing medications of the same class for those patients.

Dosing Recommendations: Our pharmacists provide dosing recommendations and medication information to ensure that patients' medications are given in effective doses that are appropriate for the patient and the condition being treated. This prevents doses that are not therapeutic or may be toxic to the patient.

Drug Interaction Avoidance: Through our prescription profiling activities, we identify potentially severe or life-threatening reactions that could result from the actions of some medications when used together. Upon identification of possible adverse effects, the pharmacy team notifies the site staff within 24-hours.

Continuous Monitoring of Medicated Patient Inmates: Our CQI system is designed to prevent near-miss clinical events. Therefore, patients' blood-pressures are monitored during drug administration. Providers are notified of all patients with elevated blood pressure or blood glucose readings, and appropriate clinical action is taken. Furthermore, the pharmacy alerts the site medical staff when immediate action needs to be taken to proactively promote patient safety of individuals that are being closely monitored through our medical records system.

Identification of Chronic Care Patients: Using *TechCare*[®], the pharmacy team analyzes profiles with chronic care medications, identifies chronic care patients who may not have been identified yet, and updates the patient medical record. This ensures that patients are receiving adequate chronic care. Additionally, if a patient has been incarcerated for more than 30 days and has been receiving a chronic care medication but has not been flagged as a chronic care patient in the medical record system, then the pharmacy sends out a second request for the patient to be re-assessed.

Describe how you will handle complaints from staff and/or inmates. Provide detail of grievance procedures.
Please see section on Grievances.

Describe, by use of an example or other detail, types of complaints the applicant has determined to be a client grievance. Please see section on Grievances.

Describe your past experience providing reports and coordinating with quality assurance consultants, medical advisory boards, and other advisory organizations.
Please see sections on Reporting and Quality Assurance.

- **Medical Records**

On the following pages, we have described NaphCare’s electronic record software, system requirements, sample reports, and any other information that would be helpful for determination of system requirements.

Include number of work stations needed and any other requirements for implementation.
NaphCare provides a complete, County License including all facilities, unlimited users/providers/workstations, and all modules/features.

In the Appendix, we have provided examples of statistical reporting that our system is capable of producing, and have described within this proposal how it will be utilized in performance reporting and quality improvement processes.

Explain procedures to transfer medical information between agencies due to transfer of inmates to other facilities. Include a discussion of how they are protected from unauthorized disclosure.
TechCare[®] manages all inmate healthcare records from the point of intake to release, which creates a standardized process of care with documentation provided every step of the way. *TechCare*[®] tracks inmates within the Jail—from cell to cell, floor to floor, or wherever the inmate is currently housed—while keeping all updates to the health record available for medical staff to share and exchange. The information can also be accessed simultaneously by multiple users. *TechCare*[®] will quickly become an invaluable tool for healthcare and correctional staff alike. **Please see section on Inmate Transfers.**

Describe or include sample forms and reports that would be provided to the county.
Please see section on Reporting.

Provide a detailed explanation of what is included to ensure accuracy and quality control of all invoices billed to the County.
NaphCare’s internal controls for best practices for ensuring accuracy and quality control of all invoices to the County are based on best practices such as a multi-person approval process when invoicing for payment, verify amounts against

contract information for invoicing terms, and finally reconciliation of invoices by comparing them to internal financial ledgers.

Describe or provide any other sample reports available for review.

In the *Appendix*, we have provided additional Sample *TechCare*® Reports.

TECHCARE®, NAPHCARE'S OPERATIONAL SYSTEM

NaphCare's **Proactive Care Model** is delivered by **Quality People, Quality Processes, and Quality Systems** working in unity. An integral part of this model is NaphCare's comprehensive electronic operating system, *TechCare*®. Beyond providing electronic health records, *TechCare*® is a corrections-specific **operational system** that automates, standardizes, and enforces proactive inmate care. It also connects NaphCare, our on-site staff, and our clients in a way that no other system can, providing on-demand, transparent information and communication regarding healthcare services.



TechCare® is currently functional at ALL of NaphCare's client facilities, and we guarantee that it will be **fully implemented and operational on day one of the contract**. NaphCare will install the system, pre-load data, and train all users on *TechCare*®. We encourage Clackamas County to contact our references to gauge their level of satisfaction and our ability to deliver on our implementation timeframes and promises.

A Comprehensive System

Most correctional healthcare providers propose to use an EHR system. With NaphCare, you receive proven, more advanced technology in a **comprehensive operating system tailored specifically to the needs of** Clackamas County. Electronic records are one of *many TechCare*® features, but there is much more. *TechCare*® is NaphCare's operational system and helps NaphCare to be the best provider of correctional healthcare possible. It tracks the healthcare activities of each inmate upon incarceration, creating **standardized treatment processes** (with the appropriate documentation) from intake through discharge. It identifies inmates' critical medical needs and **ensures timely intervention** with appropriate care. The *TechCare*® system includes the following components:

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



- Sick Call
- Flags
- Queues/Dashboards (Doctor, Nurse, Pharmacy)
- Alerts
- Detailed, Compliance Supporting, Logging

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

Dedicated IT Team

TechCare® is the **only proprietary system** offered by a correctional healthcare company. While others use third-party software companies that do not understand corrections, *TechCare*® is managed and maintained in-house with our full-time developers and clinically trained support team. As a result, Clackamas County will receive dedicated service and support from our technology experts, whose goal is to understand your site and provide fast support and complete understanding of correctional healthcare; we commit to never outsourcing this critical piece of your healthcare operation.



TechCare® Advantages for Clackamas County

Versatile – *TechCare*® is highly versatile and maintains nationwide standard levels of interoperability, ensuring continuity of care across other electronic systems. It is custom-built to meet all correctional healthcare accreditation standards.

ONC Meaningful Use Certified System – NaphCare is proud to state that *TechCare*® achieved certification by the Drummond Group, an ONC-ACB, in accordance with the applicable 2014 certification criteria adopted by the Secretary of Health and Human Services. *TechCare*® is certified as a *complete* EHR product that does not rely on any 3rd party software.



HIPAA Compliance – NaphCare upholds HIPAA compliance and is supported by tools such as *TechCare*®. *TechCare*® maintains centralized, secure storage of inmate information with processes and procedures automated to protect data.

Large-Scale Capacity – *TechCare*® is used to successfully **manage thousands of inmates**. It is more than capable of handling all intakes and medical records that exist at Clackamas County and is able to grow as needed.

Electronic Tracking of On and Off Site Appointments – *TechCare*® features a robust scheduling system to manage all off-site appointments and on-site clinics. The system provides information on any inmate and their medical services, as well as allows the viewing and printing of medical records for each appointment or

Clark County realized a 27% reduction in off-site costs with the use of NaphCare's proactive care model in conjunction with the TechCare® system.

Clark County Detention Center, NV

medical service provided. By tracking off-site care, **we can analyze trends to save on future costs.**

Automatic Scheduling – Once an inmate is registered in *TechCare*[®], the system automatically schedules all medical encounters, including but not limited to, mental health screenings and evaluations, follow-up exams, chronic care clinics, and physician appointments. Medical staff are also kept up-to-date and alerted to any potential health concerns of each inmate.

Contract Monitor Access to *TechCare*[®] – If your site has a Contract Monitor or outside auditing team, this team or the Contract Monitor will have access to off-site referral data during the term of the agreement in order to monitor contract compliance. This data is readily available in a web-based format that can be viewed instantly. The Contract Monitor is notified of all inmates who are receiving off-site care. *Suffolk County, Massachusetts achieved a 100% score during a recent Massachusetts DOC Survey in addition to passing an NCCHC audit in the same year. The use of *TechCare*[®] was a major factor in both assessments.*

Ease of Use – *TechCare*[®] was **designed by correctional health clinicians**, not software developers. It was developed on the basis of improving care while reducing risk. *TechCare*[®] makes providing care in correctional institutions **faster, more efficient, and more accurate.**

Proven – *TechCare*[®] has been chosen to manage healthcare services at some of the largest self-op correctional systems in the country. It was selected by two of the five largest counties in country – Maricopa County, Arizona, and Orange County, California. Fully implemented in these self-op correctional systems, *TechCare*[®] is more than a technology initiative – it’s a proven system.

NaphCare utilizes Zones, Inc. a registered minority owned business (MBE) to supply all IT infrastructure need for the *TechCare*[®] system.

Risk Management and Quality Assurance

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

Standards and Certifications – *TechCare*[®] **meets or exceeds all NCCHC, and ACA** requirements, which will allow Clackamas County to achieve these certifications as a correctional institution. Our client facilities across the country have used *TechCare*[®] countless times to meet these accreditations.

Strict Documentation – *TechCare*[®] has a solid platform for quality charting that ensures detailed logging and documentation without loopholes, thereby **supporting chart audit and litigation activities** seamlessly and instantly.

Meaningful Reporting & Tracking – *TechCare*[®] provides centralized storage for data that can be easily aggregated and reported using built-in search tools. In addition, this data can be used to **track aspects of inmate care**, i.e. checking that all inmates with hypertension have completed a chronic care management encounter within the last six months. These activities **assure quality of care** and provide detailed documentation.

Staffing Management – *TechCare*[®]’s built-in tools help our professionals manage staffing requirements and make more efficient decisions to **reduce clerical time, increase clinical care**, and improve the quality of care.

Alerts & Dashboards – *TechCare*[®] alerts on-site healthcare professionals and corporate leadership of inmate quality assurance exceptions. Simply put, our system sends warnings to the charge nurse when inmate care parameters are out of bounds.

Centralized Care

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

Jail Management System: *TechCare*® builds upon the existing system of inmate demographic files that are currently maintained by the jail management system (JMS). We will implement a bi-directional, real time interface with the JMS to gather this information in addition to getting **instantly updated on inmate locations and movement**.

Lab System: We have successfully interfaced with the following laboratory vendors: BioReference, LabCorp and Quest Diagnostics, in addition to state and local services. We will create an electronic bridge between Clackamas County lab vendor and *TechCare*®, allowing an inmate's laboratory results to be viewed instantly. Having a direct link between the lab vendor and our system allows us to **instantly alert the physician of critical lab values** through physician dashboards.

Pharmacy Having a direct link between our In-House Pharmacy and our EHR allows for **seamless order placement, filling, and distribution without paper or manual processes prone to error**.

Additional Internal Systems:

Diagnostics: Integrated access to add-on systems (i.e. radiology)

Kiosk: Sick call request submission and resolution documentation

Food Service: Diets, allergies, etc. communicated automatically

Public Systems:

Hospitals and Off-Site Providers: Maintain documentation for off-site encounters

State Medicaid: Verification and eligibility for off-site encounters

Reliability and Support

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

Computers, Servers, etc. - NaphCare will provide all hardware and configuration services at NO additional cost. We have a team of highly trained individuals that are **strictly dedicated to installing and supporting jail IT system infrastructure. We will not put additional strain** on your IT department and will work as a fully dedicated unit to implement the servers, computers, and networking systems that are needed for *TechCare*® to run efficiently.

24/7 Support - NaphCare maintains an **in-house, 24/7/365 IT**

Helpdesk team. If inmate care is impacted or jobs are made any more difficult by poor-performing IT resources, we are there to correct it. To ensure a strong and prompt response to issues, NaphCare guarantees a strict Service Level Agreement (SLA) with our **response times averaging 15 minutes**, no matter the time of day.

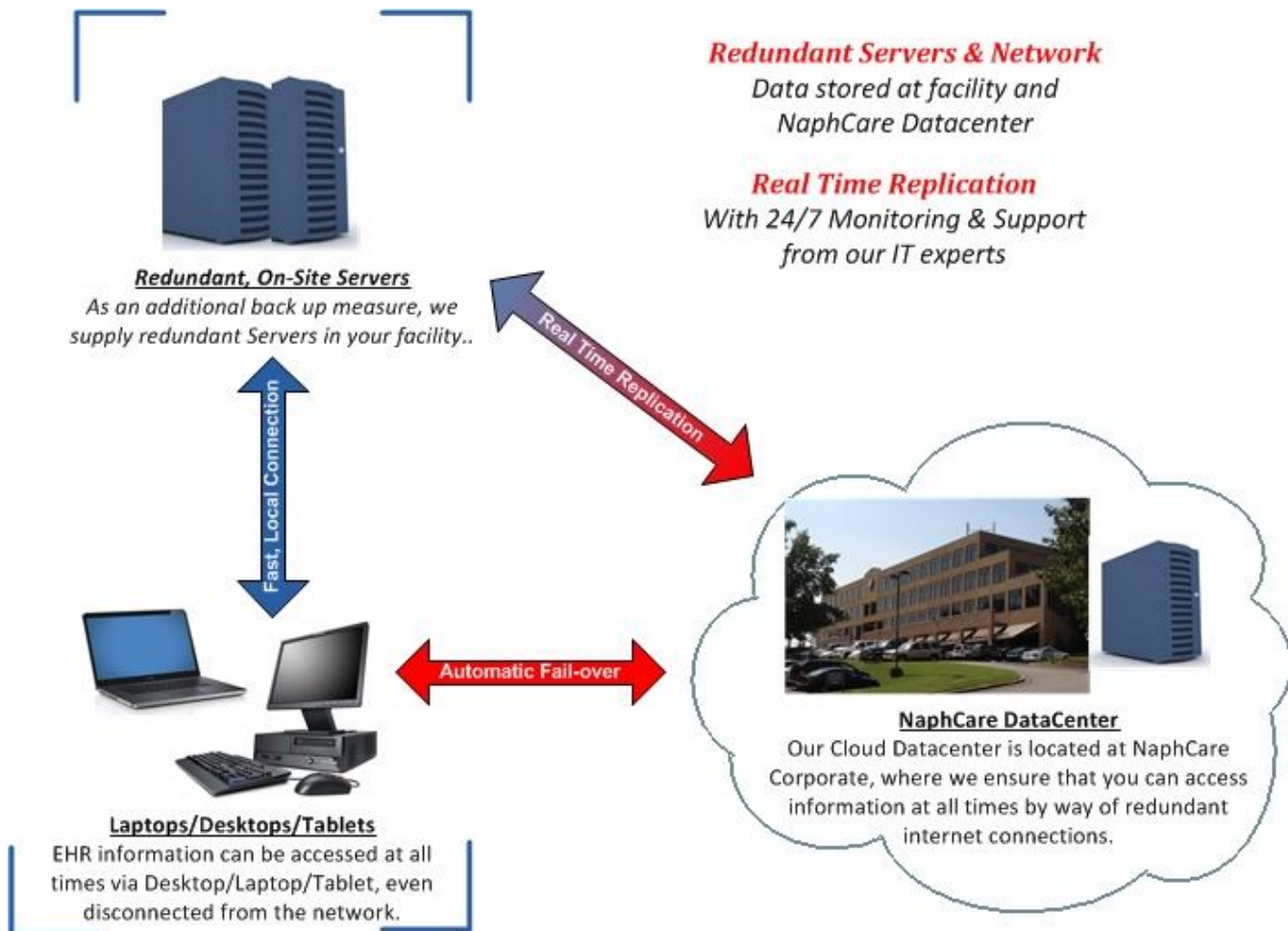


No other correctional EHR system can do this, nor do they have the dedicated IT support needed to keep the infrastructure and application at peak performance. We regularly test these scenarios and have seen *TechCare*® perform flawlessly countless times.

Always On, Redundant System - *TechCare*® is **designed for correctional facilities** and will continue to operate when other EHRs cannot. As the following diagram outlines, NaphCare installs **redundant servers** and redundant network/Internet connections at your facility that support an **automated failover system**. In the event that local resources become unavailable, the application will re-direct to servers at NaphCare’s corporate datacenter.

TechCare® Hybrid-Cloud Infrastructure

Our redundant systems & data backup process, using the cloud, ensures that critical healthcare information is always available to Clackamas County.



Moving to TechCare®

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

Training

NaphCare has a unique approach to training users on the *TechCare®* system. Rather than assigning software developers to train on “software,” **we send NaphCare clinical staff on-site to train on inmate care**. This peer-to-peer approach utilizing **RNs, LPNs, and MDs** better equips staff for their primary job of caring for inmates while using technology to be more efficient. Ultimately, staff members become more comfortable with the system faster and understand its correct usage as it relates to their particular job. *In Orange County, California, NaphCare placed 9 RNs, 9 LPNs, and 2 Clinical Software Support staff on-site, totaling 1000+ hours of preparation and go-live training and support.*



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

Loading

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

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



Finally, to create a full history of all inmate health data, NaphCare will perform a “data dump” from the previous EHR system into *TechCare®*. For paper-based facilities, NaphCare staff will utilize the document import feature of *TechCare®* and scan in all active inmate information.

Timeline

TechCare® is our operational system for providing excellent care, so it is imperative that the system *is fully operational by the contract start date*. Therefore, the timeline for the migration begins upon contract award. The implementation process is broken down into these four phases, commencing on the contract start date.

Phase 1 – Planning: NaphCare will review the medical record system in detail and begin planning the process to convert the former system to *TechCare*®. NaphCare will initiate planning with Clackamas County IT department on the network that will be assembled by NaphCare. Finally, we will initiate contact with all outside application vendors that will need an interface with *TechCare*®.

Phase 2 – Implementation and Migration: NaphCare will begin the process of integrating all pertinent inmate information contained in the prior chart system with *TechCare*®. The interfaces needed for *TechCare*® will be implemented and tested with the respective vendors and confirmed for correct operation. The network and computer equipment for all sites will be procured and configured in preparation for the deployment phase.

Phase 3 – Training and Deployment: All staff members receive job-specific, on-site, peer-to-peer training on the *TechCare*® system. In addition, staff is made aware of guidelines for medical record documentation and confidentiality requirements for the correctional and medical environment. The network infrastructure is installed and configured at all of the sites and tested for correct operation. *TechCare*® is deployed to all the necessary servers and workstations as well, and the pre-loaded inmate information is made available within the system.

Phase 4 – Go-Live: NaphCare will have corporate operations staff on site along with technical support for IT available at the site for Go-Live. The development and support team at NaphCare will be dedicated to monitoring the go-live of the application and ensuring it runs flawlessly. Staff will stay on site as long as needed to ensure stability and inmate care is maintained.

NaphCare successfully completed a migration of Suffolk County, MA within seven days, in large part to our planning, processes, and experience.

Ownership and Access to EHR Data

In the event that leadership decides to switch healthcare vendors, NaphCare provides clients with the option to continue the use of *TechCare*® or to transfer electronic records from *TechCare*® to another EHR system. Clackamas County will maintain ownership of ALL EHR DATA throughout and following the contract's end date. Upon contract end, we can provide electronic health records to the facility in one of the following three formats:

Electronic Bridge: NaphCare can provide Clackamas County or the incoming provider with access to an electronic bridge for secure data transfer from NaphCare's EHR to another software system selected by the facility.

Purchase Option: NaphCare, at its discretion, can provide the County with an EHR Service Agreement that provides usage rights and support for the *TechCare*® application even without NaphCare providing comprehensive services.

Paper Export: NaphCare can provide a paper-based export of medical records as requested.

Proven Solution

We believe that technology creates a better environment in which our staff can focus on hands-on inmate care, rather than charts and paperwork. NaphCare's correctional operational system, *TechCare*®, does just that by centralizing inmate care into a highly evolved, proven system that is backed by NaphCare operations, development, and support staff.

Client and Practitioner Testimonials

“Sick call is twice as fast with *TechCare*[®], which allows more inmates to be seen in less time.”

—Tony Dressler, LPN, Montgomery County Jail

“*TechCare*[®] has improved organization of patient care; patients are seen and followed more promptly. Records are readily available, which is especially helpful when they move back and forth between our two facilities.”

—Janice Hall, Nurse Practitioner, Essex County Correctional Facility

“The ease of the Electronic Medical Record, *TechCare*[®], certainly aided in allowing us to audit so many files in the allotted timeframe, as well as the organization of the policies.”

--Kristine J. DeKany, MS, RN, Florida Jail Medical Inspector

“The *TechCare*[®] EMR system is enhancing our service delivery by improving the organization of medical processes and timely follow-up.”

--City of Santa Ana, CA Police Department

"Implementation of an Electronic Health Record (EHR) is a complex and challenging undertaking. The Orange County Health Care Agency (HCA) - Correctional Health Services division (CHS) implemented an EHR within the five adult jails and five juvenile detention facilities earlier this year. The facilities collectively house nearly 7500 adults and juveniles on a typical day.

With 14 vendors responding to the original RFP, Orange County selected NaphCare as our chosen vendor for this project. Their EHR, *TechCare*[®], was developed specifically for correctional settings. NaphCare truly understands correctional workflow, challenges, and needs. Given the size and complexity of our system, it was critical we find a system allowing us to accurately record all care provided to our patients, and interface with multiple systems providing patient demographics, including current housing and custody status, diagnostic results, medication administration records, and care provided in other county programs also serving this population.

The implementation process went as smoothly as one could hope! Personally, I have been involved in several EHR implementations in my 30-year career, and I can confidently state this was the most well executed and managed implementation I have experienced. The NaphCare team was incredibly accommodating ranging from flexibility with on-site staff and Super User training sessions--- to on-site implementation support--- to immediate troubleshooting during the implementation process. Having NaphCare staff on-site during "go live" was invaluable. Their presence provided great energy, decreased staff anxiety, and provided rapid resolution of staff questions/concerns.

“Implementation of *TechCare*[®] within the juvenile facilities occurred on schedule approximately one (1) month following the adult implementation. NaphCare’s team of professionals performed extremely well and customized their existing Juvenile EHR system to fit our exact operation. NaphCare’s approach to training and on-the-ground, 24/7 go-live support was a big factor to the success of this implementation. Overall, our department is pleased with NaphCare’s customer service, technical support and knowledge of the correctional health care services. *TechCare*[®] EHR is a quality system that allows our health care professionals to focus on patient care and spend less time documenting. In summary, NaphCare’s commitment to Riverside County Adult and Juvenile facilities is evident. I have enjoyed working with NaphCare and their *TechCare*[®] EHR team.”

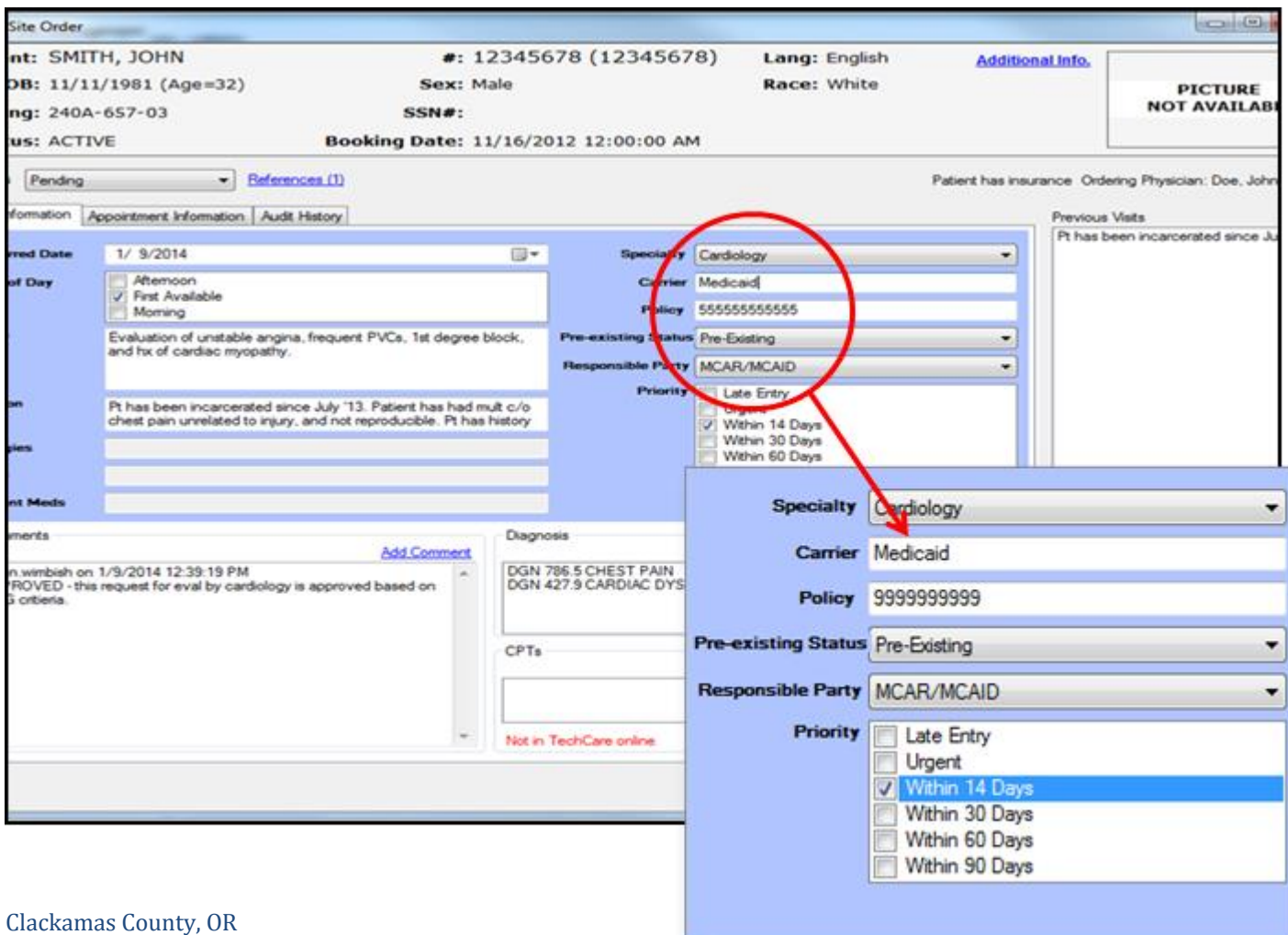
--Letishia Stillwell, Supervising Institutional Nurse
Riverside County Health Services

• **Third Party Insurance Impacts**

Below, we have described our process for identification of insurance companies that may be responsible for medical care for covered inmates. This includes private insurance as well as ACA/Medicaid insurance coverage. We have described the process for billing insurance carriers for any procedure provided to the inmate that may be allowed by the Affordable Care Act.

Please see more information in Off-site Management Services section.

Below, we have described NaphCare’s process for documenting and providing reports on insurance providers, explanation of benefits reports showing payments, co-pays, deductibles or balances due by the contractor or county. NaphCare is experienced in working with inmates that have coverage through a third-party provider such as Medicaid. NaphCare seeks funding from the proper responsible party, including inmates, Social Services, or third parties as applicable. If an inmate has personal healthcare insurance, we make a positive attempt to have that insurance carrier pay for all services possible. We capture an inmate’s Medicaid status or private insurance information during the receiving screening and record this information in the inmate’s electronic medical record. We will seek third party or insurance billing for inmate medical services performed outside the CCSO. NaphCare’s UM nurses ensure that the correct payor is billed for the service. When an inmate is hospitalized, our team of UM nurses notifies the hospital if the inmate has applicable Medicaid or private health insurance so that the hospital can bill these payor sources directly when appropriate. The following screenshot shows how an inmate’s “Carrier” information and the “Responsible Party” are listed within the electronic off-site services order in *TechCare®*.



- **Corporate, Tort Claims, and Litigation**

Describe Bidder organizational structure, administrative policies, procedures, and practices that support cost accountability, provision of quality care, quality assurance, medical audits, oversight, and escalation protocols.

NaphCare, Inc. is an Alabama for-profit corporation authorized by the Oregon Secretary of State on January 11, 2002 to transact business in Oregon. [Deanna, legal does not have the remaining info requested except that Risk Management language may be used here in addition to other language you probably already have.]

Describe in detail your organization's history of and approach to handling tort claims and litigation for healthcare services provided in corrections facilities. Include a list of all tort claims and state or federal litigation over the last three years arising from the provision of any healthcare services, including claims for negligence, medical malpractice or deliberate indifference, and the outcome of those claims and cases. All cases must be identified by the facility location where the claim occurred, the court it was filed in, case number, and name of parties.

As a result of high patient encounters, NaphCare is often targeted by its litigious patient population. It is important to note that the majority of our lawsuit activity is driven by our extended stay jail inmate population as these individuals have more free time to engage in legal activity. NaphCare has been providing correctional health care services for almost 30 years, and an adverse judgment has never been rendered against our company throughout its history of operations. In other words, NaphCare has never lost a case. Over the last three years, 115 inmate health services related lawsuits have been brought against NaphCare. The majority of these lawsuits were initiated by pro se litigants. Of these 115 inmate health services lawsuits, 60% are now closed while 40% remain active. Of the closed inmate health services lawsuits, 47% were administratively closed or dismissed by the courts as a result of the plaintiff's failure to state a claim upon which relief can be granted or resulted in a judgment in favor of NaphCare, and 5% were voluntarily dismissed by the plaintiffs. NaphCare settled approximately 8% of the closed inmate health services lawsuits. Of the settled cases, all were settled on a confidential basis barring NaphCare from releasing the terms of settlement. When factoring in whether to resolve a case, NaphCare weighs the costs of proceeding to trial on a matter versus reaching a quick resolution of the case for a nominal amount in order to avoid protracted litigation expenses. NaphCare vigorously defends cases and seeks complete dismissal of all claims. Notably, as stated above NaphCare has never suffered an adverse judgment from a lawsuit in its almost 30 years of business and we continue to stand proud of this

Summarize any federal, state, and/or local government investigations conducted in which Bidder was the subject of during the past ten years which resulted in fines, penalties, or loss of accreditation. Provide a narrative describing these investigations, why they were implemented, and the results of such investigations.

On April 23, 2014, the Ohio State Board of Pharmacy initiated an investigation of record keeping, security and control of dangerous drugs and retention of expired medications in relation to Terminal Distributor of Dangerous Drugs License numbers 02-2124750 and 02-1450450. On July 11, 2017, the parties entered into a settlement agreement resolving issues whereby NaphCare paid a nominal penalty and agreed to re-educate its staff on drug handling and replace its responsible person named on the licenses. Otherwise, during the past ten years, NaphCare has had no federal, state and/or local government investigations which resulted in fines, penalties of loss of accreditation. However, the following investigations are ongoing and have not yet been resolved.

| Agency | Nature of Claim | Date of Claim |
|---|---|------------------|
| Office of Commonwealth's Attorney, City of Portsmouth; Virginia State Police; VA Department of Behavioral Health and Developmental Services, Office of Internal Audit; and VA Office of the State Inspector General | Investigation into death of inmate Jamychoel Mitchell at Hampton Roads Regional Jail, Virginia, August 19, 2015 | August 19, 2015 |
| Investigation by U. S. Department of Justice, Civil Rights Division | DOJ civil rights investigation began at the Mobile County Jail in Alabama prior to NaphCare acquiring the inmate health care contract. NaphCare acquired this contract July 1, 2013 | January 15, 2009 |
| The Commonwealth of Massachusetts Office of the Attorney General Civil Investigative Demand (CID) CID# 2018-FCD-08 | Investigation regarding policies and procedures regarding HCV counseling, HCV testing and compliance with 105 CMR 205.200(D)(9). | March 7, 2018 |

For all tort claims and litigation reported in above indicate whether your organization accepted full tender, partial tender, or denied tender of those claims.

NaphCare's insurance program guarantees its clients are named additional insureds and NaphCare indemnifies its clients against all costs, liabilities, and claims for damages of any kind (including judgments, interest, attorney's fees, and costs of investigation and defense) arising out of NaphCare's performance and/or negligent, wanton, intentional, or deliberate acts or omissions of NaphCare and/or any of its bidder's agents, servants, or employees.

5.4. Budget

Provide a breakdown of anticipated costs. All proposals must contain a not to exceed price per month for staffing, billing rates for all on-site staff, indirect costs, and administrative costs.

Estimates for pharmacy costs, outside provider costs, hospitalization costs and other costs (detail).

Contractor not to exceed Consumer Price Index (“CPI”) Portland, Oregon or 3% maximum adjustment to rates allowable one-time per fiscal year, effective July 1st, during the contract period.

NaphCare has provided a breakdown of anticipated costs. Our proposal contains a not to exceed price per month for staffing, billing rates for all on-site staff, indirect costs, and administrative costs. We have detailed our estimated pharmacy, outside provider, hospitalization, and other costs below. Please see “Section 20 Pricing” below for further details. NaphCare will not exceed the Consumer Price Index (CPI) Portland, Oregon or 3% maximum adjustment to our annual pricing per fiscal year.

Describe your strategies for cost containment, determining your aggregate cost estimates and meeting your aggregate cost estimates at other locations as identified in your references.

Please see our cost containment strategies and cost containment accomplishments. We have determined our cost amounts based on information provided during the RFP process and our 29 years’ experience of providing healthcare to similarly sized jails. NaphCare will meet minimum daily and weekly staffing requirements. Our standard penalties for not meeting these requirements are based the following:

Contractor shall pay a penalty for each Work Post that is not adequately staffed. Any time a Work Post is not adequately staffed for more than two 8-Hour Days, CCSO may assess a penalty amount of up to \$500.00 per day per shift position for the inadequately staffed shift position(s). If CCSO does not assess a penalty on any occasion(s) it does not waive its right or ability to assess penalties in the future.

Provide a breakdown of cost for services (to include medications for those that are medically necessary) at the Residential Center to include 8 hours of RN time and 2 hours of NP time.

We have provided the breakdown of two pricing options in Section 20 Pricing below.

Include your ability to meet minimum daily and weekly staffing requirements and identify standard penalties for not meeting these requirements.

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

Explain how your financial reporting system meets the requirements of generally accepted accounting principles.

Our financial reporting system meets the requirements of generally accepted accounting principles. The local accounting firm of Warren Averett has audited our financial statements each year and issued an unqualified opinion, the highest opinion that an accounting firm can render on a company’s financial statements.

Describe your how your company staff salaries fit within the US Department of Labor for Washington and Oregon wage scales.

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

Describe your per diem cost for average daily populations over 500 inmates.

Our per diem cost for average daily populations over 500 inmates is \$5.07.

Indicate how you will provide innovative and cost-effective pricing while providing opportunities to share in cost savings with the County.

Our Cost Containment Program of the technical proposal describes our innovative and cost-effective pricing techniques while providing opportunities to share in cost savings with the County.

Describe how you achieve favorable billing rates with local hospitals for emergency and inpatient care, and your contracting strategy to achieve this goal and provide examples of agreement terms that you have reached with hospitals near your facilities including the length of time the contracts have been in place.

Please see our off-site section which describes how we achieve favorable billing rates with local hospitals for emergency and inpatient care, and our contracting strategy to achieve this goal.

The administration cost for providing 30 days of medication to inmates in need for transferring to treatment is contained within our personnel services line item in the above pricing tables. We will be glad to provide the cost information on this service if provided more information.

NaphCare is an experienced provider and administrator of off-site care and preferred provider networks. Our experienced network management department focuses on development that is based on partnerships with the community's finest hospitals, balancing proximity to the jails and a wide range of available medical services.

1. PROVIDENCE HEALTH & SERVICES



Providence Health & Services is committed to providing for the needs of the community—especially for those who are poor and vulnerable. Providence Health & Services in Oregon offers a comprehensive array of health and education services through its eight hospitals, 90 medical clinics, health plans, long-term care facilities and home health services, including a Cancer Center, Brain & Spine

Institute, Heart and Vascular Institute, Orthopedic Institute, and extensive women and children's services. With more than 19,000 caregivers (all employees), Providence is the state's largest private employer. Two of Providence Health's acute care facilities, **Providence Willamette Falls Medical Center** and **Providence Milwaukie Hospital** have provided quality, professional, and compassionate healthcare services in the Clackamas County community for decades. Additionally, with more than 90 clinics and more than 600 employed physicians in Oregon, Providence Medical Group offers primary and specialty care to adults and children. NaphCare has spoken with Darren Dromgoole, Sr. Contracting Manager-Regional Contracting Oregon & Alaska of Providence Health Services, to establish a working relationship to continue the positive relationship between Providence Health and the Clackamas County Jail. It is NaphCare's intent to

continue to utilize Providence Willamette Falls Medical Center as a primary access point for Clackamas County offenders.

Since 1954, **Providence Willamette Falls Medical Center** has served the community as a not-for-profit hospital dedicated to exceptional care. They offer some of the advanced technologies, systems and services, and remain committed to the tradition of community outreach and involvement. PWF provides the residents of Clackamas County with a wide range of health care services and programs. With more than 300 physicians and health care professionals licensed to practice in over 40 specialties, PWF is committed to service excellence. Licensed for 143 beds and located just three miles away from the Clackamas County Jail, PWF provides perfect positioning to provide quality healthcare services for the inmates within the jail.



(PWF)
most



Providence Milwaukie Hospital (PMH) provides state-of-the-art inpatient and outpatient services that are user-friendly and accessible, ranging from minor injuries or illnesses to top-of the line

upper level care for more serious cases. Designated as a “Diagnostic Imaging Center of Excellence” by The American College of Radiology, PMH is committed to being the best place to receive care and the best place to practice medicine. It is NaphCare’s intent to utilize Providence Milwaukie Hospital as an alternate point of care for inpatient and outpatient services.

2. OREGON HEALTH & SCIENCES UNIVERSITY

Oregon’s only academic health center, **Oregon Health & Science University Hospital (OHSU)** is a 522 bed medical and surgical teaching hospital and biomedical research facility located on the campus of Oregon Health & Science University. On the forefront of technological advances, OHSU is the top-ranked hospital in Oregon and OHSU Doernbecher Children’s Hospital consistently ranks among the best children’s hospitals in the nation. Designated as one of two Level I Trauma Centers in the state, OHSU plays a pivotal role in Oregon’s Trauma System. OHSU Knight Cancer Institutes is the only cancer center between Sacramento and Seattle designated by the National Cancer Institute and OHSU Center for Women’s Health is one of 20 national Centers of Excellence for women’s health. NaphCare currently works with Oregon Health & Sciences University and they are familiar with the needs of correctional facilities. NaphCare has reached out to Brittany Kirkendall, Network Account Executive – Managed Care Contracting, regarding partnering for the tertiary needs of the CCSO inmates.



3. OREGON HEALTH & SCIENCES UNIVERSITY

Named “Top General” hospital in Oregon for rigorous performance standards for high-risk procedures, **Kaiser Permanente Sunnyside**



Medical Center (KPSMC) has attained outstanding success in areas such as instituting stringent safety practices and reducing infection and mortality rates for common procedures. Serving the Sunnyside area of Clackamas County since 1975, KPSMC is a 233 hospital bed general acute care facility, and Clackamas County's only heart surgery facility. KPSMC offers many services including heart and vascular care serving as a regional center for emergency care for heart attacks and strokes, cancer care, women services, diagnostic testing, and a regional center for immunology, nephrology, oncology, thoracic, and neurosurgery hospital care. NaphCare has contacted Debra Helterline Koehn, Director, Provider Contracting, to explore utilizing KPSMC for CCSO offenders needing advanced care beyond what Providence Willamette Falls Medical Center or Providence Milwaukie Hospital can provide.

In addition to the hospitals, we have contacted local providers and will continue to develop and expand service arrangements for Clackamas County; key specialties have been identified and will be finalized upon contract award.

CODA, INC.

Founded in 1989, CODA provides compassionate, evidence-based care for women and men with substance use disorders. Offering 15 programs in Clackamas, Multnomah and Washington counties, CODA has worked with more than 3,000 people, helping them get the healthcare, treatment, housing and employment they needed in order to reach recovery and sustain healthier lives. CODA is familiar with providing medication maintenance services to the pregnant inmates at the CCSO and Deborah Cushman, Contract Manager, is excited about partnering with NaphCare to align our shared interest of providing optimal substance treatment for the inmates of Clackamas County Jail.

INTEGRATED HEALTH CLINIC

Accredited under the CARF Opioid Treatment Program Accreditation Standards, Integrated Health Clinic offers a broad range of effective, confidential and affordable outpatient treatment services and programs for alcohol and drug dependency. The experienced staff will provide applicable inmates with the best possible individualized counseling and treatment to help them transition to a long-term sober lifestyle. After speaking with Patricia Ewing, Executive Director, NaphCare will utilize Integrated Health Clinic's services to meet the needs of the Clackamas County offenders.

AMERICAN MEDICAL RESPONSE

American Medical Response-Clackamas County, OR (AMR) provides emergency and non-emergency medical transports for the Clackamas County area. AMR is CAAS accredited and is a leader in introducing new equipment and procedures into their first responder system. NaphCare has contacted Jason Peterson, Operations Manager, to discuss partnering with AMR for continued emergency medical response for the offenders of the Clackamas County Jail.

METRO WEST AMBULANCE

Since 1953, Metro West Ambulance has held the distinction of being the longest running owner-operated ambulance service in the Pacific Northwest. Dedicated to selecting, training, and nurturing the right employees to assure the highest level of professionalism, leadership and excellence, Metro West Ambulance provides emergency and non-emergency medical care and transport of the sick and injured. NaphCare has partnered with Erin Miller, V.P. of Business Development, to explore utilizing Metro West Ambulance's Clackamas County satellite location to ensure the right service, right equipment, and speed is available to respond to the emergent needs of the Clackamas County inmates.

HANGER CLINIC/ORTHOTIC & PROSTHETIC SOLUTIONS

Specializing in the provision of orthotic and prosthetic solutions, Hanger Clinic, a business unit of Hanger, Inc., delivers effective and quality innovative products, along with outstanding customer service to patients each year. Hanger strives to promote services and products that enhance human physical capability and empowering human potential. NaphCare is working with Wyatt Brown, Office Manager, to discuss a partnership and ensure the orthotics and prosthetics needs of Clackamas County offenders are met.

OLSON MEDICAL SERVICES

Located in Milwaukie, Oregon, Olson Medical Services has been serving patients and health care providers in the community for decades. Empowering customers with medical supplies and equipment that improves their health and well-being, Olson Medical Services will provide the Clackamas County Jail with quality medical products and competitive pricing. After speaking with Anthony MGuyen, Office Manager, Olson Medical Supply is ready to begin a healthy relationship with NaphCare and provide durable medical equipment to the inmates of Clackamas County.

WOMEN'S HEALTHCARE ASSOCIATES

Spanning 15 locations—from Portland's four west side and three east side offices, to the clinics in Gresham, Happy Valley, Hillsboro, Newberg, Oregon City and Tualatin—they're a team of more than 120 physicians, certified nurse-midwives, nurse practitioners and genetic counselors committed to giving Clackamas County inmates the best care and support possible. Women's Healthcare Associates is there for the female offenders --now with Portland's first out-of-hospital, natural birth center integrated within an OB/GYN specialty practice. Brian Kelly, CEO, is excited to be actively involved in the community and looks forward to partnering with NaphCare to meet the OB/GYN needs of the female inmates at the Clackamas County Jail.

Detail the administration cost for providing 30 days of medication to inmates in need for transferring to treatment.

Please see cost breakdown table in section 5.4 detailing the administration cost for providing 30 days of medication to inmates in need of treatment.

Below, we have included a sample invoice that matches our cost estimate. We have submitted our base pricing based on Section 20. Pricing “without limitations” language and have not provided aggregate cost estimates. We are willing to negotiate our pricing arrangement if the County would prefer to have aggregate cost limits.

INVOICE EXAMPLE

| | | | |
|-----|-----------------------------------|-----------|--------------------|
| TO: | Clackamas County Sheriff's Office | DATE: | |
| | Attn: | INVOICE # | |
| | 9101 SE Sunnybrook Blvd., | P.O. #: | |
| | Clackamas, OR 97015 | TERMS: | NET 30 DAYS |

Healthcare Services for the Clackamas County Sheriff's Office for the month of EXAMPLE

| | |
|--|-----------------------------|
| Monthly Fee for Healthcare Services at Jail: | \$ 300,501.84 |
| Per Diem Adjustment for ADP over 500 inmates: | \$ - |
| Monthly ADP XXX Per Diem \$ 5.70 | |
| Hepatitis C Medications | \$ - |
| Blood Factor Treatments | \$ - |
| Less Telephone Charges for Toll and Long-Distance Calls: | \$ - |
| TOTAL AMOUNT DUE..... | <u>\$ 300,501.84</u> |

Please remit to:

**NaphCare, Inc.
Dept. 5214
PO Box 2153
Birmingham, AL 35287-5214**

Are there any additional costs associated with a transition plan if you are chosen as the winning contract?

There are no additional costs associated with a transition plan if NaphCare is chosen as the winning contractor.

Below, and in our Off-site Management Services section, we have described our strategies for controlling emergency and inpatient hospital costs.

COST CONTAINMENT PROGRAM

Cost containment is an extremely important part of the services we provide. Healthcare is expensive, and in today's economic climate, we understand that the County must be especially mindful of costs. As medical expenses increase year after year, many correctional healthcare companies want to limit these cost increases. An easy but problematic approach is to deny care, delay payments, and dis-enroll the sick. Some competitors compromise their quality of care to improve their bottom line, but this can lead to greater costs down the road through litigation and expensive off-site specialty care. Unlike our competition, NaphCare has never returned to any of our clients to ask for additional funding, and we continue to guarantee and honor that promise.



NaphCare balances quality care with cost-containment for the best overall value for the CCSO.

NaphCare's solution is to keep healthy patients healthy, to help sick patients become healthy, and to assist chronically ill patients to manage their disease and remain stable. We strongly emphasize health maintenance and disease prevention principles, coupled with our electronic operating system and other advanced data and communications technologies. We enable our healthcare staff to practice good medicine and encourage our clients to monitor and understand the results. This "prevention partnership" yields better overall health in your inmate population while it delivers a constitutional level of cost-effective care that meets national clinical standards.

NaphCare knows how to save money while also providing care that does not withhold quality. It is our goal to help you use your funds in the most efficient way, and we pride ourselves on our ability to price projects correctly and within the budgets defined by the County. **NaphCare does not compromise inmate care, which makes us the optimum value for Clackamas County.**

Our creative programs streamline services by using technology to ensure safe, standardized, evidence-based medical and mental health practices. Our approach seeks the efficient provision of services and eliminates the need for duplication, which also saves you money. At all of our client facilities, the on-site healthcare staff focuses on preventive care, continuously working as a team to prevent unnecessary off-site referrals and emergencies. But in the event that off-site care is necessary, NaphCare's first-rate Network Management Department negotiates discounted fees for inpatient and outpatient hospital-based services. **We offer the following proven, cost containment strategies:**

- ✓ **Electronic Operating System:** *TechCare*® increases efficiency and quality in your healthcare program, thereby providing actual cost savings for our clients:
 - 20% reduction in pharmacy costs for our current jail clients
 - 10% decrease in off-site costs for our current Federal Bureau of Prison clients
 - Decrease in clinical operation costs, with an increase in quality of care

- Minimizes the risk of expensive litigation
- Saves money on supplies
- Corporate Support
 - Multi-layer review of every patient's intake information.
 - Early identification of high acuity patients that require immediate attention.
 - Early stabilization of patients with chronic care needs.
 - Identification of trends and training issues to continually educate our staff.
 - Initiation of all medication and treatment orders within 24-hours of booking by corporate review team.
 - Patients are stabilized earlier.
 - Reductions in after-hours calls to the provider.
- Reduction in duplicate medication orders and prevention of adverse events.
- Formulary management and control.
- Decreased hospital admissions.

Clackamas County will experience the capability of *TechCare*® and the potential it offers beginning **day one**. *TechCare*® will quickly become an invaluable tool for healthcare and correctional staff alike.

- ✓ **In-house Pharmacy Program:** One of the main contributors to the cost of correctional healthcare is pharmaceuticals, so the ability to effectively manage pharmaceuticals is essential to create savings. Our processes and technology ensure the most cost-effective and safe pharmaceutical program available.
 - Owning our pharmacy allows us to purchase and package pharmaceuticals at or below wholesale costs. NaphCare passes along the volume purchasing discounts and rebates that we receive **to our CLIENTS**.
 - Through formulary management, we maximize the use of standardized generic drugs whenever possible, which provide the same clinical effects as brand-name drugs at a fraction of the cost (20% savings) and have been proven safe and effective over time.
 - NaphCare pharmacists provide a thorough clinical review of all drug orders for accuracy, safe dosage, allergies, drug interactions, need for drug, and duplications. By reviewing all drug orders, we can prevent the additional costs of off-site visits caused by drug interactions and excessive doses.
 - Our innovative automatic reordering system matches refills with distribution, ensuring the client only pays for what is used.
 - NaphCare employees also receive outstanding benefits from NaphCare's in-house pharmacy. Employees who elect NaphCare's health insurance plan can receive prescriptions **FREE OF CHARGE** when filled by our corporate pharmacy. This eliminates the cost of any co-pay for prescriptions and is a benefit exclusive to NaphCare.
- ✓ **Reducing Emergency Inmate Transports:** One of NaphCare's cost containment strategies is to reduce off-site transportation. We are experienced and successful in reducing inmate transports at our client facilities by providing a preventive approach to healthcare and organized, comprehensive Utilization Management and Medical Scheduling services.

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

- ✓ **Utilization Review:** NaphCare offers one of the strongest utilization review programs in the industry. Our program decreases the length of stay for necessary inpatient procedures by monitoring hospitalized inmates' medical progression on a daily basis. *TechCare*® and our web-based systems play an integral part in managing the care of any inmate needing outside services. Not only do we provide a daily list of all inmates currently hospitalized, but we also detail the clinical course and treatment plan. This data allows us to track and trend off-site care in order to find opportunities to reduce costs and bring specialties on-site.

NaphCare's utilization review processes produce positive outcomes for our clients that are evident quickly upon contract inception. After beginning services for our jail clients, NaphCare's utilization review processes *produced significant decreases in the number of off-site services.*

- ✓ **Clackamas County Preferred Provider Network:** We are experienced in developing and maintaining preferred provider networks for our clients. Currently, we coordinate off-site care and specialty medical services for 29 Federal Bureau of Prisons (BOP) facilities and 26 county jails. This network contains over 20,000 physicians and 500 hospital facilities across the country. NaphCare's Network Management Department has contacted local hospitals and physicians to provide healthcare services for the inmates of Clackamas County at negotiated rates. We will continue to develop and maintain a cost-effective network for the County.

NaphCare's experience developing and maintaining large hospital and preferred provider networks generates substantial reductions in cost for our clients. **Also, our average cost savings on re-priced claims are 60% off usual and customary charges—savings generated through effective contracting and negotiating with community providers.**

- ✓ **Insurance Program:** NaphCare meets all insurance requirements specified in the RFP. An important factor to consider when choosing a provider is whether or not the insurance limits will extend to the County as an Additional Insured. With NaphCare's insurance program, the County is guaranteed that they are an Additional Insured on NaphCare's insurance policies. In addition to the benefits of managed care, privatization offers the County the ability to transfer legal liability associated with the provision of healthcare to a private company. One of the best indicators of a company's financial stability is its ability to secure insurance and a bonding line; NaphCare is able to do both. *We have provided a Certificate of Insurance in the Appendix of our proposal.*
- ✓ **Infirmery Care:** By providing high quality care in on-site infirmaries, we have found that more extensively trained staff can help alleviate emergent medical situations before they ever occur. This process saves valuable time and resources because of the ability to reduce off-site transfers and specialty care.
- ✓ **On-site Specialty Clinics:** NaphCare seeks to provide the maximum level of clinical activity on-site in order to achieve increased security and enhanced cost-effective care. With proven negotiation and network development skills, the Network Management Department will supply on-site specialty services as the volume of inmate healthcare needs merits.

Cost Containment Results/Accomplishments

NaphCare has a proven track record of achieving cost savings for our clients by reducing off-site utilization. Some of the cost containment accomplishments we have achieved include the following:

| Client | Cost Containment Accomplishments |
|---|---|
| Clark County Detention Center and North Valley complex | <ul style="list-style-type: none"> • Average ADP increased by 57%, but we increased the number of sick calls by 335% and decreased the number of inpatient hospital days by 6.6%. • CCDC healthcare staff turnover was less than 35% in an industry where 50% rates are common. • Prior to NaphCare, CCDC saw an average of 3-5 suicides per year. Now, with NaphCare, CCDC only sees approximately 1 per year. • After NaphCare took over the contract, medical grievances decreased from 30 to 1 per day. |
| Hamilton County Corrections System | <ul style="list-style-type: none"> • NaphCare has reduced overall off-site trips by 50%, going from 1,157 to 575 trips. We have also reduced ER trips by 15% in the past year. • Overall Medical Trips reduced by 36% per 1,000 inmates over the course of the contract • ER Trips reduced by 39% per 1,000 inmates over the course of the contract • Inpatient Admissions reduced by 10% per 1,000 inmates over the course of the contract • Outpatient Consults reduced by 39% per 1,000 inmates over the course of the contract |
| Essex County Correctional Facility | <ul style="list-style-type: none"> • The Facility was 37% under budget within the first contract year. • NaphCare has reduced ER trips by 12% and reduced overall trips by 20%. |
| Montgomery County Jail | <ul style="list-style-type: none"> • NaphCare has reduced overall trips by 40%, reduced ER trips by 14%, and reduced inpatient admissions by 58%. • Off-site expenditures have decreased by 30%. |

Off-Site Services Contract Accomplishments

NaphCare has a proven track record of achieving cost savings for our clients. Our experience developing and maintaining large hospital and preferred provider networks generates substantial reductions in cost for our clients. **Also, our average cost savings on re-priced claims are 60% off usual and customary charges—savings generated through effective contracting and negotiating with community providers.** Some of the cost containment accomplishments we have achieved include the following:

| Client | Off-Site Services Contract Accomplishments |
|--|--|
| Pierce County Detention Center, Tacoma WA | <p><i>In 2017, compared to the prior year:</i></p> <ul style="list-style-type: none"> • Hospitalized patients decreased by 72%. • Inpatient hospital days went from 182 to 92, a 50% reduction. • Ambulance runs went from 46 to 28, a drop of 39%. • Off-formulary medication orders were cut in half, from 1,094 to 539. |
| Santa Ana Jail, Santa Ana CA | <p><i>In 2017, compared to the prior year:</i></p> <ul style="list-style-type: none"> • Off-site physician visits were reduced by 47%. |

| | |
|--|---|
| | <ul style="list-style-type: none"> • Off-formulary lab orders were drastically reduced by 75%. • Hospitalized patients went from 16 to 1. • ER trips went from 54 to 23, a 57% decrease. |
| Washington County Jail, Hillsboro, OR | <p><i>In 2017, compared to the prior year:</i></p> <ul style="list-style-type: none"> • Hospital admissions dropped from 38 to 12, a 68% decrease. |
| Middlesex County Jail, North Brunswick Township, NJ | <p><i>Compared to the prior vendor, one year after NaphCare took over (Jan 2017):</i></p> <ul style="list-style-type: none"> • Hospital admissions went from 53 to 20, a 62% reduction. • Inpatient hospital days were slashed from 317 to 90, a 72% decrease. |
| Hillsborough County Jail, Tampa, FL | <p><i>NaphCare began services in October, 2014.</i></p> <ul style="list-style-type: none"> • The cost of off-site care dropped by 18% from year 1 to year 2 under our management, and dropped another \$130,000 from year 2 to year 3. • Using annualized projections, off-site costs for 2018 are projected to be 44% lower than they were in year 1. This was achieved by a coordinated effort of higher-level on-site patient care, dedicated management by the on-site Medical Director, robust Utilization Management and Case Management from both the corporate and on-site teams, and sophisticated claims adjudication and processing. |

Can you identify any costs or charges that are not already detailed?

All identified costs are provided in the cost breakdown table located in Section 5.4.

5.5. References

We have provided three (3) references below from clients NaphCare has served similar to Clackamas County in the past three (3) years, including one client that has newly engaged the firm in the past thirty-six (36) months and one (1) long-term client. Our references can offer information regarding our performance of contract responsibilities for the provision of inmate medical services. We have excellent working relationships with each of these entities, and their input will be a source of invaluable information for the County. By contacting any of these individuals, you will gain a detailed understanding of our adherence to contract responsibilities and successful performance of our duties.

| FACILITY NAME AND ADDRESS | CONTACT | ADP |
|---|--|-----|
| Washington County Jail 215 SW Adams Avenue Hillsboro, OR 97123 | John Koch, Jail Commander Telephone: (503) 846-2700, ext. 2515 Email: John_Koch@co.washington.or.us | 528 |

| | | |
|--|---|--------------|
| <p>Pierce County Detention and Corrections Center 910 Tacoma Avenue South Tacoma, WA 98402</p> | <p>Pattie Jackson-Kidder, Deputy Chief Telephone: (253)753-4340 Email: pjackso@co.pierce.wa.us</p> | <p>1,215</p> |
| <p>Spokane County Jail 1100 W Mallon Avenue Spokane, WA 99260</p> | <p>Director John C. McGrath Telephone: (509) 477-2337 Email: jmcgrath@spokanecounty.org</p> | <p>930</p> |

Every Client is a Reference

We encourage Clackamas County to contact all of our clients as references. We are proud of the partnerships we have built as we work together to provide inmate healthcare services and meet our clients' expectations.

Completed Proposal Certification Form

PROPOSAL CERTIFICATION
RFP #2018-33 Medical Staffing Services Jail

Submitted by: NaphCare, Inc.; AL
(Must be entity's full legal name, and State of Formation)

The undersigned, through the formal submittal of this Proposal response, declares that he/she has examined all related documents and read the instruction and conditions, and hereby proposes to provide the services as specified in accordance with the RFP, for the price set forth in the Proposal documents.


Proposer, by signature below, hereby represents as follows:

- (a) That no County elected official, officer, agent or employee of the County is personally interested directly or indirectly in this contract or the compensation to be paid hereunder, and that no representation, statement or statements, oral or in writing, of the County, its elected officials, officers, agents, or employees had induced it to enter into this contract and the papers made a part hereof by its terms;
- (b) The Proposer, and each person signing on behalf of any Proposer certifies, in the case of a joint Proposal, each party thereto, certifies as to its own organization, under penalty of perjury, that to the best of their knowledge and belief:
 - 1. The prices in the Proposal have been arrived at independently, without collusion, consultation, communication, or agreement for the purpose of restraining competition as to any matter relating to such prices with any other Proposer or with any competitor;
 - 2. Unless otherwise required by law, the prices which have been quoted in the Proposal have not been knowingly disclosed by the Proposer prior to the Proposal deadline, either directly or indirectly, to any other Proposer or competitor;
 - 3. No attempt has been made nor will be made by the Proposer to induce any other person, partnership or corporation to submit or not to submit a Proposal for the purpose of restraining trade;
- (c) The Proposer fully understands and submits its Proposal with the specific knowledge that:
 - 1. The selected Proposal must be approved by the Board of Commissioners.
 - 2. This offer to provide services will remain in effect at the prices proposed for a period of not less than ninety (90) calendar days from the date that Proposals are due, and that this offer may not be withdrawn or modified during that time.
- (d) That this Proposal is made without connection with any person, firm or corporation making a bid for the same material, and is in all respects, fair and without collusion or fraud.
- (e) That the Proposer shall use recyclable products to the maximum extent economically feasible in the performance of the contract work set forth in this document.
- (f) That the Proposer accepts all terms and conditions contained in this RFP and that the RFP and the Proposal, and any modifications, will be made part of the contract documents. It is understood that all Proposals will become part of the public file on this matter. The County reserves the right to reject any or all Proposals.
- (g) That the Proposer holds current licenses that businesses or services professionals operating in this state must hold in order to undertake or perform the work specified in these contract documents.
- (h) That the Proposer is covered by liability insurance and other insurance in the amount(s) required by the solicitation and in addition that the Proposer qualifies as a carrier insured employer or a self-insured employer under ORS 656.407 or has elected coverage under ORS 656.128.
- (i) That the Proposer is legally qualified to contract with the County.
- (j) That the Proposer has not and will not discriminate in its employment practices with regard to race, creed, age, religious affiliation, sex, disability, sexual orientation, gender identity, national origin, or any other protected class. Nor has Proposer or will Proposer discriminate against a subcontractor in the awarding of a subcontract because the subcontractor is a disadvantaged business enterprise, a minority-owned business, a woman-owned business, a business that a service-disabled veteran owns or an emerging small business that is certified under ORS 200.055.

(k) The Proposer agrees to accept as full payment for the services specified herein, the amount as shown in the Proposal.

Resident Bidder, as defined in ORS 279A.120
 Non-Resident Proposer, Resident State _____
Oregon Business Registry Number 058725-93

Contractor's Authorized Representative:

Signature:  Date: 7-18-2018
Name: B. Lee Harrison Title: President
Firm: NaphCare, Inc.
Address: 2090 Columbiana Road, Suite 4000
City/State/Zip: Birmingham, AL 35216 Phone: (205) 536-8400
e-mail: Lee@naphcare.com Fax: (205) 536-8404

Contract Manager:

Name Shannon Matthews Title: Senior Vice President of Operations, Western States
Phone number: (702) 322-1032
Email Address: shannon.matthews@naphcare.com

20. PRICING

In our proposal below, we have indicated how we will provide innovative and cost-effective pricing, while providing opportunities to share in cost savings with CCSO.

- a. Each of our pricing options is for comprehensive Services without limitations, including on-site inmate health care, furnishing of all professional services, labor, supplies, insurance, licenses, outside health services and pharmaceutical expenses, and any applicable taxes necessary or proper for completion of the scope of work.
 - a. NaphCare has excluded the cost of HEP C medications and blood factor treatments from each of our submitted pricing options. These medications will be provided at cost to the County and passed through for reimbursement on a monthly basis.
- b. NaphCare will be responsible for enrolling inmates in the Affordable Care Act and processing necessary paperwork, as applicable.
- c. The cost of outside medical services includes inpatient hospitalization costs, emergency room visits, ambulance transportation expenses, outpatient surgeries, outpatient physician consultations, outside specialist fees, off-site diagnostic procedures, all dialysis treatments, both onsite and offsite, and managed care network fees.
- d. Components covered under pharmaceutical costs include: Over the counter (O.T.C.) medications, formulary and non-formulary medications, back-up pharmacy expenses, injections, vaccines (including Hepatitis B, flu and rabies), courier service and dispensing fees.
 - a. NaphCare has excluded the cost of HEP C medications and blood factor treatments from each of our submitted pricing options. These medications will be provided at cost to the County and passed through for reimbursement on a monthly basis.
- e. CCSO payments to NaphCare will be less any monthly telephone charges for toll and long-distance telephone calls made from Facilities' provided telephones, upon receipt of invoice from the County.

NaphCare is offering the following two pricing options. Option 1 is based on the Current Medical Staffing matrix provided in the RFP. Option 2 is based on NaphCare's alternate staffing.

Option 1 – RFP Staffing

| RFP No. #2018-33 - RFP Staffing Pricing | January 1, 2019 - June 30, 2019 | May 1, 2019 - June 30, 2020 | May 1, 2020 - June 30, 2021 | May 1, 2021 - June 30, 2022 | May 1, 2022 - June 30, 2023 |
|--|------------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Personnel Services | \$ 1,208,925.94 | \$ 2,490,387.43 | \$ 2,565,099.05 | \$ 2,642,052.02 | \$ 2,721,313.58 |
| Residential Center Costs | \$ 22,449.36 | \$ 46,245.68 | \$ 47,633.05 | \$ 49,062.05 | \$ 50,533.91 |
| Medical Supplies | \$ 15,950.00 | \$ 32,857.00 | \$ 33,842.71 | \$ 34,857.99 | \$ 35,903.73 |
| Ancillary Services | \$ 54,587.50 | \$ 112,450.25 | \$ 115,823.76 | \$ 119,298.47 | \$ 122,877.42 |
| Pharmacy Services | \$ 143,275.00 | \$ 295,146.50 | \$ 304,000.90 | \$ 313,120.92 | \$ 322,514.55 |
| Outside Medical Services | \$ 204,050.00 | \$ 420,343.00 | \$ 432,953.29 | \$ 445,941.89 | \$ 459,320.15 |
| Malpractice Insurance | \$ 25,093.75 | \$ 51,693.13 | \$ 53,243.92 | \$ 54,841.24 | \$ 56,486.47 |
| Administrative Costs | \$ 127,029.50 | \$ 261,680.76 | \$ 269,531.18 | \$ 277,617.12 | \$ 285,945.63 |
| Taxes and Licenses | \$ 1,650.00 | \$ 3,399.00 | \$ 3,500.97 | \$ 3,606.00 | \$ 3,714.18 |
| Total | \$ 1,803,011.04 | \$ 3,714,202.75 | \$ 3,825,628.83 | \$ 3,940,397.69 | \$ 4,058,609.62 |
| Monthly - Total | \$ 300,501.84 | \$ 309,516.90 | \$ 318,802.40 | \$ 328,366.47 | \$ 338,217.47 |

Option 2 – NaphCare Alternate Staffing

| RFP No. #2018-33 - NaphCare Alternate Staffing Pricing | January 1, 2019 - June 30, 2019 | May 1, 2019 - June 30, 2020 | May 1, 2020 - June 30, 2021 | May 1, 2021 - June 30, 2022 | May 1, 2022 - June 30, 2023 |
|--|------------------------------------|--------------------------------|--------------------------------|--------------------------------|--------------------------------|
| Personnel Services | \$ 1,330,604.25 | \$ 2,741,044.76 | \$ 2,823,276.11 | \$ 2,907,974.39 | \$ 2,995,213.62 |
| Residential Center Costs | \$ 22,449.36 | \$ 46,245.68 | | | |
| Medical Supplies | \$ 15,950.00 | \$ 32,857.00 | \$ 33,842.71 | \$ 34,857.99 | \$ 35,903.73 |
| Ancillary Services | \$ 54,587.50 | \$ 112,450.25 | \$ 115,823.76 | \$ 119,298.47 | \$ 122,877.42 |
| Pharmacy Services | \$ 143,275.00 | \$ 295,146.50 | \$ 304,000.90 | \$ 313,120.92 | \$ 322,514.55 |
| Outside Medical Services | \$ 204,050.00 | \$ 420,343.00 | \$ 432,953.29 | \$ 445,941.89 | \$ 459,320.15 |
| Malpractice Insurance | \$ 25,093.75 | \$ 51,693.13 | \$ 53,243.92 | \$ 54,841.24 | \$ 56,486.47 |
| Administrative Costs | \$ 127,029.50 | \$ 261,680.76 | \$ 269,531.18 | \$ 277,617.12 | \$ 285,945.63 |
| Taxes and Licenses | \$ 1,650.00 | \$ 3,399.00 | \$ 3,500.97 | \$ 3,606.00 | \$ 3,714.18 |
| Total | \$ 1,924,689.36 | \$ 3,964,860.08 | \$ 4,036,172.83 | \$ 4,157,258.02 | \$ 4,281,975.76 |
| Monthly - Total | \$ 320,781.56 | \$ 330,405.01 | \$ 336,347.74 | \$ 346,438.17 | \$ 356,831.31 |

Current Clients List

JAIL CLIENTS

| Client Facility | Average Daily Population | Accreditation | Contract Start Date | Contact |
|--|--------------------------|--|---------------------|---|
| <p>Clark County Detention Center 330 S. Casino Center Blvd. Las Vegas, NV 89101</p> | 4,000 | <p>NCCHC October 2005, December 2008, February 2009, January 2011, June 2012, June 2015</p> <p>ACA January 2008, October 2010, October 2013, December 2016</p> | 7/1/05 | <p>Deputy Chief Rich Forbus Telephone: (702) 828-2203 Email: R5372f@lvmpd.com</p> |
| <p>Hillsborough County Jail 520 N Falkenburg Road Tampa, FL 33619</p> | 3,242 | <p>NCCHC May 2014</p> | 10/1/14 | <p>Major Michael Farrier Telephone: (813) 247-8000 Fax: (813) 242-1872 Email: mfarrier@hcso.tampa.fl.us</p> |
| <p>Fulton County Jail 901 Rice St NW Atlanta, GA 30318</p> | 3,000 | | 1/1/18 | <p>Meredith Lightbourne, Health Program Manager Telephone: (404) 613-2030 Meredieth.Lightbourne@fultoncountyga.gov</p> |
| <p>Hamilton County Corrections System 1000 Sycamore Street Cincinnati, OH 45202</p> | 1,717 | <p>NCCHC Nov. 2010, Dec. 2014, February 2017</p> | 12/30/07 | <p>Dave Turner, Commander Telephone: (513) 946-6735 Email: d.turner@sheriff.hamilton-co.org</p> |
| <p>Virginia Beach Correctional Center 2501 James Madison Blvd. Virginia Beach, VA 23456</p> | 1,557 | <p>NCCHC Dec. 2016</p> | 5/1/15 | <p>Captain Larry Kiefer Telephone: (757) 385-6961 Email: kiefer@vbso.net</p> |
| <p>Essex County Correctional Facility 20 Manning Avenue Middleton, MA 01949</p> | 1,470 | <p>NCCHC June 2009, 2013, February 2015</p> <p>ACA May 2009, October 2012 October 2015</p> | 7/1/08 | <p>Superintendent Chief Operating Officer William F. Gerke, Jr. Telephone: (978) 750-1910 Fax: (978) 750-1999 Email: wgerke@essexsheriffma.org</p> |

| Client Facility | Average Daily Population | Accreditation | Contract Start Date | Contact |
|--|--------------------------|--|-----------------------|--|
| <p>Suffolk County House of Correction 20 Bradston Street Boston, MA 02118</p> <p>Nashua Street Jail 200 Nashua Street Boston, MA 02114</p> | 956 600 | <p>NCCHC April 2014 ACA October 2016</p> <p>NCCHC Nov. 2015 ACA Nov 2016</p> | 3/12/12 3/1/16 | <p>Yolanda L. Smith, Superintendent Telephone: (617) 704-6511 Fax: (617) 704-6558 Email: YSmith@scsdma.org</p> |
| <p>Pierce County Detention and Corrections Center 910 Tacoma Avenue South Tacoma, WA 98402</p> | 1,215 | N/A | 8/8/15 | <p>Pattie Jackson-Kidder, Deputy Chief Telephone: (253)753-4340 Email: pjackso@co.pierce.wa.us</p> |
| <p>Washoe County Sheriff's Office 911 E Parr Blvd. Reno, NV 89512</p> | 1,164 | <p>NCCHC Sept 2016</p> | 6/1/15 | <p>Chief Deputy Tom Green Telephone: (775) 328-3001 Fax: (775) 328-6308 Email: Tgreen@washoecounty.us</p> |
| <p>Mobile County Metro Jail 450 S. Emanuel Street Mobile, AL 36603</p> | 1,071 | <p>NCCHC March 2015</p> | 7/1/13 | <p>Deputy Warden Sam Houston Telephone: (251) 574-3239 Email: shouston@mobileso.com</p> |
| <p>Spokane County Jail 1100 W Mallon Avenue Spokane, WA 99260</p> | 930 | N/A | 5/9/16 | <p>Director John C. McGrath Telephone: (509) 477-2337 Email: jmcgrath@spokanecounty.org</p> |
| <p>Montgomery County Jail 333 West 2nd Street Dayton, OH 45422</p> | 791 | <p>NCCHC Dec. 2007, March 2011, July 2014, Sept. 2015</p> | 8/19/03 | <p>Matt Haines, Major Telephone: (937) 496-3060 Email: hainesm@mcohiosheriff.org</p> |
| <p>Middlesex County Jail 130-132 Apple Orchard Ln. N. Brunswick Township, NJ 08902</p> <p>Middlesex Juvenile Detention Ctr. US-130 N. Brunswick Township, NJ 08902</p> | 702 76 | <p>NCCHC</p> | 12/1/16 | <p>Mark J. Cranston Telephone: (732) 951-3320 Email: mark.cranston@co.middlesex.nj.us</p> |
| <p>South Correctional Entity Multijurisdictional Misdemeanant Jail (SCORE) 20817 17th Ave South Des Moines, WA 98198</p> | 613 | <p>NCCHC</p> | 9/2/16 | <p>Executive Director Penny Bartley Telephone : (206) 257-6262 Fax: (206) 257-6310 Email: penny@scorejail.org</p> |

| Client Facility | Average Daily Population | Accreditation | Contract Start Date | Contact |
|--|--------------------------|---|---------------------|--|
| Benton County Jail 7122 W. Okanogan Place Kennewick, WA 99336 | 641 | N/A | 6/1/17 | Captain Josh Shelton Telephone: (509) 783-2562, ext. 3297 Email: Joshua.shelton@co.benton.wa.us |
| Mendocino County Jail 951 Low Gap Rd Ukiah, CA 95482 | 593 | N/A | 1/1/18 | Captain Timothy Pearce Telephone: (707) 463-4559 Email: pearcet@mendocinocounty.org |
| Washington County Jail 215 SW Adams Avenue Hillsboro, OR 97123 | 528 | NCCHC March 2015 | 6/1/15 | John Koch, Jail Commander Telephone: (503) 846-2700, ext. 2515 Email: John_Koch@co.washington.or.us |
| Franklin County Corrections Center I 370 S. Front Street Columbus, OH 43215 Franklin County Corrections Center II 2460 Jackson Pike Rd Columbus, OH 43223 | 530 1,465 | NCCHC | 6/1/17 | Chief Geoff Stobart Telephone: (614) 525-5785 Email: gastobar@franklincountyohio.gov |
| Henderson Detention Center 18 E Basic Rd Henderson, NV 89015 | 503 | ICE | 7/1/18 | Damon E. Smith, 696 Captain Telephone: (702)267-4632 Fax: (702)267-4602 Email: Damon.Smith@cityofhenderson.com |
| Kings County Jail 1570 Kings County Drive Hanford, CA 93230 Kings County Juvenile Center 1450 Forum Drive Hanford, CA 93230 | 491 24 | N/A | 12/1/14 | Robert Thayer, Assistant Sheriff Telephone: (559) 582-3211 ext. 2886 Email: Robert.Thayer@co.kings.ca.us |
| Newton County Jail 15151 Alcovy Jersey Road Covington, GA 30014 | 458 | NCCHC February 2014, Nov. 2016 ACA October 2015 | 1/10/04 | 1st Lieutenant Brice Smith Telephone: (678) 625-1434 Fax: (678) 625-1566 Email: brsmith@newtonsheriffga.org |
| Santa Ana Jail 62 Civic Center Plaza P.O. Box 22003 Santa Ana, CA 92701 | 396 | N/A | 10/1/14 | Christina Holland, Jail Administrator Telephone: (714) 245-8123 Fax: (714) 245-8116 Email: cholland@santa-ana.org |

| Client Facility | Average Daily Population | Accreditation | Contract Start Date | Contact |
|--|--------------------------|--|---------------------|--|
| Black Hawk County Jail 225 East Sixth Street Waterloo, IA 50703 | 241 | NCCHC Nov. 2004, Nov. 2007, March 2011, February 2014 | 4/25/00 | Captain Mark Herbst Telephone: (319) 291-2587 ext. 5128 Fax: (319) 291-2541 Email: MHerbst@bhcs.org |
| Lewis County Jail 28 SW Chehalis Avenue Chehalis, WA 98532 | 227 | N/A | 2/1/17 | Chief Chris Sweet Telephone: (360) 748-2617 Email: chris.sweet@lewiscountywa.gov |
| Skagit County Community Justice Center 201 Suzanne Lane Mt Vernon, WA 98273 | 200 | N/A | 2/1/18 | Don Marlow, Jail Commander Telephone: 360 416-1960 Email: dmarlow@co.skagit.wa.us |

DIALYSIS CLIENTS

| Client and Facility Name | ADP | Accreditation | Contract Start Date | Contact |
|--|-------|---------------|---------------------|---|
| Washington Department of Corrections, Washington State Reformatory – Monroe Correctional Dialysis Unit 16700 177th Avenue SE Monroe, WA 98272 | 2,200 | N/A | 10/1/99 | Cynthia Ray-Anderson, Contract Manager Telephone: (360) 725-8721 Email: carayanderson@DOC1.WA.GOV |
| New York Department of Corrections and Community Supervision, Fishkill Correctional Facility Prospect Street Beacon, NY 12508 | 1,750 | ACA | 3/1/06 | Nancy Lyng, Director of Health Services and Community Supervision Telephone: (518) 457-7072 Fax: (518) 402-4435 Nancy.Lyng@DOCCS.NY.GOV |
| New York Department of Corrections and Community Supervision, Wende Correctional Facility PO Box 1187 (3622 Wende Road) Alden, NY 14004 | 920 | ACA/JCAHO | 1/1/02 | |
| Oregon Dept. of Corrections, Two Rivers Correctional Institution 82911 Beach Access Road Umatilla, OR 97882 | 1,500 | NCCHC | 2/7/02 | Virgil Mahaffey, Procurement and Contract Specialist Phone: (503) 378-5875 Email: Virgil.Mahaffey@doc.state.or.us |

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|---|-------|-------|--------|---|
| Oregon Dept. of Corrections, Coffee Creek Correctional Facility 24499 SW Grahams Ferry Road Wilsonville, OR 97070 | 1,685 | NCCHC | 3/1/16 | |
| North Carolina Department of Corrections, NC Women's Correctional Institution 1034 Bragg Street Raleigh, NC 27610 | 1,300 | ACA | 8/1/98 | Bill Lucas, Director of Operations Telephone: (919) 838-3844 Fax: (919) 733-1415 |
| North Carolina Department of Corrections, Central Prison Hospital 1300 Western Blvd Raleigh, NC 27606 | 1,300 | ACA | 8/1/98 | |
| North Carolina Dept. of Corrections, Hoke Correctional Institution Old Highway 211 McCain, NC 28361 | 350 | ACA | 8/1/98 | |
| Colorado Dept. of Corrections, Denver Diagnostic and Reception Center 10900 Smith Road Denver, CO 80239 | 800 | ACA | 4/1/03 | Lou Tuccitto, Correctional Health Partners Manager Telephone: (720) 612-6888 Email: Louis.Tuccitto@CHPDelivers.com |
| Oklahoma Department of Corrections, Lexington Assessment and Reception Center 15151 Highway 39 Lexington, OK 73051 | 1,439 | ACA | 8/1/13 | Janet Bolten, Business Services Coordinator Telephone: (405) 962-6154 Email: janet.bolton@doc.state.ok.us |
| San Bernardino County, West Valley Detention Center 9500 Etiwanda Avenue Rancho Cucamonga, CA 91739 | 930 | | 4/1/17 | Terry Fillman, Health Services Administrator Telephone: (909) 463-5358 Email: tfillman@sbcasd.org |

OFF-SITE MANAGEMENT SERVICES CLIENTS

The contact for all NaphCare's federal contracts is Mr. Darren Doggett, Contract Specialist for the U.S. Department of Justice, Federal Bureau of Prisons. His telephone number is (972) 352-4510.

| Facility Name | ADP | Accreditation | Contract Start Date |
|---|-------|---------------|---------------------|
| Federal Medical Center, Butner Old Carolina Hwy. 75 Butner, NC 27509 | 4,731 | ACA/ JCAHO | 7/8/12 |

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|---|-------|---------------|----------|
| Federal Correctional Complex, Victorville 1377 Air Expressway Blvd. Victorville, CA 92394 | 3,662 | ACA/ JCAHO | 8/1/07 |
| Federal Correctional Institution, Fort Dix 5756 Hartford Road Fort Dix, NJ 08640 | 4,382 | ACA/ JCAHO | 7/7/14 |
| Federal Correctional Center, Forrest City 1400 Dale Bumpers Road Forrest City, AR 72335 | 3,658 | ACA/ JCAHO | 10/4/14 |
| Federal Correctional Institution, Terre Haute 4200 Bureau Road North Terre Haute, IN 47802 | 2,574 | ACA/ JCAHO | 4/20/04 |
| Metropolitan Detention Center, Brooklyn 80 29th Street Brooklyn, NY 11232 | 1,827 | ACA/ JCAHO | 11/02/09 |
| Federal Correctional Institution, Elkton 8730 Scroggs Road Elkton, OH 44415 | 2,486 | ACA/ JCAHO | 1/10/07 |
| Federal Correctional Institution, Beckley 1600 Industrial Park Road Beckley, WV 25813 | 1,647 | ACA/ JCAHO | 1/3/11 |
| Federal Correctional Institution, Edgefield 501 Gary Hill Road Edgefield, SC 29824 | 1,929 | ACA/ JCAHO | 5/1/12 |
| Federal Correctional Institution, Jesup 2600 Highway 301 South Jesup, GA 31599 | 1,537 | ACA/ JCAHO | 10/1/08 |
| Federal Correctional Institution, Bennettsville 696 Muckerman Road Bennettsville, SC 29512 | 1,444 | ACA/ JCAHO | 5/1/12 |
| Federal Correctional Institution, Herlong 741-925 Access Road A-25 Herlong, CA 96113 | 1,000 | ACA/ JCAHO | 10/07/08 |

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|---|-------|---------------|----------|
| Federal Correctional Institution, Phoenix 3700 45th Drive Phoenix, AZ 85086 | 1,366 | ACA/ JCAHO | 7/9/18 |
| United States Penitentiary, Lewisburg 2400 Robert F. Miller Drive Lewisburg, PA 17837 | 1,388 | ACA/ JCAHO | 12/1/06 |
| United States Penitentiary, Atwater #1 Federal Way Atwater, CA 95301 | 1,291 | ACA/ JCAHO | 12/23/03 |
| Federal Correctional Institution, Marianna 3625 FCI Road Marianna, FL 32446 | 1,372 | ACA/ JCAHO | 7/28/14 |
| Federal Correctional Institution, Greenville 100 US Highway 40 Greenville, IL 62246 | 1,350 | ACA/ JCAHO | 10/1/08 |
| Federal Correctional Institution, Memphis 1101 John A. Denie Road Memphis, TN 38134 | 1,296 | ACA/ JCAHO | 1/1/06 |
| Federal Correctional Institution, Miami 15901 SW 137 th Ave Miami, FL 33177 | 1,281 | ACA/ JCAHO | 4/1/16 |
| Federal Correctional Institution, Bastrop 1341 Highway 95 North Bastrop, TX 78602 | 1,432 | ACA/ JCAHO | 5/1/14 |
| United States Penitentiary, Marion 4500 Prison Road Marion IL 62959 | 1,363 | ACA/ JCAHO | 7/1/17 |
| Federal Correctional Institution, Fairton 655 Fairton-Millville Road Fairton, NJ 08320 | 1,052 | ACA/ JCAHO | 1/1/13 |
| Federal Correctional Institution, Oxford County Road G and Elk Avenue Oxford, WI 53952 | 1,094 | ACA/ JCAHO | 10/07/09 |

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|---|-----|---------------|----------|
| Federal Correctional Institution, Tallahassee 501 Capital Circle, NE Tallahassee, FL 32301 | 900 | ACA/ JCAHO | 6/3/11 |
| Federal Correctional Institution, Mendota 33500 West California Avenue Mendota, CA 93640 | 786 | ACA/ JCAHO | 8/2/11 |
| Federal Prison Camp, Alderson Glen Ray Road Alderson, WV 24910 | 943 | ACA/ JCAHO | 7/7/14 |
| Federal Detention Center, Philadelphia 700 Arch Street Philadelphia, PA 19106 | 954 | ACA/ JCAHO | 7/1/17 |
| Metropolitan Correctional Center, New York 150 Park Row New York, NY 10007 | 767 | ACA/ JCAHO | 11/02/09 |
| Federal Prison Camp, Pensacola 110 Raby Avenue Pensacola, FL 32509 | 687 | ACA/ JCAHO | 1/12/04 |

ELECTRONIC MEDICAL RECORDS CLIENTS

| Client | A | Contract Start | Contact |
|--|---|----------------|--|
| Maricopa County Correctional Health Services 320 West Lincoln Street Phoenix, AZ 85003 | 7,000 ADP Manage 2,070,000 records, 250,000+ per year | 5/21/12 | Tom Tegeler, Director of Health Services Telephone: (602) 506-5576 Email: T.Tegeler@mail.maricopa.gov |
| County of Orange Health Care Agency 405 West 5th Street, Suite 600 Santa Ana, CA 92701 | 7,000+ ADP Manage >1.4 million records | 12/4/12 | Kim Pearson, Deputy Agency Director Telephone: (714) 834-5404 Email: kpearson@ochca.com |
| San Bernardino County Jail 630 E Rialto Avenue San Bernardino, CA 92415 | 6,300 ADP | 12/16/15 | Terry Fillman, Health Services Administrator Telephone: (909) 463-5358 Email: tfillman@sbcscd.org |
| Riverside County Correctional Healthcare Services Division 4000 Orange Street Riverside, CA 92501 | 4,000+ ADP | 12/1/14 | William Wilson, Director Telephone: (951) 955-4491 Email: wwilson@co.riverside.ca.us |

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|--|-----------|---------|--|
| New Hampshire Department of Corrections PO Box 1806, Room 327 Concord, NH 03302 | 3,000 ADP | 1/27/16 | Joyce Leeka, Operations Administrator Telephone: (603) 271-5665 Email: Joyce.leeka@doc.nh.gov |
| Allegheny County Jail 950 Second Avenue Pittsburgh, PA 15219 | 2,400 ADP | 1/2/17 | Barbara Parees, Deputy County Manager Telephone: (412) 350-3580 Email: Barbara.Parees@AlleghenyCounty.US |

CONTRACT ACCOMPLISHMENTS

We are committed to the service and satisfaction of our clients. We fulfill our contract commitments and go above and beyond to improve efficiency, inmate care, and costs for our clients. We have provided contract accomplishments for many of NaphCare's current jail clients on the following pages. These accomplishments illustrate the range of services NaphCare provides and our ability to meet and exceed the needs of our clients.

CLARK COUNTY DETENTION CENTER, LAS VEGAS, NEVADA

NaphCare has been the provider of inmate medical services for the Clark County Detention Center since February 2005. Upon assuming the contract, NaphCare successfully recruited more than twenty (20) positions left vacant by the previous provider. NaphCare has expanded our operations as current ADP and bookings per day have grown to more than three-thousand, eight-hundred (3800) and two-hundred and twenty (220), respectively. The *TechCare*® system is used to automate inmate medical encounters and currently logs more than seventy-five thousand (75,000) unique patient encounters a year.



With an employee staff of over one-hundred and twenty-five (125), we maintain medical care for one of the premier correctional facilities in the County. Having successfully completed re-accreditation with NCCHC in 2005, 2009 and 2012, and ACA in 2007 (scoring 100% on the medical portion) and 2013, we are proud to have one of the most efficient and thorough booking processes. We continue to re-

evaluate our service offerings to include twenty-four, seven (24/7) nurse practitioner coverage for handling complicated alcohol and drug detoxification issues found in the City of Las Vegas. The daily demand for medical services and sick call requests for nursing, medical, dental, and mental health are met by our medical professionals and our innovative, technological solutions.

Contract Accomplishments:

- ACA re-accreditation in 2007 and 2013; NCCHC re-accredited in 2005, 2009, 2012 and 2015.
- Medical grievances have diminished from thirty (30) per day at the beginning of the contract to less than one per day.
- Thorough booking process to include initial screening, PPD, fourteen (14) day History & Physical, and comprehensive Mental Health Evaluation; all conducted at booking to immediately identify urgent medical/mental health issues of inmates upon arrival.
- Established on-site ultrasound services and a program to administer Suboxone to opioid addicted pregnant females on-site to reduce number of off-site trips.
- Staffed the booking department with a full-time Nurse Practitioner twenty-four, seven (24/7).
- Bookings have increased 68% per month since contract award, and the new satellite facility has expanded to house 1,080 low level inmates with all undergoing the comprehensive medical screening and history process.
- The Health Department pulled out of CCDC/NVC for blood collection for HIV and Syphilis in 2015. NaphCare absorbed the staffing responsibility of obtaining and processing the Health Department's HIV and Syphilis testing for CCDC/NVC.
- As of 2015, NaphCare's staff completes a Legal 2000 Assessment (mental health diversion assessment) and Collaborates with Rawson Neil Hospital for Direct Admit admission to prevent ER diversion due to inmate release and active Legal 2000 status.
- Nursing Visits have increased to over seven-thousand, seven-hundred (7,700) per month, resulting in better monitoring of healthcare.
- In 2015, NaphCare expanded its Discharge Planning Partners to include over 75 community organizations and resources.
- Red Wrist Band Process implemented at pre-booking level to insure Suicide Watch status is appropriately assigned, decreasing premature and unnecessary status assignment and associated unit overpopulation.
- Implemented cost-effective on-site dialysis services, including hemodialysis and peritoneal dialysis treatments to inmates as well as applying to the state for Dialysis license for existing room and new room under construction.
- Implementation of Hunger Strike/Food Log dashboard in 2015 to more closely monitor inmates on hunger strike.



HAMILTON COUNTY CORRECTIONS SYSTEM, CINCINNATI, OHIO

NaphCare was awarded Hamilton County Corrections System contract from a competitive bid process in 2007. Since this award, NaphCare has introduced significant improvements to the existing healthcare program. After successfully completing a thirty (30)-day transition at the Hamilton County Correctional System in Ohio, our team was on-site recruiting, implementing our *TechCare*® system, training staff, developing the drug delivery system, and finalizing ancillary services—all within the timeframe desired by the County. Our dedicated team of professionals ensured that the *TechCare*® system was in operation beginning on the first day of the contract.

Contract Accomplishments:

- NaphCare awarded contract at Hamilton for another three years with the option to renew for two additional one-year terms.
- NaphCare employees were certified in 2015 to take over the CPR Training of corrections officers.
- Established partnership with Hamilton County Health Department to advance the Syphilis testing and treatment program in 2015.
- Implemented ShiftHound scheduling software in 2015 to automate the scheduling process, reduce administrative burden, and assist with employee retention.
- Clinical Institute Withdrawal Assessment (CIWA) implemented in February 2012.
- WorkZone Program implemented for consistent maintenance of NCCHC and ACA files.
- Utilization Management Program gained full URAC accreditation in 2015.
- Began working with the CHANGE (specialized docket for prostitution and human trafficking) court team and the Cincinnati Center for Addiction Treatment to ensure proper treatment and placement of CHANGE court participants in 2015.
- Streamlined NCCHC and ACA accreditation preparation processes with implementation of uniform procedures and data collection manual.
- In 2015, NaphCare staff began managing the insertion and usage of medical PICC lines on-site, reducing off-site trips.
- Enhancements within *TechCare*® allowing assured compliance with required Continuous Quality Improvement (CQI) processes and outcome studies pursuant to NCCHC standards.
- Healthcare provider and staff participation in focused, relevant and current on-line and in-service continuing education programs, ensuring NCCHC training compliance.
- HSA and DON attendance in monthly conferences with peers allowing quality improvement in patient care, communication with jail administration and healthcare providers, administration of services and the overall healthcare delivery process.
- Healthcare provider attendance in monthly conferences with peers allowing enhanced communication, analysis of clinical practices, quality improvements in clinical performance and patient care outcomes.



ESSEX COUNTY SHERIFF'S DEPARTMENT, MIDDLETON, MASSACHUSETTS

Immediately upon contract award, NaphCare redeveloped Essex County Sheriff's Department's infirmary area and reorganized the intake and sick call processes in order to streamline the workflow. This decreased the time for inmates waited to be seen by a healthcare professional. Multi-disciplinary transition training for staff, including topics such as IV therapy, was a priority for improving the skill level of nursing staff. Additional levels of contract compliance were added to assist correctional staff with daily and monthly monitoring. Medical records storage was improved to allow provider access to inmate records.

Contract Accomplishments:

- Implementation of *TechCare*® and transition from paper charting to an electronic health records system, resulting in off-site cost savings in the first contract year; annual aggregate capitated services amount was 37% under budget due to the increased efficiencies provided by the implementation of the EHR system.
- Reorganized outside referral to a preferred provider network for improved quality of care.
- Successfully staffed and opened new 42 bed detox unit in partnership with the County in 2015.
- Replaced outdated equipment with new modern machines such as EKG and Blood Glucose Monitors for quality patient care.
- Successfully re-accredited with NCCHC in 2009, 2013, and 2015; and ACA in June 2009, 2012, and 2015.
- Developed an interface with lab company to receive lab results electronically; rapid access for healthcare professionals.
- Purchased crash carts and installed rapid response bags for immediate response to critical/emergency inmate situations.
- History and Physicals (required by NCCHC within fourteen days) are completed within four hours or less with the implementation of new processes.
- Implemented ShiftHound scheduling software to automate the scheduling process, reduce administrative burden and assist with employee retention in 2015.
- In April 2009, ECCF received 100% compliance on all mandatory ACA accreditation folders, which included medical services, and scored 97.6 % on all non-mandatory items.
- Utilization Management Program gained full URAC accreditation in 2015.
- Re-located dialysis services in 2015 due to volume of patients.
- Regular contact with other jail mental health teams including Suffolk, Middlesex and Worcester Counties, Bridgewater State Hospital, Department of Mental Health, area court clinics and the Sex Offender Registry Board for greater continuity of patient care.
- Successfully implemented electronic medication administration records (EMAR).
- Achieved 100% compliance with annual history and physical assessments.
- Marked decrease in ophthalmology sick call secondary to instituting eye glass clinic (\$15 correctional eye wear and \$1-\$2 reading glasses available to inmates).
- Successful third-party billing on expensive inmate care.



SUFFOLK COUNTY HOUSE OF CORRECTION, BOSTON, MASSACHUSETTS

NaphCare was awarded the contract to provide inmate medical services for the Suffolk County House of Correction in March of 2012. Within two (2) weeks of award, NaphCare successfully implemented the *TechCare*® system. Staff was educated in the use of *TechCare*® and patient care, and all employees were provided with company email addresses for improved communication during the transition period.

NaphCare's partnership with the Suffolk County House of Correction has improved inmate triage time and decreased the number of medical passes. All shifts are staffed with a supervisor, which ensures that inmates receive better care at all times.

Physical assessments are performed by providers within twenty-four (24) hours of intake, ensuring optimal care of inmates.

Contract Accomplishments:

- Successful transition and implementation of *TechCare*® greatly improving quality of care by reducing medical errors and tracking all aspects of medical care.
- Daily reporting of medical care to jail administration and management staff.
- Implemented ShiftHound scheduling software in 2015 to automate the scheduling process, reduce administrative burden and assist with employee retention.
- No deaths or successful suicides on-site in 2015.
- Added peer education program to our weekly provider meetings in 2015. Each week a provider will present educational materials on a topic related to a patient care issue during the previous week.
- WorkZone Program implemented for consistent maintenance of NCCHC and ACA files.
- Streamlined NCCHC and ACA accreditation preparation processes with implementation of uniform procedures and data collection manual.
- Enhancements in *TechCare*® allowing assured compliance with required CQI processes and outcome studies, pursuant to NCCHC standards.
- Improvements in sharps count were made with implementation of NCCHC standards for C-6 and narcotic counts; addition of camera to the pharmacy room for improved security of medications.
- Successful partnership established with Suffolk County House of Correction in integrating a pre-release Vivitrol administration program to fight opioid dependency in 2015. Inmates were administered an injection on-site and released with scheduled future injections at local clinics of their choice.
- *TechCare*® updates allowed a smoother medical process and the avoidance of false "zeros" in CIWA (withdrawal assessment) administration.
- Performance of physicals occurs within 24 hours of receiving screening.
- Improved healthcare services and grievance process resulting in substantial decrease in patient grievances.
- Staffing matrix has been improved and tailored to provide quality healthcare while decreasing expenses.
- Secure key control system implemented by adding only functional keys to secure key box with all other keys being kept in central control.
- Healthcare provider and staff participation in focused, relevant and current on-line and in-service continuing education programs, ensuring NCCHC training compliance.
- Re-accredited with NCCHC in 2014.
- Successful completion and maintenance of Department of Corrections, Department of Public Health, and Federal Immigration and Customs Enforcement audits in 2015.



MONTGOMERY COUNTY JAIL, DAYTON, OHIO

NaphCare was awarded the contract to provide inmate medical services to Montgomery County, OH, on September 1, 2003. The inherited medical area was deficient in many ways to NCCHC accreditation standards. NaphCare was awarded provisional accreditation soon after the contract began and subsequently full accreditation in good standing in early 2004. Initially a one (1) year contract award, NaphCare retained the contract for initial renewal terms in 2004 and 2005 and was re-awarded the contract through the bid process in late 2006. Building on our success in revamping the medical services department, we have worked to provide consistency of care by retaining the same physician and dentist throughout our tenure at Montgomery County, thereby solidifying our relationship with the county officials.

Contract Accomplishments:

- Reduced inpatient hospital days to less than four (4) per month.
- Achieved NCCHC and ACA accreditation. Successfully completed ACA accreditation in August 2007 and scored 100% on the medical portion and re-accredited in 2013; completed NCCHC accreditation in December 2007 with 100% with all essential standards and re-accredited in 2011 and 2014.
- Officer training and education for mental health issues.
- *TechCare*® and Suicide Prevention training videos created and implemented in 2015.
- Reduced ambulance trips from fifteen per month average to three per month average.
- Provided additional physician hours for sick call request increases; sick call is screened and answered by LPNs and RNs within twenty-four (24) hours.
- Implemented ShiftHound scheduling software in 2015 to automate the scheduling process, reduce administrative burden and assist with employee retention.
- Enhancements in *TechCare*® allowing assured compliance with required CQI processes and outcome studies, pursuant to NCCHC standards.
- In 2015, instituted an area that is designated for our population experiencing withdrawal of any substance, for closer monitoring, and ease of nursing access to combat the symptoms of withdraw.
- Purchased new laptops for medication pass nurses.
- In 2015, NaphCare IT department added multiple flags within *TechCare*® for assistance in determining the numbers of inmates coming in with certain addictions and health issues.
- Implemented charting on Administration and Segregation of inmates under the admit/discharge screen in *TechCare*®, eliminating paper charting.
- Implemented charting on potentially suicidal inmates under the admit/discharge screen in *TechCare*®.
- Recruited a Registered Nurse (RN) to perform inmate physicals to increase the number of inmate physicals and ensure compliance with NCCHC.
- Healthcare provider and staff participation in focused, relevant and current on-line and in-service continuing education programs, ensuring NCCHC training compliance.
- Utilization Management program achieved full URAC accreditation in 2015.
- We have developed a relationship with a local free standing Mental Hospital, to house our mental health population who are experiencing acute issues, and need emergent hospitalization. We have yet to send a patient to this facility, Access Hospital Dayton, but should the need arise, we are ready.



NEWTON COUNTY JAIL, COVINGTON, GEORGIA

Newton County and NaphCare entered into an agreement to provide inmate medical services in December 2003. Over the course of our contract, NaphCare has expanded the coverage of nurses to cover the evening shift and continually remain fully-staffed in the medical services area. By revamping the psychiatric services, NaphCare has remained diligently focused on preventing suicides. Resolution rates for inmate sick call requests are less than twenty-four (24) hours, attributed to the efficiencies of the *TechCare*® software system.

Contract Accomplishments:

- Initiated, equipped, and staffed inmate infirmary service.
- Collaboration with Detention Administrator improving communication related to high risk patient care while keeping associated care costs down.
- Implemented ShiftHound scheduling software in 2015 to automate the scheduling process, reduce administrative burden and assist with employee retention.
- Addition in 2015 of Nurse Practitioner on-site Monday – Thursday, 40 hours a week which has significantly improved patient care access and treatment.
- Utilization Management program achieved full URAC accreditation in 2015.
- Healthcare provider and staff participation in focused, relevant and current on-line and in-service continuing education programs, ensuring NCCHC training compliance.
- HSA and DON attendance in monthly conferences with peers allowing quality improvement in patient care, communication with jail administration and healthcare providers, administration of services and the overall healthcare delivery process.
- Successful site-wide conversion to Lockdown (Kiosk) system to address complaints and grievances in 2015.
- Installation of *TechCare*® for clinical management and pharmaceutical ordering.
- Increased psychiatry and dental on-site hours to reduce inmate waiting times; expanded psych coverage through on-site psychiatry and mental health professionals.
- X-rays completed on-site by Mobil X and findings are sent electronically to the inmate medical record with results provided within 4 hours.
- Use of telemedicine expanded in 2015. Corporate based physician and nurse practitioner are remotely accessible to stabilize an inmate 24 hours a day, assess and provide prompt action when a patient becomes unstable, and provide responsive suicide risk determination.
- Reduced emergent admissions to state mental health hospitals by 25%.
- Eliminated the use of forced psychotropic medications.
- Extended off-site provider network of physicians and services (OB/GYN, ID, and Orthopedics).
- Maintain current status of sick-call resolution, H&Ps, Dental, Psych, and Mental Health sick call.
- Reduced off-site charges by \$451,000 from July 1, 2008 to May 31, 2009.
- Helped jail achieve initial NCCHC accreditation in 2013 and initial ACA accreditation in 2015 with a score of 100% on all medical components.
- Partnered with Viewpoint Health (community-based mental health resource) to decrease recidivism of patients with severe mental health diagnoses.



BLACK HAWK COUNTY JAIL, WATERLOO, IOWA

NaphCare has provided comprehensive medical services to Black Hawk County Jail since April of 2000. We have enjoyed a long and mutually beneficial relationship with the County. We have maintained NCCHA and ACA accreditation and used our EHR system, *TechCare*[®], to streamline the staff management functions so that more time is devoted to inmate care. NaphCare is not only involved in the provision of healthcare services to County inmates but also in the community itself, participating in charity events benefiting the residents of Black Hawk County.

Contract Accomplishments:

- WorkZone Program implemented for consistent maintenance of NCCHC and ACA files.
- Streamlined NCCHC and ACA accreditation preparation processes with implementation of uniform procedures and data collection manual.
- NCCHC re-accreditation in 2014.
- Enhancements within *TechCare*[®] allowing assured compliance with required CQI processes and outcome studies pursuant to NCCHC standards.
- Implemented ShiftHound scheduling software in 2015 to automate the scheduling process, reduce administrative burden and assist with employee retention.
- Healthcare provider and staff participation in focused, relevant and current on-line and in-service continuing education programs, ensuring NCCHC training compliance.
- Utilization Management program achieved full URAC accreditation in 2015.
- Development of female group counseling sessions promoting positive mental healthcare patient outcomes.
- Healthcare provider attendance in monthly conferences with peers allowing for enhanced communication, analysis of clinical practices and quality improvements in clinical performance and patient outcomes.
- HSA and DON attendance in monthly conferences with peers allowing for quality improvement in patient care, communication with jail administration and healthcare providers, administration of services and the overall healthcare delivery process.
- No inpatient psychiatric admissions for 2015 as a result of quality psychiatric care from our mental health department.
- Addition of a new Medical Provider and Nurse Practitioner to staffing in 2015, increasing quality of care and productivity.
- 78% decrease in grievances in 2015 over 2014 (from 38 to 8).
- Addition of *TechCare*[®] and Suicide Prevention video training resources in 2015.
- Implemented the COWS (Clinical Opiate Withdrawal Scale) Assessment System in 2015 to improve response to opioid dependency.



RICHMOND CITY JUSTICE CENTER, RICHMOND, VIRGINIA

The City of Richmond, VA, awarded a contract to provide comprehensive health care services for its 1,032 bed facility at the Richmond City Justice Center (RCJC). NaphCare personnel rose to the challenge of transitioning medical services, in less than two weeks (8 days), from the previous vendor. Some of the major tasks accomplished during the transition period included implementing a fully functional EHR system, *TechCare*[®]; receipt and maintenance of all previously stored electronic records, hiring and training medical staff members, and working with a new pharmaceutical vendor.

Since the transition period, NaphCare's focus has quickly turned to establishing critical services and units such as dialysis, x-ray services, and telemedicine.

Contract Accomplishments:

- Added provider time to increase the number of patients seen at the RCJC.
- Successful training of staff members on *TechCare*[®] and implemented the program, providing computers for all nurses.
- Implemented use of Relias Program for employee orientation and ongoing training.
- Successful implementation of dialysis services for reduction of off-site visits.
- Successful coordination and implementation of telepsychology and teledialysis services.
- Successful transition and coordination of x-ray services. Digital x-ray services implemented with 3 days/week tech on-site.
- Successful hiring/staffing of the medical department, including specialists.
- Implemented ShiftHound scheduling software in 2015 to automate the scheduling process, reduce administrative burden and assist with employee retention.
- Trained security staff on Ebola screening and implemented procedures.
- Worked closely with jail staff to develop inmate diets and process for religious diet referrals to Chaplain and reduced excessive unnecessary diets.
- Established framework for monthly MAC meetings with Sheriff's Office.
- Implemented the Healthy Beginnings Program with William and Mary University that provides counseling to pregnant females in 2015.
- Coordinated services with the Richmond Behavioral Health Authority to address the needs of our mental health population during and after incarceration, and to improve continuity of care to reduce re-entry.
- Detox/CIWA implementation, which reduced detoxes from 40 patients to an average of 6.
- Decentralized nurse sick call to reduce movement in the jail.
- Utilization Management program achieved full URAC accreditation in 2015.
- Met with the VA Department of Health to arrange for counseling services for HIV+ inmates and free HIV testing per inmate request.
- Implementation of the inmate code response plan to facilitate timely response to medical codes.
- Successfully altered the intake process to complete physical exams at time of intake to identify health concerns for appropriate monitoring and implementation of treatment.
- Successfully passed the DOC Life, Health and Safety Audit and Annual Audit in 2015.
- Developed plans to increase cost savings and decrease inmate movement.
- Successful use of utilization management in the development of alternate plans of care for inmates.
- Provided jail administration with *TechCare*[®] data in daily emails and at monthly meetings.



HILLSBOROUGH COUNTY JAIL, TAMPA, FLORIDA

NaphCare was awarded a contract with Hillsborough County Sheriff's Office, FL, to provide comprehensive health care services for its 2,850 bed facilities at its Orient Road and Falkenburg Road Jails.

Within 18 hours of award notification, NaphCare was in Tampa meeting with County executive staff, and within 36 hours, NaphCare's transition team was on-site. NaphCare worked around the clock to ensure a seamless and smooth transition in 20 days. We interviewed and hired personnel for all levels of patient care, implemented *TechCare*®, and provided comprehensive health care to inmates on day one of the contract.

Contract Accomplishments:

- Successful transition of medical contract services from Armor to NaphCare in 20 days.
- Successfully passed Florida Model Jail Standards audit in 2015.
- Successful training and implementation of Relias Program for employee orientation and ongoing training.
- Implemented use of Nursing Educator Program for employee orientation and ongoing training.
- Successful implementation of Fresenius dialysis services which reduces off-site visits.
- Successful coordination and implementation of telemedicine services at the ORJ booking area, FRJ Clinic B and Confinement unit 1. Utilized the telemedicine system 24/7 due to providers in booking to help reduce off-site visits.
- Successful transition and coordination of new x-ray vender (MMDS) at both ORJ and FRJ. MMDS fixed old unutilized X-ray equipment at ORJ at no cost to County. MMDS also digitized both sites to facilitate fast x-ray read results at no cost.
- Trained and implemented our Booking staff to identify for insurance.
- Streamlined the inmate diet ordering procedure through the use of automatic emails sent from *TechCare*® to the kitchen each day after provider order.
- Implemented new **Proactive Care Model** booking procedure and successfully trained all staff on the "Red Dot" booking process by day one of the contract.
- Changed both ORJ and FRJ to stock medications bettering care of patients and eliminating wasted nursing time with medication administration times.
- Detox/CIWA implementation-reducing detox times from 5-7days with Armor to 2.5 days opening up critical bed space in both the men's and female infirmaries.
- **Proactive Care Model** reduced the number of patients in JIA, JIB, JIC, and JID allowing the closure of JIC saving valuable office time.
- Decentralized care reduced movement to the urgent care clinics by 70% allowing the closure of Clinic A saving valuable officer time.
- Utilization Management program achieved full URAC accreditation in 2015.
- Implemented ShiftHound scheduling software in 2015 to automate the scheduling process, reduce administrative burden and assist with employee retention.
- IMH now staffed 24/7 and assigned to stay in Confinement daily.
- Successfully altered the intake process to complete physical exams, provider assessments, simple medical procedures and medication administration at time of intake to reduce off-site visits.
- Went from having an 8.91% overtime rate (% per Contract Hours) under previous provider to now having a 1.79% (% per Contract Hours).
- Added special MH and Supervisory phone numbers to help guide jail staff to the correct on-call person reducing frustration and increasing resolution of patient care concerns.



SANTA ANA JAIL, SANTA ANA, CALIFORNIA

The City of Santa Ana, CA, awarded a contract to provide comprehensive health care services for its 440-bed facility at the Santa Ana Jail. NaphCare customized and implemented *TechCare*® to meet the needs of this facility's complex federal inmate population. This implementation was in place on contract day one.

Since the transition date, NaphCare has met all ICE, USM, and FBOP surveys and auditing processes without exception.

Contract Accomplishments:

- Recruited, hired, and trained a 16.1 FTE multidisciplinary healthcare team to provide care to an ADP of 350 federal inmates.
- Implemented ShiftHound scheduling software in 2015 to automate the scheduling process, reduce administrative burden and assist with employee retention.
- Created and implemented training videos on *TechCare*® and Suicide Prevention in 2015.
- Off-site expenditures and ER send-outs have been dramatically reduced. We are still evaluating the savings in off-site expenditures and transportation for the City of Santa Ana and the federal inmate bureaus. We have identified the reduction in monthly ER send-outs from approximately 180 transports prior to our contracted services to only three.
- Patient sick call wait time decreased from an average period of 14 days to same-day or next-day service.
- Services that were often scheduled for off-site evaluation and treatment are now seen on-site by qualified correctional healthcare professionals. This has also reduced transportation costs to the City of Santa Ana and the federal bureaus.
- Utilization Management program achieved full URAC accreditation in 2015.
- Medical grievances from the inmate population were approximately 32 per month prior to NaphCare contracted start date. Current grievance tracking shows that NaphCare processes less than 10 medically related grievances per month.
- Implementation of the CIWA program. This program manages detox patients and allows for the timeliness of access to infirmary detox beds. This program has decreased the number of inmates in detox cells in the booking area to less than one at any given time.
- NaphCare scanned and attached all existing active files in medical records office into *TechCare*® to improve the overall continuity of care provided to patients. This process has also reduced the risk involved in managing medical paper charting systems.
- In 2015, First Annual 3 Day ICE Inspection under our supervision resulted in no medical deficiencies reported.
- Correct RX Quarterly Inspections—outstanding performance with no deficiencies reported for all 4 audits.
- In 2015, Orange County Health Department Inspection passed with no medical deficiencies reported.



KINGS COUNTY JAIL, HANFORD, CALIFORNIA

Kings County, CA, awarded a contract to provide comprehensive health care services for its 650 bed facilities at Kings County Adult Main Jail and the Kings County Juvenile Center. NaphCare customized and implemented *TechCare*® to meet the needs of this facility's logistically complex inmate population. This implementation was in place on contract day one for all three facilities that fall under Kings County, including their Juvenile Hall.

NaphCare has built strong partnerships with the Health Department of Kings County and other local community resources to include the Kings County Behavioral Health Center to better serve our patient population at the Kings County Jail.

Contract Accomplishments:

- Recruited, hired, and trained an 18.4 FTE multidisciplinary healthcare team to provide care to an ADP of 540 inmates.
- Utilization Management program achieved full URAC accreditation in 2015.
- Off-site expenditures and ER send-outs have been dramatically reduced. We are still evaluating the savings in off-site expenditures and transportation for Kings County. We have identified the reduction in monthly ER send-outs from approximately eight transports prior to our contracted services to just four.
- Partnered with the County Health Department to test all women in child bearing years for syphilis and identify those needing treatment in 2015.
- NaphCare decreased the patient medical sick call wait time from an average period of 10 days to same-day or next-day service. NaphCare has also improved the facility's sick call productivity by well over 300%.
- Medical provider time was increased from 12 hours per week to 48 hours of medical provider sick call time. This has made a dramatic impact on the overall acuity of this population.
- Services that were often scheduled for off-site evaluation and treatment are now seen on-site by more qualified and better trained correctional healthcare professionals who are on-site daily. This has also reduced transportation costs for Kings County.
- RNs on staff 24 hours/day completing intake, physical, MH screens and PPD at time of booking.
- Medical grievances from the inmate population were approximately 21 per month prior to NaphCare contracted start date. Current grievance tracking shows that NaphCare processes less than 10 medically related grievances per month.
- Implemented ShiftHound scheduling software in 2015 to automate the scheduling process, reduce administrative burden and assist with employee retention.
- Implementation of the CIWA program. This program manages detox patients and allows for the timeliness of access to infirmary detox beds. This program has decreased the number of inmates in detox cells in the booking area to less than two at any given time.
- Created and implemented training videos on *TechCare*® and Suicide Prevention in 2015.
- NaphCare scanned and attached all existing active files in medical records office into *TechCare*® to improve the overall continuity of care provided to patients. This process has also reduced the risk involved in managing medical paper charting systems.
- Implemented 12 hour shifts for nursing staff in 2015.



MOBILE COUNTY METRO JAIL, MOBILE, ALABAMA

NaphCare took over comprehensive healthcare services at Mobile County Metro Jail in 2013. With this partnership, NaphCare welcomed the opportunity to provide comprehensive healthcare services to approximately 1,600 inmates and to be a part of the Mobile community of employers.

As part of the agreement, NaphCare installed our customizable correctional healthcare EHR system, *TechCare*[®], on the first day of operations at the Mobile County facilities. NaphCare's EHR recently received ONC-CCHIT Meaningful Use Certification, which will enhance security, create efficiencies and increase communication for both medical and security by integrating outside vendors, automating the sick call process, and decreasing movement inside the Jail.

Contract Accomplishments:

- Positive Health Care Monitoring report for all quarters of 2015.
- Successful flu clinic in October 2015.
- Kiosk/*TechCare*[®] bridge complete, reducing the wait time for sick calls to be completed.
- No in-facility deaths in 2015.
- Utilization Management program achieved full URAC accreditation in 2015.
- Adjustments to staffing made during peak times, reducing the amount of missed intake screens.
- Adjustments to staffing made in response to decrease in ADP allowing us to shift staff to greater needed areas of care.
- Implemented ShiftHound scheduling software in 2015 to automate the scheduling process, reduce administrative burden and assist with employee retention.
- Remain below budget on pharmacy and supplies costs.
- Decrease in medical grievances from 2014 to 2015 realized.
- Initiated Opiate withdrawal monitoring protocols in conjunction with Alcohol withdrawal monitoring protocols that were active, to assist with identifying patients that should be monitored for withdrawals.
- Created and implemented training videos on *TechCare*[®] and Suicide Prevention.
- MD/PA maintaining non-pharmacy request.
- Created a Love One Another fund, funded by NaphCare staff to assist co-workers in time of need.
- In 2015, newly appointed administrative staff providing continued quality of care and leadership.
- Mental health rounds and monitoring without significant incidents throughout the 2015 year.
- Annual physicals and dental exams kept up-to-date and within NCCHA and ACA standards.
- Transitioned all site data files to SharePoint for NCCHC.
- Implemented a Thanksgiving and Christmas Luncheon for staff to build team morale.



VIRGINIA BEACH CORRECTIONAL CENTER, VIRGINIA BEACH, VIRGINIA

NaphCare took over comprehensive healthcare services at Virginia Beach Correctional Center in mid-2015.

NaphCare provided our customized correctional EHR system, *TechCare*[®], which was operational day one. *TechCare*[®] will enhance security, create efficiencies, and increase communication for both medical and security staff by integrating outside vendors, automating the sick call process, and decreasing movement inside the jail.

In addition to installing *TechCare*[®], NaphCare offers the Sheriff a full array of on-site and off-site services that include network development and contracting, medical scheduling, and a complete system to better manage inmates' healthcare and expenses.

Contract Accomplishments:

- Successful facility transition, fully operational, including EHR, day one.
- *TechCare*[®] bridged with facility JMS to facilitate seamless information transfer.
- Successful completion and maintenance of Life, Health, & Safety Audit conducted by the Department of Corrections.
- Medicaid applications are being completed and submitted for all pregnant females and inmates who have returned to the facility from hospitalization.
- Implemented ShiftHound scheduling software to automate the scheduling process, reduce administrative burden and assist with employee retention.
- Patients are triaged by an Emergency Medical Technician at time of intake which decreases the wait time for sick inmates to be seen thus reducing risks of adverse event.
- Altered the intake process to complete physical exams and PPD's at time of intake to identify health concerns for appropriate monitoring and implementation of treatment.
- Comprehensive Assessments done during intake continue to decrease the Jail's sudden deaths, ER trips, suicides, recidivism and officer transport time.
- Digital X-ray service implemented to decrease time to diagnosis and treatment.
- On-site OB/GYN and telepsychiatry services implemented.
- Implementation of SharePoint for Electronic Compliance folders for 2016 NCCHC Audit.
- Completed CQI projects in the areas of Universal Precautions, Inmate Death, and ER Referrals.
- VBSO staff provided daily *TechCare*[®] statistics email regarding patients in care and productivity.
- Medical provider on-site 7 days a week to see patients.
- New contract provides staffing for mental health staff to be on site from 7am-11pm every day of the week.
- Implementation of Relias Learning Program for employee training and orientation.
- Pregnancy tests now completed for females at time of intake.
- Created and implemented training videos on *TechCare*[®] and Suicide Prevention.
- Utilization Management program achieved full URAC accreditation in 2015.



PIERCE COUNTY DETENTION AND CORRECTIONS CENTER, TACOMA, WASHINGTON

NaphCare took over comprehensive healthcare services at Pierce County Detention and Corrections Center in 2015. NaphCare took over jail operations with only 3 days' notice and achieved a very successful start-up. Since this time we have worked with the County to greatly improve the quality of healthcare provided in their correctional facilities.

Contract Accomplishments:

- Hired and trained over 50 employees while eliminating a backlog of several hundred nurses and provider sick call appointments left by the previous contractor within weeks of start-up.
- Modified the medical screening process at intake to better capture medical needs of incoming inmates.
- Significantly modified and improved the process of identifying and screening patients at risk for alcohol, opiate and/or benzodiazepine detox.
- Implemented ShiftHound scheduling software to automate the scheduling process, reduce administrative burden and assist with employee retention.
- Improved the methods and increased the frequency at which detox patients are monitored, thereby improving the safety of patients and better meeting their needs.
- Created and implemented training videos on *TechCare*® and Suicide Prevention.
- Successfully transitioned from existing pharmacy to NaphCare Pharmacy.
- Improved communication between medical/clinic operations and existing County Mental Health Department, thereby improving quality of patient care by better integrating medical and mental health care.
- Successfully integrated Pierce County staff Medical Director into NaphCare operations.
- Conducted Quality Improvement Studies on the following: Off-site Order Entry, Alternate Plan Study, Timeliness of Determination, and Access to Services.
- Achieved full URAC accreditation for the Utilization Management Program.



WASHINGTON COUNTY JAIL, HILLSBORO, OREGON

NaphCare took over Comprehensive Healthcare Services for Washington County Jail in mid-2015. NaphCare was selected as the most responsible and capable proposer by the Sheriff's team after a competitive bid process.

As part of the agreement, NaphCare implemented our proprietary correctional EHR system, *TechCare*[®], which was operational day one. *TechCare*[®] optimizes the Jail's clinical documentation management to enhance security, create efficiencies and increase communication for both medical and security teams.

Contract Accomplishments:

- Upgraded medical equipment and supplies; blood pressure cuffs, scales, wheelchairs and other durable medical equipment, med pass carts.
- Implemented pharmacy supply management through corporate pharmacy with 24/7 access to medications through off-site local pharmacy.
- Upgraded x-ray equipment from analog to digital to decrease time to diagnosis and treatment.
- Added registered nurses at intake 24 hours with history and physical assessments completed at time of booking.
- Addition of FTE's within medical department, including the Director of Nursing role; filled roles previously vacant under old contractor, LPN's, RN's and mental health Professionals.
- Implemented ShiftHound scheduling software to automate the scheduling process, reduce administrative burden and assist with employee retention.
- Created and implemented training videos on *TechCare*[®] and Suicide Prevention.
- Implemented NCCHC Survey Corrective Plan (from attempt at accreditation by previous provider) to ensure successful accreditation on next survey.
- Implementation of segregation and suicide watch electronic dashboard for better tracking, documentation, and assessment of inmates in segregation and on suicide watch.
- Implementation of electronic hunger strike dashboard for monitoring and assessment of inmates on hunger strike.
- Implementation of electronic detoxification dashboard for alcohol and opiate withdrawal symptom management.
- Implemented the 24/48-72 post-suicide assessment model for mental health's follow up of inmates post Suicide Watch release.
- Utilization Management program achieved full URAC accreditation in 2015.
- Increased the utilization of on-site medical services to reduce off-site inmate transfers whenever possible.
- Implemented electronic inmate education by utilizing housing kiosks for immediate access to health education by inmates whenever needed.
- Maintain 100% compliance for medical staff licensure and certifications vital to job roles.



WASHOE COUNTY SHERIFF'S OFFICE, RENO, NEVADA

NaphCare has been providing Comprehensive Healthcare Services for Washoe County Jail since mid-2015. Since taking over, NaphCare has been focused on correcting the deficiencies in care present with the previous provider. We have worked to make sure that healthcare staffing positions are fully staffed with only the most qualified professionals. We have also worked to optimize daily operations so that care is provided in a timely manner and escalations can be avoided, reducing the use of off-site emergent care. Lastly, we have focused on fully implementing our proven **Proactive Care Model**, readying the site to achieve NCCHC and ICE accreditations.

Contract Accomplishments:

- Recruited new Healthcare Services Administrator with correctional experience from Maricopa County, AZ.
- Fully staffed nursing and Medical Provider positions.
- Implemented ShiftHound scheduling software to automate the scheduling process, reduce administrative burden and assist with employee retention.
- Conducted Quality Improvement Studies on: Off-site Order Entry, Alternate Plan Study, Timeliness of Determination, and Access to Services.
- All orientation and annual training completed for healthcare staff.
- Preparation for ICE and NCCHC audit completed.
- Diabetes Care Outcome Study – study completed to determine effectiveness of disease focused interventions on improving control of this chronic condition. This study allowed clinical reviewers to not only ensure patient care goals are met but allowed opportunities to identify and eliminate barriers to meeting those goals.
- Created and implemented training videos on *TechCare*[®] and Suicide Prevention.
- Utilization Management program achieved full URAC accreditation in 2015.

Market: _____

Pre Start Up Action Items

Project Leader: _____

Pre Start Up

| Operations | Administration / HR | IT | Clinical | Pharmacy | Ancillary Services Purchasing | Mental Health | Off-site |
|---|--|---|--|--|--|---|---|
| Schedule on-site meetings with Jail leadership upon notice of award | Prepare Application Packets | Inform Ops of the IT Implementation point person | Initiate contact with current physicians, NPs, Dentist and psych providers | Contact Jail command staff or get information from Sales team | on-site Services: Initiate contact with Lab and X-ray vendor | Phone calls with current MH Providers and Professional Staff | Review proposal, make checklist of all off-site services promised (and how) |
| Initiate contact with current management, HSA, DON | Order Supplies for hiring process | Obtain pharmacy, Radiology, and Lab vendor contacts | Review current healthcare procedures (med pass, sick calls, etc.) | Identify temporary local working area to facilitate scanning or faxing MAR information | Supplies/Equipment: Set up account numbers with Medical, Dental office | Review current mental healthcare policy and procedure (suicide watch, etc.) | Review any pre-negotiated hospital rates with our Finance Dept to ensure fiscal balance for off-sites |
| Develop on-site Transition Leadership Team | Identify office equipment needs for hiring process: printers, copiers, scanners | Obtain Medical Director and Dentist names if available | Review scope of practice and ensure compliance | Determine state board of pharmacy licensing and dispensing requirements | Supplies/Equipment: Set up pre go-live "ship to" address | Review scope of practice and ensure compliance | |
| | Review Staffing Matrix: identify reduced positions, exempt/non-exempt and State certification requirements | Determine Booking Queue or Booking Monitor | | Complete and submit licensure applications, if applicable | Supplies/Equipment: Build Site in ENVI after accounts setup | | |
| | Contract Confirmation: Obtain contact information of current healthcare personnel | Obtain Med Pass times and routes | | Obtain names and titles of key Jail contacts | | | |
| | Contact current personnel to advise as to application process | Determine Sick Call needs for the Inmate Medical Charge Sheet | | Obtain and distribute exact shipping and contact information | | | |
| | Setup site in HRB, Taleo, PPAF and EBI (drug & BG screenings) | Finalize necessary hardware equipment list | | Obtain a list of medications currently used at the Jail | | | |
| | Staffing Matrix to Recruiting: Post positions in Taleo | Request Internet service quotes from vendors | | Pharmacy begins to build (prepack) inventory for the site | | | |
| | Setup site with all benefit carriers | | | Obtain cart type, who owns current carts, capacity, order carts if applicable | | | |

| Operations | Administration / HR | IT | Clinical | Pharmacy | Ancillary Services Purchasing | Mental Health | Off-site |
|------------|--|----|----------|---|-------------------------------|---------------|----------|
| | Benefits to include WC: Contact carriers to initiate benefit onboarding process | | | Check with local DPH about any medication programs (ADAP, HEP, TB, etc) | | | |
| | | | | Obtain copies of all existing licenses at Jail | | | |

30 Day Transition Action Plan

Week One

| Operations | Administration / HR | IT | Clinical | Pharmacy | Ancillary Services Purchasing | Mental Health | Off-site |
|---|--|---|---|---|---|---|--|
| Interview & hire management staff, HSA, DON | Conduct on-site visit and Facility tour | Conduct on-site visit for hardware placement & design | Review booking area layout and begin planning implementation of NaphCare booking processes | Make subsequent contacts with existing provider if jail is not providing service internally | on-site Services: Set up oxygen vendor | Review any MH housing units and assess needs | Secure site contract sheet/information from legal department |
| NaphCare and Facility contact information exchanged | Hiring, recruitment, credentialing of current and new staff | Place order for Internet services | Attend meetings with key hospitals and physician groups | Identify who will make copies of current MARS | Supplies/Equipment: Determine large equipment needs, and place order | Begin developing plans for the NaphCare MH model implementation once familiar with site specifics | Secure preferred provider listing from site for contracting |
| Schedule re-occurring on-site meeting with Jail | Staff orientation package distribution (benefits, 401K, insurance, etc.) | Begin configuring hardware at Corporate and ready it for shipping | Meet with all physicians, NPs, Dentist, and psych providers and discuss NaphCare Proactive Philosophy | Coordinate transfer of existing drug inventory to enable continued care to inmates | Supplies/Equipment: Order medical, dental, office supplies, copiers, printers, MFPs | Assess needs for computers and laptops for providers | Draft LOA compliant with site contract and for approval by legal |
| Identify Jail facility operational needs & any concerns | Maintain TechCare user & email setup list | Initiate contact with all interface vendors (pharmacy, Lab, radiology, JMS) | Ensure that needs for computers and laptops for providers are identified and met | Identify candidates who can copy and fax | | Review booking area and determine MH needs for this area | Initiate meetings and off-site contracts with key providers |
| Obtain Jail Facility 24 hour schedule | Maintain Internal/ External employee list | Set up TechCare Training Environment | Review current nursing protocols and medical templates/forms | Set Facility code in Pharmacy Software (FrameWorks) | | Meet with all MH staff and discuss NaphCare MH philosophy | Develop off-site network needs not completed prior to bid submission |
| | Provide facility contact information to Corporate Admin & UM | | Review mid-level provider prescribing and scope of practice laws | Test TechCare for access to new account on all pharmacy computers | | | Contact all providers with outstanding appointments |

| Operations | Administration / HR | IT | Clinical | Pharmacy | Ancillary Services Purchasing | Mental Health | Off-site |
|------------|--|----|--|--|-------------------------------|---------------|----------|
| | EE documents sent to Corp HR | | Interview & hire all physicians, NPs, Dentist, and psych providers | Identify professional consultant licensed by the state to serve the Jail | | | |
| | Personal files created, documents filed | | | Schedule initial consultant site visit on transition day | | | |
| | eVerify all EEs | | | Schedule on-site training (if Pharmacy able to travel to site) | | | |
| | Enter EEs into HR/PR system, enter Benefit elections | | | | | | |
| | Send "Welcome to NaphCare" email | | | | | | |

Week Two

| Operations | Administration / HR | IT | Clinical | Pharmacy | Ancillary Services Purchasing | Mental Health | Off-site |
|--|--|---|--|---|---|--|--|
| Re-occurring on-site meeting with essential staff for weekly updates | Hiring, recruitment, credentialing of current and new staff | Complete networking design diagram. Configure, test & prepare hardware for shipment to Jail | Continue interviewing & hiring providers | Get Pharmacy license and DEA number in hand | on-site Services: Set up waste removal services | Identify community mental health resources to begin discharge planning and re-entry programs | Continue network development for preferred hospitals, physician groups, & ancillary partners |
| Exchange Jail & NaphCare P&Ps, develop site-specific LOPs | Staff orientation package distribution (benefits, 401K, insurance, etc.) | Coordinate equipment placement at Jail with on-site IT contact | Ensure that off-site provider network information is loaded into internal systems. | Pharmacy P&P, design procedures & logs for narcotic utilization & inventory, medication room supplies | on-site Services: Ensure that Lab training and supplies are on schedule | Review and ensure consistency between Jail and NaphCare P&P | Off-site management, provider information is loaded into internal systems, in-person meeting with hospitals to review operational processes and services |
| Identify Jail SuperUsers | Maintain TechCare user & email setup list | Set up TechCare database at Jail and enable Corporate to access | Attend meetings with key hospitals and physician groups to review operational processes and address concerns | Secure prescription storage system for initial stock of meds | Supplies/Equipment: Track supply deliveries & any back-orders | Continue to learn the facility flow and structure | Prepare hospital manual for meetings |
| Continued identification of site-specific TechCare programming needs | Maintain Internal/ External employee list | Determine patient migration method & import with Ops and Pharmacy | Continue to learn the facility flow and structure | Set up back-up pharmacy process. InMedRx Information | Supplies/Equipment: Re-order any cancellations and/or back-orders | | Make corporate-based assignments for UM, Scheduling and Medical Records |

| Operations | Administration / HR | IT | Clinical | Pharmacy | Ancillary Services Purchasing | Mental Health | Off-site |
|---|--|----|----------|---|---|---------------|----------|
| HSA, DON training begins: NCCHC, TechCare , off-site management, QA, HR, Admin | EE documents sent to Corp HR | | | Identify locations of local back-up and specialty providers | Vendor Partners: Set up translation services | | |
| Data collection: HSR reports & identification of reports required by Jail | Personal files created, documents filed | | | | Vendor Partners: Set up shredding services, if needed | | |
| Review sick call, intake, and all other on-site critical medical processes | eVerify all EEs | | | | Vendor Partners: Set up drinking water service, if needed | | |
| Determine customization for sites (ex: forms, nursing protocols, receiving screen, sick call) | Enter EEs into HR/PR system, enter Benefit elections | | | | Vendor Partners: Coordinate scrub & embroidery RQMT's / Order | | |
| | Send "Welcome to NaphCare" email | | | | | | |

Week Three

| Operations | Administration / HR | IT | Clinical | Pharmacy | Ancillary Services Purchasing | Mental Health | Off-site |
|---|---|--|---|--|---|--|---|
| Re-occurring on-site meeting with essential staff for weekly updates | Essential Learning user setup, notification and training | Conduct on-site visit | Confirm that previously scheduled off-site appointments are accurately loaded in TechCare and TechCare Online | Assess utilization requirements. Examine stock on hand, intentions of current provider, current refill process | on-site Services: Verify that all ancillary agreements are finalized and fully executed | Begin MH provider and professional training in TechCare | Conduct hospital in-service orientation via conference call or face to face (use hospital manual as a guide) |
| Orientation of NaphCare staff, P&P, website access, Proactive Care Plan | HSA, DON, AA training: HR, Administration | Complete and test interfaces (pharmacy, JMS, radiology, lab) | Start provider training in TechCare , Formulary, and Off-Site Request processes | Estimate drugs required for floor stock | Supplies/Equipment: Build HSA Purchasing Manual | Begin MH Provider and professional training in NaphCare P&P, Formulary | Provider Directory given to schedulers and site |
| Jail SuperUsers conduct TechCare training | Hiring, recruitment, credentialing of current and new staff | Set up temporary IT infrastructure or Ops and Admin on-site | Meet with Medical Director | Obtain shipping address and confirm the Jail's receiving process | Supplies/Equipment: Track supply deliveries/receive in ENVI | Begin training MH professionals and providers in NaphCare mental health philosophy | Review off-site process with UM, Scheduling and Contracting to ensure corporate team are all on the same page |
| Identify and implement narcotic and key exchange procedures | Staff orientation package distribution (benefits, 401K, insurance, self enrollment) | Perform TechCare Jail-specific customizations | Begin provider training in UM procedures | Determine if custom prescription pads are required. Order if applicable. | | | |

| Operations | Administration / HR | IT | Clinical | Pharmacy | Ancillary Services Purchasing | Mental Health | Off-site |
|--------------------------------------|---|---|---|---|-------------------------------|---------------|----------|
| TechCare Training Manual distributed | Maintain TechCare user & email setup list | Complete pre-configuration of hardware equipment at Corporate | Begin training providers in the NaphCare medical care philosophy, P&P | Determine if there are dispensing requirements upon discharge | | | |

| Operations | Administration / HR | IT | Clinical | Pharmacy | Ancillary Services Purchasing | Mental Health | Off-site |
|------------|--|----|----------|--|-------------------------------|---------------|----------|
| | Maintain Internal/ External employee list | | | Determine how inmates' personal meds will be handled and stored | | | |
| | EE documents sent to Corp HR | | | Prepare and print sufficient copies of Pharmacy training manual including forms, instructions, logs, and documents required to be posted | | | |
| | Personal files created, documents filed | | | Jail Operations provides name and license credentials to TechCare | | | |
| | eVerify all EEs | | | Work with IT to download inmate demographics into TechCare | | | |
| | Enter EEs into HR/PR system, enter Benefit elections | | | | | | |
| | Send "Welcome to NaphCare" email | | | | | | |

Week Four

| Operations | Administration / HR | IT | Clinical | Pharmacy | Ancillary Services Purchasing | Mental Health | Off-site |
|---|--|--|---|--|---|---|--|
| Off-site Operations: TechCare Online training completed, start-up manual provided, support staff assignments made and relayed to Jail | Essential Learning user setup, notification and training | Create new staff user accounts for email and TechCare based on roles | Confirm IT has scheduled all future medical and chronic care sick call requests in TechCare | Scan/copy & fax all existing MAR to NaphCare Pharmacy | Supplies/Equipment: Distribute Purchasing Manual | Confirm IT has scheduled all MH Professional and MH Provider sick calls in TechCare | Assist schedulers with consultation requests related to network gaps |
| Identify and implement safety procedures (sharps count) | HSA, DON, AA training: HR, Administration | Ship and install computers & servers on site (if permitted) | Continued provider training sessions | Enter the received orders into TechCare per outline from Jail Operations | Supplies/Equipment: Track supply deliveries/receive in ENVI | Continued provider training sessions | Continue network development |

| Operations | Administration / HR | IT | Clinical | Pharmacy | Ancillary Services Purchasing | Mental Health | Off-site |
|---|--|---|--|---|--|---|----------|
| Purge Jail of previous vendor's forms, P&P, and ensure that NaphCare's material is available to all staff | If necessary, continue hiring, recruitment, credentialing of new staff | Perform patient migration method & import with Ops and Pharmacy | Identification of patients in need of special/urgent medical attention upon assumption of care: infirmary, high acuity, etc. | Jail Operations enters all new orders to the NaphCare Pharmacy daily until the on-site staff can assume this function | Vendor Partners: Send scrubs out to site | Identification of patients in need of MH intervention upon assumption of care | |

| Operations | Administration / HR | IT | Clinical | Pharmacy | Ancillary Services Purchasing | Mental Health | Off-site |
|------------|----------------------------------|--|---|--|-------------------------------|---------------|----------|
| | Schedule UM training for AA, HSA | Install Internet and networking equipment on-site (if permitted) | Ensure that appropriate flags and appointments are placed for Chronic Care patients | Dispensing Pharmacy (NaphCare or other) given orders for initial fill 4 days prior to start date | | | |
| | | | Review current medication usage | All necessary orders are filled by Dispensing Pharmacy | | | |
| | | | Assess potential nursing and provider educational needs | Initial drug shipment sent to secure site 48 hours prior to start date | | | |
| | | | | Receive, account for, and secure drugs | | | |
| | | | | Review all supplies and medications to identify remaining needs prior to go-live date | | | |
| | | | | Reconcile all currently active patient medication orders | | | |
| | | | | Complete hiring and training of pharmacist consultant | | | |
| | | | | Provide support & in-service training for employees working with Pharmacy. Three sessions at varying shift changes | | | |
| | | | | Receive and distribute drugs | | | |
| | | | | 24 hrs before go-live: Record control drug inventory with exiting provider and record into NaphCare control drug books | | | |

NaphCare Formulary 2018

| EMERGENCY INJECTABLES | |
|---|------------------------------------|
| EpiPen | (Epinephrine Inj Device) |
| | Epinephrine 1 MG/ML Inj |
| | Glucagon (rDNA) Inj Kit |
| | Lidocaine HCl 1% PF Inj |
| | Lidocaine HCl 1%, 2% Inj |
| | Dexamethasone Sodium Phosphate Inj |
| | Dextrose Intravenous 50% |
| | Sodium Bicarb 8.4% |
| | Atropine Sulfate 0.1 MG/ML Inj |
| ANEMIA | |
| Epogen | (Epoetin Alfa) |
| Procrit | (Epoetin Alfa) |
| Injectable Vitamins and Nutritional Supplements | |
| Zemplar | (Paricalcitol) (Dialysis Only) |
| Venofer | (Iron Sucrose) (Dialysis Only) |
| ANGINA | |
| | Isosorbide Mononitrate |
| Imdur | Isosorbide Mononitrate ER |
| Isordil Titradose | Isosorbide Dinitrate |
| Nitro-Dur Patch | Nitroglycerin Transdermal |
| Nitrostat | Nitroglycerin SL |
| ANTIBIOTICS | |
| Oral Antibiotics | |
| Amoxil | Amoxicillin |
| Augmentin | Amoxicillin-Pot Clavulanate |
| Zithromax | Azithromycin |
| Bactrim DS | Sulfamethoxazole-Trimethoprim |
| Cipro | Ciprofloxacin |
| Cleocin | Clindamycin |
| Ery-Tab | (Erythromycin Delayed Release) |
| Flagyl | Metronidazole |
| Keflex | Cephalexin |
| Levaquin | Levofloxacin |
| Macrobid | Nitrofurantoin Monohyd Macro |
| Minocin | Minocycline |
| | Doxycycline Monohydrate |
| | Penicillin V Potassium |

NaphCare Formulary 2018

| Injectable Antibiotics | |
|-------------------------------------|---|
| Cephalosporins | |
| Rocephin | Ceftriaxone |
| Ancef | Cefazolin |
| Penicillins | |
| Bicillin L-A IM | (Penicillin G Benzathine) |
| Aminoglycosides | |
| | Gentamicin Sulfate |
| Topical Antibiotics | |
| Bactroban Ointment | Mupirocin |
| Silvadene Cream | Silver Sulfadiazine |
| Neosporin Original Ointment | Triple Antibiotic External Ointment (Neomycin-Bacitracin-Polymyxin) |
| | Bacitracin External Ointment |
| Ophthalmic Antibiotics | |
| Bleph-10 Opth Soln | Sulfacetamide Sodium Opth Soln |
| Maxitrol Opth Susp | Neomycin-Polymyxin-Dexameth Opth Susp |
| Garamycin Opth Oint, Opth Soln | Gentamicin Sulfate Opth Ointment, Opth Soln |
| Ilotycin Opth Ointment | Erythromycin Opth Ointment |
| Neosporin Opth Soln | Neosporin-Polymyxin-Gramicidin Opth Soln |
| Polytrim Opth Soln | Polymyxin B-Trimethoprim Opth Soln |
| Ocuflox Opth Soln | Ofloxacin Opth Soln |
| Ciloxan Opth Soln | Ciprofloxacin HCl Opth Soln |
| Otic Antibiotics | |
| Auralgan Otic | Antipyrine-Benzocaine Otic |
| Floxin Otic | Ofloxacin Otic |
| Cortisporin Otic | Neomycin/Polymyxin/HC Otic |
| ANTICOAGULANT / ANTIPLATELET | |
| Coumadin | Warfarin |
| Plavix | Clopidogrel |
| ANTIDOTES | |
| | Naloxone HCl Inj |
| ANTIHISTAMINES | |
| Oral Antihistamines | |
| Vistaril | Hydroxyzine Pamoate |
| Injectable Antihistamines | |
| | Hydroxyzine HCl |
| Phenergan | Promethazine |
| Benadryl | Diphenhydramine |

NaphCare Formulary 2018

| OTC Antihistamines | |
|--|---|
| Benadryl | Diphenhydramine |
| Chlor-Trimeton | Chlorpheniramine |
| Claritin | Loratidine |
| Zyrtec | Cetirizine |
| ANTIMALARIAL | |
| Plaquenil | Hydroxychloroquine |
| ANTINEOPLASTIC | |
| | Hydroxyurea |
| ARRHYTHMIA | |
| Cordarone | Amiodarone |
| Norpace | Disopyramide |
| ASTHMA | |
| | Albuterol Sulfate Neb Soln 0.083% (2.5 MG/3ML) |
| Alvesco Inhaler | (Ciclesonide) |
| Breo Elipta Inhaler | (Fluticasone and Vilanterol) |
| Theo-Dur | Theophylline ER 12 Hour Tablet |
| Atrovent HFA Inhaler | (Ipratropium Bromide HFA) |
| DuoNeb | Ipratropium-Albuterol Neb |
| Singulair Tablet | Montelukast |
| Xopenex HFA Inhaler | (Levalbuterol) |
| BENIGN PROSTATIC HYPERPLASIA- BPH | |
| Cardura | Doxazosin |
| Flomax | Tamsulosin |
| Minipress | Prazosin |
| Hytrin | Terazosin |
| CARDIAC GLYCOSIDE | |
| Lanoxin | Digoxin |
| CHOLESTEROL | |
| Lopid | Gemfibrozil |
| Mevacor | Lovastatin |
| Pravachol | Pravastatin |
| Zocor | Simvastatin |
| Lipitor | Atorvastatin |
| CONTRACEPTIVE | |
| Necon 1/35 | Nortrel 1/35 28 Day (Norethindrone-Eth Estradiol) |
| | |
| | |

NaphCare Formulary 2018

| COUGH & COLD | |
|--|-----------------------------------|
| OTC Antihistamine | |
| Benadryl | Diphenhydramine |
| Chlor-Trimeton | Chlorpheniramine |
| Claritin | Loratidine |
| Zyrtec | Cetirizine |
| OTC Expectorant | |
| Robitussin Chest Congestion Oral Syrup | Guaifenesin Syrup |
| Robitussin DM Syrup | Guaifenesin-DM Syrup |
| Organ-I NR Tablet | Guaifenesin Tablet |
| OTC Nasal | |
| Ocean Nasal Spray | Sodium Chloride Nasal Spray |
| OTC Lozenge | |
| Fisherman's Friend Throat Lozenge | (Menthol Lozenge) |
| DIABETIC | |
| Oral Antidiabetics | |
| Diabeta | Glyburide |
| Glucophage | Metformin |
| Glucotrol | Glipizide |
| Insulin | |
| Humalog Mix 75/25 | (Insulin Lispro Protamine/Lispro) |
| Novolog | (Insulin Aspart) |
| Novolin N | (Insulin Isophane (NPH)) |
| Novolin R | (Insulin Regular) |
| Novolin 70/30 | (Insulin Isophane (NPH)/Regular) |
| Novolog Mix 70/30 | (Insulin Aspart Protamine/Aspart) |
| Levemir | (Insulin Detemir) |
| Glucose Elevating | |
| Insta-Glucose Gel | (Glucose Gel) |
| Dex4 Glucose Tablets | (Glucose Tablets) |
| | Glucagon (rDNA) Inj |
| DIAGNOSTIC AIDS | |
| Tubersol (TB) Intradermal Soln | Tuberculin PPD |
| | |
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| | |

NaphCare Formulary 2018

| DIURETICS | |
|-----------------------------|---------------------------------|
| Oral Diuretics | |
| | Hydrochlorothiazide |
| Aldactone | Spirolactone |
| Lasix | Furosemide |
| Maxzide | Triamterene/HCTZ |
| Injectable Diuretics | |
| | Furosemide |
| EAR | |
| Auralgan Otic | Antipyrine-Benzocaine |
| Floxin Otic | Ofloxacin |
| Cortisporin Otic | Neomycin/Polymyxin/HC |
| OTC Ear Wax Removal | |
| Debrox | Carbamide Peroxide Otic Soln |
| ESTROGEN | |
| Menest | (Estrogen) |
| Premarin | (Estrogens Conjugated) |
| EYE | |
| Isopto Atropine Ophth Soln | Atropine Sulfate |
| Pilocar Ophth Soln | Pilocarpine |
| Timoptic Ophth Soln | Timolol Maleate |
| Pred Forte Ophth Susp | Prednisolone Acetate |
| Bleph-10 Ophth Soln | Sulfacetamide Sodium |
| Maxitrol Ophth Oint, Susp | Neomycin-Polymyxin-Dexameth |
| Gentak Ophth Oint | (Gentamicin Sulfate Ophth Oint) |
| | Gentamicin Sulfate Ophth Soln |
| | Erythromycin Ophth Ointment |
| Betagan Ophth Soln | Levobunolol |
| Neosporin Ophth Soln | Neosporin-Polymyxin-Gramicidin |
| Polytrim Ophth Soln | Polymyxin B-Trimethoprim |
| Ocuflox Ophth Soln | Ofloxacin |
| Xalatan Ophth Soln | Latanoprost |
| | Dorzolamide HCl-Timolol Mal |
| Cyclogyl Ophth Soln | Cyclopentolate |
| | Brimonidine Ophth Soln |
| OTC Ophthalmic | |
| Nature's Tears | (Hypromellose) |
| Visine | Tetrahydrozoline |
| | |

NaphCare Formulary 2018

| OTC Ophthalmic Antihistamine | |
|---------------------------------|-----------------------------------|
| Zaditor Ophth | Ketotifen |
| Visine-A Ophth | (Pheniramine-Naphazoline) |
| FLUSHES | |
| | Heparin Lock Flush Intravenous |
| | Saline Flush Inj |
| FUNGAL | |
| Oral Antifungals | |
| Diflucan | Fluconazole |
| Topical Antifungals | |
| Nizoral Cream | Ketoconazole |
| OTC Antifungals | |
| Lotrimin AF Cream | Clotrimazole |
| Nizoral A-D Shampoo | Ketoconazole |
| Tinactin Cream, Tolnaftin Cream | Tolnaftate |
| Micatin Cream | Miconazole Nitrate External Cream |
| GASTROINTESTINAL | |
| Nausea/Vertigo | |
| Antivert | Meclizine |
| Phenergan | Promethazine |
| Reglan | Metoclopramide |
| Zofran (not ODT) | Ondansetron (Not ODT) |
| Oral Gastrointestinal | |
| Azulfidine | Sulfasalazine |
| Delzicol 400 MG | (Mesalamine Capsule) |
| Asacol HD 800 MG | (Mesalamine Tablet) |
| | Pancrelipase 5,000 |
| Creon 12,000 | (Pancrelipase 12,000) |
| Carafate | Sucralfate |
| Reglan | Metoclopramide |
| GI Spasms | |
| Bentyl | Dicyclomine |
| H-2 Antagonist | |
| Zantac | Ranitidine |
| Proton Pump Inhibitor | |
| Prilosec | Omeprazole |
| Protonix | Pantoprazole |
| | |
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NaphCare Formulary 2018

| | |
|--------------------------------|--|
| Diarrhea Rx | |
| Imodium | Loperamide |
| OTC Diarrhea | |
| Pepto-Bismol Regular Strength | Bismatrol (Bismuth Subsalicylate) |
| OTC Stool Softeners | |
| Colace | Docusate Sodium |
| OTC Enemas | |
| Fleet Enema Rectal | (Saline Laxative) |
| OTC Antiflatulents | |
| Gas-X Chewable | Simethicone |
| OTC Antacids | |
| Mylanta Oral Susp | Rulox (Aluminum/Magnesium/Simethicone) |
| OTC Nausea | |
| Emetrol | Formula EM Anti-Nausea Liquid (fruc/gluc/phos acid) |
| Laxatives Rx | |
| | Lactulose |
| OTC Stimulant Laxatives | |
| | Bisacodyl Delayed Release Tablet |
| Dulcolax Rectal Suppository | Bisacodyl Suppository |
| Senna Lax Oral Tablet | (Sennosides) |
| OTC Bulk Laxatives | |
| FiberCon Tablet | Fiber-Lax (Calcium Polycarbophil) |
| Natural Fiber Laxative Powder | (Psyllium Fiber) |
| OTC Osmotic Laxative | |
| MiraLax Powder | ClearLax (Polyethylene Glycol) |
| Citroma | Magnesium Citrate Oral Soln |
| OTC Laxatives/Antacids | |
| Milk of Magnesia Oral Susp | (Magnesium Hydroxide) |
| GOUT | |
| | Probenecid |
| Zyloprim | Allopurinol |
| HEMATOLOGICAL | |
| Lovenox Inj | Enoxaparin Sodium Subcutaneous |
| HIV | |
| <i>All Inclusive</i> | |
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NaphCare Formulary 2018

| HYPERTENSION Oral | |
|---------------------------------------|--------------------------------|
| ACE Inhibitors | |
| Vasotec | Enalapril |
| Prinivil, Zestril | Lisinopril |
| Zestoretic | Lisinopril/Hydrochlorothiazide |
| Alpha/Beta-Adrenergic Blockers | |
| Trandate | Labetalol |
| Angiotensin Antagonists | |
| Cozaar | Losartan |
| Antiadrenergics | |
| Cardura | Doxazosin |
| Catapres | Clonidine |
| Minipress | Prazosin |
| Beta Blockers | |
| Coreg | Carvedilol |
| Inderal | Propranolol |
| Lopressor | Metoprolol Tartrate |
| Tenormin | Atenolol |
| Calcium Channel Blockers | |
| Calan | Verapamil |
| | Verapamil ER |
| Cardizem | Diltiazem |
| | Diltiazem HCl ER 24 hour |
| Norvasc | Amlodipine |
| Procardia | Nifedipine |
| Procardia XL | Nifedipine ER Osmotic |
| Vasodilators | |
| Apresoline | Hydralazine |
| MENTAL HEALTH | |
| ANXIETY Oral | |
| Ativan | Lorazepam |
| Buspar | Buspirone |
| Klonopin | Clonazepam |
| Librium | Chlordiazepoxide |
| Injectable Anxiety | |
| Ativan Inj | Lorazepam Injection Soln |
| DEPRESSION Oral | |

NaphCare Formulary 2018

| Antidepressants, Tetracyclic | |
|--|--------------------------------------|
| Remeron | Mirtazapine |
| Antidepressants, Tricyclic | |
| Elavil | Amitriptyline |
| Pamelor | Nortriptyline |
| Sinequan | Doxepin |
| Antidepressants, SSRIs | |
| Celexa | Citalopram |
| Cymbalta | Duloxetine |
| Paxil | Paroxetine |
| Prozac | Fluoxetine |
| Zoloft | Sertraline |
| Lexapro | Escitalopram |
| Antidepressants, Misc | |
| Desyrel | Trazodone |
| Effexor, Effexor XR | Venlafaxine, Venlafaxine XR |
| Wellbutrin, Wellbutrin XL 24 hour | Bupropion, Bupropion ER (XL) 24 hour |
| PSYCHOSIS | |
| Oral Antipsychotic, Typical | |
| Trilafon | Perphenazine |
| | Haloperidol Tablets |
| | Haloperidol Lactate Oral Concentrate |
| Oral Antipsychotic, Atypical (See Protocol) | |
| Abilify | Aripiprazole |
| Risperdal | Risperidone |
| Zyprexa | Olanzapine |
| Geodon | Ziprasidone |
| Injectable Antipsychotic | |
| | Fluphenazine HCl |
| | Fluphenazine Decanoate |
| Haldol Decanoate IM Inj | Haloperidol Decanoate |
| Haldol Inj | Haloperidol Lactate |
| Geodon IM | Ziprasidone |
| Thorazine Inj | Chlorpromazine |
| MANIA Oral | |
| | Valproic Acid |
| Depakote | Divalproex Sodium Delayed Release |
| Eskalith | Lithium Carbonate |
| Eskalith CR | Lithium Carbonate ER |

NaphCare Formulary 2018

| MOUTH AND THROAT | |
|-------------------------------------|--|
| Peridex Mouth/Throat Soln | Chlorhexidine Gluconate |
| MUSCLE RELAXANTS | |
| Flexeril | Cyclobenzaprine |
| Lioresal | Baclofen |
| Robaxin | Methocarbamol |
| PAIN | |
| Analgesics Oral | |
| Tylenol with Codeine #3 | Acetaminophen-Codeine #3 |
| Tylenol with Codeine #4 | Acetaminophen-Codeine #4 |
| Ultram | Tramadol |
| Analgesics Injectable | |
| Toradol | Ketorolac |
| OTC Analgesics Oral | |
| | Aspirin |
| | Aspirin EC |
| Tylenol | Acetaminophen |
| Excedrin Extra Strength Tablet | Pain Reliever Plus (Acetamin/Aspirin/Caff 250/250/65 MG) |
| NSAIDS | |
| Indocin | Indomethacin |
| Motrin, Advil | Ibuprofen |
| Mobic | Meloxicam |
| Naprosyn | Naproxen |
| Relafen | Nabumetone |
| OTC Analgesics Topical | |
| Analgesic Balm External Cream | (Menthol-Methyl Salicylate) |
| Epsom Salt | (Magnesium Sulfate Granules) |
| LOCAL ANESTHETICS | |
| Topical Local Anesthetics | |
| Xylocaine Topical Jelly | Lidocaine Jelly |
| Xylocaine Viscous | Lidocaine Viscous |
| Injectable Local Anesthetics | |
| | Lidocaine HCl Inj |
| | Lidocaine HCl (PF) Inj |
| Xylocaine/Lidocaine Injection Soln | Lidocaine-Epinephrine Inj |
| PARASITIC | |
| Elimite Cream | Permethrin |
| Lice Treatment Max Strength Shampoo | (Pyrethrum Extract-Piperonyl Butoxide) |

NaphCare Formulary 2018

| STERIODS | |
|---|--------------------------------|
| Oral Corticosteroids | |
| | Prednisone |
| Nasal Steroids | |
| Flonase | Fluticasone |
| Injectable Adrenocortical Steroids | |
| | Dexamethasone Sodium Phosphate |
| Kenalog | (Triamcinolone Acetonide) |
| Depo-Medrol | Methylprednisolone Acetate |
| Solu-Medrol | Methylprednisolone Sodium Succ |
| Topical Steroid / Low Potency | |
| | Hydrocortisone Cream, Ointment |
| Topical Steroid / Mid Potency | |
| Elocon Cream | Mometasone Furoate |
| Kenalog Cream | Triamcinolone Acetonide |
| Topical Steroid / High Potency | |
| Lidex Cream, Ointment | Fluocinonide |
| Diprolene AF Cream | Betamethasone Dipropionate Aug |
| Topical Steroid / Ultra High Potency | |
| Ultravate Cream | Halobetasol Propionate |
| Temovate E Cream | Clobetasol Propionate E |
| Topical Steroid / Antifungal Combo | |
| Lotrisone Cream | Clotrimazole-Betamethasone |
| OTC Topical Steroid | |
| | Hydrocortisone Cream, Ointment |
| THYROID | |
| Hypothyroidism | |
| Synthroid | Levothyroxine |
| Hyperthyroidism | |
| Tapazole | Methimazole |
| | Propylthiouracil |
| Hyperparathyroidism (Calcimetics) | |
| Sensipar | (Cinacalcet) |
| | |
| | |
| | |
| | |

NaphCare Formulary 2018

| TOPICALS | |
|---------------------------------|---|
| OTC Topical Analgesics | |
| Epsom Salt | (Magnesium Sulfate Granules) |
| Analgesic Balm External Cream | (Menthol-Methyl Salicylate) |
| OTC Topical Antibiotics | |
| Neosporin Original Ointment | Triple Antibiotic External Ointment (Neomycin-Bacitracin-Polymyxin) |
| | Bacitracin External Ointment |
| | Benzoyl Peroxide Gel |
| Topical Antifungals Rx | |
| | Nystatin Cream |
| OTC Topical Antifungals | |
| Lotrimin AF Cream | Clotrimazole |
| Nizoral A-D Shampoo | Ketoconazole |
| Tinactin Cream, Tolnaftin Cream | Tolnaftate |
| | Miconazole Nitrate External Cream |
| OTC Psoriasis | |
| Anti-Dandruff Shampoo | (Selenium Sulfide) |
| Therapeutic External Shampoo | (Coal Tar) |
| OTC Disinfectants | |
| | Hydrogen Peroxide Topical Solution |
| OTC Keratolytics | |
| Compound W External Gel | (Salicylic Acid Wart Remover) |
| OTC Poison Ivy | |
| Calamine Lotion | (Calamine/Zinc Oxide) |
| OTC Skincare | |
| Hydrocerin Cream | |
| Vitamin A & D Ointment | (Lanolin/Petrolatum) |
| OTC Topical Steroids | |
| | Hydrocortisone Cream, Ointment |
| TRANSPLANT | |
| CellCept | Mycophenolate Mofetil |
| Prograf | Tacrolimus |
| Imuran | Azathioprine |
| Rapamune | Sirolimus |

NaphCare Formulary 2018

| TUBERCULOSIS | |
|---|---|
| Myambutol | Ethambutol |
| Rifadin | Rifampin |
| | Isoniazid |
| | Pyrazinamide |
| URINARY | |
| | Oxybutynin |
| Urinary Analgesics | |
| Pyridium | Phenazopyridine |
| VACCINE | |
| Fluvirin | (Influenza Vaccine) |
| Flulaval | (Influenza Vaccine) |
| Tenivac | (Tetanus-Diphtheria Toxoid Vaccine) |
| VAGINAL | |
| Gyne-Lotrimin Vaginal Cream | Clotrimazole-7 Vaginal Cream |
| Monistat 7 Vaginal Cream | Miconazole Nitrate Vaginal Cream |
| | Miconazole Nitrate Vaginal Suppository |
| | |
| VIRAL Oral | |
| Zovirax | Acyclovir |
| Valcyte | (Valganciclovir) |
| | Amantadine Capsules |
| VITAMINS AND NUTRITIONAL SUPPLEMENTS | |
| Folic Acid | Folic Acid |
| | Potassium Chloride Ext Release |
| Reno Caps (Dialysis Only) | (Vitamin B Complex/Vit C/Folic Acid) |
| PrePLUS Prenatal Vitamin | (Prenatal Plus Vitamin) |
| | Ferrous Sulfate Delayed Release 325 MG Only |
| Injectable Vitamins and Nutritional Supplements | |
| Zemplar | (Paricalcitol) (Dialysis Only) |
| Venofer | (Iron Sucrose) (Dialysis Only) |
| OTC Vitamins and Nutritional Supplements | |
| Vitamin B-1 | Thiamine |
| Vitamin B-6 | Pyridoxine |
| Vitamin B-12 | Cyanocobalamin |
| Tums | Calcium Carbonate Antacid |
| Citroma | Magnesium Citrate Oral Soln |
| | Multivitamin |

NaphCare Formulary 2018

| WART REMOVAL | |
|---------------------------------------|------------------|
| Condylox External Solution | Podofilox |
| Compound W External Gel | (Salicylic Acid) |
| MISCELLANEOUS | |
| Fixodent Complete Dental Adhesive | |
| Sterile Water for Inj | |
| Sodium Chloride Intravenous Soln 0.9% | |
| | |

Sample Reports

Any data elements that are captured in *TechCare* can be used to generate reports. This screenshot shows a listing of the variety of reports that *TechCare* can generate.

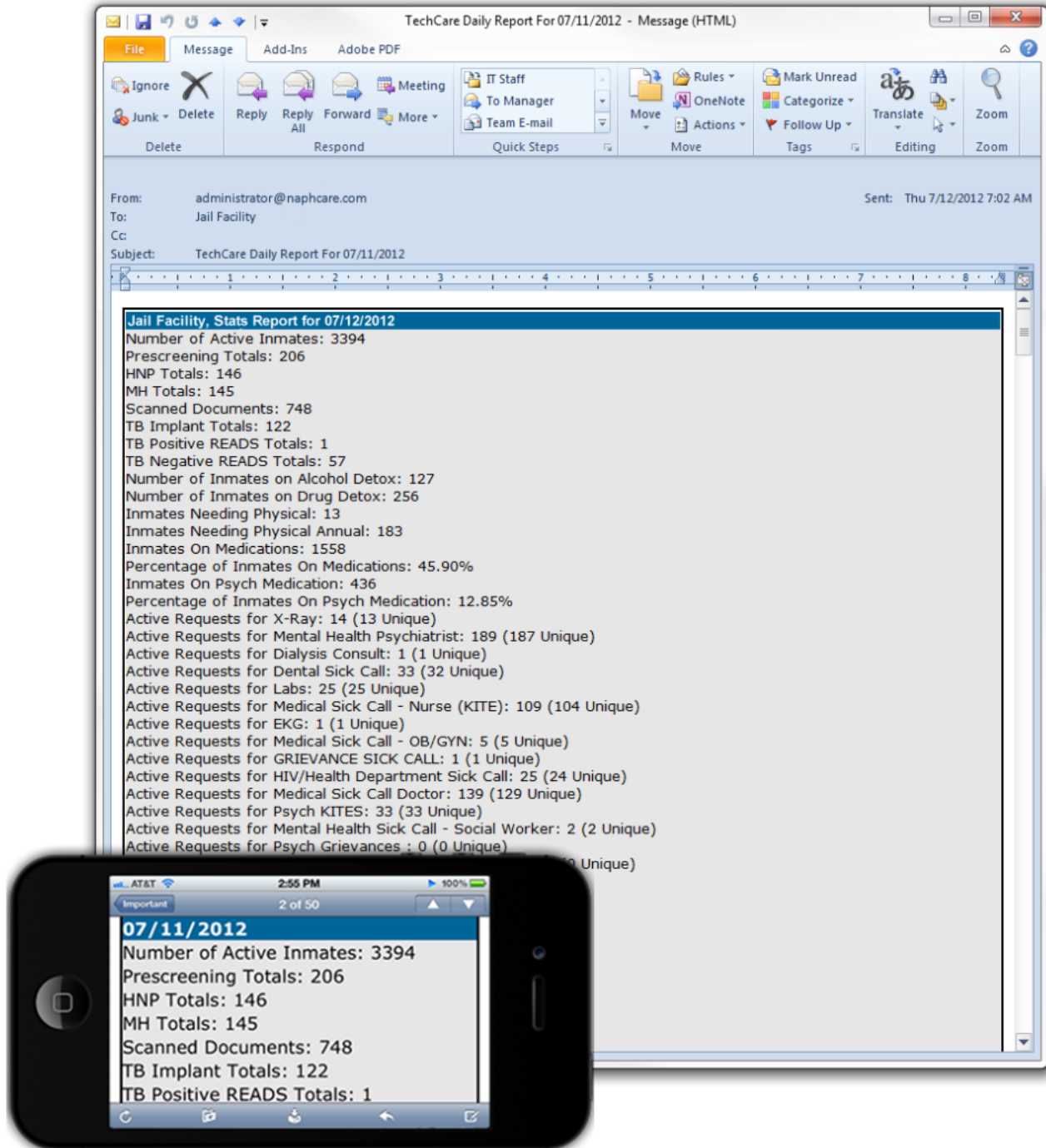
The screenshot displays the 'Report Viewer' application window. On the left, a list of reports is shown, with 'ASTHMA CHRONIC CARE' selected. The main area displays a table of inmate data for this report, filtered for the date 07/12/2012. The table has columns for 'Inmate' and 'Location'. The first row is highlighted in blue.

| Inmate | Location |
|---|-----------------|
| DOLAN, TIMOTHY JAMES (# 00083484) | C/MED SECURITY |
| SMITH, KINTE LEE (# 04012391) | C/MED SECURITY |
| HARRIS, MARLON DERELL JR (# 04023319) | B/MED SECURITY |
| WERNING, RYAN CHARLES (# 04018931) | E/MED SECURITY |
| MAYBERRY, RAMELL DOVAN (# 00102342) | E/MED SECURITY |
| MERRIWEATHER, MARQUEZ JARMAALL (# 04028201) | C/MED SECURITY |
| PEPPERS, DAVID LORENZO (# 00044940) | D/MED SECURITY |
| PEPPERS, DAVID LORENZO (# 00044940) | D/MED SECURITY |
| SCARBOROUGH, ISAAC DENEY III (# 04025069) | D/MED SECURITY |
| TURNER, ROY LEE III (# 04023395) | B/MED SECURITY |
| BUNCH, ANNA MARIE (# 00041623) | F1/MED SECURITY |
| ROCCA, ANTHONY GLEN (# 00101846) | E/MED SECURITY |
| EPPS, LARSIE MAE (# 00018843) | F2/MED SECURITY |
| CASTON, WILLIAM HARDY JR (# 04023099) | C/MED SECURITY |
| WEST, EDDIE LEE (# 00046691) | C/MED SECURITY |
| MIMS, STERLING LAMONT (# 00102104) | C/MED SECURITY |
| MOORE, MARCUS ALAN (# 00110250) | B/MED SECURITY |
| REED, DONALD BENJAMIN EARL (# 04025602) | A3 MAX |
| PLAIN, KELVIN LEE JR (# 00111098) | C/MED SECURITY |
| LAWS, DUSTIN JAMES (# 00102771) | E/MED SECURITY |
| REDDOUT, DANIEL JOHN (# 00106173) | B/MED SECURITY |
| PHILLIPS, LARRY EARL (# 00111040) | B/MED SECURITY |
| FUTCH, JAUNITA LUVENIA (# 04030256) | F1/MED SECURITY |
| RICHARD, MALIK DE'SEAN (# 00108332) | C/MED SECURITY |
| OWEN, NAOMIE MARIE (# 00102565) | F1/MED SECURITY |
| SCHMIDT, MISTIE MARIE (# 04021657) | BREMER |
| CRAIG, TYLER ALLEN (# 04025292) | A1 PRE CLASS |
| WRIGHT, DEMARRIO DESHON (# 00089546) | B/MED SECURITY |
| WEATHERMAN, RODNEY ROSS (# 00080950) | A1 PRE CLASS |
| SAWYERS, VON VETTA LEROY (# 00073574) | OTHER AGENCY |
| MILLER, TRISHA RENEE (# 04031362) | F1/MED SECURITY |
| KEMP, TERRY DWAYNE (# 04027977) | A3 MAX |
| KING, ANTONIO VALENTINO (# 04031768) | C/MED SECURITY |
| WILLIAMS, CURTIS JUNIOR (# 00103538) | E/MED SECURITY |

At the bottom of the window, there is an 'Export to Excel' button, a status bar showing 'Results returned: 39', and a 'Print' button.

Daily Reports

We provide a daily statistical report that details the services provided in the last 24 hours. This daily report is sent electronically via email. It can also be downloaded and displayed on an iPhone for easier access.



Monthly Reports

The following shows a monthly report, which includes screenings and general information, chronic care, infectious disease, sick calls completed, and much more.

| JAIL FACILITY STATISTICS FROM 6/1/2012 TO 6/30/2012 | | |
|---|--------------|--|
| SCREENINGS AND GENERAL INFORMATION | | |
| | Total | |
| AVERAGE DAILY POPULATION | 292 | |
| TOTAL BOOKING SCREENINGS | 1057 | |
| INFORMED CONSENT | 183 | |
| RECEIVING SCREENING | | |
| OFFICER MEDICAL | | |
| MENTAL HEALTH ASSESSMENT | | |
| MENTAL HEALTH EVALUATION | | |
| HEALTH ASSESSMENT | | |
| TOTAL DETOX PATIENTS | | |
| TOTAL LABS | | |
| TOTAL SUBMITTED GRIEVANCES | | |
| TOTAL X-RAYS | | |
| TOTAL TB GIVEN | | |
| TOTAL TB READ | | |
| TOTAL TB POSITIVE | | |
| TOTAL TB ACTIVE | | |
| PHARMACY | | |
| MEDICATION ORDERS | | |
| NON-FORMULARY MEDICATIONS | | |
| PSYCH MEDICATION ORDERS | | |
| INMATES ON MEDICATIONS | | |
| AVERAGE INMATES ON MEDICATIONS | | |
| INMATES ON PSYCH MEDICATIONS | | |
| AVERAGE INMATES ON PSYCH MEDICATIONS | | |
| CHRONIC CARE | | |
| TOTAL CHRONIC CARE PATIENTS | | |
| ANEMIA | | |
| ASTHMA | | |
| CAD/CHF/VALVE DISEASE | | |
| CANCER | | |
| COPD/EMPHYSEMA | | |
| DIABETES | | |
| GI | | |
| HEPATITIS C | | |
| HYPERLIPIDEMIA | | |
| HYPERTENSION | | |
| MENTAL HEALTH CHRONIC CARE | | |
| SEIZURE DISORDER | | |
| THYROID DISEASE | | |
| INFECTIOUS DISEASE | | |
| | Total | |
| SYPHILIS | 0 | |
| CHLAMYDIA | 0 | |
| HERPES | 2 | |
| SCABIES | 0 | |
| LICE | 0 | |
| GONORRHEA | 0 | |
| MRSA | 0 | |
| MRSA POSITIVE LABS | 0 | |
| DENTAL | | |
| | Total | |
| TOTAL DENTAL SICK CALLS | 0 | |
| TOTAL DENTAL EXAMS | 13 | |
| SICK CALLS COMPLETED | | |
| | Total | |
| TOTAL SICK CALLS COMPLETED | 364 | |
| MEDICAL SICK CALL - NURSE | 166 | |
| MEDICAL SICK CALL DOCTOR | 29 | |
| MENTAL HEALTH PSYCHIATRIST | 57 | |
| MENTAL HEALTH SICK CALL - PSYCHIATRIC RN | 112 | |
| OFF-SITE SERVICES | | |
| | Total | |
| TOTAL OFF-SITE SERVICES | 14 | |
| TOTAL ER VISITS | 0 | |
| TOTAL AMBULANCE ONLY | 0 | |
| TOTAL AMBULANCE RUNS | 2 | |
| TOTAL OFF-SITE DENTAL | 5 | |
| TOTAL ONSITE LAB UNITS | | |
| TOTAL ONSITE RADIOLOGY UNITS | | |
| TOTAL INPATIENT HOSPITAL STAYS | 4 | |
| TOTAL INPATIENT DAYS | 17 | |
| AVERAGE INPATIENT DAYS | 5.66 | |
| OFF-SITE SCENARIOS | | |
| | Total | |
| CONSULT-DENTAL/ORAL SURGERY | 5 | |
| CONSULT-HEMATOLOGY/ONCOLOGY | 1 | |
| CONSULT-OB/GYN | 3 | |
| CONSULT-ORTHOPEDIC SURGERY | 1 | |
| INPATIENT MEDICAL W/AMBULANCE | 2 | |
| INPATIENT MEDICAL, NO AMB | 2 | |



Letter of Agreement

This Letter of Agreement ("LOA") is made by and between NaphCare, Inc. (hereinafter "NaphCare"), having a business address of 2090 Columbiana Road, Suite 4000, Birmingham, AL 35216; and American Medical Response Ambulance Service Inc. (hereinafter "Provider"), having a business address of P.O. Box 749667, Los Angeles, CA 90074. Provider is a health care provider licensed under the laws of the State of Washington. This LOA establishes an arrangement whereby NaphCare agrees to compensate Provider for covered services rendered to inmates in the custody of the South Correctional Entity ("SCORE") operating the SCORE Jail located at 20817 17th Avenue, South Des Moines, WA 98198 ("NaphCare's Client"). During the term of this LOA, NaphCare shall compensate Provider at the rates set forth below

For emergency, outpatient, and necessary medical care rendered to inmates under this LOA, parties agree that the provisions

NaphCare and Provider agree that, for services rendered to inmates hereunder, each shall comply with its respective obligations set forth by applicable federal and state laws and regulations. NaphCare and Provider agree not to disclose any proprietary business information to any other party. NaphCare and Provider will treat all information furnished by any other parties as confidential. Provider will comply with Health Insurance Portability and Accountability Act ("HIPAA") any amendments thereto and any and all provisions set forth in the Health Information Technology for Economic and Clinical Health ("HITECH") Act regarding a patient's Protected Health Information. The parties agree to comply with the provisions set forth in the HIPAA Business Associates Agreement attached hereto as Exhibit B. This paragraph will survive termination of this Agreement, regardless of the reason for termination.

IN WITNESS WHEREOF, the parties hereto, being duly authorized to do so, have executed this LOA as of the day and year in the signature blocks below.

| | |
|---|---|
| Signature: <u><i>Paul Priest</i></u> Printed Name & Title: <u>Paul Priest, Regional Director</u> Date: <u>12/1/16</u> NPI#: <u>1770518490</u> Contact Person: <u>BRANT BUTTE</u> Phone: <u>206 444 4271</u> Fax: <u>206 444 4579</u> Email: <u>BRANT.BUTTE@AMR-ROCKET</u> TIN: <u>75-2474011</u> (Attach W9) | Signature: <u><i>Janice Hollman</i></u> Printed Name: <u>Janice Hollman</u> Title: <u>Off-Site Services Coordinator</u> Effective Date: <u>12/1/2016</u> |
|---|---|

Comprehensive Detox Assessment in *TechCare*[®]

Please choose the screening option of the substance or substances the patient states use of:

Alcohol Screening

Opiate Screening

Benzodiazepine Screening

ALCOHOL WITHDRAWAL SCREENING

1. How many days a week do you drink?

A. < 5

B. >=5

2. How many drinks do you have each time you drink?

A. <= 2

B. 3 to 5

C. >5

3. When you wake up the day after drinking, do you experience any of the following?

A. Sweating

B. Shaking in hands or body

C. Feeling frightened or despair

D. Alcohol relieves these symptoms

E. Wanting or needing a drink

F. None of these

4. Do you have or are you experiencing any of the following?

A. Unable to sleep, anxious, nervous

B. Tremors or shakes

C. Sweating

D. Palpitations

E. Headaches

F. Nausea, vomiting, diarrhea

G. Hallucinations

H. None of these

5. Have you been through detox or treatment for your drinking?

A. Yes

B. No

6. Have you ever had seizures or hallucinations after periods of abstaining from drinking?

A. Yes

B. No

7. Do you have any of the following?

- A. Liver Disease
- B. Lung Disease
- C. Heart Disease
- D. Diabetes
- E. Seizure Disorder
- F. None of these

TechCare will make a recommendation based on the information above.

OPIATE WITHDRAWAL SCREENING

1. Is the patient currently exhibiting opiate withdrawal symptoms (sweating, restlessness, dilated pupils, bone/joint aches, rhinitis/tearing, GI upset, tremor, yawning, irritability, gooseflesh skin)? Yes No

2. Last opiate use:

- A. < 3 days ago
- B. 3 or more days ago

3. Ever stopped taking opiates more than 2 days at a time? Yes No

4. Ever experienced withdrawal symptoms (felt sick) after stopping opiates? Yes No

5. Is the patient pregnant? Yes No

BENZODIAZEPINE WITHDRAWAL SCREENING

Benzodiazepine use is:

- Most days of the week
- Sporadic or infrequent

Select typical daily use (mg/day):

| | | Clonazepam (Klonopin) / Alprazolam (Xanax) | Lorazepam (Ativan) | Diazepam (Valium) |
|-------------------------------------|--------------------------|--|--------------------|-------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <=2 | <=4 | <=40 |
| <input type="checkbox"/> | <input type="checkbox"/> | 3-4 | 5-9 | 40-80 |
| <input type="checkbox"/> | <input type="checkbox"/> | 5-6 | 10-12 | 80-120 |
| <input type="checkbox"/> | <input type="checkbox"/> | >=7 | >=12 | >=120 |

CIWA-Ar in TechCare®

CIWA COMPLETE CIWA

Inmate: DOE JOHN Inmate #: 0453141
DOB: 05/13/1973 Race: White Sex: Male Status: ACTIVE
Housing: 240B-621-01 SSN#: Booking Date: 8/8/2008 9:21:00 PM

NAUSEA AND VOMITING
-- Ask: "Do you feel sick to your stomach? Have you vomited?"
(Note Observation or Chart Observation)

0 no nausea and no vomiting
1 mild nausea with no vomiting
2
3
4 intermittent nausea with dry heaves
5
6
7 constant nausea, frequent dry heaves and vomiting

TREMOR
-- Arms extended and fingers spread apart.
(Note Observation or Chart Observation)

0 no tremor

AUDITORY DISTURBANCES
-- Ask: "Are you more aware of sounds around you? Are they harsh? Do you hear anything that is disturbing to you? Are you hearing things you know are not there?"
(Note Observation or Chart Observation)

0 not present

PAROXYSMAL SWEATS
-- Observation.

0 no sweat visible

VISUAL DISTURBANCES
-- Ask: "Does the light appear to be too bright? Is its color different? Does it hurt your eyes? Are you seeing anything that is disturbing to you? Are you seeing things you know are not there?"
(Note Observation or Chart Observation)

0 not present

ANXIETY
-- Ask: "Do you feel nervous?"
(Note Observation or Chart Observation)

0 no anxiety, at ease

HEADACHE, FULLNESS IN HEAD
-- Ask: "Does your head feel different? Does it feel like there is a band around your head?"
DO NOT RATE FOR DIZZINESS OR LIGHTEADEDNESS!!! Otherwise, rate severity.

0 not present

AGITATION
-- Observation.

0

ORIENTATION AND CLOUDING OF SENSORIUM
-- Ask: "What day is this? Where are you? Who am I?"

0 oriented and can do serial additions

Total CIWA-Ar Score 10
Reassess inmate q 4hours
GIVE NOW! Administer 50mg Librium

Select assessment drop-down for this category. Nurses can assign a number to this area. These numbers will be tallied at the end of the evaluation to give the medical staff a recommended Treatment Plan.

The total CIWA score and its recommended treatment

BP: 180 / 40 TEMP: 86 PULSE: 0 RESP: 0 SaO2: BS: Ht: 5'8" Wt: 165

Modified CIWA –B in TechCare®

Refused Unavailable

BP / TEMP PULSE RESP SaO2 BS PAIN Ht (ft) Ht (inches) Wt BMI MAP

| Type | Last Update Date Time | Blood Pressure Systolic | Blood Pressure Diastolic | Temperature | Pulse | Respirations | Height in Feet | Height in Inches | Weight |
|-------------|-----------------------|-------------------------|--------------------------|-------------|-------|--------------|----------------|------------------|--------|
| Vital Signs | 3/7/2016 2:12 PM | 123 | 80 | 97 | 85 | 16 | 0 | 0 | 236 |
| Vital Signs | 3/1/2016 11:14 ... | 123 | 89 | NA | NA | NA | 5 | 0 | NA |

Loss of appetite

Numbness/burning on your face, hands, or feet

Heart racing or palpitations

Muscle aches or stiffness

Anxiety or nervousness

Restfulness of last night's sleep

Total CIWA-B Score

Mild withdrawal. Consider reassessment within 12 hours.

Visual disturbances (sensitivity to light, blurred vision)

Diaphoresis

Tremor

0 Not at all

Agitation

0 Not at all

Additional comments:

COWS in TechCare®

COWS
Print Complete

Patient: Doe, Test #: 7534234605ae4d4d472339 Lang: 950c (N/A) [Additional Info.](#)

DOB: 6/3/2015 (Age=2) **Sex:** **Race:**

Housing: **SSN:** **HIDDEN** **Type:** (321)

Status: NOT ACTIVE **Booking Date:** 6/3/2015 9:15:53 AM **Release:** 6/3/2015 2:22:20 PM

PICTURE NOT AVAILABLE

Refused Unavailable

BP 120 / 80 TEMP 100 PULSE 60 RESP 50 SaO2 50 BS 56 PAIN 5 Ht (ft) 6 Ht (inches) 3 Wt 155 BMI 19.4 MAP 93.33 Add Patient Refused

| Type | Last Update Date Time | Blood Pressure Systolic | Blood Pressure Diastolic | Temperature | Pulse | Respirations | Height in Feet | Height in Inches | Weight in Pounds | Weight in Ounces | Oxygen Saturation | Pain | Bo Me Inc |
|-------------|-----------------------|-------------------------|--------------------------|-------------|-------|--------------|----------------|------------------|------------------|------------------|-------------------|------|-----------|
| Vital Signs | 12/6/2017 4:43 PM | 120 | 80 | 100 | 60 | 50 | 6 | 3 | 155 | NA | 50 | 5 | 19.4 |
| Vital Signs | 5/5/2017 4:33 PM | NA | NA | NA | NA | NA | 6 | 3 | NA | NA | NA | NA | NA |

Allergy

Current Allergies:

Abacavir
Latex
PABA Derivatives

Add Clear

Resting Pulse Rate

Measured after patient is sitting or lying for one minute

Sweating

Over past 1/2 hour not accounted for by room temperature or patient activity

Restlessness

Observation during assessment

Pupil Size

Total COWS Score 14

Moderate withdrawal symptoms. Consider reassessing within 6 hours.
GIVE NOW! Administer 0.1mg Clonidine PO now.
*Do not give Clonidine if Patient is pregnant.

Bone or Joint Aches

If patient was having pain previously, only the additional component attributed to opiates withdrawal is scored

2 Patient reports severe diffuse aching of joints/muscles

Runy Nose or Tearing

Not accounted for by cold symptoms or allergies

2 Nose running or tearing

GI Upset

Over last 1/2 hour

- 0 No GI symptoms
- 0 No GI symptoms
- 1 Stomach cramps
- 2 Nausea or loose stool
- 3 Vomiting or diarrhea
- 5 Multiple episodes of diarrhea or vomiting

0 No tremor

Yawning

Observation during assessment

1 Yawning once or twice during assessment

Anxiety or Irritability

0 None

Gooseflesh Skin

0 Skin is smooth

Detox Monitor in TechCare®

| |
|---|
| CHRONIC. TEST NEW (#5647382910) Housing: Current Status: ACTIVE LOS: 1370:36 Treatment |
| Treatment Plan: CIWA with Adjunct Chlordiazepoxide HCl Oral 25 MG Capsule, Quantity: 4, Enacted: 2/22/2016 2:27:04 PM Administered on 2/22/2016 2:26:46 PM for DRUG (SCORE: 17) CIWA Enacted: 2/22/2016 2:27:00 PM (SCORE: 17) CIWA Enacted: 2/19/2016 9:08:07 AM (SCORE: 7) |
| Status: CIWA 43 days 18 hours 2 minutes 56 seconds past due DC CIWA |
| CHRONIC. TEST NEW (#5647382910) Housing: Current Status: ACTIVE LOS: 1507:55 CIWA-B Assessment |
| Treatment Plan: BENZO MODIFIED CIWA-B Enacted: 3/23/2016 3:39:01 PM (SCORE: 5) MODIFIED CIWA-B Enacted: 2/4/2016 2:34:41 PM (SCORE: 10) MODIFIED CIWA-B Enacted: 2/3/2016 4:35:43 PM (SCORE: Refused) |
| Status: 13 days 20 hours 50 minutes since last assessment. Consider reassessing now. Recommend DCing |
| CHRONIC. TEST NEW (#5647382910) Housing: Current Status: ACTIVE LOS: 2973:4 Treatment |
| Treatment Plan: OPIATE Clonidine HCl Oral 0.1 MG Tablet, Quantity: 1, Enacted: 2/17/2016 2:54:42 PM Administered on 2/17/2016 2:54:40 PM for DRUG (SCORE: 20) COWS Enacted: 2/17/2016 2:54:44 PM (SCORE: 20) COWS Enacted: 2/12/2016 1:56:30 PM (SCORE: 26) |
| Status: OPIATE 48 days 15 hours 35 minutes 13 seconds since last assessment DC OPIATE |



Administrative Assistant

Position

Requirements: Must have a high school diploma or GED certificate with 1 year clerical experience in a healthcare setting preferred. Must have computer skills, including working knowledge of Microsoft Word and Excel with a minimum typing speed of 45 words per minute. Must possess strong written communication and verbal skills, adaptable to environments where conditions may not be pristine, and manage and maintain in stressful situations.

Status: Full time, Exempt or Non-exempt

Accountable to: Health Services Administrator (HSA)/Director of Nursing (DON)

Position

Summary: Under the direct supervision of the Health Services Administrator (HSA), the Administrative Assistant is responsible for performing routine clerical tasks to support the healthcare staff and overall function of the medical department.

Physical Demands: Must have the physical and mental capacity to work in an environment that may be less than pristine, and manage and maintain physical and mental health when encountering stressful situations.

Performance

Expectations:

- A. Greet visitors, ascertains purpose of visits, and direct to the appropriate staff.
- B. Answer telephone calls and direct calls to the appropriate staff.
- C. Receive and route messages and document such to appropriate staff.
- D. Operate office equipment and uses word processing, spreadsheets, and other software applications to prepare reports, correspondence, letters, etc., as applicable.
- E. Transmit correspondence and medical records via mail, email or fax.
- F. Perform various clerical and administrative functions, including, but not limited to ordering and maintaining an inventory of supplies.
- G. Perform bookkeeping duties, such as preparation of expense reports and maintaining petty cash and receipts.
- H. Transmit and maintain all medical claims as required by company policies and procedures.

- I. Transmit and maintain all subpoenas and/or medical record requests as required by company policies and procedures.
- J. Sort and distribute all mail and interoffice correspondence.
- K. Identify and proactively communicate potential labor management issues and use appropriate recourses to address labor management problems.
- L. Assist the HSA and DON with recruiting efforts, credentialing, scheduling interviews, and processing new hire documentation.
- M. Complete reporting tasks as assigned by supervisors and company policies and procedures, ensure that direct reports following reporting requirements, submit all reports within timeframe required, and ensure that all information is accurate and accountable.
- N. Use all functions and applications of TechCare™ relevant to the position with no supervision.
- O. Use all functions and applications of ADP eTime and Scheduler™ relevant to the position with no supervision.
- P. Use all functions and applications of ELearning™ relevant to the position with no supervision.
- Q. Process offsite referrals, appointments, patient registrations, and transport requests in accordance with company policies and procedures.
- R. Prepare and maintain monthly reporting and statistical data as required by company policies and procedures and contract terms and requirements.
- S. Gather and maintain documentation required for all accreditation surveys.
- T. Proactively take action to solve problems and use objectivity and insightfulness when approaching problems, meet established goals, and take responsibility for results and outcomes.
- U. Fundamentally understand the organizational structure and how to appropriately access resources.
- V. Demonstrate professionalism by using objectivity, maintaining self-control when under pressure, separating professional from personal issues, displaying emotional maturity, maintaining a high degree of integrity, and promoting a positive work environment by setting an example.
- W. Build proactive working relationships with supervisors, security staff, healthcare staff, patients, vendors, and clients. Establish and maintain professional relationships where you will be viewed by others as trusted and respectful.

- X. Notify critical information to the next level of management that may have a negative impact on client and/or vendor relations.
- Y. Coordinate all monthly, quarterly, and annual meetings in compliance with company policies and procedures.
- Z. Utilization Management—track specialty care referrals.

I HAVE READ AND ACKNOWLEDGE FULL UNDERSTANDING OF THIS POSITION DESCRIPTION

Administrative Assistant: _____ Date _____

APPROVED BY:

DATE:

Health Services Admin.: _____

Director of Nursing: _____

Job Description Disclaimer

This position description is not limited to the duties as implied. NaphCare reserves the right to assign other duties that are job related and request the employee to perform other duties subject to all federal and state laws. NaphCare also reserves the right to modify this job description at any time.



Assistant Health Services Administrator (AHSA)

Position

Requirements: BSN-level registered nurse preferred and hold a current unrestricted nursing license in the state of employment and hold a valid CPR card. A minimum of 3-5 years of progressive administrative/management experience in a healthcare setting, with 1 year experience in correctional healthcare preferred. Must possess strong written communication, verbal skills, and computer skills.

Status: Full time, Exempt

Accountable to: Executive Vice President of Operations/Vice President of Operations/Health Services Administrator (HSA)

Position

Summary:

Under the direct supervision of the Executive Vice President of Operations, the Vice President of Operations, and the Health Services Administrator (HSA), the Assistant Health Services Administrator (AHSA) is responsible for ensuring that company goals and objectives are achieved in their assigned service delivery area, leading directing, managing, evaluating operations to ensure that contractual obligations and client expectations are met, and assuring all operations are in compliance with contract requirements, NCCHC, ACA, and professional nursing standards. Corporate travel may be required several times per year.

Physical Demands: Must have the physical and mental capacity to work in an environment that may be less than pristine, and manage and maintain physical and mental health when encountering stressful situations.

Performance

Expectations:

- A. Utilize appropriate resources to resolve routine medical and clinical issues and performance improvement processes. Coaches and educates staff on gathering data and analysis of data, and implements corrective action and processes that ensures contract compliance.
- B. Understands and ensures that all areas adhere to all contract terms, conditions, and requirements. Provides feedback and plan to the HSA regarding any performance issues or variances. Review Dashboards daily to ensure all clinical needs are being met within the facility.
- C. Identify and proactively communicate potential labor management issues and use appropriate resources to address labor management problems. Coach and direct reports on how to use labor management tools, and how to interpret data to provide resolution or maintain staffing consistent with contractual obligations.

- D. Supervise and coach managers by developing goals that will prepare managers for succession planning and assist staff members in attaining those goals. Provide constructive and timely feedback to help staff obtain professional goals. Assist with completion of all annual performance evaluations.
- E. Ensure staffs are educated on contract terms and obligations, and that compliance with all company policies and procedures is maintained.
- F. Assist with recruiting strategy, assist with recruiting efforts, and demonstrate proficiency in assessing and selecting high performing managers with skills that would fit within the corrections environment.
- G. Complete reporting tasks as assigned by company policies and procedures, ensure that direct reports follow reporting requirements, submit all reports within the timeframe allowed, and ensure that all information is accurate and accountable.
- H. Use all functions and applications of TechCare™ relevant to the position with no supervision, and ensures that all staff is trained and uses the TechCare system in accordance to Company Policies and Procedures.
- I. Use all functions and applications of ADP eTime and Scheduler™ relevant to the position with no supervision, ensure that all staff is trained and using the Time Stamp function in accordance with policy and procedure; and ensure that all staffing schedules are maintained within the ADP system.
- J. Work cohesively with the HSA and Medical Director in the management of the healthcare delivery system and administrative operations in coordination with other functions within the facilities. Assist with directing activities of the healthcare staff.
- K. Proactively take action to solve problems and use objectivity and insightfulness when approaching problems, meet established goals, and take responsibility for results and outcomes.
- L. Fundamentally understand the organizational structure and how to appropriately access resources. Use business knowledge and acumen to influence others. Communicate NaphCare's organizational vision, strategy, and objectives within own team.
- M. Demonstrate professionalism by using objectivity, maintaining self-control when under pressure, separating professional from personal issues, displaying emotional maturity, maintaining a high degree of integrity, and promoting a positive work environment by setting an example.
- N. Build productive working relationships with supervisors, security staff, healthcare staff, patients, vendors, and clients. Establish and maintain professional relationships where you will be viewed by others as trusted and respectful.

- O. Seek mentors for coaching and counseling to support professional growth. Achieve established goals, communicate barriers in accomplishing goals, and seek assistance and additional resources when needed to meet goal expectations.
- P. Promote team building versus atmosphere of competition, recognizing individual and team accomplishments. Encourage members to share ideas and participate in discussions and decisions. Promote team approach with client and vendors, and ensure that this approach is implemented with all levels of staff.
- Q. Make clinical rounds to all designated areas within the facility to ensure appropriateness of patient care plans implemented by the nursing staff.
- R. Comply with continuing education requirements for respective position and be mindful of any NCCHC Standards related to continuing education.
- S. Maintain a web of influence, make visits at least monthly, and maintain open communication with clients.
- T. Assist with coordination of disaster plans and emergency preparation. Adhere to and enforce all safety and security policies and procedures and participate in all applicable safety/emergency drills.
- U. Notify critical information to the next level of management that may have a negative impact on client and/or vendor relations or patient care.
- V. Assist with coordination and attend all monthly, quarterly, and annual meetings in compliance with company policies and procedures.

I HAVE READ AND ACKNOWLEDGE FULL UNDERSTANDING OF THIS POSITION DESCRIPTION

Assistant Health Services Administrator: _____ Date _____

APPROVED BY:

DATE:

Vice President of Western States: _____

Health Services Administrator: _____

Job Description Disclaimer

This position description is not limited to the duties as implied. NaphCare reserves the right to assign other duties that are job related and request the employee to perform other duties subject to all federal and state laws. NaphCare also reserves the right to modify this job description at any time.



Certified Medical Assistant (MA)

Position

Requirements: Must have a high school diploma or GED certificate and must hold and maintain a current, unrestricted certification as a Medical Assistant in the state of employment and hold a valid CPR card, with a minimum of 1 year clinical experience in a healthcare setting, with correctional healthcare experience preferred.

Status: Full time, Part time, PRN, Non-exempt

Accountable to: Health Services Administrator (HSA)/Director of Nursing (DON)/Registered Nurse (RN)

Position

Summary: Under the direct supervision of the Health Services Administrator (HSA), Director of Nursing (DON), and Registered Nurse(s) (RN), the MA is responsible for providing routine clinical tasks as assigned.

Physical Demands: Must have the physical and mental capacity to work in an environment that may be less than pristine, and manage and maintain physical and mental health when encountering stressful situations. Must be able to exert up to 50 lbs. of force, push, pull, and move objects, to include the human body. Position may require he/she to stand or walk while performing duties.

Performance Expectations:

- A. Use knowledge and expertise to ensure that clinical processes and systems are followed appropriately according to policies and procedures, company performance, and accreditation standards.
- B. Use all functions and applications of TechCare™ relevant to the position with no supervision, and assist with staff training as requested.
- C. Perform routine blood drawing procedures as applicable by licensure.
- D. Communicate effectively with clients, peers, and employees at all levels within the organization.
- E. Demonstrate personal performance based on professional practice standards, relevant statutes, rules and regulations and organizational criteria.
- F. Take and document vital signs, height and weight and assist with PPDs and EKGs as required.

- G. Assist with examinations and/or treatments as needed and report all changes in patients' conditions.
- H. Assist with patient hygiene, ambulation, and dressing changes.
- I. Comply with continuing education requirements for respective position and be mindful of any NCCHC Standards related to continuing education.
- J. Demonstrate professionalism by using objectivity, maintaining self-control when under pressure, separating professional from personal issues, displaying emotional maturity, maintaining a high degree of integrity, and promoting a positive work environment by setting an example.
- K. Participate in all monthly, quarterly, and annual meetings as assigned and required in accordance with contract compliance.
- L. Notify critical information to the next level of management that may have a negative impact on client and/or vendor relations or patient care.

I HAVE READ AND ACKNOWLEDGE FULL UNDERSTANDING OF THIS POSITION DESCRIPTION

Certified Medical Assistant: _____ Date _____

APPROVED BY:

DATE:

Health Services Admin.: _____

Director of Nursing: _____

Job Description Disclaimer

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Certified Medical Assistant (MA) /Supply Clerk

Position

Requirements: Must have a high school diploma or GED certificate and must hold and maintain a current, unrestricted certification as a Medical Assistant in the state of employment and hold a valid CPR card, with a minimum of 1 year clinical experience in a healthcare setting, with correctional healthcare experience preferred. Must have computer skills, including working knowledge of Microsoft Word and Excel. Must possess strong written communication and verbal skills, adaptable to environments where conditions may not be pristine, and manage and maintain in stressful situations.

Status: Full time, Part time, PRN, Non-exempt

Accountable to: Health Services Administrator (HSA)/Director of Nursing (DON)/Registered Nurse (RN)

Position

Summary: Under the direct supervision of the Health Services Administrator (HSA), Director of Nursing (DON), and Registered Nurse(s) (RN), the MA is responsible for providing routine clinical tasks as assigned.

Physical Demands: Must have the physical and mental capacity to work in an environment that may be less than pristine, and manage and maintain physical and mental health when encountering stressful situations. Must be able to exert up to 50 lbs. of force, push, pull, and move objects, to include the human body. Position may require him/her to stand or walk while performing duties.

Performance

Expectations:

- A. Use knowledge and expertise to ensure that clinical processes and systems are followed appropriately according to policies and procedures, company performance, and accreditation standards.
- B. Use all functions and applications of TechCare™ relevant to the position with no supervision, and assist with staff training as requested.
- C. Perform routine blood drawing procedures as applicable by licensure.
- D. Communicate effectively with clients, peers, and employees at all levels within the organization.
- E. Demonstrate personal performance based on professional practice standards, relevant statutes, rules and regulations and organizational criteria.

- F. Take and document vital signs, height and weight and assist with PPDs and EKGs as required.
- G. Assist with examinations and/or treatments as needed and report all changes in patients' conditions.
- H. Assist with patient hygiene, ambulation, and dressing changes.
- I. Comply with continuing education requirements for respective position and be mindful of any NCCHC Standards related to continuing education.
- J. Clean and maintain all equipment and work areas, including sterilization as required.
- K. Order, label, and count stock medications, chemicals, and supplies, and enter inventory data.
- L. Receive and store incoming supplies, verify quantities against invoices, and report stock needs and/or shortages.
- M. Stock medication carts.
- N. Operates office equipment and uses word processing, spreadsheets, and other software applications to prepare reports, correspondence, letters, etc. as applicable.
- O. Create purchase orders, requisitions, and maintain inventory of all supplies through the electronic IOS™ purchasing system relevant to the position without supervision.
- P. Process and maintain all purchase orders, packing slips, receipts, and inventory within an effective and efficient records management system.
- Q. Submit all requests for services, repairs, and maintenance for all on-site equipment.
- R. Completes reporting tasks as assigned by supervisors and company policies and procedures, ensure that direct reports follow reporting requirements, submit all reports within time frame, and ensure that all information is accurate and accountable.
- S. Demonstrate professionalism by using objectivity, maintaining self-control when under pressure, separating professional from personal issues, displaying emotional maturity, maintaining a high degree of integrity, and promoting a positive work environment by setting an example.
- T. Participate in all monthly, quarterly, and annual meetings as assigned and required in accordance with contract compliance.
- U. Notify critical information to the next level of management that may have a negative impact on client and/or vendor relations or patient care.

I HAVE READ AND ACKNOWLEDGE FULL UNDERSTANDING OF THIS POSITION DESCRIPTION

Certified Medical Assistant: _____ Date _____

Health Services Admin.: _____

Director of Nursing: _____

Job Description Disclaimer

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Dental Assistant

Position

Requirements: Must have a high school diploma or GED certificate, hold an maintain the proper training and unrestricted certification as a Dental Assistant, with 1 year of dental experience in healthcare preferred. Must hold a current CPR card.

Status: Full time, Part time, PRN, Non-exempt

Accountable to: Health Services Administrator (HSA)/Dentist

Position

Summary: Under the direct supervision of the Health Services Administrator (HSA) and the on-site Dentist, the Dental Assistant is responsible for coordinating dental services and assisting the Dentist with patient care, instruments, supplies, documentation, and support to the function of the dental department as requested.

Physical Demands: Must have the physical and mental capacity to work in an environment that may be less than pristine, and manage and maintain physical and mental health when encountering stressful situations.

Performance

Expectations:

- A. Use knowledge and expertise to ensure that dental processes and systems are followed appropriately according to policies and procedures, company performance, and accreditation standards.
- B. Work cohesively with the Dentist in the coordination of the dental care delivery system within the facility.
- C. Use all functions and applications of TechCare™ relevant to the position with no supervision.
- D. Communicate effectively with clients, peers, and employees at all levels within the organization. Maintain clear lines of communication throughout issue-resolution processes.
- E. Demonstrate personal performance based on professional practice standards, relevant statutes, rules and regulations and organizational criteria.
- F. Assist in documentation and maintenance of all patient dental records.
- G. Assist in triaging and scheduling of all dental sick call requests.

- H. Prepare clinic with appropriate instruments and materials for scheduled visits.
- I. Assist Dentist during treatment by providing instruments, materials, retraction or suction, as requested.
- J. Mix and fabricate all restorative materials.
- K. Ensure that all equipment related to dental services is properly maintained and functioning.
- L. Maintain all records for maintenance of equipment related to dental services, including, but not limited to, disinfections, repairs, and safety checks.
- M. Evaluate the quality and effectiveness of dental services and assist in developing systems to ensure and monitor patient care and safety.
- N. Perform all sterilization and disinfection of all necessary equipment and tools between each scheduled dental visit.
- O. Develop all routine radiographs.
- P. Demonstrate professionalism by using objectivity, maintaining self-control when under pressure, separating professional from personal issues, displaying emotional maturity, maintaining a high degree of integrity, and promoting a positive work environment by setting an example.
- Q. Participate in all monthly, quarterly, and annual meetings as assigned and required in accordance with contract compliance.
- R. Notify critical information to the next level of management that may have a negative impact on client and/or vendor relations or patient care.

I HAVE READ AND ACKNOWLEDGE FULL UNDERSTANDING OF THIS POSITION DESCRIPTION

Dental Assistant: _____ Date _____

APPROVED BY:

DATE:

Health Services Admin.: _____

Dentist: _____

Job Description Disclaimer

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Dentist

Position

Requirements: Must hold a current unrestricted license as a dentist in the state of employment, current DEA registration, and a valid CPR card. A minimum of 2-3 years' experience in general practice residency with administrative experience is required with corrections experience preferred. Must possess strong written communication and verbal skills and have strong computer skills.

Status: Full time, Part time, PRN, Contract, Exempt or Non-exempt

Accountable to: Health Services Administrator (HSA), Medical Director, and Chief Medical Officer (CMO)

Physical Demands: Must have the physical and mental capacity to work in an environment that may be less than pristine, and manage and maintain physical and mental health when encountering stressful situations.

Position

Summary: Under the direct supervision of the Health Services Administrator (HSA), on-site Medical Director, and the Chief Medical Officer (CMO), the Dentist is responsible for ensuring that company goals and objectives are achieved in the dental service delivery area; leading, directing, managing, and evaluating dental services to ensure that contractual obligations and client expectations are met; providing dental services consistent with NCCHC, ACA, and community standards.

Performance

Expectations:

- A. Use knowledge and expertise to ensure that dental processes and systems are followed appropriately according to policies and procedures, company performance, and accreditation standards.
- B. Work cohesively with the HSA, Medical Director and other provider(s) in the coordination of the dental health care delivery system
- C. Use all functions and applications of TechCare™ relevant to the position with no supervision, and assist with TechCare™ training for dental staff training as requested.
- D. Communicate effectively with clients, peers, and employees at all levels within the organization. Maintain clear lines of communication throughout issue-resolution processes.
- E. Demonstrate personal performance based on professional practice standards, relevant statutes, rules and regulations and organizational criteria.

- F. Demonstrate professionalism by using objectivity, maintaining self-control when under pressure, separating professional from personal issues, displaying emotional maturity, maintaining a high degree of integrity, and promoting a positive work environment by setting an example.
- G. Participate in all monthly, quarterly, and annual meetings as assigned and required in accordance with contract compliance.
- H. Relay critical information to the next level of management that may have a negative impact on client and/or vendor relations or patient care.
- I. Participate in a collaborative approach of patient management using the knowledge and clinical resources of the health care staff to provide the resolution of diagnostic and therapeutic problems and the implementation of effective solutions.
- J. Utilize appropriate resources to resolve routine dental issues and performance improvement processes.
- K. Monitor referrals to outside health care facilities for appropriateness, quality, and continuity of care.
- L. Monitor non-formulary medication utilization and participate in formulary development and review to provide a full scope of benefit at optimum cost.
- M. Consult with site and community providers to resolve issues in delivering services to patients.
- N. Understand and ensure adherence to all contract terms, conditions, and requirements related to dental care. Provide feedback regarding any issues or variances regarding contract performance. Review Dashboards regularly to ensure all clinical needs are being met within the facility.
- O. Maintain overall dental care responsibility for the management of dental services to each patient, including those provided by consultants and offsite resources. Track and understand the dental related healthcare activities undergone by each patient for whom NaphCare has responsibility.
- P. Supervise and coach site dental assistant(s) and provide constructive and timely feedback to assist with obtaining professional goals.
- Q. Responsible for ensuring that the dental assistant(s) are educated on contract obligations and maintaining compliance with all company policies and procedures.
- R. Perform all dental assessments, radiographic exams, and dental treatment, to include emergency treatment such as oral surgery, restorative dentistry, and periodontal therapy within the scope of general dentistry.

- S. Ensure that all equipment related to dental services is properly maintained and functioning and ensure proper security related to all instruments, medications, and sharps.
- T. Evaluate the quality and effectiveness of dental services and develop systems to ensure and monitor patient care and safety. Ensure implementation and ongoing supervision of the on-site dental program using established clinical guidelines to support management of each condition.
- U. Ensure sterilization and disinfection of all necessary equipment and tools between each scheduled dental visit.
- V. Participate in training and orientation of healthcare staff as related to dental services, including, but not limited to, proper oral screening, dental hygiene, and assessment.
- W. Evaluate all patients returning from offsite dental visits by the end of the week to review any information regarding diagnosis, recommendations, or need for additional treatment.
- X. Ensure that all orders, treatments, or recommendations are reviewed and countersigned.
- Y. Formulate a working diagnosis, develop and implement a treatment plan, and evaluate/modify therapeutic regimens to promote positive patient outcomes.
- Z. Perform dental examinations and treatments as per the contract terms, conditions, and requirements.
- AA. Provide oral hygiene education and discharge instructions to all patients seen.
- BB. Ensure proper documentation and maintenance of all patient dental records.
- CC. Build productive working relationships with supervisors, security staff, healthcare staff, patients, vendors, and client. Establish and maintain professional relationships where you will be viewed by others as trusted and respectful.
- DD. Promote team building versus atmosphere of competition, recognize individual and team accomplishments. Encourage members of the team to share ideas and participate in discussions and decisions. Promote team approach with client and vendors, and ensure that this approach is implemented with all levels of staff.
- EE. Complete reporting tasks as assigned by company policies and procedures, submit all reports in a timely fashion, and ensure that all information is accurate and accountable.

FF. Respond to and initiate care for medical emergencies involving the visual system when present on-site.

GG. Provide phone consultation and support for the full time staff within the unit.

HH. Comply with continuing education requirements for the position and be mindful of any NCCHC Standards related to continuing education.

I HAVE READ AND ACKNOWLEDGE FULL UNDERSTANDING OF THIS POSITION DESCRIPTION

Dentist: _____

Date _____

APPROVED BY:

DATE:

Health Services Admin.: _____

Chief Medical Officer: _____

Job Description Disclaimer

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Director of Nursing (DON)

Position

Requirements: Must be hold a current unrestricted Registered Nurse license in the state of employment and hold a valid CPR card. A minimum of 3-5 years of progressive administrative/management experience in a healthcare setting, with 1 year experience in correctional healthcare preferred.

Status: Full time, Exempt

Accountable to: Health Services Administrator (HSA), Assistant Vice President of Clinical Operations

Position

Summary: In collaboration with the Health Services Administrator (HSA), the Director of Nursing (DON) is responsible for leading directing, managing, and evaluating all clinical nursing operations. He/she is responsible for staff development, nursing education, management of nursing practice, and for assuring all operations are in compliance with contract requirements, NCCHC, ACA, and professional nursing standards. The DON directs nursing care to provide quality healthcare and achieve the goals of the nursing department and ensures the integration of evidence-based practice and research application that fosters nursing excellence in the delivery of care.

Physical Demands: Must have the physical and mental capacity to work in an environment that may be less than pristine, and manage and maintain physical and mental health when encountering stressful situations. Must be able to exert up to 50 lbs of force, push, pull, and move objects to include the human body. Position may require he/she to stand or walk while performing duties or presenting.

Performance

Expectations:

- A. Uses administrative knowledge and expertise to ensure that clinical processes and systems are followed appropriately according to P&P, company performance and accreditation standards.
- B. Work cohesively with the HSA and Medical Director in the management of the healthcare delivery system and administrative operations in coordination with other functions within the facilities. Must direct activities of the healthcare staff.
- C. Monitor compliance with site-specific policies and procedures and take appropriate corrective action. Ensure compliance with ACA, NCCHC, company policies & procedures.

- D. Use all functions and applications of TechCare™ relevant to the position with no supervision, and ensures that all staff are trained and uses the TechCare system in accordance to Company Policies and Procedures.
- E. Use all functions and applications of ADP eTime and Scheduler™ relevant to the position with no supervision, ensure that all staff are trained and using the Time Stamp function in accordance with policy and procedure; and collaborate with the HSA to create staffing schedules within the ADP system.
- F. Maintain an open line of communication on a regular basis and work collaboratively in directing quality healthcare in compliance to contract requirements.
- G. Proactively take action to solve problems using organizational guidelines, meet established goals, take responsibility for results and outcomes, and knows when to consult others for results beyond own authority.
- H. Settle disputes equitably but not with over-accommodation or saying “yes” to soon or too often. Effectively work to reach agreement or de-escalate conflicts between staff members, and de-escalates conflict by finding common points and agreement.
- I. Communicate effectively with clients, peers, and employees at all levels of the organization. Maintains clear lines of communication throughout issue-resolution process, and viewed as a trusted advisor.
- J. Demonstrate personal performance based on professional practice standards, relevant statutes, rules and regulations and organizational criteria.
- K. Collaborate with nursing staff at all levels, interdisciplinary teams, executive leaders and other stakeholders in streamlining services within the facility.
- L. Comply with continuing education requirements for respective position and be mindful of any NCCHC Standards related to continuing education.
- M. Evaluate the quality and effectiveness of nursing practice and administration. Develop systems to ensure and monitor patient care and patient safety within the facility.
- N. Assist with recruiting efforts and demonstrate proficiency in assessing and selecting high performing managers with skills that would fit within the corrections environment. Coordinate and/or participate in the interviewing and selection of Independent Contractors.
- O. Ensure orientation of all clinical personnel by coordinating all new hire and annual training activities. Serve as a professional role model and mentor to motivate, develop, and retain nursing staff. Coordinate and evaluate nursing staff orientation and training to both facility and company policies, and develop and maintain nursing mentor program.

- P. Act as the nursing liaison to all medical disciplines, including but not limited to, dental and psychiatric services.
- Q. Proactively take action to solve problems using organizational guidelines, meet established goals, take responsibility for results and outcomes, and knows when to consult others for results beyond own authority.
- R. Assist with disaster plans and emergency preparation. Adhere to and enforce all safety and security policies and procedures and participate in all applicable safety/emergency drills.
- S. Make clinical rounds to all designated areas within the facility to ensure appropriateness of patient care plans implemented by the nursing staff.
- T. Recognize individual and team accomplishments, identifies staff with talent for potential promotion and succession planning, and ensures all annual performance evaluations are conducted and completed with personnel.
- U. Observe and evaluate the performance of the nursing staff and ensure all evaluations for nursing personnel are completed.
- V. Work in accordance with the HSA and the Medical Director to fulfill the contractual requirements for the delivery of quality healthcare.
- W. Assist and support staff in developing and maintaining problem-solving and nursing diagnoses competency.
- X. Ensure nursing practice conforms to state licensure, accreditation, and regulatory agency requirements, and company policies and procedures.
- Y. Identify and proactively communicate potential labor management issues and use appropriate resources to address labor management problems.
- Z. Establish a professional environment that supports ethical and legal standards of nursing practice. Models sound judgment regarding personal conduct/emotional maturity evidenced by handling conflict in the work environment, separating professional vs. personal issues, and effectively delivering care with compassion while maintaining objectivity.
- AA. Facilitate interdisciplinary collaboration in data analysis and decision-making process. Participate in all monthly, quarterly, and annual meetings as assigned and required in accordance with contract compliance. Utilize appropriate resources to resolve routine medical and clinical issues and has basic knowledge and skills related to performance improvement processes. Assist with the development tools for continuous quality assurance studies and coordinate staff members to participate in quality assurance activities.
- BB. Responsible for the management and oversight of the infection control program, and work cohesively with community in managing infection control.

I HAVE READ AND ACKNOWLEDGE FULL UNDERSTANDING OF THIS POSITION DESCRIPTION

Director of Nursing: _____

Date _____

APPROVED BY:

DATE:

Health Services Admin.: _____

Vice President of Western States: _____

Job Description Disclaimer

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Full Time Medical Director/Designated Health Authority

Position

Requirements: Must hold a current unrestricted license as a physician in the state of employment, current DEA registration, a valid CPR card, and be certified in a Board recognized by the American Board of Medical Specialties. A minimum of 3-5 years' experience in primary care with administrative experience in corrections and/or managed health care delivery preferred. Must possess strong written communication and verbal skills and have strong computer skills.

Status: Full time, Contract, Exempt, Non-Exempt

Accountable to: Health Services Administrator (HSA), and Corporate Medical Director (CMD)/Chief Medical Officer (CMO).

Physical Demands: Must have the physical and mental capacity to work in an environment that may be less than pristine, as well as manage and maintain physical and mental health when encountering stressful situations.

Position

Summary: Under the direct administrative supervision of the Health Services Administrator, and under the direct clinical supervision of the CMD/CMO. The Medical Director is responsible for ensuring that company goals and objectives are achieved in their assigned service delivery area by leading, directing, managing, and evaluating medical services to ensure that contractual obligations and client expectations are met. Responsible for assuring all medical services are in compliance with the requirements of NCCHC, ACA, and professional medical standards. Has final authority for clinical decisions at the facility.

Performance

Expectations:

- A. Use knowledge and expertise to ensure that processes and systems are followed appropriately according to policies and procedures, company performance, and accreditation standards.
- B. Work cohesively with the HSA, Medical Provider(s), Psychiatric Provider(s), Mental Health Director, and Social Services Director (when present) in the coordination of the health care delivery system, as well as other functions within the facility.
- C. Use all functions and applications of TechCare™ relevant to the position with no supervision. Coordinate with HSA and Corporate Office to ensure that all healthcare providers are appropriately trained in TechCare™.

- D. Communicate effectively with clients, peers, and employees at all levels within the organization. Maintain clear lines of communication throughout issue-resolution processes.
- E. Demonstrate personal performance based on professional practice standards, relevant statutes, rules and regulations, and organizational criteria.
- F. Demonstrate professionalism by using objectivity, maintaining self-control when under pressure, separating professional from personal issues, displaying emotional maturity, maintaining a high degree of integrity, and promoting a positive work environment by setting an example.
- G. Participate in and lead when indicated all monthly, quarterly, and annual meetings as assigned and required in accordance with contract compliance.
- H. Relay critical information to the next level of management that may have a negative impact on client and/or vendor relations or patient care.
- I. Evaluate patients in a variety of settings, including the initial intake area, mental health care unit, medical clinics, chronic care clinics, emergency situations, housing units, medical housing areas, and segregation units.
- J. Coordinate, lead, and participate as indicated in educational and training activities related to medical care for patients, security personnel, and healthcare staff.
- K. Cooperatively with the HSA, lead efforts to evaluate the quality and effectiveness of healthcare services, and assist in developing systems to ensure and monitor patient care and safety.
- L. Demonstrate the knowledge and skills necessary to refer for appropriate care, based on the physical, psychosocial, educational, safety, and related criteria, appropriate to the age of the patient(s) served.
- M. Participate in a collaborative approach of patient management using the knowledge and clinical resources of the health care staff to provide the resolution of diagnostic and therapeutic problems and the implementation of effective solutions.
- N. Maintain overall clinical responsibility within the facility.
- O. Utilize appropriate resources, including the clinical support of the CMD/CMO, to resolve routine medical and clinical issues and performance improvement processes.
- P. Understand and ensure adherence to all clinically relevant contract terms, conditions and requirements. Provide feedback and plans to the client regarding any issues or variances regarding contract performance.
- Q. Review all relevant Dashboards, Medication Review Lists, and Sick Call Lists daily to ensure all clinical needs are being met within the facilities.

- R. Provide direct and indirect basic medical care to meet the physiological, psychological, and emotional needs of the patient within the framework established by the correctional system.
- S. Respond to and initiate care for medical emergencies throughout the facility.
- T. Participate in emergency planning, disaster programming, and drills as appropriate.
- U. Be an active participant in the Utilization Management process and in that capacity be directly responsible for monitoring and pre-approval of all non-emergent referrals by the other on-site providers to outside health care facilities for appropriateness, quality, and continuity of care. Will respond in a timely and appropriate fashion to Corporate UM requests for clarifications and/or alternative plans regarding off-site and/or specialty care requests.
- V. Evaluate patients who are returning from off-site treatment by the end of the next work day, so as to review any information regarding the diagnosis, recommendations, or additional follow-up treatment required. Ensure that all orders, treatments, or recommendations are reviewed and countersigned following these outside referrals.
- W. Responsible for review of all emergent referrals to outside health care facilities for appropriateness and quality of care.
- X. Monitor and review non-formulary medication utilization of all medical providers and participate in formulary development and review to provide a full scope of medical benefit at optimum cost.
- Y. Conduct rounds in the medical and infirmary units, sick call visits, and chronic care management, using established clinical guidelines.
- Z. Provide phone consultation and support for the medical staff and ensure that all verbal orders are countersigned.
- AA. Formulate a working diagnosis, develop and implement a treatment plan, and evaluate/modify therapeutic regimens to promote positive patient outcomes.
- BB. Consult with site and community medical providers to resolve issues in delivering services to patients when not available through on-site resources.
- CC. Maintain overall primary care responsibility for the management of clinical issues of each patient, including those services provided by consultants and outside resources. Track and understand the healthcare activities undergone by each patient for whom NaphCare has responsibility.

- DD. Assure implementation and ongoing supervision of on-site chronic care clinics using established clinical guidelines to support the management of each chronic care condition.
- EE. Annually review and approve all clinical protocols, clinical policies, and procedures.
- FF. Work with the HSA to establish systems for the coordination of care among multidisciplinary health care providers.
- GG. Participate in and promote a culture of patient safety and continuous quality improvement.
- HH. Supervise and coach site medical providers by developing goals that will prepare providers for success in their daily work and provide constructive and timely feedback to assist providers in obtaining professional goals. Ensures all annual performance evaluations are conducted and completed.
- II. Responsible for ensuring that medical providers are educated on contract terms and obligations, and maintain provider compliance with all company policies and procedures.
- JJ. Assist with recruiting efforts for site providers and demonstrate proficiency in assessing and selecting candidates using interview techniques that help identify potential candidates with skills that fit in the corrections environment.
- KK. Complete reporting tasks as assigned by company policies and procedure, ensure that direct reports follow reporting requirements, submit all reports within time frame, and ensure that all information is accurate and accountable.
- LL. Proactively take action to solve problems and use objectivity and insightfulness when approaching problems, meet established goals, and take responsibility for results and outcomes.
- MM. Fundamentally understand the organizational structure and how to appropriately access resources. Use business knowledge and acumen to influence others. Communicates NaphCare organizational vision, strategy and objectives within the clinical team.
- NN. Build productive working relationships with supervisors, security staff, healthcare staff, patients, vendors, and client. Establish and maintain professional relationships where you will be viewed by others as trusted and respectful.
- OO. Seek mentors for coaching and counseling to support professional growth. Achieves established goals, communicates barriers in accomplishing goal, and seeks assistance and additional resources when needed to meet goal expectations.

PP. Promote team building verses atmosphere of competition, recognize individual and team accomplishments. Encourage members of the team to share ideas and participate in discussions and decisions. Promote team approach with client and vendors, and ensure that this approach is implemented with all levels of staff.

QQ. Complete at least 12 hours of CME pertinent to correctional health care per year.

RR. Maintain open lines of communication with jail command, NaphCare on-site leadership, any community partners, and NaphCare Corporate leadership.

I HAVE READ AND ACKNOWLEDGE FULL UNDERSTANDING OF THIS POSITION DESCRIPTION

Medical Director/DHA: _____ Date _____

APPROVED BY:

DATE:

Health Services Administrator: _____

Corporate Medical Director: _____

Job Description Disclaimer

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Health Services Administrator (HSA)

Position

Requirements:

BSN or Bachelor's degree in Healthcare Management/Administration or a comparable degree preferred. A minimum of 3-5 years of progressive administrative/management experience in a healthcare setting, with 1 year experience in correctional healthcare preferred. Must possess strong written communication, verbal skills, and computer skills.

Status:

Full time, Exempt

Accountable to:

Executive Vice President of Operations/Vice President of Operations

Position

Summary:

Under the direct supervision of the Chief Operating Officer and the Vice President of Operations, the Health Services Administrator (HSA) is responsible for ensuring that company goals and objectives are achieved in their assigned service delivery area, leading directing, managing, evaluating operations to ensure that contractual obligations and client expectations are met, and assuring all operations are in compliance with contract requirements, NCCHC, ACA, and professional nursing standards. Corporate travel may be required several times per year.

Physical Demands:

Must have the physical and mental capacity to work in an environment that may be less than pristine, and manage and maintain physical and mental health when encountering stressful situations.

Performance

Expectations:

- A. Maintains overall administrative responsibility within the facility.
- B. Reviews and analyzes budgeting and financial reports for the facility and develops corrective action plan as needed. Provides insight behind the numbers, assist direct reports with understanding budgeting planning and forecasting consistent with the contract financial plan.
- C. Utilize appropriate resources to resolve routine medical and clinical issues and performance improvement processes. Coaches and educates staff on gathering data and analysis of data, and implements corrective action and processes that ensures contract compliance.
- D. Understands and ensures that all areas adhere to all contract terms, conditions, and requirements. Provides feedback and plan to the client regarding any performance issues or variances. Review Dashboards daily to ensure all clinical needs are being met within the facility.

- E. Identify and proactively communicate potential labor management issues and use appropriate resources to address labor management problems. Coach and direct reports on how to use labor management tools, and how to interpret data to provide resolution or maintain staffing consistent with contractual obligations.
- F. Supervise and coach managers by developing goals that will prepare managers for succession planning and assist staff members in attaining those goals. Provide constructive and timely feedback to help staff obtain professional goals. Ensure all annual performance evaluations are conducted and completed.
- G. Responsible for ensuring staff are educated on contract terms and obligations, and that compliance with all company policies and procedures is maintained.
- H. Direct recruiting strategy, assist with recruiting efforts, and demonstrate proficiency in assessing and selecting high performing managers with skills that would fit within the corrections environment.
- I. Complete reporting tasks as assigned by company policies and procedures, ensure that direct reports follow reporting requirements, submit all reports within the timeframe allowed, and ensure that all information is accurate and accountable.
- J. Use all functions and applications of TechCare™ relevant to the position with no supervision, and ensures that all staff is trained and uses the TechCare system in accordance to Company Policies and Procedures.
- K. Use all functions and applications of ADP eTime and Scheduler™ relevant to the position with no supervision, ensure that all staff is trained and using the Time Stamp function in accordance with policy and procedure; and ensure that all staffing schedules are maintained within the ADP system.
- L. Proactively take action to solve problems and use objectivity and insightfulness when approaching problems, meet established goals, and take responsibility for results and outcomes.
- M. Fundamentally understand the organizational structure and how to appropriately access resources. Use business knowledge and acumen to influence others. Communicate NaphCare's organizational vision, strategy, and objectives within own team.
- N. Demonstrate professionalism by using objectivity, maintaining self-control when under pressure, separating professional from personal issues, displaying emotional maturity, maintaining a high degree of integrity, and promoting a positive work environment by setting an example.
- O. Build productive working relationships with supervisors, security staff, healthcare staff, patients, vendors, and clients. Establish and maintain professional relationships where you will be viewed by others as trusted and respectful.

- P. Seek mentors for coaching and counseling to support professional growth. Achieve established goals, communicate barriers in accomplishing goals, and seek assistance and additional resources when needed to meet goal expectations.
- Q. Promote team building versus atmosphere of competition, recognizing individual and team accomplishments. Encourage members to share ideas and participate in discussions and decisions. Promote team approach with client and vendors, and ensure that this approach is implemented with all levels of staff.
- R. Comply with continuing education requirements for respective position and be mindful of any NCCHC Standards related to continuing education.
- S. Maintain a web of influence, make visits at least monthly, and maintain open communication with clients.
- T. Coordinate disaster plans and emergency preparation. Adhere to and enforce all safety and security policies and procedures and participate in all applicable safety/emergency drills.
- U. Notify critical information to the next level of management that may have a negative impact on client and/or vendor relations or patient care.
- V. Coordinate all monthly, quarterly, and annual meetings in compliance with company policies and procedures.

I HAVE READ AND ACKNOWLEDGE FULL UNDERSTANDING OF THIS POSITION DESCRIPTION

Health Services Administrator: _____ Date _____

APPROVED BY:

DATE:

Executive Vice President: _____

Vice President of Western States: _____

Job Description Disclaimer

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Licensed Practical/Vocational Nurse (LPN/LVN)

Position

Requirements: Must be a graduate of an accredited program for practical or vocational nursing and hold and maintain a current, unrestricted nursing license in the state of employment, as well as a valid CPR card, with a minimum of 1 year clinical experience in a healthcare setting, with correctional healthcare experience preferred.

Status: Full time, Part time, PRN, Non-exempt

Accountable to: Health Services Administrator (HSA)/Director of Nursing (DON)/Registered Nurse (RN)

Position

Summary: Under the direct supervision of the Health Services Administrator (HSA), Director of Nursing (DON), and Registered Nurse(s) (RN), the LPN/LVN is responsible for providing nursing care within the scope of the State Board of Nursing Practice as directed by the Registered Nurse(s).

Physical Demands: Must have the physical and mental capacity to work in an environment that may be less than pristine, and manage and maintain physical and mental health when encountering stressful situations. Must be able to exert up to 50 lbs. of force, push, pull, and move objects, to include the human body. Position may require he/she to stand or walk while performing duties.

Performance

Expectations:

- A. Use knowledge and expertise to ensure that nursing processes and systems are followed appropriately according to policies and procedures, company performance, and accreditation standards.
- B. Work cohesively with the HSA, DON and RN(s) in the coordination of the healthcare delivery system, as well as other functions within the facility.
- C. Use all functions and applications of TechCare™ relevant to the position with no supervision, and assist with staff training as requested.
- D. Communicate effectively with clients, peers, and employees at all levels within the organization. Maintain clear lines of communication throughout issue-resolution processes.
- E. Demonstrate personal performance based on professional practice standards, relevant statutes, rules and regulations and organizational criteria.

- F. Take and document all patient history and vital signs, assist with examinations and/or treatments, and report all changes in patients' conditions.
- G. Administer all medications and document same on the Medication Administration Record (MAR) in TechCare™.
- H. Perform venipuncture and I.V. therapy, as approved by immediate supervisor.
- I. Collect samples, specimens, and cultures as requested by Provider order.
- J. Assist with daily triage/sick call, minor medical/surgical procedures, and transcribe all therapeutic orders generated by the Provider.
- K. Initiate and document prescribed protocol treatment in compliance with company policies and procedures.
- L. Comply with continuing education requirements for respective position and be mindful of any NCCHC Standards related to continuing education.
- M. Assist with evaluating the quality and effectiveness of the clinical services and assist in developing systems to ensure and monitor patient care and safety.
- N. Demonstrate professionalism by using objectivity, maintaining self-control when under pressure, separating professional from personal issues, displaying emotional maturity, maintaining a high degree of integrity, and promoting a positive work environment by setting an example.
- O. Participate in all monthly, quarterly, and annual meetings as assigned and required in accordance with contract compliance.
- P. Notify critical information to the next level of management that may have a negative impact on client and/or vendor relations or patient care.

I HAVE READ AND ACKNOWLEDGE FULL UNDERSTANDING OF THIS POSITION DESCRIPTION

Licensed Practical/Vocational Nurse: _____ Date _____

APPROVED BY:

DATE:

Health Services Admin.: _____

Director of Nursing: _____

Job Description Disclaimer

This position description is not limited to the duties as implied. NaphCare reserves the right to assign other duties that are job related and request the employee to perform other duties subject to all federal and state laws. NaphCare also reserves the right to modify this job description at any time.



Medical Discharge Planner

Position

Requirements: Must hold and maintain a Bachelor's Degree in a human service field, as well as a valid CPR card, with a minimum of 1 year experience in a clinical setting, with correctional healthcare experience preferred. Must have knowledge and experience in the development of discharge plans and coordination with community service providers.

Status: Full time, Part time, PRN, Contract, Exempt or Non-exempt

Accountable to: Health Services Administrator (HSA)/Director of Nursing (DON)/Medical Director and/or Physician

Position

Summary: Under the direct supervision of the Health Services Administrator (HSA), Director of Nursing (DON), and Medical Director and/or Physician, the Medical Discharge Planner is responsible for serving as a liaison in relation to all case management and discharge planning within the facility.

Physical Demands: Must have the physical and mental capacity to work in an environment that may be less than pristine, and manage and maintain physical and mental health when encountering stressful situations.

Performance Expectations:

- A. Use knowledge and expertise to ensure that processes and systems are followed appropriately according to policies and procedures, company performance, and accreditation standards.
- B. Work cohesively with the HSA, DON, and Medical Director and/or Physician in the coordination of the transitions in levels of care or release planning.
- C. Use all functions and applications of TechCare™ relevant to the position with no supervision, and assist with staff training as requested.
- D. Communicate effectively with clients, peers, and employees at all levels within the organization. Maintain clear lines of communication throughout issue-resolution processes.
- E. Demonstrate personal performance based on professional practice standards, relevant statutes, rules and regulations and organizational criteria.
- F. Coordinate with healthcare and security staff regarding patients' release dates.

- G. Assist patients with the identification of a support network, instructions for future care and follow-up, and concerns, complaints, and requests regarding care upon discharge.
- H. Assist patients with completion of all clinical and financial documentation needed for social service organizations.
- I. Conduct rounds with the physicians and meet with patients to discuss placement options, organize records for transition, and provide advice regarding community assistance organization, transportation options, etc.
- J. When notified of discharge date, initiate involvement with patient and staff members as appropriate to formulate a discharge plan and treatment.
- K. Demonstrate the knowledge and skills necessary to provide care, based on the physical, psychosocial, educational, safety, and related criteria, appropriate to the age of the patient(s) served.
- L. Assist patients with a specific plan for medication management, including information regarding risks and medication interactions.
- M. Involve patient in discharge planning, including the patient's level of functioning, financial resources, willingness to learn, and motivation to care for self.
- N. Act as a liaison for all referrals for involuntary examinations or crisis stabilization.
- O. Act as a liaison for all inpatient care management. Implement appropriate steps to include contact with physicians, health care staff, and utilization management.
- P. Coordinate care with community agencies, shelters, employment agencies, drug and alcohol counselors, or other social service organizations.
- Q. Comply with continuing education requirements for respective position and be mindful of any NCCHC Standards related to continuing education.
- R. Coordinate and participate in educational and training activities related to discharge planning for patients, security personnel, and healthcare staff.
- S. Demonstrate professionalism by using objectivity, maintaining self-control when under pressure, separating professional from personal issues, displaying emotional maturity, maintaining a high degree of integrity, and promoting a positive work environment by setting an example.
- T. Participate in all monthly, quarterly, and annual meetings as assigned and required in accordance with contract compliance.
- U. Notify critical information to the next level of management that may have a negative impact on client and/or vendor relations or patient care.

I HAVE READ AND ACKNOWLEDGE FULL UNDERSTANDING OF THIS POSITION DESCRIPTION

Medical Discharge Planner: _____ Date _____

APPROVED BY:

DATE:

Health Services Admin.: _____

Director of Nursing: _____

Medical Director/Physician: _____

Job Description Disclaimer

This position description is not limited to the duties as implied. NaphCare reserves the right to assign other duties that are job related and request the employee to perform other duties subject to all federal and state laws. NaphCare also reserves the right to modify this job description at any time.



Mental Health Professional (MHP)/Mental Health Clinician (MHC)

Position

Requirements: Must be a licensed Psychologist, Professional Counselor, Clinical Social Worker, or Registered Nurse. Must hold and maintain a current, unrestricted license in the state of employment, as well as a valid CPR card, with a minimum of 3 years' clinical experience in a mental health care setting, with correctional healthcare experience preferred. Must have knowledge and experience in the identification and treatment of mental health and co-occurring substance abuse disorders, discharge planning, principles of social work, basic principles of individual and group behavior, and a working knowledge of psychotropic medications.

Status: Full time, Part time, PRN, Contract, Non-exempt

Accountable to: Health Services Administrator (HSA)/Director of Nursing (DON)/Mental Health Director and/or Psychiatrist

Position

Summary: Under the direct supervision of the Health Services Administrator (HSA), Director of Nursing (DON), and Mental Health Director and/or Psychiatrist, the Mental Health Professional (MHP) or Mental Health Clinician (MHC) is responsible for providing mental health care within the scope of their license in the mental health unit of the facility.

Physical Demands: Must have the physical and mental capacity to work in an environment that may be less than pristine, and manage and maintain physical and mental health when encountering stressful situations. Must be able to exert up to 50 lbs. of force, push, pull, and move objects, to include the human body. Position may require he/she stand or walk while performing duties.

Performance

Expectations:

- A. Use knowledge and expertise to ensure that processes and systems are followed appropriately according to policies and procedures, company performance, and accreditation standards.
- B. Work cohesively with the HSA, DON and Mental Health Director and/or Psychiatrist in the coordination of the mental health care delivery system, as well as other functions within the facility.
- C. Use all functions and applications of TechCare™ relevant to the position with no supervision, and assist with staff training as requested.
- D. Communicate effectively with clients, peers, and employees at all levels within the organization. Maintain clear lines of communication throughout issue-resolution processes.

- E. Demonstrate personal performance based on professional practice standards, relevant statutes, rules and regulations and organizational criteria.
- F. Perform and document all patient history and vital signs, mental health screenings and/or evaluations, assist with examinations and/or treatments, and report all changes in patients' conditions.
- G. Participate in education and training activities for patients, security personnel, and other members of the mental health care staff.
- H. Evaluate patients in a variety of settings, including the initial intake area, mental health care unit, emergency situations, chronic care clinics, and infirmary/observation area.
- I. Ensure an effective discharge summary plan and complete documentation within the patient's health record.
- J. Demonstrate knowledge of DSM-IV-TR criteria with appropriate intervention.
- K. Conduct group and/or individual counseling for patients, as applicable.
- L. Comply with continuing education requirements for respective position and be mindful of any NCCHC Standards related to continuing education.
- M. Assist with evaluating the quality and effectiveness of the mental health services and assist in developing systems to ensure and monitor patient care and safety.
- N. Coordinate and participate in educational and training activities related to mental health care for patients, security personnel, and healthcare staff.
- O. Demonstrate professionalism by using objectivity, maintaining self-control when under pressure, separating professional from personal issues, displaying emotional maturity, maintaining a high degree of integrity, and promoting a positive work environment by setting an example.
- P. Participate in all monthly, quarterly, and annual meetings as assigned and required in accordance with contract compliance.
- Q. Notify critical information to the next level of management that may have a negative impact on client and/or vendor relations or patient care.

I HAVE READ AND ACKNOWLEDGE FULL UNDERSTANDING OF THIS POSITION DESCRIPTION

Mental Health Professional: _____ Date _____

APPROVED BY:

DATE:

Health Services Admin.: _____

Director of Nursing: _____

Mental Health Director/Psychiatrist: _____

Job Description Disclaimer

This position description is not limited to the duties as implied. NaphCare reserves the right to assign other duties that are job related and request the employee to perform other duties subject to all federal and state laws. NaphCare also reserves the right to modify this job description at any time.



Physician Assistant (PA)

Position

Requirements: Must hold a current unrestricted license as a Physician Assistant in the state of employment, current DEA registration, an appropriate collaborative agreement with the on-site Physician, a valid CPR card, and be certified in a Board recognized by the American Board of Medical Specialties. A minimum of 1 year experience in primary care with correctional healthcare preferred. Must possess strong written communication and verbal skills and have strong computer skills.

Status: Full time, Part-time, PRN, Contract, Exempt, Non-Exempt

Accountable to: Health Services Administrator (HSA)/Medical Director

Position

Summary: Under the direct supervision of the Health Services Administrator and the Medical Director, the Physician Assistant is responsible for ensuring that company goals and objectives are achieved in their assigned service delivery area, conducting, leading, directing, managing, and evaluating medical services to ensure that contractual obligations and client expectations are met. Responsible for assuring all medical services are in compliance with the requirements of NCCHC, ACA, and professional medical standards.

Physical Demands: Must have the physical and mental capacity to work in an environment that may be less than pristine, and manage and maintain physical and mental health when encountering stressful situations.

Performance

Expectations:

- A. Utilize appropriate resources, including the clinical support of the Medical Director and the Corporate Chief Medical Officer (CMO), to resolve routine medical and clinical issues and performance improvement processes.
- B. Understand and ensure adherence to all contract terms, conditions and requirements. Review Dashboards daily to ensure all clinical needs are being met within the facilities.
- C. Participate in a collaborative approach of patient management using the knowledge and clinical resources of every member of the health care staff to provide the resolution of diagnostic and therapeutic problems and the implementation of effective solutions.
- D. Monitor referrals to outside health care facilities for appropriateness, quality, and continuity of care. Ensure that all orders, treatments, or recommendations are reviewed and countersigned following outside referrals.

- E. Monitor non-formulary medication utilization and participate in formulary development and review to provide a full scope of medical benefit at optimum cost.
- F. Provide direct and indirect basic medical care to meet the physiological, psychological, and emotional needs of the patient within the framework established by the correctional system.
- G. Obtain history and perform physical examination to determine patient health status and communicate all findings verbally and in writing.
- H. Respond to and initiate care for medical emergencies throughout the facility.
- I. Participate in emergency planning, disaster programs, and drills as appropriate.
- J. Conduct rounds in the medical and infirmary units, sick call visits, and chronic care management, using established clinical guidelines.
- K. Schedule and perform laboratory and diagnostic procedures as assigned.
- L. Identify patient health conditions and prescribe treatment based on diagnosis with appropriate and timely referrals.
- M. Evaluate patients by the end of the next work day who are returning from offsite treatment to review any information regarding the diagnosis, recommendations, or additional follow-up treatment required.
- N. Provide phone consultation and support for the medical staff and ensure that all verbal orders are countersigned.
- O. Formulate a working diagnosis, develop and implement a treatment plan, and evaluate/modify therapeutic regimens to promote positive patient outcomes.
- P. Consult with site and community medical providers to resolve issues in delivering services to patients when not available through on-site resources.
- Q. Maintain overall primary care responsibility for the management of clinical issues of each patient, including those services provided by consultants and outside resources. Track and understand the healthcare activities undergone by each patient for whom NaphCare has responsibility.
- R. Assure implementation and ongoing supervision of onsite chronic care clinics using established clinical guidelines to support the management of each chronic care condition.
- S. Establish systems for the coordination of care among multidisciplinary health care providers.

- T. Complete reporting tasks as assigned by company policies and procedures, ensure that direct reports follow reporting requirements, submit all reports within time frame, and ensure that all information is accurate and accountable.
- U. Use all functions and application of TechCare™ relevant to the position with no supervision.
- V. Ensure proper clinical documentation, including, but not limited to, the use of SOAP notes, progress notes, chronic care management, appointment scheduling, and order entry.
- W. Participate in and promote a culture of patient safety and continuous quality improvement.
- X. Proactively take action to solve problems and uses objectivity and insightfulness when approaching problems, meet established goals, and take responsibility for results and outcomes.
- Y. Fundamentally understand the organizational structure and how to appropriately access resources. Uses business knowledge and acumen to influence others. Communicates NaphCare organizational vision, strategy and objectives within own team.
- Z. Demonstrate professionalism by using objectivity, maintaining self-control when under pressure, separating professional from personal issues, displaying emotional maturity, maintaining a high degree of integrity, and promoting a positive work environment by setting an example.
- AA. Build productive working relationships with supervisors, security staff, healthcare staff, patients, vendors, and client. Establish and maintain professional relationships where you will be viewed by others as trusted and respectful.
- BB. Seek mentors for coaching and counseling to support professional growth. Achieves established goals, communicates barriers in accomplishing goal, and seeks assistance and additional resources when needed to meet goal expectations.
- CC. Promote team building verses atmosphere of competition, recognize individual and team accomplishments. Encourage members of the team to share ideas and participate in discussions and decisions. Promote team approach with client and vendors, and ensure that this approach is implemented with all levels of staff.
- DD. Comply with continuing education requirements for respective position and be mindful of any NCCHC Standards related to continuing education.
- EE. Notify critical information to the next level of management that may have a negative impact on client or vendor relations.

FF. Participate and assist with coordination of all monthly, quarterly and annual meetings in compliance with company Policies and Procedures.

I HAVE READ AND ACKNOWLEDGE FULL UNDERSTANDING OF THIS POSITION DESCRIPTION

Physician Assistant: _____ Date _____

APPROVED BY:

DATE:

Health Services Administrator: _____

Chief Medical Officer _____

Job Description Disclaimer

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Psychiatric Nurse Practitioner

Position

Requirements: Must hold a current unrestricted license as a Nurse Practitioner in the state of employment, current DEA registration, an appropriate collaborative agreement with an on-site Physician, a valid CPR card, and be certified in a Board recognized by the American Board of Medical Specialties. A minimum of 1 year experience in psychiatric care within correctional healthcare preferred. Must possess strong written communication and verbal skills and have strong computer skills.

Status: Full time, Part time, PRN, Non-exempt

Accountable to: Administratively accountable to the HSA and Vice-President of Operations Corporate; clinically accountable to the On-Site Lead Psychiatrist and/or Collaborating Psychiatrist (if applicable), and Medical Director/Chief Psychiatrist.

Position

Summary: Under the supervision of the above noted individuals, the Psychiatric Nurse Practitioner is responsible for ensuring the delivery of quality mental health services to the inmate population with mental illness. Specific duties will include initial psychiatric evaluation(s), medication evaluation(s), crisis intervention, and participation in treatment plan development. The Psychiatric Nurse Practitioner is responsible for ensuring that all clinical services delivered comply with the requirements of NCCHC, ACA, and professional medical standards.

Physical Demands: Must have the physical and mental capacity to work in an environment that may be less than pristine, as well as manage and maintain physical and mental health when encountering stressful situations.

Performance

Expectations:

- A. Utilize appropriate resources, including the direct administrative support of the HSA, clinical support of the collaborating Psychiatrist, Lead On-Site Psychiatrist, and Corporate Medical Director/Chief Psychiatrist to resolve routine psychiatric, medical, and clinical issues and performance improvement processes.
- B. Understand and ensure adherence to all contract terms, conditions, and requirements. Review *TechCare™* Dashboards, Medication Review Lists, and Sick Call Lists daily to ensure all clinical needs are being met within the facility(ies) in a timely manner.
- C. Participate in a collaborative approach of patient management using the knowledge and clinical resources of every member of the health care staff to provide the resolution of diagnostic and therapeutic problems and the

implementation of effective solutions. Collaboration and consultation may be accomplished through use of telemedicine.

- D. Self-Monitor referrals to outside health care facilities for appropriateness, quality, and continuity of care. Ensure that all orders, treatments, or recommendations are reviewed and countersigned following outside referrals.
- E. Strive toward formulary adherence, and self-monitor non-formulary medication utilization and participate in formulary development and review to provide a full scope of medical benefit at optimum cost.
- F. Obtain history and perform psychiatric evaluation and re-evaluation to determine patient health status and communicate all findings verbally and in writing, as required.
- G. Respond to and initiate care for mental health emergencies throughout the facility.
- H. Participate in emergency planning, disaster programs and drills, as appropriate.
- I. Conduct rounds in the medical and infirmary units, confinement units, sick call visits, and chronic care management, using established clinical guidelines.
- J. Schedule and perform laboratory and diagnostic procedures as assigned.
- K. Identify patient health conditions and prescribe treatment based on diagnosis with appropriate and timely referrals.
- L. Evaluate patients returning from external psychiatric facilities by the end of the next work day to review any information regarding the diagnosis, recommendations, or additional follow-up treatment required.
- M. Provide phone consultation and on-call support, as assigned by the site leadership, for the medical staff and ensure that all verbal orders are countersigned.
- N. Formulate a working diagnosis, develop and implement a treatment plan, and evaluate/modify therapeutic regimens to promote positive patient outcomes.
- O. Consult with site and community mental health providers to resolve issues in delivering services to patients when not available through on-site resources.
- P. Assure implementation and ongoing supervision of on-site mental health clinics using established clinical guidelines to support the management of each mental health condition.

- Q. Establish systems for the coordination of care among multidisciplinary health care providers.
- R. Coordinate discharge planning with institutional and mental health staff to ensure continuity of care.
- S. Use all functions and applications of *TechCare™* relevant to the position and with no supervision.
- T. Ensure proper clinical documentation, including, but not limited to, the use of SOAP notes, psychiatric evaluation and progress notes, chronic care management, appointment scheduling, medication and treatment ordering.
- U. Participate in and promote a culture of patient safety and continuous quality improvement.
- V. Proactively take action to solve problems and uses objectivity and insightfulness when approaching problems, meet established goals, and take responsibility for results and outcomes.
- W. Fundamentally understand the organizational structure and how to appropriately access resources. Uses business knowledge and acumen to influence others. Communicates NaphCare organization vision, strategy, and objectives within the mental health team.
- X. Demonstrate professionalism by using objectivity, maintaining self-control when under pressure, separating professional from personal issues, displaying emotional maturity, maintaining a high degree of integrity, and promoting a positive work environment by setting an example.
- Y. Build productive working relationships with supervisors, security staff, healthcare staff, patients, vendors, and clients. Establish and maintain professional relationships where you will be viewed by others as trusted and respectful.
- Z. Relay critical information that may have a negative impact on client or vendor relations to the next level of management.
- AA. Comply with continuing education requirements for respective position and be mindful of any NCCHC Standards related to continuing education.
- BB. Psychiatric Nurse Practitioner may sign any orders, certifications, stamps, verifications, affidavits, or endorsements as are in accordance with the license of the nurse practitioner, within the scope of practice of the patient care team physician and not in conflict with federal law or regulation.

In accordance with the right and privileges granted through licensure by the Joint Boards of Nursing and Medicine, the Psychiatric Nurse Practitioner may order medical devices, and prescribe or dispense medications in Schedules II-VI.

I HAVE READ AND ACKNOWLEDGE FULL UNDERSTANDING OF THIS POSITION DESCRIPTION

Psychiatric Nurse Practitioner: _____

Date _____

APPROVED BY:

DATE:

Health Services Admin.: _____

Director of Nursing: _____

Lead Psychiatrist/Collaborating Psychiatrist: _____

Chief Medical Officer: _____

Job Description Disclaimer

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Psychiatric Nurse Practitioner (NP)

Position

Requirements: Must hold a current unrestricted license as a Nurse Practitioner in the state of employment, current DEA registration, an appropriate collaborative agreement with the on-site Physician, a valid CPR card, and be certified in a Board recognized by the American Board of Medical Specialties. A minimum of 1 year experience in primary care with correctional healthcare preferred. Must possess strong written communication and verbal skills and have strong computer skills.

Status: Full time, Part-time, PRN, Contract, Exempt, Non-Exempt

Accountable to: Health Services Administrator (HSA), Director of Mental Health Services(DMHS), Chief Corporate Psychiatrist (CCP), and Medical Director (MD)

Position

Summary: Under the direct supervision of the Health Services Administrator and the Director of Mental Health Services, the Psychiatric Nurse Practitioner is responsible for ensuring that company goals and objectives are achieved in their assigned service delivery area, conducting, leading, directing, managing, and evaluating medical services to ensure that contractual obligations and client expectations are met. The Psychiatric Nurse Practitioner is also responsible for assuring all medical services are in compliance with the requirements of NCCHC, ACA, and professional medical standards.

Physical Demands: Must have the physical and mental capacity to work in an environment that may be less than pristine, and manage and maintain physical and mental health when encountering stressful situations.

Performance Expectations:

- A. Utilize appropriate resources, including the clinical support of the Medical Director, and the Corporate Chief Medical Officer (CMO), to resolve routine medical and clinical issues and performance improvement processes.
- B. Understand and ensure adherence to all contract terms, conditions and requirements. Review Dashboards daily to ensure all clinical needs are being met within the facilities.
- C. Participate in a collaborative approach of patient management using the knowledge and clinical resources of every member of the health care staff to provide the resolution of diagnostic and therapeutic problems and the implementation of effective solutions.
- D. Monitor referrals to outside health care facilities for appropriateness, quality, and continuity of care. Ensure that all orders, treatments, or

recommendations are reviewed and countersigned following outside referrals.

- E. Monitor non-formulary medication utilization and participate in formulary development and review to provide a full scope of medical benefit at optimum cost.
- F. Provide direct and indirect basic medical care to meet the physiological, psychological, and emotional needs of the patient within the framework established by the correctional system.
- G. Obtain history and perform physical examination to determine patient health status and communicate all findings verbally and in writing.
- H. Respond to and initiate care for medical emergencies throughout the facility.
- I. Participate in emergency planning, disaster programs, and drills as appropriate.
- J. Conduct rounds in the medical and infirmary units, sick call visits, and chronic care management, using established clinical guidelines.
- K. Schedule and perform laboratory and diagnostic procedures as assigned.
- L. Identify patient health conditions and prescribe treatment based on diagnosis with appropriate and timely referrals.
- M. Evaluate patients by the end of the next work day who are returning from offsite treatment to review any information regarding the diagnosis, recommendations, or additional follow-up treatment required.
- N. Provide phone consultation and support for the medical staff and ensure that all verbal orders are countersigned.
- O. Formulate a working diagnosis, develop and implement a treatment plan, and evaluate/modify therapeutic regimens to promote positive patient outcomes.
- P. Consult with site and community medical providers to resolve issues in delivering services to patients when not available through on-site resources.
- Q. Maintain overall primary care responsibility for the management of clinical issues of each patient, including those services provided by consultants and outside resources. Track and understand the healthcare activities undergone by each patient for whom NaphCare has responsibility.
- R. Assure implementation and ongoing supervision of onsite chronic care clinics using established clinical guidelines to support the management of each chronic care condition.

- S. Establish systems for the coordination of care among multidisciplinary health care providers.
- T. Complete reporting tasks as assigned by company policies and procedures, ensure that direct reports follow reporting requirements, submit all reports within time frame, and ensure that all information is accurate and accountable.
- U. Use all functions and application of TechCare™ relevant to the position with no supervision.
- V. Ensure proper clinical documentation, including, but not limited to, the use of SOAP notes, progress notes, chronic care management, appointment scheduling, and order entry.
- W. Participate in and promote a culture of patient safety and continuous quality improvement.
- X. Proactively take action to solve problems and uses objectivity and insightfulness when approaching problems, meet established goals, and take responsibility for results and outcomes.
- Y. Fundamentally understand the organizational structure and how to appropriately access resources. Uses business knowledge and acumen to influence others. Communicates NaphCare organizational vision, strategy and objectives within own team.
- Z. Demonstrate professionalism by using objectivity, maintaining self-control when under pressure, separating professional from personal issues, displaying emotional maturity, maintaining a high degree of integrity, and promoting a positive work environment by setting an example.
- AA. Build productive working relationships with supervisors, security staff, healthcare staff, patients, vendors, and client. Establish and maintain professional relationships where you will be viewed by others as trusted and respectful.
- BB. Seek mentors for coaching and counseling to support professional growth. Achieves established goals, communicates barriers in accomplishing goal, and seeks assistance and additional resources when needed to meet goal expectations.
- CC. Promote team building verses atmosphere of competition, recognize individual and team accomplishments. Encourage members of the team to share ideas and participate in discussions and decisions. Promote team approach with client and vendors, and ensure that this approach is implemented with all levels of staff.
- DD. Completes at least 12 hours of CME pertinent to correctional health care per year.

EE. Notify critical information to the next level of management that may have a negative impact on client or vendor relations.

FF. Participate and assist with coordination of all monthly, quarterly and annual meetings in compliance with company Policies and Procedures.

I HAVE READ AND ACKNOWLEDGE FULL UNDERSTANDING OF THIS POSITION DESCRIPTION

Nurse Practitioner: _____ Date _____

APPROVED BY: _____ **DATE:** _____

Health Services Administrator: _____

Chief Medical Officer _____

Job Description Disclaimer

This position description is not limited to the duties as implied. NaphCare reserves the right to assign other duties that are job related and request the employee to perform other duties subject to all federal and state laws. NaphCare also reserves the right to modify this job description at any time.



Psychiatric/Mental Health Nurse

Position

Requirements: Must be a Registered Nurse or a graduate of an accredited program for practical or vocational nursing and hold and maintain a current, unrestricted nursing license in the state of employment, as well as a valid CPR card, with a minimum of 1 year clinical experience in a mental health care setting, with correctional healthcare experience preferred.

Status: Full time, Part time, PRN, Non-exempt

Accountable to: Health Services Administrator (HSA), Director of Nursing (DON), Psychiatric Provider(s)

Physical Demands: Must have the physical and mental capacity to work in an environment that may be less than pristine, and manage and maintain physical and mental health when encountering stressful situations. Must be able to exert up to 50 lbs. of force, push, pull, and move objects, to include the human body. Position may require he/she stand or walk while performing duties.

Position

Summary: Under the direct supervision of the Health Services Administrator (HSA), Director of Nursing (DON), and Psychiatric Provider(s), the Psychiatric/Mental Health Nurse is responsible for providing nursing care within the scope of the State Board of Nursing Practice in the mental health unit of the facility.

Performance

Expectations:

- A. Use knowledge and expertise to ensure that nursing processes and systems are followed appropriately according to policies and procedures, company performance, and accreditation standards.
- B. Work cohesively with the HSA, DON and Psychiatric Provider(s) in the coordination of the mental health care delivery system, as well as other functions within the facility.
- C. Use all functions and applications of TechCare™ relevant to the position with no supervision, and assist with staff training as requested.
- D. Communicate effectively with clients, peers, and employees at all levels within the organization. Maintain clear lines of communication throughout issue-resolution processes.
- E. Demonstrate personal performance based on professional practice standards, relevant statutes, rules and regulations and organizational criteria.

- F. Demonstrate professionalism by using objectivity, maintaining self-control when under pressure, separating professional from personal issues, displaying emotional maturity, maintaining a high degree of integrity, and promoting a positive work environment by setting an example.
- G. Participate in all monthly, quarterly, and annual meetings as assigned and required in accordance with contract compliance.
- H. Relay critical information to the next level of management that may have a negative impact on client and/or vendor relations or patient care.
- I. Evaluate patients in a variety of settings, including the initial intake area, mental health care unit, emergency situations, housing units, medical housing areas, and segregation units.
- J. Participate in educational and training activities related to mental health care for patients, security personnel, and healthcare staff.
- K. Assist with evaluating the quality and effectiveness of the mental health services and assist in developing systems to ensure and monitor patient care and safety.
- L. Demonstrate the knowledge and skills necessary to refer for appropriate care, based on the physical, psychosocial, educational, safety, and related criteria, appropriate to the age of the patient(s) served. Demonstrate knowledge of DSM-V criteria. Understand the role of the Mental Health Professional in a jail setting.
- M. Participate in a collaborative approach of patient management using the knowledge and clinical resources of the health care staff to provide the resolution of diagnostic and therapeutic problems and the implementation of effective solutions.
- N. Respond to and initiate care for medical and mental health emergencies within the facility.
- O. Perform and document all patient history and vital signs, mental health screenings and/or evaluations, assist with examinations and/or treatments, and report all changes in patients' conditions. Document in a thorough manner that relays a clear picture of the patient for the next healthcare professional who interacts with the patient.
- P. Ensure orders are implemented in a timely manner; medications are administered; and all progress notes and critical incidents are documented according to company policies and procedures.
- Q. Assist with daily triage/sick call, minor procedures, and transcribe all therapeutic orders generated by the Psychiatric Provider(s) as requested.
- R. Initiate and document prescribed protocol treatment in compliance with company policies and procedures.

- S. When required, ensure an effective discharge summary plan and complete documentation within the patient's health record.
- T. Complete at least 12 hours of CEU pertinent to correctional health care annually.

I HAVE READ AND ACKNOWLEDGE FULL UNDERSTANDING OF THIS POSITION DESCRIPTION

Psychiatric/Mental Health Nurse: _____ Date _____

APPROVED BY:

DATE:

Health Services Admin.: _____

Director of Nursing: _____

Job Description Disclaimer

This position description is not limited to the duties as implied. NaphCare reserves the right to assign other duties that are job related and request the employee to perform other duties subject to all federal and state laws. NaphCare also reserves the right to modify this job description at any time.



Registered Nurse (RN)

Position

Requirements: Must hold and maintain a current, unrestricted Registered Nurse license in the state of employment, as well as a valid CPR card, with a minimum of 1 year clinical experience in a healthcare setting, with correctional healthcare experience preferred.

Status: Full time, Part time, PRN, Non-exempt

Accountable to: Health Services Administrator (HSA)/Director of Nursing (DON)

Position

Summary: Under the direct supervision of the Health Services Administrator (HSA) and Director of Nursing (DON), the Registered Nurse is responsible for providing direct and indirect nursing care within the scope of the State Board of Nursing Practice.

Physical Demands: Must have the physical and mental capacity to work in an environment that may be less than pristine, and manage and maintain physical and mental health when encountering stressful situations. Must be able to exert up to 50 lbs. of force, push, pull, and move objects, to include the human body. Position may require he/she to stand or walk while performing duties.

Performance

Expectations:

- A. Use knowledge and expertise to ensure that nursing processes and systems are followed appropriately according to policies and procedures, company performance, and accreditation standards.
- B. Work cohesively with the HSA, and DON in the coordination of the healthcare delivery system, as well as other functions within the facility.
- C. Use all functions and applications of TechCare™ relevant to the position with no supervision, and assist with staff training as requested.
- D. Communicate effectively with clients, peers, and employees at all levels within the organization. Maintain clear lines of communication throughout issue-resolution processes.
- E. Demonstrate personal performance based on professional practice standards, relevant statutes, rules and regulations and organizational criteria.
- F. Respond to and initiate care for medical emergencies within the facility, including the ability to perform continuous CPR until properly relieved.

- G. Take and document all patient history and vital signs, assist with examinations and/or treatments, and report all changes in patients' conditions to the appropriate level of healthcare provider.
- H. Assist with daily triage/sick call, minor medical/surgical procedures, and patient assessments.
- I. Initiate and document prescribed protocol treatment in compliance with company policies and procedures.
- J. Collaborate with nursing staff at all levels, interdisciplinary teams, executive leaders and other stakeholders in streamlining services within the facility.
- K. Assist with disaster plans and emergency preparation. Adhere to and enforce all safety and security policies and procedures and participate in all applicable safety/emergency drills.
- L. Observe and evaluate the performance of the licensed practical/vocational nursing staff.
- M. Work in accordance with the HSA and the Director of Nursing to fulfill the contractual requirements for the delivery of quality healthcare.
- N. Comply with continuing education requirements for respective position and be mindful of any NCCHC Standards related to continuing education..
- O. Assist with evaluating the quality and effectiveness of the clinical services and assist in developing systems to ensure and monitor patient care and safety.
- P. Demonstrate professionalism by using objectivity, maintaining self-control when under pressure, separating professional from personal issues, displaying emotional maturity, maintaining a high degree of integrity, and promoting a positive work environment by setting an example.
- Q. Participate in all monthly, quarterly, and annual meetings as assigned and required in accordance with contract compliance.
- R. Notify critical information to the next level of management that may have a negative impact on client and/or vendor relations or patient care.

I HAVE READ AND ACKNOWLEDGE FULL UNDERSTANDING OF THIS POSITION DESCRIPTION

Registered Nurse: _____

Date _____

APPROVED BY:

DATE:

Health Services Admin.: _____

Director of Nursing: _____

Job Description Disclaimer

This position description is not limited to the duties as implied. NaphCare reserves the right to assign other duties that are job related and request the employee to perform other duties subject to all federal and state laws. NaphCare also reserves the right to modify this job description at any time.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/17/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

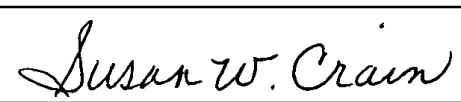
| | | |
|--|--|--|
| PRODUCER VIG, LLC., dba/The Vestavia Group 2090 Columbiana Road, Suite 4400 Birmingham, AL 35216 | CONTACT NAME: PHONE (A/C No. Ext): 205-552-0244 FAX (A/C No.): 205-244-8072 | |
| | E-MAIL ADDRESS: susan.crain@naphcare.com | |
| INSURED NaphCare, Inc. 2090 Columbiana Road, Suite 4000 Birmingham AL 35216 | INSURER(S) AFFORDING COVERAGE NAIC # | |
| | INSURER A: ProAssurance Casualty Company "A+" XII 38954 | |
| | INSURER B: Great American Insurance Company "A+" XIV 16691 | |
| | INSURER C: The Travelers Insurance Company "A+" XV 19046 | |
| | INSURER D: | |
| | INSURER E: | |
| INSURER F: | | |

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|-----------|----------|---|-------------------------|-------------------------|---|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | N | N | ES1840 | 09/30/2017 | 09/30/2018 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 |
| B | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | N | N | CAP 1116396 | 09/30/2017 | 09/30/2018 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXX BODILY INJURY (Per accident) \$ XXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXX |
| A | <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB OCCUR CLAIMS-MADE DED RETENTION \$ | N | N | ES1840 | 09/30/2017 | 09/30/2018 | EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 |
| C | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N | N/A | TC2NUB-9D896241-17 TROUB-9D896253-17 | 09/30/2017 | 09/30/2018 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |
| A | Professional Liability Claims Made | N | N | ES1840 | 09/30/2017 | 09/30/2018 | Each Med. Incident \$1,000,000 Annual Aggregate \$5,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

| | |
|---|---|
| CERTIFICATE HOLDER Clackamas County Procurement Division Clackamas County Public Services Building 2051 Kaen Rd. Oregon City, OR 97045 | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| | AUTHORIZED REPRESENTATIVE  |

NaphCare, Inc.
Three Year Healthcare Services Litigation History

| Facility Location | Case Number | Case Style | Jurisdiction | Date Filed | Date Closed | Disposition |
|--|-----------------------|---|--|------------|-------------|---|
| Clark County Detention Center, NV | 2:11cv1301-PMP-LRL | Estate of Francesco Sanfilippo v. LVMPD, et al. | USDC of Nevada | 08/11/11 | 03/29/16 | Confidential settlement |
| Clark County Detention Center, NV | 2:12-CV-00918-APG-CWH | Charlie Cabrera v. LVMPD | USDC of Nevada | 02/09/13 | 03/30/16 | Defendants' Motion for Summary Judgment Granted |
| Westmoreland County Prison, PA | 12-984 | Melvin Knight v. John Walton et al. | USDC Western District of PA | 05/30/13 | 09/24/15 | Dismissed |
| Clark County Detention Center, NV | 3:14-cv-00056 | Neill Samuel v. Melody Molinaro et al. | USDC of Nevada | 01/27/14 | 03/24/16 | Defendants' Motion for Summary Judgment Granted |
| Wende Correctional Facility | 1:14-cv-62 -WMS | Armando Torres v. St of NewYork et.al | USDC Western District of New York | 01/30/14 | 08/21/15 | Dismissed |
| Newton County Detention Facility, GA | cv 14EV000567E | Latish Durden v. NaphCare, et al. | State Court of Fulton County Civil Division | 03/17/14 | 09/08/16 | Defendants' Motion for Summary Judgment Granted |
| Montgomery County Jail, OH | 3:14-cv-158 | Estate of Robert Richardson v. NaphCare, et al. | USDC Southern District of Ohio | 05/19/14 | 01/17/17 | Confidential settlement & case dismissed |
| Clark County Detention Center, NV | A-14-699236-C | Keith Scholl v. Clark County Detention Center, et al. | Clark County District Court | 06/04/14 | 08/11/15 | Dismissed without prejudice |
| Hampton Roads Regional Jail, VA | 1-14-v-657 | Tamar Harvey v. Dr. Emran, et al. | USDC Eastern District of Virginia | 06/04/14 | 11/02/15 | Defendants' Motion for Summary Judgment Granted |
| Clark County Detention Center, NV | 2:13-cv-01181-jad-cwh | Estate of Luis Solano v. NaphCare, et al | USDC of Nevada | 07/09/14 | 09/01/15 | Confidential settlement & case dismissed |
| Clark County Detention Center, NV | 2:14-cv- 01175 | Dillon Hill V. LVMPD | USDC of Nevada | 07/18/14 | 06/30/16 | Defendants' Motion for Summary Judgment Granted |
| Suffolk County House of Corrections, MA | 14-2420 | James Jah v. NaphCare, et al | Suffolk Superior Court | 07/30/14 | N/A | Litigation pending |
| Federal Medical Center Butner, NC | 5:14-CT-3204-FL | Eduardo Benavides v. Dr. Daniel Cuscela, et al. | USDC Eastern District of North Carolina | 08/11/14 | 11/15/15 | Dismissed |
| Clark County Detention Center, NV | 2:14 cv-01389 | Susan Reabe v. NaphCare, et al. | USDC of Nevada | 08/27/14 | 10/05/15 | Confidential settlement |
| Stateville Correctional Center, IL | 14-cv-7123 | Ladell Henderson v. Beverly Turner | USDC Northern District of Illinois | 09/11/14 | 08/09/17 | Confidential settlement |
| Worcester County Jail, MA | 14-01534 | Thomas Cimeno v. Commonwealth of MA, et al. | Worcester Superior Court | 09/15/14 | 02/07/18 | Confidential settlement & case dismissed |
| Hampton Roads Regional Jail, VA | 02:14-cv550 | Emanuel McCants v. Giovanni Sneed, et al. | USDC Eastern District of VA | 10/15/14 | 04/08/16 | Dismissed |
| Federal Correctional Complex Terre Haute, IN | 2:14-cv-365 | Anthony Collier v. NaphCare, et al. | USDC Southern District of IN | 12/04/14 | 06/01/17 | Defendants' Motion for Summary Judgment Granted |
| Clark County Detention Center, NV | 2:15 cv-27-JAD-PAL | Daniel Weathers v. NaphCare, et al. | USDC of Nevada | 01/06/15 | 12/03/15 | Dismissed |
| Clark County Detention Center, NV | 02:14 cv-1468 | Donald W. Moon v. NaphCare, Inc. et al. | USDC of Nevada | 01/21/15 | 09/17/15 | Confidential settlement & case dismissed |
| Clark County Detention Center, NV | A-15-715896-c | Duane Reitz v. NaphCare, et al. | District Court of Clark County, NV | 01/26/15 | 03/03/16 | Dismissed for failure to serve defendants |
| Clark County Detention Center, NV | 2:14-cv-1560 | Christopher S. Hunter v. NaphCare | USDC of Nevada | 01/26/15 | 12/22/16 | Dismissed |
| Clark County Detention Center, NV | 2:15-00324 | Robin and Beverly Bruins v. Osborne et al. | USDC of Nevada | 03/04/15 | 04/19/17 | Dismissed with prejudice |
| Clark County Detention Center, NV | A-15-716917 | Dwight McIntyre v. NaphCare, et al | District Court of Clark County, NV | 04/14/15 | 07/13/17 | Dismissed by Court |
| Clark County Detention Center, NV | 2:15-cv-1212 | Manuel Rodriguez v. LVMPD, et al | USDC of Nevada | 06/25/15 | 11/19/17 | Dismissed without prejudice |
| Suffolk County House of Corrections, MA | SUCV2015-1758-D | Robert Strickland v. NaphCare, Inc. | Commonwealth of MA Superior Court, Suffolk Co. | 07/11/15 | 01/23/17 | Judgment of Dismissal |
| Federal Correctional Complex Terre Haute, IN | 2:15-cv-228-JMS-WGN | Abdul Aziz Rashid Muhammad v. Ashley Matchett, et al | USDC Southern District of Indiana | 07/27/15 | 03/22/18 | Defendants' Motion for Summary Judgment Granted |
| Virginia Beach Correctional Center, VA | 3:15-cv-439 | Stacey Lassiter v. Dr. Jamaludeen/Cartwright | USDC Eastern District of VA | 07/28/15 | 03/31/17 | Dismissed without prejudice |
| Essex County Correctional Facility, MA | cv-14-14767 | Willie Wallace v. NaphCare | USDC of Massachusetts | 08/24/15 | 02/10/17 | Defendants' Motion to Dismiss Granted |
| Virginia Beach Correctional Center, VA | 1-15-cv-1099 | Christopher Feagin v. Dr. Jamaludeen et al. | USDC Eastern District of VA | 08/31/15 | 05/16/16 | Dismissed by Court |
| Two Rivers Correctional Institution, OR | 2:15-cv-1724 | Corey Pritchett v. Lyle Smith et al | USDC of OR | 09/10/15 | 12/27/16 | Defendants' Motion for Summary Judgment Granted |
| Clark County Detention Center, NV | 2:14-cv-01426 | Robin Lee v. LVMPD | USDC of Nevada | 09/17/15 | 01/27/17 | Defendants' Motion for Summary Judgment Granted |
| Central Prison, NC | 5:15-ct-3251 | Antonio Ortiz v. Dr. Metiko, et al. | USDC Eastern District of NC | 09/28/15 | N/A | Litigation pending |
| Virginia Beach Correctional Center, VA | 2:15-cv-274 | Tyrell Reese v. NaphCare | USDC Eastern District of VA | 09/29/15 | 01/29/16 | Dismissed |
| Virginia Beach Correctional Center, VA | 2:15-cv-00260 | Adam Deulio v. VA Beach Sheriffs Office, et al | USDC Eastern District of VA | 09/30/15 | 11/01/16 | Dismissed |
| Clark County Detention Center, NV | a-15-726182-c | Vanessa Kelley v. NaphCare | District Court Clark County, NV | 10/28/15 | 08/24/16 | Defendants' Motion to Dismiss Granted |
| US Penitentiary Victorville, CA | 2:15-cv-6627-BRO-AS | Royce Gay v. Dr. Saroj Fulani, et al | USDC Central District of CA | 11/05/15 | 11/04/16 | Dismissed |
| Hamilton County Justice Center, OH | 1:15-cv-00512 | Estate of Martie Clark v. NaphCare, et al | USDC Southern District of Ohio | 11/06/15 | N/A | Litigation pending |
| Washington County Jail, OR | 3:15-cv-2173 | Joshua Mulbreght v. NaphCare | USDC of OR | 11/20/15 | 03/22/17 | Plaintiff voluntarily dismissed lawsuit |
| Clark County Detention Center, NV | 2:15-cv-816 | Mark Picozzi v. Clark County Detention Center, et al | USDC of Nevada | 11/25/15 | N/A | Litigation pending |
| Hamilton County Justice Center, OH | 1:15-cv-238 | Estate of James Barton v. NaphCare | USDC Southern District of Ohio | 12/04/15 | 03/08/16 | Dismissed by Court |
| Clark County Detention Center, NV | 2:15-cv-02444 | Estate of Kathy Ritner v. LVMPD | USDC of NV | 12/21/15 | 09/16/16 | Defendants' Motion to Dismiss Granted |
| Washington County Jail, OR | 3:15-cv-2343 | James Gialloredo v. NaphCare | USDC of Oregon | 12/28/15 | 11/21/16 | Defendants' Motion for Summary Judgment Granted |
| Newton County Detention Facility, GA | 1:15-cv-4474 | Estate of Jade Tramel v. NaphCare | USDC Northern District of GA | 12/28/15 | 03/17/17 | Plaintiff voluntarily dismissed lawsuit |
| Hamilton County Justice Center, OH | 1:16-cv-248 | Veronica Stewart and Kelli Moll v. Hamilton County Sheriff, et al | USDC Southern District of Ohio | 01/19/16 | 07/08/16 | Dismissed by Court |
| Virginia Beach Correctional Center, VA | 2:16-cv-31 | Christopher Churchya v. P Bryan, et al | USDC Eastern District of VA | 01/27/16 | 09/14/17 | Defendants' Motion for Summary Judgment Granted |
| Clark County Detention Center, NV | 2:15-cv-01670 | Charon Brown v. NaphCare et al | USDC of NV | 02/01/16 | 06/02/16 | Dismissed by Court |
| Stateville Correctional Center, IL | 15-cv-10936 | Estate of Gerald Green v. NaphCare | USDC Northern District of IL | 02/17/16 | N/A | Litigation pending |
| Suffolk County House of Corrections, MA | 1:16-cv-10359 | John Horan v. NaphCare et al | USDC of MA | 02/22/16 | N/A | Litigation pending |
| Mobile County Jail, AL | 1:15-cv-371 | Steven Smith (as conservator for Brandon Jefferies) v. NaphCare | USDC Southern District of Alabama | 03/01/16 | N/A | Litigation pending |

NaphCare, Inc.
Three Year Healthcare Services Litigation History

| | | | | | | |
|---|------------------|--|---|----------|----------|---|
| Clark County Detention Center, NV | A-16-732956 | Jason Mahe v. NaphCare | Clark County District Court, NV | 03/04/16 | 01/23/17 | Dismissed by Court |
| Suffolk County House of Corrections, MA | 16-0923G | Kim DeFranzo v. NaphCare | Suffolk Superior Court | 03/19/16 | 11/29/17 | Dismissed with prejudice |
| Clark County Detention Center, NV | 2:16-cv-734 | Toney White v. Clark County et al | USDC of Nevada | 04/01/16 | N/A | Litigation pending |
| Pierce County Jail, WA | 3:16-CV-5153 | Nathan Alicea v. NaphCare et al | USDC Western District of WA | 04/25/16 | 07/27/17 | Defendants' Motion for Summary Judgment Granted |
| Hampton Roads Regional Jail, VA | 2:16-cv-229 | Estate of Janycheal Mitchell v. NaphCare | USDC Eastern District of VA | 05/10/16 | N/A | Litigation pending |
| Clark County Detention Center, NV | A-16-736910-c | Moshe Banner v. NaphCare et al | Clark County District Court, NV | 05/18/16 | 01/11/18 | Plaintiff voluntarily dismissed lawsuit |
| Hillsborough County, FL | 8:16-cv-647 | Willie Hale v. NaphCare | USDC Middle District of FL | 06/20/16 | 09/20/17 | Defendants' Motion for Summary Judgment Granted |
| Virginia Beach Correctional Center, VA | 1:16-cv-638 | Joshua Allen v. Dr. Jamaludeen et al. | USDC Eastern District of VA | 07/11/16 | 02/03/17 | Defendants' Motion for Summary Judgment Granted |
| Suffolk County House of Corrections, MA | 1584cv-03738 | Estate of Ariel Cartegna v. NaphCare | Mass Superior Court | 07/15/16 | 09/22/17 | Plaintiff voluntarily dismissed lawsuit |
| Washoe County Detention Center, NV | 3:16-cv-258 | John Walker v. Dr. Hahn, et al | USDC of NV | 07/20/16 | 01/31/17 | Dismissed |
| Clark County Detention Center, NV | A-16-741293-C | Ashley Aaron v. NaphCare, et al | Clark County District Court, NV | 07/20/16 | N/A | Litigation pending |
| Pierce County Jail, WA | 3:16-cv-5667 | Estate of Matthew Smith v. NaphCare | USDC Western District of WA | 07/31/16 | 03/08/18 | Confidential settlement & case dismissed |
| Richmond City Justice Center, VA | 2:16-cv-536 | Dedric Morris v. Ermagean Flowers, et al | USDC Eastern District of VA | 10/03/16 | 02/20/17 | Dismissed |
| Montgomery County Jail, OH | 3:16-cv-437 | Jeffrey Day v. Naphcare, et al. | USDC Southern District of Ohio | 10/18/16 | N/A | Litigation pending |
| Spokane County Jail, WA | 2:16-cv-298 | Brian Gilliam v. Julie Hutchinson, et al | USDC Eastern District of Washington | 10/25/16 | 07/19/17 | Dismissed for failure to serve defendants |
| Worcester County Jail, MA | 16-1655A | Mark Suprenant v. Correctional Officer Kevin Carlo, et al. | Commonwealth of MA Worcester Superior Court | 10/28/16 | 11/09/17 | Dismissed |
| Worcester County Jail, MA | 16-1687A | Estate of Eric Botcher v. Commonwealth of Mass, et al. | Commonwealth of MA Worcester Superior Court | 11/04/16 | N/A | Litigation pending |
| Hampton Roads Regional Jail, VA | 1:16-cv-1060 | Carlton Dillard v. Dr. Konolgo | USDC Eastern District of VA | 11/07/16 | 06/08/17 | Defendants' Motion for Summary Judgment Granted |
| Clark County Detention Center, NV | 2:16-cv-1051 | Frank Birch v. Dr. Larry Williamson et al. | USDC of NV | 11/21/16 | 03/29/18 | Defendants' Motion for Summary Judgment Granted |
| Richmond City Justice Center, VA | 3:16-cv-952 | Estate of Gregory Hill v. NaphCare | USDC Eastern District of VA | 12/01/16 | 11/02/17 | Confidential settlement & case dismissed |
| Clark County Detention Center, NV | A-16-746052-C | Justin Langford v. NaphCare | Clark County District Court | 12/16/16 | 03/29/17 | Defendants' Motion to Dismiss Granted |
| Clark County Detention Center, NV | A-16-748283 | Donald Kinsman v. NaphCare, et al | Clark County District Court | 12/16/16 | 04/16/18 | Defendants' Motion for Summary Judgment Granted |
| Pierce County Jail, WA | 3:16-cv-6054 | Ray Charles Harris v. Miguel Balderama, et al | USDC Western District of Washington | 12/27/16 | 11/15/17 | Plaintiff voluntarily dismissed lawsuit |
| Montgomery County Jail, OH | 3:16-cv-517 | James Howard v. Montgomery County Board of Comm., et al | USDC Southern District of Ohio | 12/27/16 | N/A | Litigation pending |
| Hillsborough County, FL | 17-CA-000320 | Aaron Porter v. David Gee, et al. | Hillsborough County Circuit Civil Division | 01/05/17 | 10/03/17 | Dismissed |
| Clark County Detention Center, NV | A-17-749668-C | Estate of Garrett Gardner v. NaphCare | Clark County Circuit Court, NV | 01/17/17 | N/A | Litigation pending |
| Black Hawk County Jail, IA | 6:17-cv-2003 | Montavious Smith v. Black Hawk County Jail | USDC Northern District of Iowa | 01/25/17 | N/A | Litigation pending |
| Hillsborough County, FL | 8:17-cv-248 | Gelsey Suarez v. David Gee, et al | USDC Middle District of FL | 02/02/17 | 07/19/17 | Defendants' Motion to Dismiss Granted |
| Clark County Detention Center, NV | 2:17-cv-562 | Luis Cervantes v. LVMPD | USDC of NV | 02/21/17 | N/A | Litigation pending |
| Richmond City Justice Center, VA | 3:17-cv-167 | Benjamin Andrews v. Sheriff T. Woody et al. | USDC Eastern District of VA | 02/28/17 | N/A | Litigation pending |
| Clark County Detention Center, NV | A-17-754105-C. | Joe Clary v. Dr. Mondora, et al | Clark County District Court | 03/06/17 | 06/16/17 | Dismissed without prejudice |
| Hamilton County Justice Center, OH | 1:17-cv-219 | John Klein v. Hamilton County Ohio, et al | | 04/03/17 | N/A | Litigation pending |
| Federal Medical Center Butner, NC | 5:16-ct-3220 | Shirland Fitzgerald v. Warden Atkinson, et al (David Cuscela) | USDC Eastern District of NC | 04/04/17 | N/A | Litigation pending |
| Montgomery County Jail, OH | 2018 cv-1937 | Anne Johnson, Admin of Estate of Sasha Garvin v. NaphCare | Montgomery County, OH Court of Common Pleas | 05/03/17 | N/A | Litigation pending |
| Clark County Detention Center, NV | A-17-755051-C | Manuel Garcia v. Clark County Sheriff's | Clark County District Court | 05/05/17 | N/A | Litigation pending |
| Kings County Jail, CA | 1:17-at-253 | Michael Valdez v. Hanford Police Officer Larry Leeds, et al | USDC Eastern District of California | 05/23/17 | N/A | Litigation pending |
| Richmond City Justice Center, VA | 760c116002476-00 | Paris Loving-Johnson v. NaphCare, et al. | Richmond Circuit Court | 05/23/17 | N/A | Litigation pending |
| Hillsborough County, FL | 8:17-cv-1242 | Jimmy Dell Bowen v. Sheriff David Gee | USDC Middle District of FL | 05/25/17 | N/A | Litigation pending |
| Virginia Beach Correctional Center, VA | 1:17-cv-241 | Jason Jalilian. V. NaphCare | USDC Eastern District of VA | 06/20/17 | 09/27/17 | Plaintiff voluntarily dismissed lawsuit |
| Spokane County Jail, WA | 4:17-cv-5086 | Shawn Cottrell v. NaphCare et al | USDC Eastern District of Washington | 06/20/17 | N/A | Litigation pending |
| Virginia Beach Correctional Center, VA | 1:17-cv-767-CMH | George Delaney v. Abdul Jamaludeen | USDC Eastern District of VA | 07/06/17 | N/A | Litigation pending |
| Pierce County Jail, WA | 3:17-cv-5522 | Jonathan Turner v. NaphCare | USDC Western District of WA | 07/10/17 | N/A | Litigation pending |
| Clark County Detention Center, NV | 2:17-cv-1886 | Estate of Jeremiah Bowling - Admin: Patricia Fitzpatrick v. LVMPD, et al | USDC of NV | 07/10/17 | N/A | Litigation pending |
| Pierce County Jail, WA | 3:17cv-5605 | Gary Casterloe-Bey v. NaphCare | USDC of WA | 08/02/17 | N/A | Litigation pending |
| Montgomery County Jail, OH | 3:17-cv-00006 | Joseph Guglielmo v. Montgomery County - NaphCare is Third Party Def. | USDC Southern District of OH | 08/22/17 | 12/20/17 | Dismissed by Court |
| Clark County Detention Center, NV | 2:17-cv-111 | Will Sitton v. LVMPD, et al | USDC of NV | 08/30/17 | N/A | Litigation pending |
| Montgomery County Jail, OH | 3:17-cv-310-TMR | Marsha Pate-Strickland v. Montgomery County Bd of Commissioners | USDC Southern District of Ohio | 09/06/17 | 10/17/17 | NaphCare Dismissed & county settled |
| Pierce County Jail, WA | 3:17-cv-5716 | David Curry v. NaphCare | USDC Western District of Washington | 09/07/17 | N/A | Litigation pending |
| Pierce County Jail, WA | 3:17-cv-5800 | Jamar Odom v. Jon Slothower et al | USDC Western District of Washington | 10/04/17 | 03/29/18 | Defendants' Motion to Dismiss Granted |
| Clark County Detention Center, NV | A-17-763488-C | July Robeldo v. Clark County | Clark County District Court | 10/23/17 | N/A | Litigation pending |
| Virginia Beach Correctional Center, VA | 1:17-cv-1000 | Antonio Garibaldi v. Dr. Vallis & Dr. Haydu | USDC Eastern District of VA | 10/24/17 | N/A | Litigation pending |

NaphCare, Inc.
Three Year Healthcare Services Litigation History

| | | | | | | |
|--|---------------|---|---|----------|----------|-----------------------------|
| Hamilton County Justice Center, OH | 1:17-cv-724 | Lisa Britt Administrix of Estate of Tommy Britt v. Hamilton County, et al | USDC Southern District of Ohio | 10/27/17 | N/A | Litigation pending |
| Mobile County Jail, AL | 17-cv-479 | Mark Reese v. Sheriff Sam Cochran, et al | USDC Southern District of Alabama | 10/30/17 | 06/08/18 | Dismissed without prejudice |
| Clark County Detention Center, NV | 2:17-cv-2765 | Bryan O'Neal v. LVMPD, et al | USDC of NV | 11/02/17 | N/A | Litigation pending |
| Franklin County Corrections Center, OH | 17cv9349 | Marvin E. Myers v. Franklins County Sheriff, et al | Court of Common Pleas, Franklin County OH | 11/16/17 | N/A | Litigation pending |
| Federal Correctional Complex Terre Haute, IN | 2:17-cv-568 | Terry Parker v. Ashley Matchett, et al. | USDC Southern District of IN | 11/22/17 | N/A | Litigation pending |
| Pierce County Jail, WA | 3:17-cv-6002 | Donald Bango & Scott Bailey v. Pierce County, et al | USDC Western District of WA | 12/04/17 | N/A | Litigation pending |
| Clark County Detention Center, NV | A-17-759131-C | Darryl Gholson v. NaphCare | Clark County District Court | 12/14/17 | N/A | Litigation pending |
| Clark County Detention Center, NV | 2:17-cv-2344 | Michael Rodriguez v. NaphCare et al | USDC of Nevada | 12/19/17 | N/A | Litigation pending |
| Virginia Beach Correctional Center, VA | 1:17-cv-1468 | Elihue Mahler v. Dr. Jamaludeen | UDSC Eastern District of VA | 12/26/17 | N/A | Litigation pending |
| Clark County Detention Center, NV | 2:17-cv-1700 | Joshua Crittendon v. Sheriff Joe Lombardo | USDC of NV | 12/29/17 | N/A | Litigation pending |
| Washington County Jail, OR | 3:18-cv-96 | Andrew Moret v. Pat Garrett, et al | USDC of Oregon | 01/17/18 | N/A | Litigation pending |
| Black Hawk County Jail, IA | 3:18-cv-3022 | Anthony Brothern v. Blackhawk County, et al | USDC Northern District of Iowa | 03/23/18 | N/A | Litigation pending |
| Clark County Detention Center, NV | 2:18-cv-568 | Steven Rowe v. NaphCare | USDC of Nevada | 03/29/18 | N/A | Litigation pending |
| Virginia Beach Correctional Center, VA | 1:18cv-358 | Michael Hoiness v. NaphCare, et al | USDC Eastern District of VA | 05/03/18 | N/A | Litigation pending |

Current Clients List

JAIL CLIENTS

| Client Facility | Average Daily Population | Accreditation | Contract Start Date | Contact |
|---|--------------------------|---|---------------------|--|
| Clark County Detention Center 330 S. Casino Center Blvd. Las Vegas, NV 89101 | 4,000 | NCCHC October 2005, December 2008, February 2009, January 2011, June 2012, June 2015 ACA January 2008, October 2010, October 2013, December 2016 | 7/1/05 | Deputy Chief Rich Forbus Telephone: (702) 828-2203 Email: R5372f@lvmpd.com |
| Hillsborough County Jail 520 N Falkenburg Road Tampa, FL 33619 | 3,242 | NCCHC May 2014 | 10/1/14 | Major Michael Farrier Telephone: (813) 247-8000 Fax: (813) 242-1872 Email: mfarrier@hcso.tampa.fl.us |
| Fulton County Jail 901 Rice St NW Atlanta, GA 30318 | 3,000 | | 1/1/18 | Meredith Lightbourne, Health Program Manager Telephone: (404) 613-2030 Meredieth.Lightbourne@fultoncountyga.gov |
| Hamilton County Corrections System 1000 Sycamore Street Cincinnati, OH 45202 | 1,717 | NCCHC Nov. 2010, Dec. 2014, February 2017 | 12/30/07 | Dave Turner, Commander Telephone: (513) 946-6735 Email: d.turner@sheriff.hamilton-co.org |
| Virginia Beach Correctional Center 2501 James Madison Blvd. Virginia Beach, VA 23456 | 1,557 | NCCHC Dec. 2016 | 5/1/15 | Captain Larry Kiefer Telephone: (757) 385-6961 Email: kiefer@vbso.net |
| Essex County Correctional Facility 20 Manning Avenue Middleton, MA 01949 | 1,470 | NCCHC June 2009, 2013, February 2015 ACA May 2009, October 2012 October 2015 | 7/1/08 | Superintendent Chief Operating Officer William F. Gerke, Jr. Telephone: (978) 750-1910 Fax: (978) 750-1999 Email: wgerke@essexsheriffma.org |

| Client Facility | Average Daily Population | Accreditation | Contract Start Date | Contact |
|--|--------------------------|--|-----------------------|--|
| <p>Suffolk County House of Correction 20 Bradston Street Boston, MA 02118</p> <p>Nashua Street Jail 200 Nashua Street Boston, MA 02114</p> | 956 600 | <p>NCCHC April 2014 ACA October 2016</p> <p>NCCHC Nov. 2015 ACA Nov 2016</p> | 3/12/12 3/1/16 | <p>Yolanda L. Smith, Superintendent Telephone: (617) 704-6511 Fax: (617) 704-6558 Email: YSmith@scsdma.org</p> |
| <p>Pierce County Detention and Corrections Center 910 Tacoma Avenue South Tacoma, WA 98402</p> | 1,215 | N/A | 8/8/15 | <p>Pattie Jackson-Kidder, Deputy Chief Telephone: (253)753-4340 Email: pjackso@co.pierce.wa.us</p> |
| <p>Washoe County Sheriff's Office 911 E Parr Blvd. Reno, NV 89512</p> | 1,164 | <p>NCCHC Sept 2016</p> | 6/1/15 | <p>Chief Deputy Tom Green Telephone: (775) 328-3001 Fax: (775) 328-6308 Email: Tgreen@washoecounty.us</p> |
| <p>Mobile County Metro Jail 450 S. Emanuel Street Mobile, AL 36603</p> | 1,071 | <p>NCCHC March 2015</p> | 7/1/13 | <p>Deputy Warden Sam Houston Telephone: (251) 574-3239 Email: shouston@mobileso.com</p> |
| <p>Spokane County Jail 1100 W Mallon Avenue Spokane, WA 99260</p> | 930 | N/A | 5/9/16 | <p>Director John C. McGrath Telephone: (509) 477-2337 Email: jmcgrath@spokanecounty.org</p> |
| <p>Montgomery County Jail 333 West 2nd Street Dayton, OH 45422</p> | 791 | <p>NCCHC Dec. 2007, March 2011, July 2014, Sept. 2015</p> | 8/19/03 | <p>Matt Haines, Major Telephone: (937) 496-3060 Email: hainesm@mcohiosheriff.org</p> |
| <p>Middlesex County Jail 130-132 Apple Orchard Ln. N. Brunswick Township, NJ 08902</p> <p>Middlesex Juvenile Detention Ctr. US-130 N. Brunswick Township, NJ 08902</p> | 702 76 | NCCHC | 12/1/16 | <p>Mark J. Cranston Telephone: (732) 951-3320 Email: mark.cranston@co.middlesex.nj.us</p> |
| <p>South Correctional Entity Multijurisdictional Misdemeanant Jail (SCORE) 20817 17th Ave South Des Moines, WA 98198</p> | 613 | NCCHC | 9/2/16 | <p>Executive Director Penny Bartley Telephone : (206) 257-6262 Fax: (206) 257-6310 Email: penny@scorejail.org</p> |

| Client Facility | Average Daily Population | Accreditation | Contract Start Date | Contact |
|--|--------------------------|---|---------------------|--|
| Benton County Jail 7122 W. Okanogan Place Kennewick, WA 99336 | 641 | N/A | 6/1/17 | Captain Josh Shelton Telephone: (509) 783-2562, ext. 3297 Email: Joshua.shelton@co.benton.wa.us |
| Mendocino County Jail 951 Low Gap Rd Ukiah, CA 95482 | 593 | N/A | 1/1/18 | Captain Timothy Pearce Telephone: (707) 463-4559 Email: pearcet@mendocinocounty.org |
| Washington County Jail 215 SW Adams Avenue Hillsboro, OR 97123 | 528 | NCCHC March 2015 | 6/1/15 | John Koch, Jail Commander Telephone: (503) 846-2700, ext. 2515 Email: John_Koch@co.washington.or.us |
| Franklin County Corrections Center I 370 S. Front Street Columbus, OH 43215 | 530 | NCCHC | 6/1/17 | Chief Geoff Stobart Telephone: (614) 525-5785 Email: gastobar@franklincountyohio.gov |
| Franklin County Corrections Center II 2460 Jackson Pike Rd Columbus, OH 43223 | 1,465 | | | |
| Henderson Detention Center 18 E Basic Rd Henderson, NV 89015 | 503 | ICE | 7/1/18 | Damon E. Smith, 696 Captain Telephone: (702)267-4632 Fax: (702)267-4602 Email: Damon.Smith@cityofhenderson.com |
| Kings County Jail 1570 Kings County Drive Hanford, CA 93230 | 491 | N/A | 12/1/14 | Robert Thayer, Assistant Sheriff Telephone: (559) 582-3211 ext. 2886 Email: Robert.Thayer@co.kings.ca.us |
| Kings County Juvenile Center 1450 Forum Drive Hanford, CA 93230 | 24 | | | |
| Newton County Jail 15151 Alcovy Jersey Road Covington, GA 30014 | 458 | NCCHC February 2014, Nov. 2016 ACA October 2015 | 1/10/04 | 1st Lieutenant Brice Smith Telephone: (678) 625-1434 Fax: (678) 625-1566 Email: brsmith@newtonsheriffga.org |
| Santa Ana Jail 62 Civic Center Plaza P.O. Box 22003 Santa Ana, CA 92701 | 396 | N/A | 10/1/14 | Christina Holland, Jail Administrator Telephone: (714) 245-8123 Fax: (714) 245-8116 Email: cholland@santa-ana.org |

| Client Facility | Average Daily Population | Accreditation | Contract Start Date | Contact |
|--|--------------------------|--|---------------------|--|
| Black Hawk County Jail 225 East Sixth Street Waterloo, IA 50703 | 241 | NCCHC Nov. 2004, Nov. 2007, March 2011, February 2014 | 4/25/00 | Captain Mark Herbst Telephone: (319) 291-2587 ext. 5128 Fax: (319) 291-2541 Email: MHerbst@bhcs.org |
| Lewis County Jail 28 SW Chehalis Avenue Chehalis, WA 98532 | 227 | N/A | 2/1/17 | Chief Chris Sweet Telephone: (360) 748-2617 Email: chris.sweet@lewiscountywa.gov |
| Skagit County Community Justice Center 201 Suzanne Lane Mt Vernon, WA 98273 | 200 | N/A | 2/1/18 | Don Marlow, Jail Commander Telephone: 360 416-1960 Email: dmarlow@co.skagit.wa.us |

DIALYSIS CLIENTS

| Client and Facility Name | ADP | Accreditation | Contract Start Date | Contact |
|--|-------|---------------|---------------------|---|
| Washington Department of Corrections, Washington State Reformatory – Monroe Correctional Dialysis Unit 16700 177th Avenue SE Monroe, WA 98272 | 2,200 | N/A | 10/1/99 | Cynthia Ray-Anderson, Contract Manager Telephone: (360) 725-8721 Email: carayanderson@DOC1.WA.GOV |
| New York Department of Corrections and Community Supervision, Fishkill Correctional Facility Prospect Street Beacon, NY 12508 | 1,750 | ACA | 3/1/06 | Nancy Lyng, Director of Health Services and Community Supervision Telephone: (518) 457-7072 Fax: (518) 402-4435 Nancy.Lyng@DOCCS.NY.GOV |
| New York Department of Corrections and Community Supervision, Wende Correctional Facility PO Box 1187 (3622 Wende Road) Alden, NY 14004 | 920 | ACA/JCAHO | 1/1/02 | |
| Oregon Dept. of Corrections, Two Rivers Correctional Institution 82911 Beach Access Road Umatilla, OR 97882 | 1,500 | NCCHC | 2/7/02 | Virgil Mahaffey, Procurement and Contract Specialist Phone: (503) 378-5875 Email: Virgil.Mahaffey@doc.state.or.us |

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|---|-------|-------|--------|---|
| Oregon Dept. of Corrections, Coffee Creek Correctional Facility 24499 SW Grahams Ferry Road Wilsonville, OR 97070 | 1,685 | NCCHC | 3/1/16 | |
| North Carolina Department of Corrections, NC Women's Correctional Institution 1034 Bragg Street Raleigh, NC 27610 | 1,300 | ACA | 8/1/98 | Bill Lucas, Director of Operations Telephone: (919) 838-3844 Fax: (919) 733-1415 |
| North Carolina Department of Corrections, Central Prison Hospital 1300 Western Blvd Raleigh, NC 27606 | 1,300 | ACA | 8/1/98 | |
| North Carolina Dept. of Corrections, Hoke Correctional Institution Old Highway 211 McCain, NC 28361 | 350 | ACA | 8/1/98 | |
| Colorado Dept. of Corrections, Denver Diagnostic and Reception Center 10900 Smith Road Denver, CO 80239 | 800 | ACA | 4/1/03 | Lou Tuccitto, Correctional Health Partners Manager Telephone: (720) 612-6888 Email: Louis.Tuccitto@CHPDelivers.com |
| Oklahoma Department of Corrections, Lexington Assessment and Reception Center 15151 Highway 39 Lexington, OK 73051 | 1,439 | ACA | 8/1/13 | Janet Bolten, Business Services Coordinator Telephone: (405) 962-6154 Email: janet.bolton@doc.state.ok.us |
| San Bernardino County, West Valley Detention Center 9500 Etiwanda Avenue Rancho Cucamonga, CA 91739 | 930 | | 4/1/17 | Terry Fillman, Health Services Administrator Telephone: (909) 463-5358 Email: tfillman@sbcasd.org |

OFF-SITE MANAGEMENT SERVICES CLIENTS

The contact for all NaphCare's federal contracts is Mr. Darren Doggett, Contract Specialist for the U.S. Department of Justice, Federal Bureau of Prisons. His telephone number is (972) 352-4510.

| Facility Name | ADP | Accreditation | Contract Start Date |
|---|-------|---------------|---------------------|
| Federal Medical Center, Butner Old Carolina Hwy. 75 Butner, NC 27509 | 4,731 | ACA/ JCAHO | 7/8/12 |

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|---|-------|---------------|----------|
| Federal Correctional Complex, Victorville 1377 Air Expressway Blvd. Victorville, CA 92394 | 3,662 | ACA/ JCAHO | 8/1/07 |
| Federal Correctional Institution, Fort Dix 5756 Hartford Road Fort Dix, NJ 08640 | 4,382 | ACA/ JCAHO | 7/7/14 |
| Federal Correctional Center, Forrest City 1400 Dale Bumpers Road Forrest City, AR 72335 | 3,658 | ACA/ JCAHO | 10/4/14 |
| Federal Correctional Institution, Terre Haute 4200 Bureau Road North Terre Haute, IN 47802 | 2,574 | ACA/ JCAHO | 4/20/04 |
| Metropolitan Detention Center, Brooklyn 80 29th Street Brooklyn, NY 11232 | 1,827 | ACA/ JCAHO | 11/02/09 |
| Federal Correctional Institution, Elkton 8730 Scroggs Road Elkton, OH 44415 | 2,486 | ACA/ JCAHO | 1/10/07 |
| Federal Correctional Institution, Beckley 1600 Industrial Park Road Beckley, WV 25813 | 1,647 | ACA/ JCAHO | 1/3/11 |
| Federal Correctional Institution, Edgefield 501 Gary Hill Road Edgefield, SC 29824 | 1,929 | ACA/ JCAHO | 5/1/12 |
| Federal Correctional Institution, Jesup 2600 Highway 301 South Jesup, GA 31599 | 1,537 | ACA/ JCAHO | 10/1/08 |
| Federal Correctional Institution, Bennettsville 696 Muckerman Road Bennettsville, SC 29512 | 1,444 | ACA/ JCAHO | 5/1/12 |
| Federal Correctional Institution, Herlong 741-925 Access Road A-25 Herlong, CA 96113 | 1,000 | ACA/ JCAHO | 10/07/08 |

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|---|-------|---------------|----------|
| Federal Correctional Institution, Phoenix 3700 45th Drive Phoenix, AZ 85086 | 1,366 | ACA/ JCAHO | 7/9/18 |
| United States Penitentiary, Lewisburg 2400 Robert F. Miller Drive Lewisburg, PA 17837 | 1,388 | ACA/ JCAHO | 12/1/06 |
| United States Penitentiary, Atwater #1 Federal Way Atwater, CA 95301 | 1,291 | ACA/ JCAHO | 12/23/03 |
| Federal Correctional Institution, Marianna 3625 FCI Road Marianna, FL 32446 | 1,372 | ACA/ JCAHO | 7/28/14 |
| Federal Correctional Institution, Greenville 100 US Highway 40 Greenville, IL 62246 | 1,350 | ACA/ JCAHO | 10/1/08 |
| Federal Correctional Institution, Memphis 1101 John A. Denie Road Memphis, TN 38134 | 1,296 | ACA/ JCAHO | 1/1/06 |
| Federal Correctional Institution, Miami 15901 SW 137 th Ave Miami, FL 33177 | 1,281 | ACA/ JCAHO | 4/1/16 |
| Federal Correctional Institution, Bastrop 1341 Highway 95 North Bastrop, TX 78602 | 1,432 | ACA/ JCAHO | 5/1/14 |
| United States Penitentiary, Marion 4500 Prison Road Marion IL 62959 | 1,363 | ACA/ JCAHO | 7/1/17 |
| Federal Correctional Institution, Fairton 655 Fairton-Millville Road Fairton, NJ 08320 | 1,052 | ACA/ JCAHO | 1/1/13 |
| Federal Correctional Institution, Oxford County Road G and Elk Avenue Oxford, WI 53952 | 1,094 | ACA/ JCAHO | 10/07/09 |

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|---|-----|---------------|----------|
| Federal Correctional Institution, Tallahassee 501 Capital Circle, NE Tallahassee, FL 32301 | 900 | ACA/ JCAHO | 6/3/11 |
| Federal Correctional Institution, Mendota 33500 West California Avenue Mendota, CA 93640 | 786 | ACA/ JCAHO | 8/2/11 |
| Federal Prison Camp, Alderson Glen Ray Road Alderson, WV 24910 | 943 | ACA/ JCAHO | 7/7/14 |
| Federal Detention Center, Philadelphia 700 Arch Street Philadelphia, PA 19106 | 954 | ACA/ JCAHO | 7/1/17 |
| Metropolitan Correctional Center, New York 150 Park Row New York, NY 10007 | 767 | ACA/ JCAHO | 11/02/09 |
| Federal Prison Camp, Pensacola 110 Raby Avenue Pensacola, FL 32509 | 687 | ACA/ JCAHO | 1/12/04 |

ELECTRONIC MEDICAL RECORDS CLIENTS

| Client | A | Contract Start | Contact |
|--|---|----------------|--|
| Maricopa County Correctional Health Services 320 West Lincoln Street Phoenix, AZ 85003 | 7,000 ADP Manage 2,070,000 records, 250,000+ per year | 5/21/12 | Tom Tegeler, Director of Health Services Telephone: (602) 506-5576 Email: T.Tegeler@mail.maricopa.gov |
| County of Orange Health Care Agency 405 West 5th Street, Suite 600 Santa Ana, CA 92701 | 7,000+ ADP Manage >1.4 million records | 12/4/12 | Kim Pearson, Deputy Agency Director Telephone: (714) 834-5404 Email: kpearson@ochca.com |
| San Bernardino County Jail 630 E Rialto Avenue San Bernardino, CA 92415 | 6,300 ADP | 12/16/15 | Terry Fillman, Health Services Administrator Telephone: (909) 463-5358 Email: tfillman@sbcscd.org |
| Riverside County Correctional Healthcare Services Division 4000 Orange Street Riverside, CA 92501 | 4,000+ ADP | 12/1/14 | William Wilson, Director Telephone: (951) 955-4491 Email: wwilson@co.riverside.ca.us |

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|--|-----------|---------|--|
| New Hampshire Department of Corrections PO Box 1806, Room 327 Concord, NH 03302 | 3,000 ADP | 1/27/16 | Joyce Leeka, Operations Administrator Telephone: (603) 271-5665 Email: Joyce.leeka@doc.nh.gov |
| Allegheny County Jail 950 Second Avenue Pittsburgh, PA 15219 | 2,400 ADP | 1/2/17 | Barbara Parees, Deputy County Manager Telephone: (412) 350-3580 Email: Barbara.Parees@AlleghenyCounty.US |

CONTRACT ACCOMPLISHMENTS

We are committed to the service and satisfaction of our clients. We fulfill our contract commitments and go above and beyond to improve efficiency, inmate care, and costs for our clients. We have provided contract accomplishments for many of NaphCare's current jail clients on the following pages. These accomplishments illustrate the range of services NaphCare provides and our ability to meet and exceed the needs of our clients.

CLARK COUNTY DETENTION CENTER, LAS VEGAS, NEVADA

NaphCare has been the provider of inmate medical services for the Clark County Detention Center since February 2005. Upon assuming the contract, NaphCare successfully recruited more than twenty (20) positions left vacant by the previous provider. NaphCare has expanded our operations as current ADP and bookings per day have grown to more than three-thousand, eight-hundred (3800) and two-hundred and twenty (220), respectively. The *TechCare*® system is used to automate inmate medical encounters and currently logs more than seventy-five thousand (75,000) unique patient encounters a year.



With an employee staff of over one-hundred and twenty-five (125), we maintain medical care for one of the premier correctional facilities in the County. Having successfully completed re-accreditation with NCCHC in 2005, 2009 and 2012, and ACA in 2007 (scoring 100% on the medical portion) and 2013, we are proud to have one of the most efficient and thorough booking processes. We continue to re-

evaluate our service offerings to include twenty-four, seven (24/7) nurse practitioner coverage for handling complicated alcohol and drug detoxification issues found in the City of Las Vegas. The daily demand for medical services and sick call requests for nursing, medical, dental, and mental health are met by our medical professionals and our innovative, technological solutions.

Contract Accomplishments:

- ACA re-accreditation in 2007 and 2013; NCCHC re-accredited in 2005, 2009, 2012 and 2015.
- Medical grievances have diminished from thirty (30) per day at the beginning of the contract to less than one per day.
- Thorough booking process to include initial screening, PPD, fourteen (14) day History & Physical, and comprehensive Mental Health Evaluation; all conducted at booking to immediately identify urgent medical/mental health issues of inmates upon arrival.
- Established on-site ultrasound services and a program to administer Suboxone to opioid addicted pregnant females on-site to reduce number of off-site trips.
- Staffed the booking department with a full-time Nurse Practitioner twenty-four, seven (24/7).
- Bookings have increased 68% per month since contract award, and the new satellite facility has expanded to house 1,080 low level inmates with all undergoing the comprehensive medical screening and history process.
- The Health Department pulled out of CCDC/NVC for blood collection for HIV and Syphilis in 2015. NaphCare absorbed the staffing responsibility of obtaining and processing the Health Department's HIV and Syphilis testing for CCDC/NVC.
- As of 2015, NaphCare's staff completes a Legal 2000 Assessment (mental health diversion assessment) and Collaborates with Rawson Neil Hospital for Direct Admit admission to prevent ER diversion due to inmate release and active Legal 2000 status.
- Nursing Visits have increased to over seven-thousand, seven-hundred (7,700) per month, resulting in better monitoring of healthcare.
- In 2015, NaphCare expanded its Discharge Planning Partners to include over 75 community organizations and resources.
- Red Wrist Band Process implemented at pre-booking level to insure Suicide Watch status is appropriately assigned, decreasing premature and unnecessary status assignment and associated unit overpopulation.
- Implemented cost-effective on-site dialysis services, including hemodialysis and peritoneal dialysis treatments to inmates as well as applying to the state for Dialysis license for existing room and new room under construction.
- Implementation of Hunger Strike/Food Log dashboard in 2015 to more closely monitor inmates on hunger strike.



HAMILTON COUNTY CORRECTIONS SYSTEM, CINCINNATI, OHIO

NaphCare was awarded Hamilton County Corrections System contract from a competitive bid process in 2007. Since this award, NaphCare has introduced significant improvements to the existing healthcare program. After successfully completing a thirty (30)-day transition at the Hamilton County Correctional System in Ohio, our team was on-site recruiting, implementing our *TechCare*® system, training staff, developing the drug delivery system, and finalizing ancillary services—all within the timeframe desired by the County. Our dedicated team of professionals ensured that the *TechCare*® system was in operation beginning on the first day of the contract.

Contract Accomplishments:

- NaphCare awarded contract at Hamilton for another three years with the option to renew for two additional one-year terms.
- NaphCare employees were certified in 2015 to take over the CPR Training of corrections officers.
- Established partnership with Hamilton County Health Department to advance the Syphilis testing and treatment program in 2015.
- Implemented ShiftHound scheduling software in 2015 to automate the scheduling process, reduce administrative burden, and assist with employee retention.
- Clinical Institute Withdrawal Assessment (CIWA) implemented in February 2012.
- WorkZone Program implemented for consistent maintenance of NCCHC and ACA files.
- Utilization Management Program gained full URAC accreditation in 2015.
- Began working with the CHANGE (specialized docket for prostitution and human trafficking) court team and the Cincinnati Center for Addiction Treatment to ensure proper treatment and placement of CHANGE court participants in 2015.
- Streamlined NCCHC and ACA accreditation preparation processes with implementation of uniform procedures and data collection manual.
- In 2015, NaphCare staff began managing the insertion and usage of medical PICC lines on-site, reducing off-site trips.
- Enhancements within *TechCare*® allowing assured compliance with required Continuous Quality Improvement (CQI) processes and outcome studies pursuant to NCCHC standards.
- Healthcare provider and staff participation in focused, relevant and current on-line and in-service continuing education programs, ensuring NCCHC training compliance.
- HSA and DON attendance in monthly conferences with peers allowing quality improvement in patient care, communication with jail administration and healthcare providers, administration of services and the overall healthcare delivery process.
- Healthcare provider attendance in monthly conferences with peers allowing enhanced communication, analysis of clinical practices, quality improvements in clinical performance and patient care outcomes.



ESSEX COUNTY SHERIFF'S DEPARTMENT, MIDDLETON, MASSACHUSETTS

Immediately upon contract award, NaphCare redeveloped Essex County Sheriff's Department's infirmary area and reorganized the intake and sick call processes in order to streamline the workflow. This decreased the time for inmates waited to be seen by a healthcare professional. Multi-disciplinary transition training for staff, including topics such as IV therapy, was a priority for improving the skill level of nursing staff. Additional levels of contract compliance were added to assist correctional staff with daily and monthly monitoring. Medical records storage was improved to allow provider access to inmate records.

Contract Accomplishments:

- Implementation of *TechCare*® and transition from paper charting to an electronic health records system, resulting in off-site cost savings in the first contract year; annual aggregate capitated services amount was 37% under budget due to the increased efficiencies provided by the implementation of the EHR system.
- Reorganized outside referral to a preferred provider network for improved quality of care.
- Successfully staffed and opened new 42 bed detox unit in partnership with the County in 2015.
- Replaced outdated equipment with new modern machines such as EKG and Blood Glucose Monitors for quality patient care.
- Successfully re-accredited with NCCHC in 2009, 2013, and 2015; and ACA in June 2009, 2012, and 2015.
- Developed an interface with lab company to receive lab results electronically; rapid access for healthcare professionals.
- Purchased crash carts and installed rapid response bags for immediate response to critical/emergency inmate situations.
- History and Physicals (required by NCCHC within fourteen days) are completed within four hours or less with the implementation of new processes.
- Implemented ShiftHound scheduling software to automate the scheduling process, reduce administrative burden and assist with employee retention in 2015.
- In April 2009, ECCF received 100% compliance on all mandatory ACA accreditation folders, which included medical services, and scored 97.6 % on all non-mandatory items.
- Utilization Management Program gained full URAC accreditation in 2015.
- Re-located dialysis services in 2015 due to volume of patients.
- Regular contact with other jail mental health teams including Suffolk, Middlesex and Worcester Counties, Bridgewater State Hospital, Department of Mental Health, area court clinics and the Sex Offender Registry Board for greater continuity of patient care.
- Successfully implemented electronic medication administration records (EMAR).
- Achieved 100% compliance with annual history and physical assessments.
- Marked decrease in ophthalmology sick call secondary to instituting eye glass clinic (\$15 correctional eye wear and \$1-\$2 reading glasses available to inmates).
- Successful third-party billing on expensive inmate care.



SUFFOLK COUNTY HOUSE OF CORRECTION, BOSTON, MASSACHUSETTS

NaphCare was awarded the contract to provide inmate medical services for the Suffolk County House of Correction in March of 2012. Within two (2) weeks of award, NaphCare successfully implemented the *TechCare*® system. Staff was educated in the use of *TechCare*® and patient care, and all employees were provided with company email addresses for improved communication during the transition period.

NaphCare's partnership with the Suffolk County House of Correction has improved inmate triage time and decreased the number of medical passes. All shifts are staffed with a supervisor, which ensures that inmates receive better care at all times.

Physical assessments are performed by providers within twenty-four (24) hours of intake, ensuring optimal care of inmates.

Contract Accomplishments:

- Successful transition and implementation of *TechCare*® greatly improving quality of care by reducing medical errors and tracking all aspects of medical care.
- Daily reporting of medical care to jail administration and management staff.
- Implemented ShiftHound scheduling software in 2015 to automate the scheduling process, reduce administrative burden and assist with employee retention.
- No deaths or successful suicides on-site in 2015.
- Added peer education program to our weekly provider meetings in 2015. Each week a provider will present educational materials on a topic related to a patient care issue during the previous week.
- WorkZone Program implemented for consistent maintenance of NCCHC and ACA files.
- Streamlined NCCHC and ACA accreditation preparation processes with implementation of uniform procedures and data collection manual.
- Enhancements in *TechCare*® allowing assured compliance with required CQI processes and outcome studies, pursuant to NCCHC standards.
- Improvements in sharps count were made with implementation of NCCHC standards for C-6 and narcotic counts; addition of camera to the pharmacy room for improved security of medications.
- Successful partnership established with Suffolk County House of Correction in integrating a pre-release Vivitrol administration program to fight opioid dependency in 2015. Inmates were administered an injection on-site and released with scheduled future injections at local clinics of their choice.
- *TechCare*® updates allowed a smoother medical process and the avoidance of false "zeros" in CIWA (withdrawal assessment) administration.
- Performance of physicals occurs within 24 hours of receiving screening.
- Improved healthcare services and grievance process resulting in substantial decrease in patient grievances.
- Staffing matrix has been improved and tailored to provide quality healthcare while decreasing expenses.
- Secure key control system implemented by adding only functional keys to secure key box with all other keys being kept in central control.
- Healthcare provider and staff participation in focused, relevant and current on-line and in-service continuing education programs, ensuring NCCHC training compliance.
- Re-accredited with NCCHC in 2014.
- Successful completion and maintenance of Department of Corrections, Department of Public Health, and Federal Immigration and Customs Enforcement audits in 2015.



MONTGOMERY COUNTY JAIL, DAYTON, OHIO

NaphCare was awarded the contract to provide inmate medical services to Montgomery County, OH, on September 1, 2003. The inherited medical area was deficient in many ways to NCCHC accreditation standards. NaphCare was awarded provisional accreditation soon after the contract began and subsequently full accreditation in good standing in early 2004. Initially a one (1) year contract award, NaphCare retained the contract for initial renewal terms in 2004 and 2005 and was re-awarded the contract through the bid process in late 2006. Building on our success in revamping the medical services department, we have worked to provide consistency of care by retaining the same physician and dentist throughout our tenure at Montgomery County, thereby solidifying our relationship with the county officials.

Contract Accomplishments:

- Reduced inpatient hospital days to less than four (4) per month.
- Achieved NCCHC and ACA accreditation. Successfully completed ACA accreditation in August 2007 and scored 100% on the medical portion and re-accredited in 2013; completed NCCHC accreditation in December 2007 with 100% with all essential standards and re-accredited in 2011 and 2014.
- Officer training and education for mental health issues.
- *TechCare*® and Suicide Prevention training videos created and implemented in 2015.
- Reduced ambulance trips from fifteen per month average to three per month average.
- Provided additional physician hours for sick call request increases; sick call is screened and answered by LPNs and RNs within twenty-four (24) hours.
- Implemented ShiftHound scheduling software in 2015 to automate the scheduling process, reduce administrative burden and assist with employee retention.
- Enhancements in *TechCare*® allowing assured compliance with required CQI processes and outcome studies, pursuant to NCCHC standards.
- In 2015, instituted an area that is designated for our population experiencing withdrawal of any substance, for closer monitoring, and ease of nursing access to combat the symptoms of withdraw.
- Purchased new laptops for medication pass nurses.
- In 2015, NaphCare IT department added multiple flags within *TechCare*® for assistance in determining the numbers of inmates coming in with certain addictions and health issues.
- Implemented charting on Administration and Segregation of inmates under the admit/discharge screen in *TechCare*®, eliminating paper charting.
- Implemented charting on potentially suicidal inmates under the admit/discharge screen in *TechCare*®.
- Recruited a Registered Nurse (RN) to perform inmate physicals to increase the number of inmate physicals and ensure compliance with NCCHC.
- Healthcare provider and staff participation in focused, relevant and current on-line and in-service continuing education programs, ensuring NCCHC training compliance.
- Utilization Management program achieved full URAC accreditation in 2015.
- We have developed a relationship with a local free standing Mental Hospital, to house our mental health population who are experiencing acute issues, and need emergent hospitalization. We have yet to send a patient to this facility, Access Hospital Dayton, but should the need arise, we are ready.



NEWTON COUNTY JAIL, COVINGTON, GEORGIA

Newton County and NaphCare entered into an agreement to provide inmate medical services in December 2003. Over the course of our contract, NaphCare has expanded the coverage of nurses to cover the evening shift and continually remain fully-staffed in the medical services area. By revamping the psychiatric services, NaphCare has remained diligently focused on preventing suicides. Resolution rates for inmate sick call requests are less than twenty-four (24) hours, attributed to the efficiencies of the *TechCare*® software system.

Contract Accomplishments:

- Initiated, equipped, and staffed inmate infirmary service.
- Collaboration with Detention Administrator improving communication related to high risk patient care while keeping associated care costs down.
- Implemented ShiftHound scheduling software in 2015 to automate the scheduling process, reduce administrative burden and assist with employee retention.
- Addition in 2015 of Nurse Practitioner on-site Monday – Thursday, 40 hours a week which has significantly improved patient care access and treatment.
- Utilization Management program achieved full URAC accreditation in 2015.
- Healthcare provider and staff participation in focused, relevant and current on-line and in-service continuing education programs, ensuring NCCHC training compliance.
- HSA and DON attendance in monthly conferences with peers allowing quality improvement in patient care, communication with jail administration and healthcare providers, administration of services and the overall healthcare delivery process.
- Successful site-wide conversion to Lockdown (Kiosk) system to address complaints and grievances in 2015.
- Installation of *TechCare*® for clinical management and pharmaceutical ordering.
- Increased psychiatry and dental on-site hours to reduce inmate waiting times; expanded psych coverage through on-site psychiatry and mental health professionals.
- X-rays completed on-site by Mobil X and findings are sent electronically to the inmate medical record with results provided within 4 hours.
- Use of telemedicine expanded in 2015. Corporate based physician and nurse practitioner are remotely accessible to stabilize an inmate 24 hours a day, assess and provide prompt action when a patient becomes unstable, and provide responsive suicide risk determination.
- Reduced emergent admissions to state mental health hospitals by 25%.
- Eliminated the use of forced psychotropic medications.
- Extended off-site provider network of physicians and services (OB/GYN, ID, and Orthopedics).
- Maintain current status of sick-call resolution, H&Ps, Dental, Psych, and Mental Health sick call.
- Reduced off-site charges by \$451,000 from July 1, 2008 to May 31, 2009.
- Helped jail achieve initial NCCHC accreditation in 2013 and initial ACA accreditation in 2015 with a score of 100% on all medical components.
- Partnered with Viewpoint Health (community-based mental health resource) to decrease recidivism of patients with severe mental health diagnoses.



BLACK HAWK COUNTY JAIL, WATERLOO, IOWA

NaphCare has provided comprehensive medical services to Black Hawk County Jail since April of 2000. We have enjoyed a long and mutually beneficial relationship with the County. We have maintained NCCHA and ACA accreditation and used our EHR system, *TechCare*[®], to streamline the staff management functions so that more time is devoted to inmate care. NaphCare is not only involved in the provision of healthcare services to County inmates but also in the community itself, participating in charity events benefiting the residents of Black Hawk County.

Contract Accomplishments:

- WorkZone Program implemented for consistent maintenance of NCCHC and ACA files.
- Streamlined NCCHC and ACA accreditation preparation processes with implementation of uniform procedures and data collection manual.
- NCCHC re-accreditation in 2014.
- Enhancements within *TechCare*[®] allowing assured compliance with required CQI processes and outcome studies pursuant to NCCHC standards.
- Implemented ShiftHound scheduling software in 2015 to automate the scheduling process, reduce administrative burden and assist with employee retention.
- Healthcare provider and staff participation in focused, relevant and current on-line and in-service continuing education programs, ensuring NCCHC training compliance.
- Utilization Management program achieved full URAC accreditation in 2015.
- Development of female group counseling sessions promoting positive mental healthcare patient outcomes.
- Healthcare provider attendance in monthly conferences with peers allowing for enhanced communication, analysis of clinical practices and quality improvements in clinical performance and patient outcomes.
- HSA and DON attendance in monthly conferences with peers allowing for quality improvement in patient care, communication with jail administration and healthcare providers, administration of services and the overall healthcare delivery process.
- No inpatient psychiatric admissions for 2015 as a result of quality psychiatric care from our mental health department.
- Addition of a new Medical Provider and Nurse Practitioner to staffing in 2015, increasing quality of care and productivity.
- 78% decrease in grievances in 2015 over 2014 (from 38 to 8).
- Addition of *TechCare*[®] and Suicide Prevention video training resources in 2015.
- Implemented the COWS (Clinical Opiate Withdrawal Scale) Assessment System in 2015 to improve response to opioid dependency.



RICHMOND CITY JUSTICE CENTER, RICHMOND, VIRGINIA

The City of Richmond, VA, awarded a contract to provide comprehensive health care services for its 1,032 bed facility at the Richmond City Justice Center (RCJC). NaphCare personnel rose to the challenge of transitioning medical services, in less than two weeks (8 days), from the previous vendor. Some of the major tasks accomplished during the transition period included implementing a fully functional EHR system, *TechCare*[®]; receipt and maintenance of all previously stored electronic records, hiring and training medical staff members, and working with a new pharmaceutical vendor.

Since the transition period, NaphCare's focus has quickly turned to establishing critical services and units such as dialysis, x-ray services, and telemedicine.

Contract Accomplishments:

- Added provider time to increase the number of patients seen at the RCJC.
- Successful training of staff members on *TechCare*[®] and implemented the program, providing computers for all nurses.
- Implemented use of Relias Program for employee orientation and ongoing training.
- Successful implementation of dialysis services for reduction of off-site visits.
- Successful coordination and implementation of telepsychology and teledialysis services.
- Successful transition and coordination of x-ray services. Digital x-ray services implemented with 3 days/week tech on-site.
- Successful hiring/staffing of the medical department, including specialists.
- Implemented ShiftHound scheduling software in 2015 to automate the scheduling process, reduce administrative burden and assist with employee retention.
- Trained security staff on Ebola screening and implemented procedures.
- Worked closely with jail staff to develop inmate diets and process for religious diet referrals to Chaplain and reduced excessive unnecessary diets.
- Established framework for monthly MAC meetings with Sheriff's Office.
- Implemented the Healthy Beginnings Program with William and Mary University that provides counseling to pregnant females in 2015.
- Coordinated services with the Richmond Behavioral Health Authority to address the needs of our mental health population during and after incarceration, and to improve continuity of care to reduce re-entry.
- Detox/CIWA implementation, which reduced detoxes from 40 patients to an average of 6.
- Decentralized nurse sick call to reduce movement in the jail.
- Utilization Management program achieved full URAC accreditation in 2015.
- Met with the VA Department of Health to arrange for counseling services for HIV+ inmates and free HIV testing per inmate request.
- Implementation of the inmate code response plan to facilitate timely response to medical codes.
- Successfully altered the intake process to complete physical exams at time of intake to identify health concerns for appropriate monitoring and implementation of treatment.
- Successfully passed the DOC Life, Health and Safety Audit and Annual Audit in 2015.
- Developed plans to increase cost savings and decrease inmate movement.
- Successful use of utilization management in the development of alternate plans of care for inmates.
- Provided jail administration with *TechCare*[®] data in daily emails and at monthly meetings.



HILLSBOROUGH COUNTY JAIL, TAMPA, FLORIDA

NaphCare was awarded a contract with Hillsborough County Sheriff's Office, FL, to provide comprehensive health care services for its 2,850 bed facilities at its Orient Road and Falkenburg Road Jails.

Within 18 hours of award notification, NaphCare was in Tampa meeting with County executive staff, and within 36 hours, NaphCare's transition team was on-site. NaphCare worked around the clock to ensure a seamless and smooth transition in 20 days. We interviewed and hired personnel for all levels of patient care, implemented *TechCare*®, and provided comprehensive health care to inmates on day one of the contract.

Contract Accomplishments:

- Successful transition of medical contract services from Armor to NaphCare in 20 days.
- Successfully passed Florida Model Jail Standards audit in 2015.
- Successful training and implementation of Relias Program for employee orientation and ongoing training.
- Implemented use of Nursing Educator Program for employee orientation and ongoing training.
- Successful implementation of Fresenius dialysis services which reduces off-site visits.
- Successful coordination and implementation of telemedicine services at the ORJ booking area, FRJ Clinic B and Confinement unit 1. Utilized the telemedicine system 24/7 due to providers in booking to help reduce off-site visits.
- Successful transition and coordination of new x-ray vender (MMDS) at both ORJ and FRJ. MMDS fixed old unutilized X-ray equipment at ORJ at no cost to County. MMDS also digitized both sites to facilitate fast x-ray read results at no cost.
- Trained and implemented our Booking staff to identify for insurance.
- Streamlined the inmate diet ordering procedure through the use of automatic emails sent from *TechCare*® to the kitchen each day after provider order.
- Implemented new **Proactive Care Model** booking procedure and successfully trained all staff on the "Red Dot" booking process by day one of the contract.
- Changed both ORJ and FRJ to stock medications bettering care of patients and eliminating wasted nursing time with medication administration times.
- Detox/CIWA implementation-reducing detox times from 5-7days with Armor to 2.5 days opening up critical bed space in both the men's and female infirmaries.
- **Proactive Care Model** reduced the number of patients in JIA, JIB, JIC, and JID allowing the closure of JIC saving valuable office time.
- Decentralized care reduced movement to the urgent care clinics by 70% allowing the closure of Clinic A saving valuable officer time.
- Utilization Management program achieved full URAC accreditation in 2015.
- Implemented ShiftHound scheduling software in 2015 to automate the scheduling process, reduce administrative burden and assist with employee retention.
- IMH now staffed 24/7 and assigned to stay in Confinement daily.
- Successfully altered the intake process to complete physical exams, provider assessments, simple medical procedures and medication administration at time of intake to reduce off-site visits.
- Went from having an 8.91% overtime rate (% per Contract Hours) under previous provider to now having a 1.79% (% per Contract Hours).
- Added special MH and Supervisory phone numbers to help guide jail staff to the correct on-call person reducing frustration and increasing resolution of patient care concerns.



SANTA ANA JAIL, SANTA ANA, CALIFORNIA

The City of Santa Ana, CA, awarded a contract to provide comprehensive health care services for its 440-bed facility at the Santa Ana Jail. NaphCare customized and implemented *TechCare*® to meet the needs of this facility's complex federal inmate population. This implementation was in place on contract day one.

Since the transition date, NaphCare has met all ICE, USM, and FBOP surveys and auditing processes without exception.

Contract Accomplishments:

- Recruited, hired, and trained a 16.1 FTE multidisciplinary healthcare team to provide care to an ADP of 350 federal inmates.
- Implemented ShiftHound scheduling software in 2015 to automate the scheduling process, reduce administrative burden and assist with employee retention.
- Created and implemented training videos on *TechCare*® and Suicide Prevention in 2015.
- Off-site expenditures and ER send-outs have been dramatically reduced. We are still evaluating the savings in off-site expenditures and transportation for the City of Santa Ana and the federal inmate bureaus. We have identified the reduction in monthly ER send-outs from approximately 180 transports prior to our contracted services to only three.
- Patient sick call wait time decreased from an average period of 14 days to same-day or next-day service.
- Services that were often scheduled for off-site evaluation and treatment are now seen on-site by qualified correctional healthcare professionals. This has also reduced transportation costs to the City of Santa Ana and the federal bureaus.
- Utilization Management program achieved full URAC accreditation in 2015.
- Medical grievances from the inmate population were approximately 32 per month prior to NaphCare contracted start date. Current grievance tracking shows that NaphCare processes less than 10 medically related grievances per month.
- Implementation of the CIWA program. This program manages detox patients and allows for the timeliness of access to infirmary detox beds. This program has decreased the number of inmates in detox cells in the booking area to less than one at any given time.
- NaphCare scanned and attached all existing active files in medical records office into *TechCare*® to improve the overall continuity of care provided to patients. This process has also reduced the risk involved in managing medical paper charting systems.
- In 2015, First Annual 3 Day ICE Inspection under our supervision resulted in no medical deficiencies reported.
- Correct RX Quarterly Inspections—outstanding performance with no deficiencies reported for all 4 audits.
- In 2015, Orange County Health Department Inspection passed with no medical deficiencies reported.



KINGS COUNTY JAIL, HANFORD, CALIFORNIA

Kings County, CA, awarded a contract to provide comprehensive health care services for its 650 bed facilities at Kings County Adult Main Jail and the Kings County Juvenile Center. NaphCare customized and implemented *TechCare*® to meet the needs of this facility's logistically complex inmate population. This implementation was in place on contract day one for all three facilities that fall under Kings County, including their Juvenile Hall.

NaphCare has built strong partnerships with the Health Department of Kings County and other local community resources to include the Kings County Behavioral Health Center to better serve our patient population at the Kings County Jail.

Contract Accomplishments:

- Recruited, hired, and trained an 18.4 FTE multidisciplinary healthcare team to provide care to an ADP of 540 inmates.
- Utilization Management program achieved full URAC accreditation in 2015.
- Off-site expenditures and ER send-outs have been dramatically reduced. We are still evaluating the savings in off-site expenditures and transportation for Kings County. We have identified the reduction in monthly ER send-outs from approximately eight transports prior to our contracted services to just four.
- Partnered with the County Health Department to test all women in child bearing years for syphilis and identify those needing treatment in 2015.
- NaphCare decreased the patient medical sick call wait time from an average period of 10 days to same-day or next-day service. NaphCare has also improved the facility's sick call productivity by well over 300%.
- Medical provider time was increased from 12 hours per week to 48 hours of medical provider sick call time. This has made a dramatic impact on the overall acuity of this population.
- Services that were often scheduled for off-site evaluation and treatment are now seen on-site by more qualified and better trained correctional healthcare professionals who are on-site daily. This has also reduced transportation costs for Kings County.
- RNs on staff 24 hours/day completing intake, physical, MH screens and PPD at time of booking.
- Medical grievances from the inmate population were approximately 21 per month prior to NaphCare contracted start date. Current grievance tracking shows that NaphCare processes less than 10 medically related grievances per month.
- Implemented ShiftHound scheduling software in 2015 to automate the scheduling process, reduce administrative burden and assist with employee retention.
- Implementation of the CIWA program. This program manages detox patients and allows for the timeliness of access to infirmary detox beds. This program has decreased the number of inmates in detox cells in the booking area to less than two at any given time.
- Created and implemented training videos on *TechCare*® and Suicide Prevention in 2015.
- NaphCare scanned and attached all existing active files in medical records office into *TechCare*® to improve the overall continuity of care provided to patients. This process has also reduced the risk involved in managing medical paper charting systems.
- Implemented 12 hour shifts for nursing staff in 2015.



MOBILE COUNTY METRO JAIL, MOBILE, ALABAMA

NaphCare took over comprehensive healthcare services at Mobile County Metro Jail in 2013. With this partnership, NaphCare welcomed the opportunity to provide comprehensive healthcare services to approximately 1,600 inmates and to be a part of the Mobile community of employers.

As part of the agreement, NaphCare installed our customizable correctional healthcare EHR system, *TechCare*[®], on the first day of operations at the Mobile County facilities. NaphCare's EHR recently received ONC-CCHIT Meaningful Use Certification, which will enhance security, create efficiencies and increase communication for both medical and security by integrating outside vendors, automating the sick call process, and decreasing movement inside the Jail.

Contract Accomplishments:

- Positive Health Care Monitoring report for all quarters of 2015.
- Successful flu clinic in October 2015.
- Kiosk/*TechCare*[®] bridge complete, reducing the wait time for sick calls to be completed.
- No in-facility deaths in 2015.
- Utilization Management program achieved full URAC accreditation in 2015.
- Adjustments to staffing made during peak times, reducing the amount of missed intake screens.
- Adjustments to staffing made in response to decrease in ADP allowing us to shift staff to greater needed areas of care.
- Implemented ShiftHound scheduling software in 2015 to automate the scheduling process, reduce administrative burden and assist with employee retention.
- Remain below budget on pharmacy and supplies costs.
- Decrease in medical grievances from 2014 to 2015 realized.
- Initiated Opiate withdrawal monitoring protocols in conjunction with Alcohol withdrawal monitoring protocols that were active, to assist with identifying patients that should be monitored for withdrawals.
- Created and implemented training videos on *TechCare*[®] and Suicide Prevention.
- MD/PA maintaining non-pharmacy request.
- Created a Love One Another fund, funded by NaphCare staff to assist co-workers in time of need.
- In 2015, newly appointed administrative staff providing continued quality of care and leadership.
- Mental health rounds and monitoring without significant incidents throughout the 2015 year.
- Annual physicals and dental exams kept up-to-date and within NCCHA and ACA standards.
- Transitioned all site data files to SharePoint for NCCHC.
- Implemented a Thanksgiving and Christmas Luncheon for staff to build team morale.



VIRGINIA BEACH CORRECTIONAL CENTER, VIRGINIA BEACH, VIRGINIA

NaphCare took over comprehensive healthcare services at Virginia Beach Correctional Center in mid-2015.

NaphCare provided our customized correctional EHR system, *TechCare*[®], which was operational day one. *TechCare*[®] will enhance security, create efficiencies, and increase communication for both medical and security staff by integrating outside vendors, automating the sick call process, and decreasing movement inside the jail.

In addition to installing *TechCare*[®], NaphCare offers the Sheriff a full array of on-site and off-site services that include network development and contracting, medical scheduling, and a complete system to better manage inmates' healthcare and expenses.

Contract Accomplishments:

- Successful facility transition, fully operational, including EHR, day one.
- *TechCare*[®] bridged with facility JMS to facilitate seamless information transfer.
- Successful completion and maintenance of Life, Health, & Safety Audit conducted by the Department of Corrections.
- Medicaid applications are being completed and submitted for all pregnant females and inmates who have returned to the facility from hospitalization.
- Implemented ShiftHound scheduling software to automate the scheduling process, reduce administrative burden and assist with employee retention.
- Patients are triaged by an Emergency Medical Technician at time of intake which decreases the wait time for sick inmates to be seen thus reducing risks of adverse event.
- Altered the intake process to complete physical exams and PPD's at time of intake to identify health concerns for appropriate monitoring and implementation of treatment.
- Comprehensive Assessments done during intake continue to decrease the Jail's sudden deaths, ER trips, suicides, recidivism and officer transport time.
- Digital X-ray service implemented to decrease time to diagnosis and treatment.
- On-site OB/GYN and telepsychiatry services implemented.
- Implementation of SharePoint for Electronic Compliance folders for 2016 NCCHC Audit.
- Completed CQI projects in the areas of Universal Precautions, Inmate Death, and ER Referrals.
- VBSO staff provided daily *TechCare*[®] statistics email regarding patients in care and productivity.
- Medical provider on-site 7 days a week to see patients.
- New contract provides staffing for mental health staff to be on site from 7am-11pm every day of the week.
- Implementation of Relias Learning Program for employee training and orientation.
- Pregnancy tests now completed for females at time of intake.
- Created and implemented training videos on *TechCare*[®] and Suicide Prevention.
- Utilization Management program achieved full URAC accreditation in 2015.



PIERCE COUNTY DETENTION AND CORRECTIONS CENTER, TACOMA, WASHINGTON

NaphCare took over comprehensive healthcare services at Pierce County Detention and Corrections Center in 2015. NaphCare took over jail operations with only 3 days' notice and achieved a very successful start-up. Since this time we have worked with the County to greatly improve the quality of healthcare provided in their correctional facilities.

Contract Accomplishments:

- Hired and trained over 50 employees while eliminating a backlog of several hundred nurses and provider sick call appointments left by the previous contractor within weeks of start-up.
- Modified the medical screening process at intake to better capture medical needs of incoming inmates.
- Significantly modified and improved the process of identifying and screening patients at risk for alcohol, opiate and/or benzodiazepine detox.
- Implemented ShiftHound scheduling software to automate the scheduling process, reduce administrative burden and assist with employee retention.
- Improved the methods and increased the frequency at which detox patients are monitored, thereby improving the safety of patients and better meeting their needs.
- Created and implemented training videos on *TechCare*® and Suicide Prevention.
- Successfully transitioned from existing pharmacy to NaphCare Pharmacy.
- Improved communication between medical/clinic operations and existing County Mental Health Department, thereby improving quality of patient care by better integrating medical and mental health care.
- Successfully integrated Pierce County staff Medical Director into NaphCare operations.
- Conducted Quality Improvement Studies on the following: Off-site Order Entry, Alternate Plan Study, Timeliness of Determination, and Access to Services.
- Achieved full URAC accreditation for the Utilization Management Program.



WASHINGTON COUNTY JAIL, HILLSBORO, OREGON

NaphCare took over Comprehensive Healthcare Services for Washington County Jail in mid-2015. NaphCare was selected as the most responsible and capable proposer by the Sheriff's team after a competitive bid process.

As part of the agreement, NaphCare implemented our proprietary correctional EHR system, *TechCare*[®], which was operational day one. *TechCare*[®] optimizes the Jail's clinical documentation management to enhance security, create efficiencies and increase communication for both medical and security teams.

Contract Accomplishments:

- Upgraded medical equipment and supplies; blood pressure cuffs, scales, wheelchairs and other durable medical equipment, med pass carts.
- Implemented pharmacy supply management through corporate pharmacy with 24/7 access to medications through off-site local pharmacy.
- Upgraded x-ray equipment from analog to digital to decrease time to diagnosis and treatment.
- Added registered nurses at intake 24 hours with history and physical assessments completed at time of booking.
- Addition of FTE's within medical department, including the Director of Nursing role; filled roles previously vacant under old contractor, LPN's, RN's and mental health Professionals.
- Implemented ShiftHound scheduling software to automate the scheduling process, reduce administrative burden and assist with employee retention.
- Created and implemented training videos on *TechCare*[®] and Suicide Prevention.
- Implemented NCCHC Survey Corrective Plan (from attempt at accreditation by previous provider) to ensure successful accreditation on next survey.
- Implementation of segregation and suicide watch electronic dashboard for better tracking, documentation, and assessment of inmates in segregation and on suicide watch.
- Implementation of electronic hunger strike dashboard for monitoring and assessment of inmates on hunger strike.
- Implementation of electronic detoxification dashboard for alcohol and opiate withdrawal symptom management.
- Implemented the 24/48-72 post-suicide assessment model for mental health's follow up of inmates post Suicide Watch release.
- Utilization Management program achieved full URAC accreditation in 2015.
- Increased the utilization of on-site medical services to reduce off-site inmate transfers whenever possible.
- Implemented electronic inmate education by utilizing housing kiosks for immediate access to health education by inmates whenever needed.
- Maintain 100% compliance for medical staff licensure and certifications vital to job roles.



WASHOE COUNTY SHERIFF'S OFFICE, RENO, NEVADA

NaphCare has been providing Comprehensive Healthcare Services for Washoe County Jail since mid-2015. Since taking over, NaphCare has been focused on correcting the deficiencies in care present with the previous provider. We have worked to make sure that healthcare staffing positions are fully staffed with only the most qualified professionals. We have also worked to optimize daily operations so that care is provided in a timely manner and escalations can be avoided, reducing the use of off-site emergent care. Lastly, we have focused on fully implementing our proven **Proactive Care Model**, readying the site to achieve NCCHC and ICE accreditations.

Contract Accomplishments:

- Recruited new Healthcare Services Administrator with correctional experience from Maricopa County, AZ.
- Fully staffed nursing and Medical Provider positions.
- Implemented ShiftHound scheduling software to automate the scheduling process, reduce administrative burden and assist with employee retention.
- Conducted Quality Improvement Studies on: Off-site Order Entry, Alternate Plan Study, Timeliness of Determination, and Access to Services.
- All orientation and annual training completed for healthcare staff.
- Preparation for ICE and NCCHC audit completed.
- Diabetes Care Outcome Study – study completed to determine effectiveness of disease focused interventions on improving control of this chronic condition. This study allowed clinical reviewers to not only ensure patient care goals are met but allowed opportunities to identify and eliminate barriers to meeting those goals.
- Created and implemented training videos on *TechCare*® and Suicide Prevention.
- Utilization Management program achieved full URAC accreditation in 2015.

Market: _____

Pre Start Up Action Items

Project Leader: _____

Pre Start Up

| Operations | Administration / HR | IT | Clinical | Pharmacy | Ancillary Services Purchasing | Mental Health | Off-site |
|---|--|---|--|--|--|---|---|
| Schedule on-site meetings with Jail leadership upon notice of award | Prepare Application Packets | Inform Ops of the IT Implementation point person | Initiate contact with current physicians, NPs, Dentist and psych providers | Contact Jail command staff or get information from Sales team | on-site Services: Initiate contact with Lab and X-ray vendor | Phone calls with current MH Providers and Professional Staff | Review proposal, make checklist of all off-site services promised (and how) |
| Initiate contact with current management, HSA, DON | Order Supplies for hiring process | Obtain pharmacy, Radiology, and Lab vendor contacts | Review current healthcare procedures (med pass, sick calls, etc.) | Identify temporary local working area to facilitate scanning or faxing MAR information | Supplies/Equipment: Set up account numbers with Medical, Dental office | Review current mental healthcare policy and procedure (suicide watch, etc.) | Review any pre-negotiated hospital rates with our Finance Dept to ensure fiscal balance for off-sites |
| Develop on-site Transition Leadership Team | Identify office equipment needs for hiring process: printers, copiers, scanners | Obtain Medical Director and Dentist names if available | Review scope of practice and ensure compliance | Determine state board of pharmacy licensing and dispensing requirements | Supplies/Equipment: Set up pre go-live "ship to" address | Review scope of practice and ensure compliance | |
| | Review Staffing Matrix: identify reduced positions, exempt/non-exempt and State certification requirements | Determine Booking Queue or Booking Monitor | | Complete and submit licensure applications, if applicable | Supplies/Equipment: Build Site in ENVI after accounts setup | | |
| | Contract Confirmation: Obtain contact information of current healthcare personnel | Obtain Med Pass times and routes | | Obtain names and titles of key Jail contacts | | | |
| | Contact current personnel to advise as to application process | Determine Sick Call needs for the Inmate Medical Charge Sheet | | Obtain and distribute exact shipping and contact information | | | |
| | Setup site in HRB, Taleo, PPAF and EBI (drug & BG screenings) | Finalize necessary hardware equipment list | | Obtain a list of medications currently used at the Jail | | | |
| | Staffing Matrix to Recruiting: Post positions in Taleo | Request Internet service quotes from vendors | | Pharmacy begins to build (prepack) inventory for the site | | | |
| | Setup site with all benefit carriers | | | Obtain cart type, who owns current carts, capacity, order carts if applicable | | | |

| Operations | Administration / HR | IT | Clinical | Pharmacy | Ancillary Services Purchasing | Mental Health | Off-site |
|------------|--|----|----------|---|-------------------------------|---------------|----------|
| | Benefits to include WC: Contact carriers to initiate benefit onboarding process | | | Check with local DPH about any medication programs (ADAP, HEP, TB, etc) | | | |
| | | | | Obtain copies of all existing licenses at Jail | | | |

30 Day Transition Action Plan

Week One

| Operations | Administration / HR | IT | Clinical | Pharmacy | Ancillary Services Purchasing | Mental Health | Off-site |
|---|--|---|---|---|---|---|--|
| Interview & hire management staff, HSA, DON | Conduct on-site visit and Facility tour | Conduct on-site visit for hardware placement & design | Review booking area layout and begin planning implementation of NaphCare booking processes | Make subsequent contacts with existing provider if jail is not providing service internally | on-site Services: Set up oxygen vendor | Review any MH housing units and assess needs | Secure site contract sheet/information from legal department |
| NaphCare and Facility contact information exchanged | Hiring, recruitment, credentialing of current and new staff | Place order for Internet services | Attend meetings with key hospitals and physician groups | Identify who will make copies of current MARS | Supplies/Equipment: Determine large equipment needs, and place order | Begin developing plans for the NaphCare MH model implementation once familiar with site specifics | Secure preferred provider listing from site for contracting |
| Schedule re-occurring on-site meeting with Jail | Staff orientation package distribution (benefits, 401K, insurance, etc.) | Begin configuring hardware at Corporate and ready it for shipping | Meet with all physicians, NPs, Dentist, and psych providers and discuss NaphCare Proactive Philosophy | Coordinate transfer of existing drug inventory to enable continued care to inmates | Supplies/Equipment: Order medical, dental, office supplies, copiers, printers, MFPs | Assess needs for computers and laptops for providers | Draft LOA compliant with site contract and for approval by legal |
| Identify Jail facility operational needs & any concerns | Maintain TechCare user & email setup list | Initiate contact with all interface vendors (pharmacy, Lab, radiology, JMS) | Ensure that needs for computers and laptops for providers are identified and met | Identify candidates who can copy and fax | | Review booking area and determine MH needs for this area | Initiate meetings and off-site contracts with key providers |
| Obtain Jail Facility 24 hour schedule | Maintain Internal/ External employee list | Set up TechCare Training Environment | Review current nursing protocols and medical templates/forms | Set Facility code in Pharmacy Software (FrameWorks) | | Meet with all MH staff and discuss NaphCare MH philosophy | Develop off-site network needs not completed prior to bid submission |
| | Provide facility contact information to Corporate Admin & UM | | Review mid-level provider prescribing and scope of practice laws | Test TechCare for access to new account on all pharmacy computers | | | Contact all providers with outstanding appointments |

| Operations | Administration / HR | IT | Clinical | Pharmacy | Ancillary Services Purchasing | Mental Health | Off-site |
|------------|--|----|--|--|-------------------------------|---------------|----------|
| | EE documents sent to Corp HR | | Interview & hire all physicians, NPs, Dentist, and psych providers | Identify professional consultant licensed by the state to serve the Jail | | | |
| | Personal files created, documents filed | | | Schedule initial consultant site visit on transition day | | | |
| | eVerify all EEs | | | Schedule on-site training (if Pharmacy able to travel to site) | | | |
| | Enter EEs into HR/PR system, enter Benefit elections | | | | | | |
| | Send "Welcome to NaphCare" email | | | | | | |

Week Two

| Operations | Administration / HR | IT | Clinical | Pharmacy | Ancillary Services Purchasing | Mental Health | Off-site |
|--|--|---|--|---|---|--|--|
| Re-occurring on-site meeting with essential staff for weekly updates | Hiring, recruitment, credentialing of current and new staff | Complete networking design diagram. Configure, test & prepare hardware for shipment to Jail | Continue interviewing & hiring providers | Get Pharmacy license and DEA number in hand | on-site Services: Set up waste removal services | Identify community mental health resources to begin discharge planning and re-entry programs | Continue network development for preferred hospitals, physician groups, & ancillary partners |
| Exchange Jail & NaphCare P&Ps, develop site-specific LOPs | Staff orientation package distribution (benefits, 401K, insurance, etc.) | Coordinate equipment placement at Jail with on-site IT contact | Ensure that off-site provider network information is loaded into internal systems. | Pharmacy P&P, design procedures & logs for narcotic utilization & inventory, medication room supplies | on-site Services: Ensure that Lab training and supplies are on schedule | Review and ensure consistency between Jail and NaphCare P&P | Off-site management, provider information is loaded into internal systems, in-person meeting with hospitals to review operational processes and services |
| Identify Jail SuperUsers | Maintain TechCare user & email setup list | Set up TechCare database at Jail and enable Corporate to access | Attend meetings with key hospitals and physician groups to review operational processes and address concerns | Secure prescription storage system for initial stock of meds | Supplies/Equipment: Track supply deliveries & any back-orders | Continue to learn the facility flow and structure | Prepare hospital manual for meetings |
| Continued identification of site-specific TechCare programming needs | Maintain Internal/ External employee list | Determine patient migration method & import with Ops and Pharmacy | Continue to learn the facility flow and structure | Set up back-up pharmacy process. InMedRx Information | Supplies/Equipment: Re-order any cancellations and/or back-orders | | Make corporate-based assignments for UM, Scheduling and Medical Records |

| Operations | Administration / HR | IT | Clinical | Pharmacy | Ancillary Services Purchasing | Mental Health | Off-site |
|---|--|----|----------|---|---|---------------|----------|
| HSA, DON training begins: NCCHC, TechCare , off-site management, QA, HR, Admin | EE documents sent to Corp HR | | | Identify locations of local back-up and specialty providers | Vendor Partners: Set up translation services | | |
| Data collection: HSR reports & identification of reports required by Jail | Personal files created, documents filed | | | | Vendor Partners: Set up shredding services, if needed | | |
| Review sick call, intake, and all other on-site critical medical processes | eVerify all EEs | | | | Vendor Partners: Set up drinking water service, if needed | | |
| Determine customization for sites (ex: forms, nursing protocols, receiving screen, sick call) | Enter EEs into HR/PR system, enter Benefit elections | | | | Vendor Partners: Coordinate scrub & embroidery RQMT's / Order | | |
| | Send "Welcome to NaphCare" email | | | | | | |

Week Three

| Operations | Administration / HR | IT | Clinical | Pharmacy | Ancillary Services Purchasing | Mental Health | Off-site |
|---|---|--|---|--|---|--|---|
| Re-occurring on-site meeting with essential staff for weekly updates | Essential Learning user setup, notification and training | Conduct on-site visit | Confirm that previously scheduled off-site appointments are accurately loaded in TechCare and TechCare Online | Assess utilization requirements. Examine stock on hand, intentions of current provider, current refill process | on-site Services: Verify that all ancillary agreements are finalized and fully executed | Begin MH provider and professional training in TechCare | Conduct hospital in-service orientation via conference call or face to face (use hospital manual as a guide) |
| Orientation of NaphCare staff, P&P, website access, Proactive Care Plan | HSA, DON, AA training: HR, Administration | Complete and test interfaces (pharmacy, JMS, radiology, lab) | Start provider training in TechCare , Formulary, and Off-Site Request processes | Estimate drugs required for floor stock | Supplies/Equipment: Build HSA Purchasing Manual | Begin MH Provider and professional training in NaphCare P&P, Formulary | Provider Directory given to schedulers and site |
| Jail SuperUsers conduct TechCare training | Hiring, recruitment, credentialing of current and new staff | Set up temporary IT infrastructure or Ops and Admin on-site | Meet with Medical Director | Obtain shipping address and confirm the Jail's receiving process | Supplies/Equipment: Track supply deliveries/receive in ENVI | Begin training MH professionals and providers in NaphCare mental health philosophy | Review off-site process with UM, Scheduling and Contracting to ensure corporate team are all on the same page |
| Identify and implement narcotic and key exchange procedures | Staff orientation package distribution (benefits, 401K, insurance, self enrollment) | Perform TechCare Jail-specific customizations | Begin provider training in UM procedures | Determine if custom prescription pads are required. Order if applicable. | | | |

| Operations | Administration / HR | IT | Clinical | Pharmacy | Ancillary Services Purchasing | Mental Health | Off-site |
|--------------------------------------|---|---|---|---|-------------------------------|---------------|----------|
| TechCare Training Manual distributed | Maintain TechCare user & email setup list | Complete pre-configuration of hardware equipment at Corporate | Begin training providers in the NaphCare medical care philosophy, P&P | Determine if there are dispensing requirements upon discharge | | | |

| Operations | Administration / HR | IT | Clinical | Pharmacy | Ancillary Services Purchasing | Mental Health | Off-site |
|------------|--|----|----------|--|-------------------------------|---------------|----------|
| | Maintain Internal/ External employee list | | | Determine how inmates' personal meds will be handled and stored | | | |
| | EE documents sent to Corp HR | | | Prepare and print sufficient copies of Pharmacy training manual including forms, instructions, logs, and documents required to be posted | | | |
| | Personal files created, documents filed | | | Jail Operations provides name and license credentials to TechCare | | | |
| | eVerify all EEs | | | Work with IT to download inmate demographics into TechCare | | | |
| | Enter EEs into HR/PR system, enter Benefit elections | | | | | | |
| | Send "Welcome to NaphCare" email | | | | | | |

Week Four

| Operations | Administration / HR | IT | Clinical | Pharmacy | Ancillary Services Purchasing | Mental Health | Off-site |
|---|--|--|---|--|---|---|--|
| Off-site Operations: TechCare Online training completed, start-up manual provided, support staff assignments made and relayed to Jail | Essential Learning user setup, notification and training | Create new staff user accounts for email and TechCare based on roles | Confirm IT has scheduled all future medical and chronic care sick call requests in TechCare | Scan/copy & fax all existing MAR to NaphCare Pharmacy | Supplies/Equipment: Distribute Purchasing Manual | Confirm IT has scheduled all MH Professional and MH Provider sick calls in TechCare | Assist schedulers with consultation requests related to network gaps |
| Identify and implement safety procedures (sharps count) | HSA, DON, AA training: HR, Administration | Ship and install computers & servers on site (if permitted) | Continued provider training sessions | Enter the received orders into TechCare per outline from Jail Operations | Supplies/Equipment: Track supply deliveries/receive in ENVI | Continued provider training sessions | Continue network development |

| Operations | Administration / HR | IT | Clinical | Pharmacy | Ancillary Services Purchasing | Mental Health | Off-site |
|---|--|---|--|---|--|---|----------|
| Purge Jail of previous vendor's forms, P&P, and ensure that NaphCare's material is available to all staff | If necessary, continue hiring, recruitment, credentialing of new staff | Perform patient migration method & import with Ops and Pharmacy | Identification of patients in need of special/urgent medical attention upon assumption of care: infirmary, high acuity, etc. | Jail Operations enters all new orders to the NaphCare Pharmacy daily until the on-site staff can assume this function | Vendor Partners: Send scrubs out to site | Identification of patients in need of MH intervention upon assumption of care | |

| Operations | Administration / HR | IT | Clinical | Pharmacy | Ancillary Services Purchasing | Mental Health | Off-site |
|------------|----------------------------------|--|---|--|-------------------------------|---------------|----------|
| | Schedule UM training for AA, HSA | Install Internet and networking equipment on-site (if permitted) | Ensure that appropriate flags and appointments are placed for Chronic Care patients | Dispensing Pharmacy (NaphCare or other) given orders for initial fill 4 days prior to start date | | | |
| | | | Review current medication usage | All necessary orders are filled by Dispensing Pharmacy | | | |
| | | | Assess potential nursing and provider educational needs | Initial drug shipment sent to secure site 48 hours prior to start date | | | |
| | | | | Receive, account for, and secure drugs | | | |
| | | | | Review all supplies and medications to identify remaining needs prior to go-live date | | | |
| | | | | Reconcile all currently active patient medication orders | | | |
| | | | | Complete hiring and training of pharmacist consultant | | | |
| | | | | Provide support & in-service training for employees working with Pharmacy. Three sessions at varying shift changes | | | |
| | | | | Receive and distribute drugs | | | |
| | | | | 24 hrs before go-live: Record control drug inventory with exiting provider and record into NaphCare control drug books | | | |

NaphCare Formulary 2018

| EMERGENCY INJECTABLES | |
|---|------------------------------------|
| EpiPen | (Epinephrine Inj Device) |
| | Epinephrine 1 MG/ML Inj |
| | Glucagon (rDNA) Inj Kit |
| | Lidocaine HCl 1% PF Inj |
| | Lidocaine HCl 1%, 2% Inj |
| | Dexamethasone Sodium Phosphate Inj |
| | Dextrose Intravenous 50% |
| | Sodium Bicarb 8.4% |
| | Atropine Sulfate 0.1 MG/ML Inj |
| ANEMIA | |
| Epogen | (Epoetin Alfa) |
| Procrit | (Epoetin Alfa) |
| Injectable Vitamins and Nutritional Supplements | |
| Zemplar | (Paricalcitol) (Dialysis Only) |
| Venofer | (Iron Sucrose) (Dialysis Only) |
| ANGINA | |
| | Isosorbide Mononitrate |
| Imdur | Isosorbide Mononitrate ER |
| Isordil Titradose | Isosorbide Dinitrate |
| Nitro-Dur Patch | Nitroglycerin Transdermal |
| Nitrostat | Nitroglycerin SL |
| ANTIBIOTICS | |
| Oral Antibiotics | |
| Amoxil | Amoxicillin |
| Augmentin | Amoxicillin-Pot Clavulanate |
| Zithromax | Azithromycin |
| Bactrim DS | Sulfamethoxazole-Trimethoprim |
| Cipro | Ciprofloxacin |
| Cleocin | Clindamycin |
| Ery-Tab | (Erythromycin Delayed Release) |
| Flagyl | Metronidazole |
| Keflex | Cephalexin |
| Levaquin | Levofloxacin |
| Macrobid | Nitrofurantoin Monohyd Macro |
| Minocin | Minocycline |
| | Doxycycline Monohydrate |
| | Penicillin V Potassium |

NaphCare Formulary 2018

| Injectable Antibiotics | |
|-------------------------------------|---|
| Cephalosporins | |
| Rocephin | Ceftriaxone |
| Ancef | Cefazolin |
| Penicillins | |
| Bicillin L-A IM | (Penicillin G Benzathine) |
| Aminoglycosides | |
| | Gentamicin Sulfate |
| Topical Antibiotics | |
| Bactroban Ointment | Mupirocin |
| Silvadene Cream | Silver Sulfadiazine |
| Neosporin Original Ointment | Triple Antibiotic External Ointment (Neomycin-Bacitracin-Polymyxin) |
| | Bacitracin External Ointment |
| Ophthalmic Antibiotics | |
| Bleph-10 Opth Soln | Sulfacetamide Sodium Opth Soln |
| Maxitrol Opth Susp | Neomycin-Polymyxin-Dexameth Opth Susp |
| Garamycin Opth Oint, Opth Soln | Gentamicin Sulfate Opth Ointment, Opth Soln |
| Ilotycin Opth Ointment | Erythromycin Opth Ointment |
| Neosporin Opth Soln | Neosporin-Polymyxin-Gramicidin Opth Soln |
| Polytrim Opth Soln | Polymyxin B-Trimethoprim Opth Soln |
| Ocuflox Opth Soln | Ofloxacin Opth Soln |
| Ciloxan Opth Soln | Ciprofloxacin HCl Opth Soln |
| Otic Antibiotics | |
| Auralgan Otic | Antipyrine-Benzocaine Otic |
| Floxin Otic | Ofloxacin Otic |
| Cortisporin Otic | Neomycin/Polymyxin/HC Otic |
| ANTICOAGULANT / ANTIPLATELET | |
| Coumadin | Warfarin |
| Plavix | Clopidogrel |
| ANTIDOTES | |
| | Naloxone HCl Inj |
| ANTIHISTAMINES | |
| Oral Antihistamines | |
| Vistaril | Hydroxyzine Pamoate |
| Injectable Antihistamines | |
| | Hydroxyzine HCl |
| Phenergan | Promethazine |
| Benadryl | Diphenhydramine |

NaphCare Formulary 2018

| OTC Antihistamines | |
|--|---|
| Benadryl | Diphenhydramine |
| Chlor-Trimeton | Chlorpheniramine |
| Claritin | Loratidine |
| Zyrtec | Cetirizine |
| ANTIMALARIAL | |
| Plaquenil | Hydroxychloroquine |
| ANTINEOPLASTIC | |
| | Hydroxyurea |
| ARRHYTHMIA | |
| Cordarone | Amiodarone |
| Norpace | Disopyramide |
| ASTHMA | |
| | Albuterol Sulfate Neb Soln 0.083% (2.5 MG/3ML) |
| Alvesco Inhaler | (Ciclesonide) |
| Breo Elipta Inhaler | (Fluticasone and Vilanterol) |
| Theo-Dur | Theophylline ER 12 Hour Tablet |
| Atrovent HFA Inhaler | (Ipratropium Bromide HFA) |
| DuoNeb | Ipratropium-Albuterol Neb |
| Singulair Tablet | Montelukast |
| Xopenex HFA Inhaler | (Levalbuterol) |
| BENIGN PROSTATIC HYPERPLASIA- BPH | |
| Cardura | Doxazosin |
| Flomax | Tamsulosin |
| Minipress | Prazosin |
| Hytrin | Terazosin |
| CARDIAC GLYCOSIDE | |
| Lanoxin | Digoxin |
| CHOLESTEROL | |
| Lopid | Gemfibrozil |
| Mevacor | Lovastatin |
| Pravachol | Pravastatin |
| Zocor | Simvastatin |
| Lipitor | Atorvastatin |
| CONTRACEPTIVE | |
| Necon 1/35 | Nortrel 1/35 28 Day (Norethindrone-Eth Estradiol) |
| | |
| | |

NaphCare Formulary 2018

| COUGH & COLD | |
|--|-----------------------------------|
| OTC Antihistamine | |
| Benadryl | Diphenhydramine |
| Chlor-Trimeton | Chlorpheniramine |
| Claritin | Loratidine |
| Zyrtec | Cetirizine |
| OTC Expectorant | |
| Robitussin Chest Congestion Oral Syrup | Guaifenesin Syrup |
| Robitussin DM Syrup | Guaifenesin-DM Syrup |
| Organ-I NR Tablet | Guaifenesin Tablet |
| OTC Nasal | |
| Ocean Nasal Spray | Sodium Chloride Nasal Spray |
| OTC Lozenge | |
| Fisherman's Friend Throat Lozenge | (Menthol Lozenge) |
| DIABETIC | |
| Oral Antidiabetics | |
| Diabeta | Glyburide |
| Glucophage | Metformin |
| Glucotrol | Glipizide |
| Insulin | |
| Humalog Mix 75/25 | (Insulin Lispro Protamine/Lispro) |
| Novolog | (Insulin Aspart) |
| Novolin N | (Insulin Isophane (NPH)) |
| Novolin R | (Insulin Regular) |
| Novolin 70/30 | (Insulin Isophane (NPH)/Regular) |
| Novolog Mix 70/30 | (Insulin Aspart Protamine/Aspart) |
| Levemir | (Insulin Detemir) |
| Glucose Elevating | |
| Insta-Glucose Gel | (Glucose Gel) |
| Dex4 Glucose Tablets | (Glucose Tablets) |
| | Glucagon (rDNA) Inj |
| DIAGNOSTIC AIDS | |
| Tubersol (TB) Intradermal Soln | Tuberculin PPD |
| | |
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NaphCare Formulary 2018

| DIURETICS | |
|-----------------------------|---------------------------------|
| Oral Diuretics | |
| | Hydrochlorothiazide |
| Aldactone | Spirolactone |
| Lasix | Furosemide |
| Maxzide | Triamterene/HCTZ |
| Injectable Diuretics | |
| | Furosemide |
| EAR | |
| Auralgan Otic | Antipyrine-Benzocaine |
| Floxin Otic | Ofloxacin |
| Cortisporin Otic | Neomycin/Polymyxin/HC |
| OTC Ear Wax Removal | |
| Debrox | Carbamide Peroxide Otic Soln |
| ESTROGEN | |
| Menest | (Estrogen) |
| Premarin | (Estrogens Conjugated) |
| EYE | |
| Isopto Atropine Ophth Soln | Atropine Sulfate |
| Pilocar Ophth Soln | Pilocarpine |
| Timoptic Ophth Soln | Timolol Maleate |
| Pred Forte Ophth Susp | Prednisolone Acetate |
| Bleph-10 Ophth Soln | Sulfacetamide Sodium |
| Maxitrol Ophth Oint, Susp | Neomycin-Polymyxin-Dexameth |
| Gentak Ophth Oint | (Gentamicin Sulfate Ophth Oint) |
| | Gentamicin Sulfate Ophth Soln |
| | Erythromycin Ophth Ointment |
| Betagan Ophth Soln | Levobunolol |
| Neosporin Ophth Soln | Neosporin-Polymyxin-Gramicidin |
| Polytrim Ophth Soln | Polymyxin B-Trimethoprim |
| Ocuflox Ophth Soln | Ofloxacin |
| Xalatan Ophth Soln | Latanoprost |
| | Dorzolamide HCl-Timolol Mal |
| Cyclogyl Ophth Soln | Cyclopentolate |
| | Brimonidine Ophth Soln |
| OTC Ophthalmic | |
| Nature's Tears | (Hypromellose) |
| Visine | Tetrahydrozoline |
| | |

NaphCare Formulary 2018

| OTC Ophthalmic Antihistamine | |
|---------------------------------|-----------------------------------|
| Zaditor Ophth | Ketotifen |
| Visine-A Ophth | (Pheniramine-Naphazoline) |
| FLUSHES | |
| | Heparin Lock Flush Intravenous |
| | Saline Flush Inj |
| FUNGAL | |
| Oral Antifungals | |
| Diflucan | Fluconazole |
| Topical Antifungals | |
| Nizoral Cream | Ketoconazole |
| OTC Antifungals | |
| Lotrimin AF Cream | Clotrimazole |
| Nizoral A-D Shampoo | Ketoconazole |
| Tinactin Cream, Tolnaftin Cream | Tolnaftate |
| Micatin Cream | Miconazole Nitrate External Cream |
| GASTROINTESTINAL | |
| Nausea/Vertigo | |
| Antivert | Meclizine |
| Phenergan | Promethazine |
| Reglan | Metoclopramide |
| Zofran (not ODT) | Ondansetron (Not ODT) |
| Oral Gastrointestinal | |
| Azulfidine | Sulfasalazine |
| Delzicol 400 MG | (Mesalamine Capsule) |
| Asacol HD 800 MG | (Mesalamine Tablet) |
| | Pancrelipase 5,000 |
| Creon 12,000 | (Pancrelipase 12,000) |
| Carafate | Sucralfate |
| Reglan | Metoclopramide |
| GI Spasms | |
| Bentyl | Dicyclomine |
| H-2 Antagonist | |
| Zantac | Ranitidine |
| Proton Pump Inhibitor | |
| Prilosec | Omeprazole |
| Protonix | Pantoprazole |
| | |
| | |

NaphCare Formulary 2018

| | |
|--------------------------------|--|
| Diarrhea Rx | |
| Imodium | Loperamide |
| OTC Diarrhea | |
| Pepto-Bismol Regular Strength | Bismatrol (Bismuth Subsalicylate) |
| OTC Stool Softeners | |
| Colace | Docusate Sodium |
| OTC Enemas | |
| Fleet Enema Rectal | (Saline Laxative) |
| OTC Antiflatulents | |
| Gas-X Chewable | Simethicone |
| OTC Antacids | |
| Mylanta Oral Susp | Rulox (Aluminum/Magnesium/Simethicone) |
| OTC Nausea | |
| Emetrol | Formula EM Anti-Nausea Liquid (fruc/gluc/phos acid) |
| Laxatives Rx | |
| | Lactulose |
| OTC Stimulant Laxatives | |
| | Bisacodyl Delayed Release Tablet |
| Dulcolax Rectal Suppository | Bisacodyl Suppository |
| Senna Lax Oral Tablet | (Sennosides) |
| OTC Bulk Laxatives | |
| FiberCon Tablet | Fiber-Lax (Calcium Polycarbophil) |
| Natural Fiber Laxative Powder | (Psyllium Fiber) |
| OTC Osmotic Laxative | |
| MiraLax Powder | ClearLax (Polyethylene Glycol) |
| Citroma | Magnesium Citrate Oral Soln |
| OTC Laxatives/Antacids | |
| Milk of Magnesia Oral Susp | (Magnesium Hydroxide) |
| GOUT | |
| | Probenecid |
| Zyloprim | Allopurinol |
| HEMATOLOGICAL | |
| Lovenox Inj | Enoxaparin Sodium Subcutaneous |
| HIV | |
| <i>All Inclusive</i> | |
| | |
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| | |
| | |

NaphCare Formulary 2018

| HYPERTENSION Oral | |
|---------------------------------------|--------------------------------|
| ACE Inhibitors | |
| Vasotec | Enalapril |
| Prinivil, Zestril | Lisinopril |
| Zestoretic | Lisinopril/Hydrochlorothiazide |
| Alpha/Beta-Adrenergic Blockers | |
| Trandate | Labetalol |
| Angiotensin Antagonists | |
| Cozaar | Losartan |
| Antiadrenergics | |
| Cardura | Doxazosin |
| Catapres | Clonidine |
| Minipress | Prazosin |
| Beta Blockers | |
| Coreg | Carvedilol |
| Inderal | Propranolol |
| Lopressor | Metoprolol Tartrate |
| Tenormin | Atenolol |
| Calcium Channel Blockers | |
| Calan | Verapamil |
| | Verapamil ER |
| Cardizem | Diltiazem |
| | Diltiazem HCl ER 24 hour |
| Norvasc | Amlodipine |
| Procardia | Nifedipine |
| Procardia XL | Nifedipine ER Osmotic |
| Vasodilators | |
| Apresoline | Hydralazine |
| MENTAL HEALTH | |
| ANXIETY Oral | |
| Ativan | Lorazepam |
| Buspar | Buspirone |
| Klonopin | Clonazepam |
| Librium | Chlordiazepoxide |
| Injectable Anxiety | |
| Ativan Inj | Lorazepam Injection Soln |
| | |
| | |
| DEPRESSION Oral | |

NaphCare Formulary 2018

| Antidepressants, Tetracyclic | |
|--|--------------------------------------|
| Remeron | Mirtazapine |
| Antidepressants, Tricyclic | |
| Elavil | Amitriptyline |
| Pamelor | Nortriptyline |
| Sinequan | Doxepin |
| Antidepressants, SSRIs | |
| Celexa | Citalopram |
| Cymbalta | Duloxetine |
| Paxil | Paroxetine |
| Prozac | Fluoxetine |
| Zoloft | Sertraline |
| Lexapro | Escitalopram |
| Antidepressants, Misc | |
| Desyrel | Trazodone |
| Effexor, Effexor XR | Venlafaxine, Venlafaxine XR |
| Wellbutrin, Wellbutrin XL 24 hour | Bupropion, Bupropion ER (XL) 24 hour |
| PSYCHOSIS | |
| Oral Antipsychotic, Typical | |
| Trilafon | Perphenazine |
| | Haloperidol Tablets |
| | Haloperidol Lactate Oral Concentrate |
| Oral Antipsychotic, Atypical (See Protocol) | |
| Abilify | Aripiprazole |
| Risperdal | Risperidone |
| Zyprexa | Olanzapine |
| Geodon | Ziprasidone |
| Injectable Antipsychotic | |
| | Fluphenazine HCl |
| | Fluphenazine Decanoate |
| Haldol Decanoate IM Inj | Haloperidol Decanoate |
| Haldol Inj | Haloperidol Lactate |
| Geodon IM | Ziprasidone |
| Thorazine Inj | Chlorpromazine |
| MANIA Oral | |
| | Valproic Acid |
| Depakote | Divalproex Sodium Delayed Release |
| Eskalith | Lithium Carbonate |
| Eskalith CR | Lithium Carbonate ER |

NaphCare Formulary 2018

| MOUTH AND THROAT | |
|-------------------------------------|--|
| Peridex Mouth/Throat Soln | Chlorhexidine Gluconate |
| MUSCLE RELAXANTS | |
| Flexeril | Cyclobenzaprine |
| Lioresal | Baclofen |
| Robaxin | Methocarbamol |
| PAIN | |
| Analgesics Oral | |
| Tylenol with Codeine #3 | Acetaminophen-Codeine #3 |
| Tylenol with Codeine #4 | Acetaminophen-Codeine #4 |
| Ultram | Tramadol |
| Analgesics Injectable | |
| Toradol | Ketorolac |
| OTC Analgesics Oral | |
| | Aspirin |
| | Aspirin EC |
| Tylenol | Acetaminophen |
| Excedrin Extra Strength Tablet | Pain Reliever Plus (Acetamin/Aspirin/Caff 250/250/65 MG) |
| NSAIDS | |
| Indocin | Indomethacin |
| Motrin, Advil | Ibuprofen |
| Mobic | Meloxicam |
| Naprosyn | Naproxen |
| Relafen | Nabumetone |
| OTC Analgesics Topical | |
| Analgesic Balm External Cream | (Menthol-Methyl Salicylate) |
| Epsom Salt | (Magnesium Sulfate Granules) |
| LOCAL ANESTHETICS | |
| Topical Local Anesthetics | |
| Xylocaine Topical Jelly | Lidocaine Jelly |
| Xylocaine Viscous | Lidocaine Viscous |
| Injectable Local Anesthetics | |
| | Lidocaine HCl Inj |
| | Lidocaine HCl (PF) Inj |
| Xylocaine/Lidocaine Injection Soln | Lidocaine-Epinephrine Inj |
| PARASITIC | |
| Elimite Cream | Permethrin |
| Lice Treatment Max Strength Shampoo | (Pyrethrum Extract-Piperonyl Butoxide) |

NaphCare Formulary 2018

| PARKINSON'S | |
|-------------------------------------|-----------------------------------|
| Oral Antiparkinson | |
| Cogentin | Benztrapine Mesylate |
| Sinemet | Carbidopa-Levodopa |
| Injectable Antiparkinson | |
| Cogentin Inj | Benztrapine Mesylate Inj |
| PHOSPHATE BINDERS | |
| PhosLo | Calcium Acetate |
| Renagel | (Sevelamer HCl) |
| PROGESTIN | |
| Provera | Medroxyprogesterone Acetate |
| RECTAL | |
| Proctozone-HC Cream | Hydrocortisone |
| OTC Anorectal | |
| Preparation H Ointment, Suppository | Hemorrhoidal Rectal |
| SEIZURES | |
| Oral Anticonvulsants | |
| | Valproic Acid |
| | Phenobarbital |
| Keppra | Levetiracetam |
| Neurontin | Gabapentin |
| Depakote | Divalproex Sodium Delayed Release |
| Tegretol | Carbamazepine |
| Topamax | Topiramate |
| Trileptal | Oxcarbazepine |
| Lamictal | Lamotrigine |
| Injectable Anticonvulsants | |
| | Phenytoin Sodium Inj |
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NaphCare Formulary 2018

| STERIODS | |
|---|--------------------------------|
| Oral Corticosteroids | |
| | Prednisone |
| Nasal Steroids | |
| Flonase | Fluticasone |
| Injectable Adrenocortical Steroids | |
| | Dexamethasone Sodium Phosphate |
| Kenalog | (Triamcinolone Acetonide) |
| Depo-Medrol | Methylprednisolone Acetate |
| Solu-Medrol | Methylprednisolone Sodium Succ |
| Topical Steroid / Low Potency | |
| | Hydrocortisone Cream, Ointment |
| Topical Steroid / Mid Potency | |
| Elocon Cream | Mometasone Furoate |
| Kenalog Cream | Triamcinolone Acetonide |
| Topical Steroid / High Potency | |
| Lidex Cream, Ointment | Fluocinonide |
| Diprolene AF Cream | Betamethasone Dipropionate Aug |
| Topical Steroid / Ultra High Potency | |
| Ultravate Cream | Halobetasol Propionate |
| Temovate E Cream | Clobetasol Propionate E |
| Topical Steroid / Antifungal Combo | |
| Lotrisone Cream | Clotrimazole-Betamethasone |
| OTC Topical Steroid | |
| | Hydrocortisone Cream, Ointment |
| THYROID | |
| Hypothyroidism | |
| Synthroid | Levothyroxine |
| Hyperthyroidism | |
| Tapazole | Methimazole |
| | Propylthiouracil |
| Hyperparathyroidism (Calcimetics) | |
| Sensipar | (Cinacalcet) |
| | |
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| | |

NaphCare Formulary 2018

| TOPICALS | |
|---------------------------------|---|
| OTC Topical Analgesics | |
| Epsom Salt | (Magnesium Sulfate Granules) |
| Analgesic Balm External Cream | (Menthol-Methyl Salicylate) |
| OTC Topical Antibiotics | |
| Neosporin Original Ointment | Triple Antibiotic External Ointment (Neomycin-Bacitracin-Polymyxin) |
| | Bacitracin External Ointment |
| | Benzoyl Peroxide Gel |
| Topical Antifungals Rx | |
| | Nystatin Cream |
| OTC Topical Antifungals | |
| Lotrimin AF Cream | Clotrimazole |
| Nizoral A-D Shampoo | Ketoconazole |
| Tinactin Cream, Tolnaftin Cream | Tolnaftate |
| | Miconazole Nitrate External Cream |
| OTC Psoriasis | |
| Anti-Dandruff Shampoo | (Selenium Sulfide) |
| Therapeutic External Shampoo | (Coal Tar) |
| OTC Disinfectants | |
| | Hydrogen Peroxide Topical Solution |
| OTC Keratolytics | |
| Compound W External Gel | (Salicylic Acid Wart Remover) |
| OTC Poison Ivy | |
| Calamine Lotion | (Calamine/Zinc Oxide) |
| OTC Skincare | |
| Hydrocerin Cream | |
| Vitamin A & D Ointment | (Lanolin/Petrolatum) |
| OTC Topical Steroids | |
| | Hydrocortisone Cream, Ointment |
| TRANSPLANT | |
| CellCept | Mycophenolate Mofetil |
| Prograf | Tacrolimus |
| Imuran | Azathioprine |
| Rapamune | Sirolimus |

NaphCare Formulary 2018

| TUBERCULOSIS | |
|---|---|
| Myambutol | Ethambutol |
| Rifadin | Rifampin |
| | Isoniazid |
| | Pyrazinamide |
| URINARY | |
| | Oxybutynin |
| Urinary Analgesics | |
| Pyridium | Phenazopyridine |
| VACCINE | |
| Fluvirin | (Influenza Vaccine) |
| Flulaval | (Influenza Vaccine) |
| Tenivac | (Tetanus-Diphtheria Toxoid Vaccine) |
| VAGINAL | |
| Gyne-Lotrimin Vaginal Cream | Clotrimazole-7 Vaginal Cream |
| Monistat 7 Vaginal Cream | Miconazole Nitrate Vaginal Cream |
| | Miconazole Nitrate Vaginal Suppository |
| | |
| VIRAL Oral | |
| Zovirax | Acyclovir |
| Valcyte | (Valganciclovir) |
| | Amantadine Capsules |
| VITAMINS AND NUTRITIONAL SUPPLEMENTS | |
| Folic Acid | Folic Acid |
| | Potassium Chloride Ext Release |
| Reno Caps (Dialysis Only) | (Vitamin B Complex/Vit C/Folic Acid) |
| PrePLUS Prenatal Vitamin | (Prenatal Plus Vitamin) |
| | Ferrous Sulfate Delayed Release 325 MG Only |
| Injectable Vitamins and Nutritional Supplements | |
| Zemplar | (Paricalcitol) (Dialysis Only) |
| Venofer | (Iron Sucrose) (Dialysis Only) |
| OTC Vitamins and Nutritional Supplements | |
| Vitamin B-1 | Thiamine |
| Vitamin B-6 | Pyridoxine |
| Vitamin B-12 | Cyanocobalamin |
| Tums | Calcium Carbonate Antacid |
| Citroma | Magnesium Citrate Oral Soln |
| | Multivitamin |

NaphCare Formulary 2018

| WART REMOVAL | |
|---------------------------------------|------------------|
| Condylox External Solution | Podofilox |
| Compound W External Gel | (Salicylic Acid) |
| MISCELLANEOUS | |
| Fixodent Complete Dental Adhesive | |
| Sterile Water for Inj | |
| Sodium Chloride Intravenous Soln 0.9% | |
| | |

Sample Reports

Any data elements that are captured in *TechCare* can be used to generate reports. This screenshot shows a listing of the variety of reports that *TechCare* can generate.

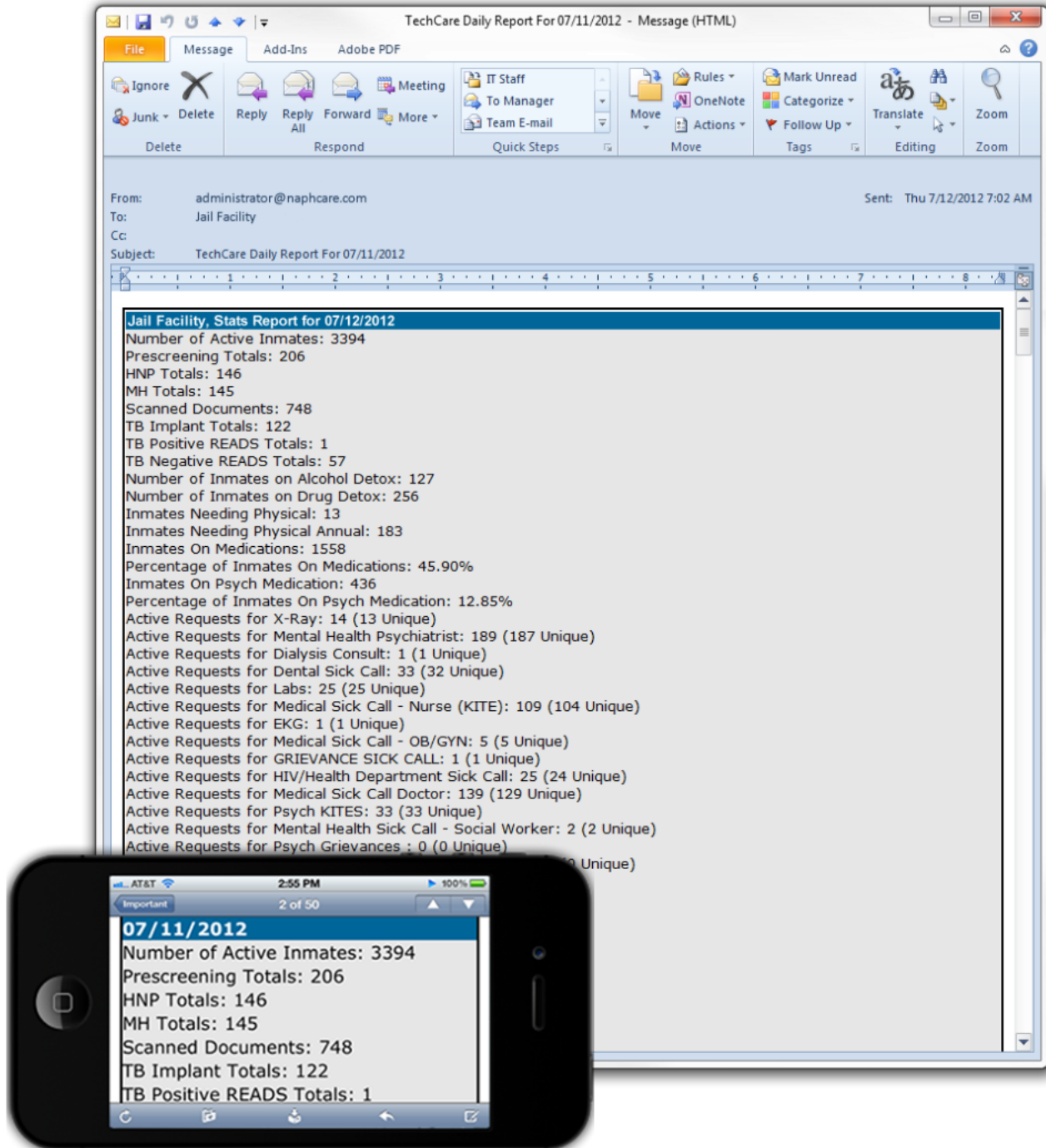
The screenshot shows the 'Report Viewer' application window. On the left, there is a list of reports under the heading 'Reports'. The 'Generate Report' button is highlighted. The selected report is 'ASTHMA CHRONIC CARE'. A 'Date Filter' is set from '07/12/2012' to '07/12/2012'. The main area displays a table with two columns: 'Inmate' and 'Location'. The first row is highlighted in blue.

| Inmate | Location |
|---|-----------------|
| DOLAN, TIMOTHY JAMES (# 00083484) | C/MED SECURITY |
| SMITH, KINTE LEE (# 04012391) | C/MED SECURITY |
| HARRIS, MARLON DERELL JR (# 04023319) | B/MED SECURITY |
| WERNING, RYAN CHARLES (# 04018931) | E/MED SECURITY |
| MAYBERRY, RAMELL DOVAN (# 00102342) | E/MED SECURITY |
| MERRIWEATHER, MARQUEZ JARMAALL (# 04028201) | C/MED SECURITY |
| PEPPERS, DAVID LORENZO (# 00044940) | D/MED SECURITY |
| PEPPERS, DAVID LORENZO (# 00044940) | D/MED SECURITY |
| SCARBOROUGH, ISAAC DENEY III (# 04025069) | D/MED SECURITY |
| TURNER, ROY LEE III (# 04023395) | B/MED SECURITY |
| BUNCH, ANNA MARIE (# 00041623) | F1/MED SECURITY |
| ROCCA, ANTHONY GLEN (# 00101846) | E/MED SECURITY |
| EPPS, LARSIE MAE (# 00018843) | F2/MED SECURITY |
| CASTON, WILLIAM HARDY JR (# 04023099) | C/MED SECURITY |
| WEST, EDDIE LEE (# 00046691) | C/MED SECURITY |
| MIMS, STERLING LAMONT (# 00102104) | C/MED SECURITY |
| MOORE, MARCUS ALAN (# 00110250) | B/MED SECURITY |
| REED, DONALD BENJAMIN EARL (# 04025602) | A3 MAX |
| PLAIN, KELVIN LEE JR (# 00111098) | C/MED SECURITY |
| LAWS, DUSTIN JAMES (# 00102771) | E/MED SECURITY |
| REDDOUT, DANIEL JOHN (# 00106173) | B/MED SECURITY |
| PHILLIPS, LARRY EARL (# 00111040) | B/MED SECURITY |
| FUTCH, JAUNITA LUVENIA (# 04030256) | F1/MED SECURITY |
| RICHARD, MALIK DE'SEAN (# 00108332) | C/MED SECURITY |
| OWEN, NAOMIE MARIE (# 00102565) | F1/MED SECURITY |
| SCHMIDT, MISTIE MARIE (# 04021657) | BREMER |
| CRAIG, TYLER ALLEN (# 04025292) | A1 PRE CLASS |
| WRIGHT, DEMARRIO DESHON (# 00089546) | B/MED SECURITY |
| WEATHERMAN, RODNEY ROSS (# 00080950) | A1 PRE CLASS |
| SAWYERS, VON VETTA LEROY (# 00073574) | OTHER AGENCY |
| MILLER, TRISHA RENEE (# 04031362) | F1/MED SECURITY |
| KEMP, TERRY DWAYNE (# 04027977) | A3 MAX |
| KING, ANTONIO VALENTINO (# 04031768) | C/MED SECURITY |
| WILLIAMS, CURTIS JUNIOR (# 00103538) | E/MED SECURITY |

At the bottom of the window, there is an 'Export to Excel' button, a status bar showing 'Results returned: 39', and a 'Print' button.

Daily Reports

We provide a daily statistical report that details the services provided in the last 24 hours. This daily report is sent electronically via email. It can also be downloaded and displayed on an iPhone for easier access.



Monthly Reports

The following shows a monthly report, which includes screenings and general information, chronic care, infectious disease, sick calls completed, and much more.

| JAIL FACILITY STATISTICS FROM 6/1/2012 TO 6/30/2012 | | |
|---|--------------|--|
| SCREENINGS AND GENERAL INFORMATION | | |
| | Total | |
| AVERAGE DAILY POPULATION | 292 | |
| TOTAL BOOKING SCREENINGS | 1057 | |
| INFORMED CONSENT | 183 | |
| RECEIVING SCREENING | | |
| OFFICER MEDICAL | | |
| MENTAL HEALTH ASSESSMENT | | |
| MENTAL HEALTH EVALUATION | | |
| HEALTH ASSESSMENT | | |
| TOTAL DETOX PATIENTS | | |
| TOTAL LABS | | |
| TOTAL SUBMITTED GRIEVANCES | | |
| TOTAL X-RAYS | | |
| TOTAL TB GIVEN | | |
| TOTAL TB READ | | |
| TOTAL TB POSITIVE | | |
| TOTAL TB ACTIVE | | |
| PHARMACY | | |
| MEDICATION ORDERS | | |
| NON-FORMULARY MEDICATIONS | | |
| PSYCH MEDICATION ORDERS | | |
| INMATES ON MEDICATIONS | | |
| AVERAGE INMATES ON MEDICATIONS | | |
| INMATES ON PSYCH MEDICATIONS | | |
| AVERAGE INMATES ON PSYCH MEDICATIONS | | |
| CHRONIC CARE | | |
| TOTAL CHRONIC CARE PATIENTS | | |
| ANEMIA | | |
| ASTHMA | | |
| CAD/CHF/VALVE DISEASE | | |
| CANCER | | |
| COPD/EMPHYSEMA | | |
| DIABETES | | |
| GI | | |
| HEPATITIS C | | |
| HYPERLIPIDEMIA | | |
| HYPERTENSION | | |
| MENTAL HEALTH CHRONIC CARE | | |
| SEIZURE DISORDER | | |
| THYROID DISEASE | | |
| INFECTIOUS DISEASE | | |
| | Total | |
| SYPHILIS | 0 | |
| CHLAMYDIA | 0 | |
| HERPES | 2 | |
| SCABIES | 0 | |
| LICE | 0 | |
| GONORRHEA | 0 | |
| MRSA | 0 | |
| MRSA POSITIVE LABS | 0 | |
| DENTAL | | |
| | Total | |
| TOTAL DENTAL SICK CALLS | 0 | |
| TOTAL DENTAL EXAMS | 13 | |
| SICK CALLS COMPLETED | | |
| | Total | |
| TOTAL SICK CALLS COMPLETED | 364 | |
| MEDICAL SICK CALL - NURSE | 166 | |
| MEDICAL SICK CALL DOCTOR | 29 | |
| MENTAL HEALTH PSYCHIATRIST | 57 | |
| MENTAL HEALTH SICK CALL - PSYCHIATRIC RN | 112 | |
| OFF-SITE SERVICES | | |
| | Total | |
| TOTAL OFF-SITE SERVICES | 14 | |
| TOTAL ER VISITS | 0 | |
| TOTAL AMBULANCE ONLY | 0 | |
| TOTAL AMBULANCE RUNS | 2 | |
| TOTAL OFF-SITE DENTAL | 5 | |
| TOTAL ONSITE LAB UNITS | | |
| TOTAL ONSITE RADIOLOGY UNITS | | |
| TOTAL INPATIENT HOSPITAL STAYS | 4 | |
| TOTAL INPATIENT DAYS | 17 | |
| AVERAGE INPATIENT DAYS | 5.66 | |
| OFF-SITE SCENARIOS | | |
| | Total | |
| CONSULT-DENTAL/ORAL SURGERY | 5 | |
| CONSULT-HEMATOLOGY/ONCOLOGY | 1 | |
| CONSULT-OB/GYN | 3 | |
| CONSULT-ORTHOPEDIC SURGERY | 1 | |
| INPATIENT MEDICAL W/AMBULANCE | 2 | |
| INPATIENT MEDICAL, NO AMB | 2 | |



Letter of Agreement

This Letter of Agreement ("LOA") is made by and between NaphCare, Inc. (hereinafter "NaphCare"), having a business address of 2090 Columbiana Road, Suite 4000, Birmingham, AL 35216; and American Medical Response Ambulance Service Inc. (hereinafter "Provider"), having a business address of P.O. Box 749667, Los Angeles, CA 90074. Provider is a health care provider licensed under the laws of the State of Washington. This LOA establishes an arrangement whereby NaphCare agrees to compensate Provider for covered services rendered to inmates in the custody of the South Correctional Entity ("SCORE") operating the SCORE Jail located at 20817 17th Avenue, South Des Moines, WA 98198 ("NaphCare's Client"). During the term of this LOA, NaphCare shall compensate Provider at the rates set forth below

For emergency, outpatient, and necessary medical care rendered to inmates under this LOA, parties agree that the provisions

NaphCare and Provider agree that, for services rendered to inmates hereunder, each shall comply with its respective obligations set forth by applicable federal and state laws and regulations. NaphCare and Provider agree not to disclose any proprietary business information to any other party. NaphCare and Provider will treat all information furnished by any other parties as confidential. Provider will comply with Health Insurance Portability and Accountability Act ("HIPAA") any amendments thereto and any and all provisions set forth in the Health Information Technology for Economic and Clinical Health ("HITECH") Act regarding a patient's Protected Health Information. The parties agree to comply with the provisions set forth in the HIPAA Business Associates Agreement attached hereto as Exhibit B. This paragraph will survive termination of this Agreement, regardless of the reason for termination.

IN WITNESS WHEREOF, the parties hereto, being duly authorized to do so, have executed this LOA as of the day and year in the signature blocks below.

| | |
|---|---|
| Signature: <u><i>Paul Priest</i></u> Printed Name & Title: <u>Paul Priest, Regional Director</u> Date: <u>12/1/16</u> NPI#: <u>1770518490</u> Contact Person: <u>BRANT BUTTE</u> Phone: <u>206 444 4271</u> Fax: <u>206 444 4579</u> Email: <u>BRANT.BUTTE@AMR-ROCKET</u> TIN: <u>75-2474011</u> (Attach W9) | Signature: <u><i>Janice Hollman</i></u> Printed Name: <u>Janice Hollman</u> Title: <u>Off-Site Services Coordinator</u> Effective Date: <u>12/1/2016</u> |
|---|---|

Comprehensive Detox Assessment in *TechCare*[®]

Please choose the screening option of the substance or substances the patient states use of:

Alcohol Screening

Opiate Screening

Benzodiazepine Screening

ALCOHOL WITHDRAWAL SCREENING

1. How many days a week do you drink?

A. < 5

B. >=5

2. How many drinks do you have each time you drink?

A. <= 2

B. 3 to 5

C. >5

3. When you wake up the day after drinking, do you experience any of the following?

A. Sweating

B. Shaking in hands or body

C. Feeling frightened or despair

D. Alcohol relieves these symptoms

E. Wanting or needing a drink

F. None of these

4. Do you have or are you experiencing any of the following?

A. Unable to sleep, anxious, nervous

B. Tremors or shakes

C. Sweating

D. Palpitations

E. Headaches

F. Nausea, vomiting, diarrhea

G. Hallucinations

H. None of these

5. Have you been through detox or treatment for your drinking?

A. Yes

B. No

6. Have you ever had seizures or hallucinations after periods of abstaining from drinking?

A. Yes

B. No

7. Do you have any of the following?

- A. Liver Disease
- B. Lung Disease
- C. Heart Disease
- D. Diabetes
- E. Seizure Disorder
- F. None of these

TechCare will make a recommendation based on the information above.

OPIATE WITHDRAWAL SCREENING

1. Is the patient currently exhibiting opiate withdrawal symptoms (sweating, restlessness, dilated pupils, bone/joint aches, rhinitis/tearing, GI upset, tremor, yawning, irritability, gooseflesh skin)? Yes No

2. Last opiate use:

- A. < 3 days ago
- B. 3 or more days ago

3. Ever stopped taking opiates more than 2 days at a time? Yes No

4. Ever experienced withdrawal symptoms (felt sick) after stopping opiates? Yes No

5. Is the patient pregnant? Yes No

BENZODIAZEPINE WITHDRAWAL SCREENING

Benzodiazepine use is:

- Most days of the week
- Sporadic or infrequent

Select typical daily use (mg/day):

| | | Clonazepam (Klonopin) / Alprazolam (Xanax) | Lorazepam (Ativan) | Diazepam (Valium) |
|-------------------------------------|--------------------------|--|--------------------|-------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <=2 | <=4 | <=40 |
| <input type="checkbox"/> | <input type="checkbox"/> | 3-4 | 5-9 | 40-80 |
| <input type="checkbox"/> | <input type="checkbox"/> | 5-6 | 10-12 | 80-120 |
| <input type="checkbox"/> | <input type="checkbox"/> | >=7 | >=12 | >=120 |

CIWA-Ar in TechCare®

CIWA COMPLETE CIWA

Inmate: DOE JOHN Inmate #: 0453141
DOB: 05/13/1973 Race: White Sex: Male Status: ACTIVE
Housing: 240B-621-01 SSN#: Booking Date: 8/8/2008 9:21:00 PM

NAUSEA AND VOMITING
-- Ask "Do you feel sick to your stomach? Have you vomited?"
(Note Observation or Chart Observation)

0 no nausea and no vomiting
1 mild nausea with no vomiting
2
3
4 intermittent nausea with dry heaves
5
6
7 constant nausea, frequent dry heaves and vomiting

TREMOR
-- Arms extended and fingers spread apart.
(Note Observation or Chart Observation)

0 no tremor

AUDITORY DISTURBANCES
-- Ask "Are you more aware of sounds around you? Are they harsh? Do you hear things you know are not there?"
(Note Observation or Chart Observation)

0 not present

PAROXYSMAL SWEATS
-- Observation.

0 no sweat visible

VISUAL DISTURBANCES
-- Ask "Does the light appear to be too bright? Is its color different? Does it hurt your eyes? Are you seeing anything that is disturbing to you? Are you seeing things you know are not there?"
(Note Observation or Chart Observation)

0 not present

ANXIETY
-- Ask "Do you feel nervous?"
(Note Observation or Chart Observation)

0 no anxiety, at ease

HEADACHE, FULLNESS IN HEAD
-- Ask "Does your head feel different? Does it feel like there is a band around your head?"
DO NOT RATE FOR DIZZINESS OR LIGHTEADEDNESS!!! Otherwise, rate severity.

0 not present

AGITATION
-- Observation.

0

ORIENTATION AND CLOUDING OF SENSORIUM
-- Ask "What day is this? Where are you? Who am I?"

0 oriented and can do serial additions

BP: 180 / 40 TEMP: 86 PULSE: 0 RESP: 0 SaO2: BS: Ht: 5'8" Wt: 165

Total CIWA-Ar Score 10
Reassess inmate q 4hours
GIVE NOW! Administer 50mg Librium

Select assessment drop-down for this category. Nurses can assign a number to this area. These numbers will be tallied at the end of the evaluation to give the medical staff a recommended Treatment Plan.

The total CIWA score and its recommended treatment

Modified CIWA –B in TechCare®

Refused Unavailable

BP / TEMP PULSE RESP SaO2 BS PAIN Ht (ft) 0 Ht (inches) 0 Wt BMI MAP

| Type | Last Update Date Time | Blood Pressure Systolic | Blood Pressure Diastolic | Temperature | Pulse | Respirations | Height in Feet | Height in Inches | Weight |
|-------------|-----------------------|-------------------------|--------------------------|-------------|-------|--------------|----------------|------------------|--------|
| Vital Signs | 3/7/2016 2:12 PM | 123 | 80 | 97 | 85 | 16 | 0 | 0 | 236 |
| Vital Signs | 3/1/2016 11:14 ... | 123 | 89 | NA | NA | NA | 5 | 0 | NA |

Loss of appetite

Numbness/burning on your face, hands, or feet

Heart racing or palpitations

Muscle aches or stiffness

Anxiety or nervousness

Restfulness of last night's sleep

Total CIWA-B Score

Mild withdrawal. Consider reassessment within 12 hours.

Visual disturbances (sensitivity to light, blurred vision)

Diaphoresis

Tremor

0 Not at all

Agitation

0 Not at all

Additional comments:

COWS in TechCare®

COWS
Print Complete

Patient: Doe, Test #: 7534234605ae4d4d472339 Lang: 950c (N/A) [Additional Info.](#)

DOB: 6/3/2015 (Age=2) **Sex:** **Race:**

Housing: **SSN:** **HIDDEN** **Type:** (321)

Status: NOT ACTIVE **Booking Date:** 6/3/2015 9:15:53 AM **Release:** 6/3/2015 2:22:20 PM

PICTURE NOT AVAILABLE

Refused Unavailable

BP 120 / 80 TEMP 100 PULSE 60 RESP 50 SaO2 50 BS 56 PAIN 5 Ht (ft) 6 Ht (inches) 3 Wt 155 BMI 19.4 MAP 93.33 Add Patient Refused

| Type | Last Update Date Time | Blood Pressure Systolic | Blood Pressure Diastolic | Temperature | Pulse | Respirations | Height in Feet | Height in Inches | Weight in Pounds | Weight in Ounces | Oxygen Saturation | Pain | Bo Me Inc |
|-------------|-----------------------|-------------------------|--------------------------|-------------|-------|--------------|----------------|------------------|------------------|------------------|-------------------|------|-----------|
| Vital Signs | 12/6/2017 4:43 PM | 120 | 80 | 100 | 60 | 50 | 6 | 3 | 155 | NA | 50 | 5 | 19.4 |
| Vital Signs | 5/5/2017 4:33 PM | NA | NA | NA | NA | NA | 6 | 3 | NA | NA | NA | NA | NA |

Allergy

Current Allergies:

Abacavir
Latex
PABA Derivatives

Add Clear

Resting Pulse Rate

Measured after patient is sitting or lying for one minute

2 101-120

Sweating

Over past 1/2 hour not accounted for by room temperature or patient activity

3 Beads of sweat on brow or face

Restlessness

Observation during assessment

3 Frequent shifting or extraneous movements of legs/arms

Pupil Size

2 Pupils moderately dilated

Total COWS Score 14

Moderate withdrawal symptoms. Consider reassessing within 6 hours.
GIVE NOW! Administer 0.1mg Clonidine PO now.
*Do not give Clonidine if Patient is pregnant.

Bone or Joint Aches

If patient was having pain previously, only the additional component attributed to opiates withdrawal is scored

2 Patient reports severe diffuse aching of joints/muscles

Runy Nose or Tearing

Not accounted for by cold symptoms or allergies

2 Nose running or tearing

GI Upset

Over last 1/2 hour

- 0 No GI symptoms
- 0 No GI symptoms
- 1 Stomach cramps
- 2 Nausea or loose stool
- 3 Vomiting or diarrhea
- 5 Multiple episodes of diarrhea or vomiting

0 No tremor

Yawning

Observation during assessment

1 Yawning once or twice during assessment

Anxiety or Irritability

0 None

Gooseflesh Skin

0 Skin is smooth

Detox Monitor in TechCare®

| |
|---|
| CHRONIC, TEST NEW (#5647382910) Housing: Current Status: ACTIVE LOS: 1370:36 Treatment |
| Treatment Plan: CIWA with Adjunct Chlordiazepoxide HCl Oral 25 MG Capsule, Quantity: 4, Enacted: 2/22/2016 2:27:04 PM Administered on 2/22/2016 2:26:46 PM for DRUG (SCORE: 17) CIWA Enacted: 2/22/2016 2:27:00 PM (SCORE: 17) CIWA Enacted: 2/19/2016 9:08:07 AM (SCORE: 7) |
| Status: CIWA 43 days 18 hours 2 minutes 56 seconds past due DC CIWA |
| CHRONIC, TEST NEW (#5647382910) Housing: Current Status: ACTIVE LOS: 1507:55 CIWA-B Assessment |
| Treatment Plan: BENZO MODIFIED CIWA-B Enacted: 3/23/2016 3:39:01 PM (SCORE: 5) MODIFIED CIWA-B Enacted: 2/4/2016 2:34:41 PM (SCORE: 10) MODIFIED CIWA-B Enacted: 2/3/2016 4:35:43 PM (SCORE: Refused) |
| Status: 13 days 20 hours 50 minutes since last assessment. Consider reassessing now. Recommend DCing |
| CHRONIC, TEST NEW (#5647382910) Housing: Current Status: ACTIVE LOS: 2973:4 Treatment |
| Treatment Plan: OPIATE Clonidine HCl Oral 0.1 MG Tablet, Quantity: 1, Enacted: 2/17/2016 2:54:42 PM Administered on 2/17/2016 2:54:40 PM for DRUG (SCORE: 20) COWS Enacted: 2/17/2016 2:54:44 PM (SCORE: 20) COWS Enacted: 2/12/2016 1:56:30 PM (SCORE: 26) |
| Status: OPIATE 48 days 15 hours 35 minutes 13 seconds since last assessment DC OPIATE |



Administrative Assistant

Position

Requirements: Must have a high school diploma or GED certificate with 1 year clerical experience in a healthcare setting preferred. Must have computer skills, including working knowledge of Microsoft Word and Excel with a minimum typing speed of 45 words per minute. Must possess strong written communication and verbal skills, adaptable to environments where conditions may not be pristine, and manage and maintain in stressful situations.

Status: Full time, Exempt or Non-exempt

Accountable to: Health Services Administrator (HSA)/Director of Nursing (DON)

Position

Summary: Under the direct supervision of the Health Services Administrator (HSA), the Administrative Assistant is responsible for performing routine clerical tasks to support the healthcare staff and overall function of the medical department.

Physical Demands: Must have the physical and mental capacity to work in an environment that may be less than pristine, and manage and maintain physical and mental health when encountering stressful situations.

Performance

Expectations:

- A. Greet visitors, ascertains purpose of visits, and direct to the appropriate staff.
- B. Answer telephone calls and direct calls to the appropriate staff.
- C. Receive and route messages and document such to appropriate staff.
- D. Operate office equipment and uses word processing, spreadsheets, and other software applications to prepare reports, correspondence, letters, etc., as applicable.
- E. Transmit correspondence and medical records via mail, email or fax.
- F. Perform various clerical and administrative functions, including, but not limited to ordering and maintaining an inventory of supplies.
- G. Perform bookkeeping duties, such as preparation of expense reports and maintaining petty cash and receipts.
- H. Transmit and maintain all medical claims as required by company policies and procedures.

- I. Transmit and maintain all subpoenas and/or medical record requests as required by company policies and procedures.
- J. Sort and distribute all mail and interoffice correspondence.
- K. Identify and proactively communicate potential labor management issues and use appropriate recourses to address labor management problems.
- L. Assist the HSA and DON with recruiting efforts, credentialing, scheduling interviews, and processing new hire documentation.
- M. Complete reporting tasks as assigned by supervisors and company policies and procedures, ensure that direct reports following reporting requirements, submit all reports within timeframe required, and ensure that all information is accurate and accountable.
- N. Use all functions and applications of TechCare™ relevant to the position with no supervision.
- O. Use all functions and applications of ADP eTime and Scheduler™ relevant to the position with no supervision.
- P. Use all functions and applications of ELearning™ relevant to the position with no supervision.
- Q. Process offsite referrals, appointments, patient registrations, and transport requests in accordance with company policies and procedures.
- R. Prepare and maintain monthly reporting and statistical data as required by company policies and procedures and contract terms and requirements.
- S. Gather and maintain documentation required for all accreditation surveys.
- T. Proactively take action to solve problems and use objectivity and insightfulness when approaching problems, meet established goals, and take responsibility for results and outcomes.
- U. Fundamentally understand the organizational structure and how to appropriately access resources.
- V. Demonstrate professionalism by using objectivity, maintaining self-control when under pressure, separating professional from personal issues, displaying emotional maturity, maintaining a high degree of integrity, and promoting a positive work environment by setting an example.
- W. Build proactive working relationships with supervisors, security staff, healthcare staff, patients, vendors, and clients. Establish and maintain professional relationships where you will be viewed by others as trusted and respectful.

- X. Notify critical information to the next level of management that may have a negative impact on client and/or vendor relations.
- Y. Coordinate all monthly, quarterly, and annual meetings in compliance with company policies and procedures.
- Z. Utilization Management—track specialty care referrals.

I HAVE READ AND ACKNOWLEDGE FULL UNDERSTANDING OF THIS POSITION DESCRIPTION

Administrative Assistant: _____ Date _____

APPROVED BY:

DATE:

Health Services Admin.: _____

Director of Nursing: _____

Job Description Disclaimer

This position description is not limited to the duties as implied. NaphCare reserves the right to assign other duties that are job related and request the employee to perform other duties subject to all federal and state laws. NaphCare also reserves the right to modify this job description at any time.



Assistant Health Services Administrator (AHSA)

Position

Requirements: BSN-level registered nurse preferred and hold a current unrestricted nursing license in the state of employment and hold a valid CPR card. A minimum of 3-5 years of progressive administrative/management experience in a healthcare setting, with 1 year experience in correctional healthcare preferred. Must possess strong written communication, verbal skills, and computer skills.

Status: Full time, Exempt

Accountable to: Executive Vice President of Operations/Vice President of Operations/Health Services Administrator (HSA)

Position

Summary:

Under the direct supervision of the Executive Vice President of Operations, the Vice President of Operations, and the Health Services Administrator (HSA), the Assistant Health Services Administrator (AHSA) is responsible for ensuring that company goals and objectives are achieved in their assigned service delivery area, leading directing, managing, evaluating operations to ensure that contractual obligations and client expectations are met, and assuring all operations are in compliance with contract requirements, NCCHC, ACA, and professional nursing standards. Corporate travel may be required several times per year.

Physical Demands: Must have the physical and mental capacity to work in an environment that may be less than pristine, and manage and maintain physical and mental health when encountering stressful situations.

Performance

Expectations:

- A. Utilize appropriate resources to resolve routine medical and clinical issues and performance improvement processes. Coaches and educates staff on gathering data and analysis of data, and implements corrective action and processes that ensures contract compliance.
- B. Understands and ensures that all areas adhere to all contract terms, conditions, and requirements. Provides feedback and plan to the HSA regarding any performance issues or variances. Review Dashboards daily to ensure all clinical needs are being met within the facility.
- C. Identify and proactively communicate potential labor management issues and use appropriate resources to address labor management problems. Coach and direct reports on how to use labor management tools, and how to interpret data to provide resolution or maintain staffing consistent with contractual obligations.

- D. Supervise and coach managers by developing goals that will prepare managers for succession planning and assist staff members in attaining those goals. Provide constructive and timely feedback to help staff obtain professional goals. Assist with completion of all annual performance evaluations.
- E. Ensure staffs are educated on contract terms and obligations, and that compliance with all company policies and procedures is maintained.
- F. Assist with recruiting strategy, assist with recruiting efforts, and demonstrate proficiency in assessing and selecting high performing managers with skills that would fit within the corrections environment.
- G. Complete reporting tasks as assigned by company policies and procedures, ensure that direct reports follow reporting requirements, submit all reports within the timeframe allowed, and ensure that all information is accurate and accountable.
- H. Use all functions and applications of TechCare™ relevant to the position with no supervision, and ensures that all staff is trained and uses the TechCare system in accordance to Company Policies and Procedures.
- I. Use all functions and applications of ADP eTime and Scheduler™ relevant to the position with no supervision, ensure that all staff is trained and using the Time Stamp function in accordance with policy and procedure; and ensure that all staffing schedules are maintained within the ADP system.
- J. Work cohesively with the HSA and Medical Director in the management of the healthcare delivery system and administrative operations in coordination with other functions within the facilities. Assist with directing activities of the healthcare staff.
- K. Proactively take action to solve problems and use objectivity and insightfulness when approaching problems, meet established goals, and take responsibility for results and outcomes.
- L. Fundamentally understand the organizational structure and how to appropriately access resources. Use business knowledge and acumen to influence others. Communicate NaphCare's organizational vision, strategy, and objectives within own team.
- M. Demonstrate professionalism by using objectivity, maintaining self-control when under pressure, separating professional from personal issues, displaying emotional maturity, maintaining a high degree of integrity, and promoting a positive work environment by setting an example.
- N. Build productive working relationships with supervisors, security staff, healthcare staff, patients, vendors, and clients. Establish and maintain professional relationships where you will be viewed by others as trusted and respectful.

- O. Seek mentors for coaching and counseling to support professional growth. Achieve established goals, communicate barriers in accomplishing goals, and seek assistance and additional resources when needed to meet goal expectations.
- P. Promote team building versus atmosphere of competition, recognizing individual and team accomplishments. Encourage members to share ideas and participate in discussions and decisions. Promote team approach with client and vendors, and ensure that this approach is implemented with all levels of staff.
- Q. Make clinical rounds to all designated areas within the facility to ensure appropriateness of patient care plans implemented by the nursing staff.
- R. Comply with continuing education requirements for respective position and be mindful of any NCCHC Standards related to continuing education.
- S. Maintain a web of influence, make visits at least monthly, and maintain open communication with clients.
- T. Assist with coordination of disaster plans and emergency preparation. Adhere to and enforce all safety and security policies and procedures and participate in all applicable safety/emergency drills.
- U. Notify critical information to the next level of management that may have a negative impact on client and/or vendor relations or patient care.
- V. Assist with coordination and attend all monthly, quarterly, and annual meetings in compliance with company policies and procedures.

I HAVE READ AND ACKNOWLEDGE FULL UNDERSTANDING OF THIS POSITION DESCRIPTION

Assistant Health Services Administrator: _____ Date _____

APPROVED BY:

DATE:

Vice President of Western States: _____

Health Services Administrator: _____

Job Description Disclaimer

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Certified Medical Assistant (MA)

Position

Requirements: Must have a high school diploma or GED certificate and must hold and maintain a current, unrestricted certification as a Medical Assistant in the state of employment and hold a valid CPR card, with a minimum of 1 year clinical experience in a healthcare setting, with correctional healthcare experience preferred.

Status: Full time, Part time, PRN, Non-exempt

Accountable to: Health Services Administrator (HSA)/Director of Nursing (DON)/Registered Nurse (RN)

Position

Summary: Under the direct supervision of the Health Services Administrator (HSA), Director of Nursing (DON), and Registered Nurse(s) (RN), the MA is responsible for providing routine clinical tasks as assigned.

Physical Demands: Must have the physical and mental capacity to work in an environment that may be less than pristine, and manage and maintain physical and mental health when encountering stressful situations. Must be able to exert up to 50 lbs. of force, push, pull, and move objects, to include the human body. Position may require he/she to stand or walk while performing duties.

Performance Expectations:

- A. Use knowledge and expertise to ensure that clinical processes and systems are followed appropriately according to policies and procedures, company performance, and accreditation standards.
- B. Use all functions and applications of TechCare™ relevant to the position with no supervision, and assist with staff training as requested.
- C. Perform routine blood drawing procedures as applicable by licensure.
- D. Communicate effectively with clients, peers, and employees at all levels within the organization.
- E. Demonstrate personal performance based on professional practice standards, relevant statutes, rules and regulations and organizational criteria.
- F. Take and document vital signs, height and weight and assist with PPDs and EKGs as required.

- G. Assist with examinations and/or treatments as needed and report all changes in patients' conditions.
- H. Assist with patient hygiene, ambulation, and dressing changes.
- I. Comply with continuing education requirements for respective position and be mindful of any NCCHC Standards related to continuing education.
- J. Demonstrate professionalism by using objectivity, maintaining self-control when under pressure, separating professional from personal issues, displaying emotional maturity, maintaining a high degree of integrity, and promoting a positive work environment by setting an example.
- K. Participate in all monthly, quarterly, and annual meetings as assigned and required in accordance with contract compliance.
- L. Notify critical information to the next level of management that may have a negative impact on client and/or vendor relations or patient care.

I HAVE READ AND ACKNOWLEDGE FULL UNDERSTANDING OF THIS POSITION DESCRIPTION

Certified Medical Assistant: _____ Date _____

APPROVED BY:

DATE:

Health Services Admin.: _____

Director of Nursing: _____

Job Description Disclaimer

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Certified Medical Assistant (MA) /Supply Clerk

Position

Requirements: Must have a high school diploma or GED certificate and must hold and maintain a current, unrestricted certification as a Medical Assistant in the state of employment and hold a valid CPR card, with a minimum of 1 year clinical experience in a healthcare setting, with correctional healthcare experience preferred. Must have computer skills, including working knowledge of Microsoft Word and Excel. Must possess strong written communication and verbal skills, adaptable to environments where conditions may not be pristine, and manage and maintain in stressful situations.

Status: Full time, Part time, PRN, Non-exempt

Accountable to: Health Services Administrator (HSA)/Director of Nursing (DON)/Registered Nurse (RN)

Position

Summary: Under the direct supervision of the Health Services Administrator (HSA), Director of Nursing (DON), and Registered Nurse(s) (RN), the MA is responsible for providing routine clinical tasks as assigned.

Physical Demands: Must have the physical and mental capacity to work in an environment that may be less than pristine, and manage and maintain physical and mental health when encountering stressful situations. Must be able to exert up to 50 lbs. of force, push, pull, and move objects, to include the human body. Position may require him/her to stand or walk while performing duties.

Performance

Expectations:

- A. Use knowledge and expertise to ensure that clinical processes and systems are followed appropriately according to policies and procedures, company performance, and accreditation standards.
- B. Use all functions and applications of TechCare™ relevant to the position with no supervision, and assist with staff training as requested.
- C. Perform routine blood drawing procedures as applicable by licensure.
- D. Communicate effectively with clients, peers, and employees at all levels within the organization.
- E. Demonstrate personal performance based on professional practice standards, relevant statutes, rules and regulations and organizational criteria.

- F. Take and document vital signs, height and weight and assist with PPDs and EKGs as required.
- G. Assist with examinations and/or treatments as needed and report all changes in patients' conditions.
- H. Assist with patient hygiene, ambulation, and dressing changes.
- I. Comply with continuing education requirements for respective position and be mindful of any NCCHC Standards related to continuing education.
- J. Clean and maintain all equipment and work areas, including sterilization as required.
- K. Order, label, and count stock medications, chemicals, and supplies, and enter inventory data.
- L. Receive and store incoming supplies, verify quantities against invoices, and report stock needs and/or shortages.
- M. Stock medication carts.
- N. Operates office equipment and uses word processing, spreadsheets, and other software applications to prepare reports, correspondence, letters, etc. as applicable.
- O. Create purchase orders, requisitions, and maintain inventory of all supplies through the electronic IOS™ purchasing system relevant to the position without supervision.
- P. Process and maintain all purchase orders, packing slips, receipts, and inventory within an effective and efficient records management system.
- Q. Submit all requests for services, repairs, and maintenance for all on-site equipment.
- R. Completes reporting tasks as assigned by supervisors and company policies and procedures, ensure that direct reports follow reporting requirements, submit all reports within time frame, and ensure that all information is accurate and accountable.
- S. Demonstrate professionalism by using objectivity, maintaining self-control when under pressure, separating professional from personal issues, displaying emotional maturity, maintaining a high degree of integrity, and promoting a positive work environment by setting an example.
- T. Participate in all monthly, quarterly, and annual meetings as assigned and required in accordance with contract compliance.
- U. Notify critical information to the next level of management that may have a negative impact on client and/or vendor relations or patient care.

I HAVE READ AND ACKNOWLEDGE FULL UNDERSTANDING OF THIS POSITION DESCRIPTION

Certified Medical Assistant: _____ Date _____

Health Services Admin.: _____

Director of Nursing: _____

Job Description Disclaimer

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Dental Assistant

Position

Requirements: Must have a high school diploma or GED certificate, hold and maintain the proper training and unrestricted certification as a Dental Assistant, with 1 year of dental experience in healthcare preferred. Must hold a current CPR card.

Status: Full time, Part time, PRN, Non-exempt

Accountable to: Health Services Administrator (HSA)/Dentist

Position

Summary: Under the direct supervision of the Health Services Administrator (HSA) and the on-site Dentist, the Dental Assistant is responsible for coordinating dental services and assisting the Dentist with patient care, instruments, supplies, documentation, and support to the function of the dental department as requested.

Physical Demands: Must have the physical and mental capacity to work in an environment that may be less than pristine, and manage and maintain physical and mental health when encountering stressful situations.

Performance

Expectations:

- A. Use knowledge and expertise to ensure that dental processes and systems are followed appropriately according to policies and procedures, company performance, and accreditation standards.
- B. Work cohesively with the Dentist in the coordination of the dental care delivery system within the facility.
- C. Use all functions and applications of TechCare™ relevant to the position with no supervision.
- D. Communicate effectively with clients, peers, and employees at all levels within the organization. Maintain clear lines of communication throughout issue-resolution processes.
- E. Demonstrate personal performance based on professional practice standards, relevant statutes, rules and regulations and organizational criteria.
- F. Assist in documentation and maintenance of all patient dental records.
- G. Assist in triaging and scheduling of all dental sick call requests.

- H. Prepare clinic with appropriate instruments and materials for scheduled visits.
- I. Assist Dentist during treatment by providing instruments, materials, retraction or suction, as requested.
- J. Mix and fabricate all restorative materials.
- K. Ensure that all equipment related to dental services is properly maintained and functioning.
- L. Maintain all records for maintenance of equipment related to dental services, including, but not limited to, disinfections, repairs, and safety checks.
- M. Evaluate the quality and effectiveness of dental services and assist in developing systems to ensure and monitor patient care and safety.
- N. Perform all sterilization and disinfection of all necessary equipment and tools between each scheduled dental visit.
- O. Develop all routine radiographs.
- P. Demonstrate professionalism by using objectivity, maintaining self-control when under pressure, separating professional from personal issues, displaying emotional maturity, maintaining a high degree of integrity, and promoting a positive work environment by setting an example.
- Q. Participate in all monthly, quarterly, and annual meetings as assigned and required in accordance with contract compliance.
- R. Notify critical information to the next level of management that may have a negative impact on client and/or vendor relations or patient care.

I HAVE READ AND ACKNOWLEDGE FULL UNDERSTANDING OF THIS POSITION DESCRIPTION

Dental Assistant: _____ Date _____

APPROVED BY:

DATE:

Health Services Admin.: _____

Dentist: _____

Job Description Disclaimer

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Dentist

Position

Requirements: Must hold a current unrestricted license as a dentist in the state of employment, current DEA registration, and a valid CPR card. A minimum of 2-3 years' experience in general practice residency with administrative experience is required with corrections experience preferred. Must possess strong written communication and verbal skills and have strong computer skills.

Status: Full time, Part time, PRN, Contract, Exempt or Non-exempt

Accountable to: Health Services Administrator (HSA), Medical Director, and Chief Medical Officer (CMO)

Physical Demands: Must have the physical and mental capacity to work in an environment that may be less than pristine, and manage and maintain physical and mental health when encountering stressful situations.

Position

Summary: Under the direct supervision of the Health Services Administrator (HSA), on-site Medical Director, and the Chief Medical Officer (CMO), the Dentist is responsible for ensuring that company goals and objectives are achieved in the dental service delivery area; leading, directing, managing, and evaluating dental services to ensure that contractual obligations and client expectations are met; providing dental services consistent with NCCHC, ACA, and community standards.

Performance

Expectations:

- A. Use knowledge and expertise to ensure that dental processes and systems are followed appropriately according to policies and procedures, company performance, and accreditation standards.
- B. Work cohesively with the HSA, Medical Director and other provider(s) in the coordination of the dental health care delivery system
- C. Use all functions and applications of TechCare™ relevant to the position with no supervision, and assist with TechCare™ training for dental staff training as requested.
- D. Communicate effectively with clients, peers, and employees at all levels within the organization. Maintain clear lines of communication throughout issue-resolution processes.
- E. Demonstrate personal performance based on professional practice standards, relevant statutes, rules and regulations and organizational criteria.

- F. Demonstrate professionalism by using objectivity, maintaining self-control when under pressure, separating professional from personal issues, displaying emotional maturity, maintaining a high degree of integrity, and promoting a positive work environment by setting an example.
- G. Participate in all monthly, quarterly, and annual meetings as assigned and required in accordance with contract compliance.
- H. Relay critical information to the next level of management that may have a negative impact on client and/or vendor relations or patient care.
- I. Participate in a collaborative approach of patient management using the knowledge and clinical resources of the health care staff to provide the resolution of diagnostic and therapeutic problems and the implementation of effective solutions.
- J. Utilize appropriate resources to resolve routine dental issues and performance improvement processes.
- K. Monitor referrals to outside health care facilities for appropriateness, quality, and continuity of care.
- L. Monitor non-formulary medication utilization and participate in formulary development and review to provide a full scope of benefit at optimum cost.
- M. Consult with site and community providers to resolve issues in delivering services to patients.
- N. Understand and ensure adherence to all contract terms, conditions, and requirements related to dental care. Provide feedback regarding any issues or variances regarding contract performance. Review Dashboards regularly to ensure all clinical needs are being met within the facility.
- O. Maintain overall dental care responsibility for the management of dental services to each patient, including those provided by consultants and offsite resources. Track and understand the dental related healthcare activities undergone by each patient for whom NaphCare has responsibility.
- P. Supervise and coach site dental assistant(s) and provide constructive and timely feedback to assist with obtaining professional goals.
- Q. Responsible for ensuring that the dental assistant(s) are educated on contract obligations and maintaining compliance with all company policies and procedures.
- R. Perform all dental assessments, radiographic exams, and dental treatment, to include emergency treatment such as oral surgery, restorative dentistry, and periodontal therapy within the scope of general dentistry.

- S. Ensure that all equipment related to dental services is properly maintained and functioning and ensure proper security related to all instruments, medications, and sharps.
- T. Evaluate the quality and effectiveness of dental services and develop systems to ensure and monitor patient care and safety. Ensure implementation and ongoing supervision of the on-site dental program using established clinical guidelines to support management of each condition.
- U. Ensure sterilization and disinfection of all necessary equipment and tools between each scheduled dental visit.
- V. Participate in training and orientation of healthcare staff as related to dental services, including, but not limited to, proper oral screening, dental hygiene, and assessment.
- W. Evaluate all patients returning from offsite dental visits by the end of the week to review any information regarding diagnosis, recommendations, or need for additional treatment.
- X. Ensure that all orders, treatments, or recommendations are reviewed and countersigned.
- Y. Formulate a working diagnosis, develop and implement a treatment plan, and evaluate/modify therapeutic regimens to promote positive patient outcomes.
- Z. Perform dental examinations and treatments as per the contract terms, conditions, and requirements.
- AA. Provide oral hygiene education and discharge instructions to all patients seen.
- BB. Ensure proper documentation and maintenance of all patient dental records.
- CC. Build productive working relationships with supervisors, security staff, healthcare staff, patients, vendors, and client. Establish and maintain professional relationships where you will be viewed by others as trusted and respectful.
- DD. Promote team building versus atmosphere of competition, recognize individual and team accomplishments. Encourage members of the team to share ideas and participate in discussions and decisions. Promote team approach with client and vendors, and ensure that this approach is implemented with all levels of staff.
- EE. Complete reporting tasks as assigned by company policies and procedures, submit all reports in a timely fashion, and ensure that all information is accurate and accountable.

FF. Respond to and initiate care for medical emergencies involving the visual system when present on-site.

GG. Provide phone consultation and support for the full time staff within the unit.

HH. Comply with continuing education requirements for the position and be mindful of any NCCHC Standards related to continuing education.

I HAVE READ AND ACKNOWLEDGE FULL UNDERSTANDING OF THIS POSITION DESCRIPTION

Dentist: _____

Date _____

APPROVED BY:

DATE:

Health Services Admin.: _____

Chief Medical Officer: _____

Job Description Disclaimer

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Director of Nursing (DON)

Position

Requirements: Must be hold a current unrestricted Registered Nurse license in the state of employment and hold a valid CPR card. A minimum of 3-5 years of progressive administrative/management experience in a healthcare setting, with 1 year experience in correctional healthcare preferred.

Status: Full time, Exempt

Accountable to: Health Services Administrator (HSA), Assistant Vice President of Clinical Operations

Position

Summary: In collaboration with the Health Services Administrator (HSA), the Director of Nursing (DON) is responsible for leading directing, managing, and evaluating all clinical nursing operations. He/she is responsible for staff development, nursing education, management of nursing practice, and for assuring all operations are in compliance with contract requirements, NCCHC, ACA, and professional nursing standards. The DON directs nursing care to provide quality healthcare and achieve the goals of the nursing department and ensures the integration of evidence-based practice and research application that fosters nursing excellence in the delivery of care.

Physical Demands: Must have the physical and mental capacity to work in an environment that may be less than pristine, and manage and maintain physical and mental health when encountering stressful situations. Must be able to exert up to 50 lbs of force, push, pull, and move objects to include the human body. Position may require he/she to stand or walk while performing duties or presenting.

Performance

Expectations:

- A. Uses administrative knowledge and expertise to ensure that clinical processes and systems are followed appropriately according to P&P, company performance and accreditation standards.
- B. Work cohesively with the HSA and Medical Director in the management of the healthcare delivery system and administrative operations in coordination with other functions within the facilities. Must direct activities of the healthcare staff.
- C. Monitor compliance with site-specific policies and procedures and take appropriate corrective action. Ensure compliance with ACA, NCCHC, company policies & procedures.

- D. Use all functions and applications of TechCare™ relevant to the position with no supervision, and ensures that all staff are trained and uses the TechCare system in accordance to Company Policies and Procedures.
- E. Use all functions and applications of ADP eTime and Scheduler™ relevant to the position with no supervision, ensure that all staff are trained and using the Time Stamp function in accordance with policy and procedure; and collaborate with the HSA to create staffing schedules within the ADP system.
- F. Maintain an open line of communication on a regular basis and work collaboratively in directing quality healthcare in compliance to contract requirements.
- G. Proactively take action to solve problems using organizational guidelines, meet established goals, take responsibility for results and outcomes, and knows when to consult others for results beyond own authority.
- H. Settle disputes equitably but not with over-accommodation or saying “yes” to soon or too often. Effectively work to reach agreement or de-escalate conflicts between staff members, and de-escalates conflict by finding common points and agreement.
- I. Communicate effectively with clients, peers, and employees at all levels of the organization. Maintains clear lines of communication throughout issue-resolution process, and viewed as a trusted advisor.
- J. Demonstrate personal performance based on professional practice standards, relevant statutes, rules and regulations and organizational criteria.
- K. Collaborate with nursing staff at all levels, interdisciplinary teams, executive leaders and other stakeholders in streamlining services within the facility.
- L. Comply with continuing education requirements for respective position and be mindful of any NCCHC Standards related to continuing education.
- M. Evaluate the quality and effectiveness of nursing practice and administration. Develop systems to ensure and monitor patient care and patient safety within the facility.
- N. Assist with recruiting efforts and demonstrate proficiency in assessing and selecting high performing managers with skills that would fit within the corrections environment. Coordinate and/or participate in the interviewing and selection of Independent Contractors.
- O. Ensure orientation of all clinical personnel by coordinating all new hire and annual training activities. Serve as a professional role model and mentor to motivate, develop, and retain nursing staff. Coordinate and evaluate nursing staff orientation and training to both facility and company policies, and develop and maintain nursing mentor program.

- P. Act as the nursing liaison to all medical disciplines, including but not limited to, dental and psychiatric services.
- Q. Proactively take action to solve problems using organizational guidelines, meet established goals, take responsibility for results and outcomes, and knows when to consult others for results beyond own authority.
- R. Assist with disaster plans and emergency preparation. Adhere to and enforce all safety and security policies and procedures and participate in all applicable safety/emergency drills.
- S. Make clinical rounds to all designated areas within the facility to ensure appropriateness of patient care plans implemented by the nursing staff.
- T. Recognize individual and team accomplishments, identifies staff with talent for potential promotion and succession planning, and ensures all annual performance evaluations are conducted and completed with personnel.
- U. Observe and evaluate the performance of the nursing staff and ensure all evaluations for nursing personnel are completed.
- V. Work in accordance with the HSA and the Medical Director to fulfill the contractual requirements for the delivery of quality healthcare.
- W. Assist and support staff in developing and maintaining problem-solving and nursing diagnoses competency.
- X. Ensure nursing practice conforms to state licensure, accreditation, and regulatory agency requirements, and company policies and procedures.
- Y. Identify and proactively communicate potential labor management issues and use appropriate resources to address labor management problems.
- Z. Establish a professional environment that supports ethical and legal standards of nursing practice. Models sound judgment regarding personal conduct/emotional maturity evidenced by handling conflict in the work environment, separating professional vs. personal issues, and effectively delivering care with compassion while maintaining objectivity.
- AA. Facilitate interdisciplinary collaboration in data analysis and decision-making process. Participate in all monthly, quarterly, and annual meetings as assigned and required in accordance with contract compliance. Utilize appropriate resources to resolve routine medical and clinical issues and has basic knowledge and skills related to performance improvement processes. Assist with the development tools for continuous quality assurance studies and coordinate staff members to participate in quality assurance activities.
- BB. Responsible for the management and oversight of the infection control program, and work cohesively with community in managing infection control.

I HAVE READ AND ACKNOWLEDGE FULL UNDERSTANDING OF THIS POSITION DESCRIPTION

Director of Nursing: _____

Date _____

APPROVED BY:

DATE:

Health Services Admin.: _____

Vice President of Western States: _____

Job Description Disclaimer

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Full Time Medical Director/Designated Health Authority

Position

Requirements: Must hold a current unrestricted license as a physician in the state of employment, current DEA registration, a valid CPR card, and be certified in a Board recognized by the American Board of Medical Specialties. A minimum of 3-5 years' experience in primary care with administrative experience in corrections and/or managed health care delivery preferred. Must possess strong written communication and verbal skills and have strong computer skills.

Status: Full time, Contract, Exempt, Non-Exempt

Accountable to: Health Services Administrator (HSA), and Corporate Medical Director (CMD)/Chief Medical Officer (CMO).

Physical Demands: Must have the physical and mental capacity to work in an environment that may be less than pristine, as well as manage and maintain physical and mental health when encountering stressful situations.

Position

Summary: Under the direct administrative supervision of the Health Services Administrator, and under the direct clinical supervision of the CMD/CMO. The Medical Director is responsible for ensuring that company goals and objectives are achieved in their assigned service delivery area by leading, directing, managing, and evaluating medical services to ensure that contractual obligations and client expectations are met. Responsible for assuring all medical services are in compliance with the requirements of NCCHC, ACA, and professional medical standards. Has final authority for clinical decisions at the facility.

Performance

Expectations:

- A. Use knowledge and expertise to ensure that processes and systems are followed appropriately according to policies and procedures, company performance, and accreditation standards.
- B. Work cohesively with the HSA, Medical Provider(s), Psychiatric Provider(s), Mental Health Director, and Social Services Director (when present) in the coordination of the health care delivery system, as well as other functions within the facility.
- C. Use all functions and applications of TechCare™ relevant to the position with no supervision. Coordinate with HSA and Corporate Office to ensure that all healthcare providers are appropriately trained in TechCare™.

- D. Communicate effectively with clients, peers, and employees at all levels within the organization. Maintain clear lines of communication throughout issue-resolution processes.
- E. Demonstrate personal performance based on professional practice standards, relevant statutes, rules and regulations, and organizational criteria.
- F. Demonstrate professionalism by using objectivity, maintaining self-control when under pressure, separating professional from personal issues, displaying emotional maturity, maintaining a high degree of integrity, and promoting a positive work environment by setting an example.
- G. Participate in and lead when indicated all monthly, quarterly, and annual meetings as assigned and required in accordance with contract compliance.
- H. Relay critical information to the next level of management that may have a negative impact on client and/or vendor relations or patient care.
- I. Evaluate patients in a variety of settings, including the initial intake area, mental health care unit, medical clinics, chronic care clinics, emergency situations, housing units, medical housing areas, and segregation units.
- J. Coordinate, lead, and participate as indicated in educational and training activities related to medical care for patients, security personnel, and healthcare staff.
- K. Cooperatively with the HSA, lead efforts to evaluate the quality and effectiveness of healthcare services, and assist in developing systems to ensure and monitor patient care and safety.
- L. Demonstrate the knowledge and skills necessary to refer for appropriate care, based on the physical, psychosocial, educational, safety, and related criteria, appropriate to the age of the patient(s) served.
- M. Participate in a collaborative approach of patient management using the knowledge and clinical resources of the health care staff to provide the resolution of diagnostic and therapeutic problems and the implementation of effective solutions.
- N. Maintain overall clinical responsibility within the facility.
- O. Utilize appropriate resources, including the clinical support of the CMD/CMO, to resolve routine medical and clinical issues and performance improvement processes.
- P. Understand and ensure adherence to all clinically relevant contract terms, conditions and requirements. Provide feedback and plans to the client regarding any issues or variances regarding contract performance.
- Q. Review all relevant Dashboards, Medication Review Lists, and Sick Call Lists daily to ensure all clinical needs are being met within the facilities.

- R. Provide direct and indirect basic medical care to meet the physiological, psychological, and emotional needs of the patient within the framework established by the correctional system.
- S. Respond to and initiate care for medical emergencies throughout the facility.
- T. Participate in emergency planning, disaster programming, and drills as appropriate.
- U. Be an active participant in the Utilization Management process and in that capacity be directly responsible for monitoring and pre-approval of all non-emergent referrals by the other on-site providers to outside health care facilities for appropriateness, quality, and continuity of care. Will respond in a timely and appropriate fashion to Corporate UM requests for clarifications and/or alternative plans regarding off-site and/or specialty care requests.
- V. Evaluate patients who are returning from off-site treatment by the end of the next work day, so as to review any information regarding the diagnosis, recommendations, or additional follow-up treatment required. Ensure that all orders, treatments, or recommendations are reviewed and countersigned following these outside referrals.
- W. Responsible for review of all emergent referrals to outside health care facilities for appropriateness and quality of care.
- X. Monitor and review non-formulary medication utilization of all medical providers and participate in formulary development and review to provide a full scope of medical benefit at optimum cost.
- Y. Conduct rounds in the medical and infirmary units, sick call visits, and chronic care management, using established clinical guidelines.
- Z. Provide phone consultation and support for the medical staff and ensure that all verbal orders are countersigned.
- AA. Formulate a working diagnosis, develop and implement a treatment plan, and evaluate/modify therapeutic regimens to promote positive patient outcomes.
- BB. Consult with site and community medical providers to resolve issues in delivering services to patients when not available through on-site resources.
- CC. Maintain overall primary care responsibility for the management of clinical issues of each patient, including those services provided by consultants and outside resources. Track and understand the healthcare activities undergone by each patient for whom NaphCare has responsibility.

- DD. Assure implementation and ongoing supervision of on-site chronic care clinics using established clinical guidelines to support the management of each chronic care condition.
- EE. Annually review and approve all clinical protocols, clinical policies, and procedures.
- FF. Work with the HSA to establish systems for the coordination of care among multidisciplinary health care providers.
- GG. Participate in and promote a culture of patient safety and continuous quality improvement.
- HH. Supervise and coach site medical providers by developing goals that will prepare providers for success in their daily work and provide constructive and timely feedback to assist providers in obtaining professional goals. Ensures all annual performance evaluations are conducted and completed.
- II. Responsible for ensuring that medical providers are educated on contract terms and obligations, and maintain provider compliance with all company policies and procedures.
- JJ. Assist with recruiting efforts for site providers and demonstrate proficiency in assessing and selecting candidates using interview techniques that help identify potential candidates with skills that fit in the corrections environment.
- KK. Complete reporting tasks as assigned by company policies and procedure, ensure that direct reports follow reporting requirements, submit all reports within time frame, and ensure that all information is accurate and accountable.
- LL. Proactively take action to solve problems and use objectivity and insightfulness when approaching problems, meet established goals, and take responsibility for results and outcomes.
- MM. Fundamentally understand the organizational structure and how to appropriately access resources. Use business knowledge and acumen to influence others. Communicates NaphCare organizational vision, strategy and objectives within the clinical team.
- NN. Build productive working relationships with supervisors, security staff, healthcare staff, patients, vendors, and client. Establish and maintain professional relationships where you will be viewed by others as trusted and respectful.
- OO. Seek mentors for coaching and counseling to support professional growth. Achieves established goals, communicates barriers in accomplishing goal, and seeks assistance and additional resources when needed to meet goal expectations.

PP. Promote team building verses atmosphere of competition, recognize individual and team accomplishments. Encourage members of the team to share ideas and participate in discussions and decisions. Promote team approach with client and vendors, and ensure that this approach is implemented with all levels of staff.

QQ. Complete at least 12 hours of CME pertinent to correctional health care per year.

RR. Maintain open lines of communication with jail command, NaphCare on-site leadership, any community partners, and NaphCare Corporate leadership.

I HAVE READ AND ACKNOWLEDGE FULL UNDERSTANDING OF THIS POSITION DESCRIPTION

Medical Director/DHA: _____ Date _____

APPROVED BY:

DATE:

Health Services Administrator: _____

Corporate Medical Director: _____

Job Description Disclaimer

This position description is not limited to the duties as implied. NaphCare reserves the right to assign other duties that are job related and request the employee to perform other duties subject to all federal and state laws. NaphCare also reserves the right to modify this job description at any time.



Health Services Administrator (HSA)

Position

Requirements:

BSN or Bachelor's degree in Healthcare Management/Administration or a comparable degree preferred. A minimum of 3-5 years of progressive administrative/management experience in a healthcare setting, with 1 year experience in correctional healthcare preferred. Must possess strong written communication, verbal skills, and computer skills.

Status:

Full time, Exempt

Accountable to:

Executive Vice President of Operations/Vice President of Operations

Position

Summary:

Under the direct supervision of the Chief Operating Officer and the Vice President of Operations, the Health Services Administrator (HSA) is responsible for ensuring that company goals and objectives are achieved in their assigned service delivery area, leading directing, managing, evaluating operations to ensure that contractual obligations and client expectations are met, and assuring all operations are in compliance with contract requirements, NCCHC, ACA, and professional nursing standards. Corporate travel may be required several times per year.

Physical Demands:

Must have the physical and mental capacity to work in an environment that may be less than pristine, and manage and maintain physical and mental health when encountering stressful situations.

Performance

Expectations:

- A. Maintains overall administrative responsibility within the facility.
- B. Reviews and analyzes budgeting and financial reports for the facility and develops corrective action plan as needed. Provides insight behind the numbers, assist direct reports with understanding budgeting planning and forecasting consistent with the contract financial plan.
- C. Utilize appropriate resources to resolve routine medical and clinical issues and performance improvement processes. Coaches and educates staff on gathering data and analysis of data, and implements corrective action and processes that ensures contract compliance.
- D. Understands and ensures that all areas adhere to all contract terms, conditions, and requirements. Provides feedback and plan to the client regarding any performance issues or variances. Review Dashboards daily to ensure all clinical needs are being met within the facility.

- E. Identify and proactively communicate potential labor management issues and use appropriate resources to address labor management problems. Coach and direct reports on how to use labor management tools, and how to interpret data to provide resolution or maintain staffing consistent with contractual obligations.
- F. Supervise and coach managers by developing goals that will prepare managers for succession planning and assist staff members in attaining those goals. Provide constructive and timely feedback to help staff obtain professional goals. Ensure all annual performance evaluations are conducted and completed.
- G. Responsible for ensuring staff are educated on contract terms and obligations, and that compliance with all company policies and procedures is maintained.
- H. Direct recruiting strategy, assist with recruiting efforts, and demonstrate proficiency in assessing and selecting high performing managers with skills that would fit within the corrections environment.
- I. Complete reporting tasks as assigned by company policies and procedures, ensure that direct reports follow reporting requirements, submit all reports within the timeframe allowed, and ensure that all information is accurate and accountable.
- J. Use all functions and applications of TechCare™ relevant to the position with no supervision, and ensures that all staff is trained and uses the TechCare system in accordance to Company Policies and Procedures.
- K. Use all functions and applications of ADP eTime and Scheduler™ relevant to the position with no supervision, ensure that all staff is trained and using the Time Stamp function in accordance with policy and procedure; and ensure that all staffing schedules are maintained within the ADP system.
- L. Proactively take action to solve problems and use objectivity and insightfulness when approaching problems, meet established goals, and take responsibility for results and outcomes.
- M. Fundamentally understand the organizational structure and how to appropriately access resources. Use business knowledge and acumen to influence others. Communicate NaphCare's organizational vision, strategy, and objectives within own team.
- N. Demonstrate professionalism by using objectivity, maintaining self-control when under pressure, separating professional from personal issues, displaying emotional maturity, maintaining a high degree of integrity, and promoting a positive work environment by setting an example.
- O. Build productive working relationships with supervisors, security staff, healthcare staff, patients, vendors, and clients. Establish and maintain professional relationships where you will be viewed by others as trusted and respectful.

- P. Seek mentors for coaching and counseling to support professional growth. Achieve established goals, communicate barriers in accomplishing goals, and seek assistance and additional resources when needed to meet goal expectations.
- Q. Promote team building versus atmosphere of competition, recognizing individual and team accomplishments. Encourage members to share ideas and participate in discussions and decisions. Promote team approach with client and vendors, and ensure that this approach is implemented with all levels of staff.
- R. Comply with continuing education requirements for respective position and be mindful of any NCCHC Standards related to continuing education.
- S. Maintain a web of influence, make visits at least monthly, and maintain open communication with clients.
- T. Coordinate disaster plans and emergency preparation. Adhere to and enforce all safety and security policies and procedures and participate in all applicable safety/emergency drills.
- U. Notify critical information to the next level of management that may have a negative impact on client and/or vendor relations or patient care.
- V. Coordinate all monthly, quarterly, and annual meetings in compliance with company policies and procedures.

I HAVE READ AND ACKNOWLEDGE FULL UNDERSTANDING OF THIS POSITION DESCRIPTION

Health Services Administrator: _____ Date _____

APPROVED BY:

DATE:

Executive Vice President: _____

Vice President of Western States: _____

Job Description Disclaimer

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Licensed Practical/Vocational Nurse (LPN/LVN)

Position

Requirements: Must be a graduate of an accredited program for practical or vocational nursing and hold and maintain a current, unrestricted nursing license in the state of employment, as well as a valid CPR card, with a minimum of 1 year clinical experience in a healthcare setting, with correctional healthcare experience preferred.

Status: Full time, Part time, PRN, Non-exempt

Accountable to: Health Services Administrator (HSA)/Director of Nursing (DON)/Registered Nurse (RN)

Position

Summary: Under the direct supervision of the Health Services Administrator (HSA), Director of Nursing (DON), and Registered Nurse(s) (RN), the LPN/LVN is responsible for providing nursing care within the scope of the State Board of Nursing Practice as directed by the Registered Nurse(s).

Physical Demands: Must have the physical and mental capacity to work in an environment that may be less than pristine, and manage and maintain physical and mental health when encountering stressful situations. Must be able to exert up to 50 lbs. of force, push, pull, and move objects, to include the human body. Position may require he/she to stand or walk while performing duties.

Performance

Expectations:

- A. Use knowledge and expertise to ensure that nursing processes and systems are followed appropriately according to policies and procedures, company performance, and accreditation standards.
- B. Work cohesively with the HSA, DON and RN(s) in the coordination of the healthcare delivery system, as well as other functions within the facility.
- C. Use all functions and applications of TechCare™ relevant to the position with no supervision, and assist with staff training as requested.
- D. Communicate effectively with clients, peers, and employees at all levels within the organization. Maintain clear lines of communication throughout issue-resolution processes.
- E. Demonstrate personal performance based on professional practice standards, relevant statutes, rules and regulations and organizational criteria.

- F. Take and document all patient history and vital signs, assist with examinations and/or treatments, and report all changes in patients' conditions.
- G. Administer all medications and document same on the Medication Administration Record (MAR) in TechCare™.
- H. Perform venipuncture and I.V. therapy, as approved by immediate supervisor.
- I. Collect samples, specimens, and cultures as requested by Provider order.
- J. Assist with daily triage/sick call, minor medical/surgical procedures, and transcribe all therapeutic orders generated by the Provider.
- K. Initiate and document prescribed protocol treatment in compliance with company policies and procedures.
- L. Comply with continuing education requirements for respective position and be mindful of any NCCHC Standards related to continuing education.
- M. Assist with evaluating the quality and effectiveness of the clinical services and assist in developing systems to ensure and monitor patient care and safety.
- N. Demonstrate professionalism by using objectivity, maintaining self-control when under pressure, separating professional from personal issues, displaying emotional maturity, maintaining a high degree of integrity, and promoting a positive work environment by setting an example.
- O. Participate in all monthly, quarterly, and annual meetings as assigned and required in accordance with contract compliance.
- P. Notify critical information to the next level of management that may have a negative impact on client and/or vendor relations or patient care.

I HAVE READ AND ACKNOWLEDGE FULL UNDERSTANDING OF THIS POSITION DESCRIPTION

Licensed Practical/Vocational Nurse: _____ Date _____

APPROVED BY:

DATE:

Health Services Admin.: _____

Director of Nursing: _____

Job Description Disclaimer

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Medical Discharge Planner

Position

Requirements: Must hold and maintain a Bachelor's Degree in a human service field, as well as a valid CPR card, with a minimum of 1 year experience in a clinical setting, with correctional healthcare experience preferred. Must have knowledge and experience in the development of discharge plans and coordination with community service providers.

Status: Full time, Part time, PRN, Contract, Exempt or Non-exempt

Accountable to: Health Services Administrator (HSA)/Director of Nursing (DON)/Medical Director and/or Physician

Position

Summary: Under the direct supervision of the Health Services Administrator (HSA), Director of Nursing (DON), and Medical Director and/or Physician, the Medical Discharge Planner is responsible for serving as a liaison in relation to all case management and discharge planning within the facility.

Physical Demands: Must have the physical and mental capacity to work in an environment that may be less than pristine, and manage and maintain physical and mental health when encountering stressful situations.

Performance Expectations:

- A. Use knowledge and expertise to ensure that processes and systems are followed appropriately according to policies and procedures, company performance, and accreditation standards.
- B. Work cohesively with the HSA, DON, and Medical Director and/or Physician in the coordination of the transitions in levels of care or release planning.
- C. Use all functions and applications of TechCare™ relevant to the position with no supervision, and assist with staff training as requested.
- D. Communicate effectively with clients, peers, and employees at all levels within the organization. Maintain clear lines of communication throughout issue-resolution processes.
- E. Demonstrate personal performance based on professional practice standards, relevant statutes, rules and regulations and organizational criteria.
- F. Coordinate with healthcare and security staff regarding patients' release dates.

- G. Assist patients with the identification of a support network, instructions for future care and follow-up, and concerns, complaints, and requests regarding care upon discharge.
- H. Assist patients with completion of all clinical and financial documentation needed for social service organizations.
- I. Conduct rounds with the physicians and meet with patients to discuss placement options, organize records for transition, and provide advice regarding community assistance organization, transportation options, etc.
- J. When notified of discharge date, initiate involvement with patient and staff members as appropriate to formulate a discharge plan and treatment.
- K. Demonstrate the knowledge and skills necessary to provide care, based on the physical, psychosocial, educational, safety, and related criteria, appropriate to the age of the patient(s) served.
- L. Assist patients with a specific plan for medication management, including information regarding risks and medication interactions.
- M. Involve patient in discharge planning, including the patient's level of functioning, financial resources, willingness to learn, and motivation to care for self.
- N. Act as a liaison for all referrals for involuntary examinations or crisis stabilization.
- O. Act as a liaison for all inpatient care management. Implement appropriate steps to include contact with physicians, health care staff, and utilization management.
- P. Coordinate care with community agencies, shelters, employment agencies, drug and alcohol counselors, or other social service organizations.
- Q. Comply with continuing education requirements for respective position and be mindful of any NCCHC Standards related to continuing education.
- R. Coordinate and participate in educational and training activities related to discharge planning for patients, security personnel, and healthcare staff.
- S. Demonstrate professionalism by using objectivity, maintaining self-control when under pressure, separating professional from personal issues, displaying emotional maturity, maintaining a high degree of integrity, and promoting a positive work environment by setting an example.
- T. Participate in all monthly, quarterly, and annual meetings as assigned and required in accordance with contract compliance.
- U. Notify critical information to the next level of management that may have a negative impact on client and/or vendor relations or patient care.

I HAVE READ AND ACKNOWLEDGE FULL UNDERSTANDING OF THIS POSITION DESCRIPTION

Medical Discharge Planner: _____ Date _____

APPROVED BY:

DATE:

Health Services Admin.: _____

Director of Nursing: _____

Medical Director/Physician: _____

Job Description Disclaimer

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Mental Health Professional (MHP)/Mental Health Clinician (MHC)

Position

Requirements: Must be a licensed Psychologist, Professional Counselor, Clinical Social Worker, or Registered Nurse. Must hold and maintain a current, unrestricted license in the state of employment, as well as a valid CPR card, with a minimum of 3 years' clinical experience in a mental health care setting, with correctional healthcare experience preferred. Must have knowledge and experience in the identification and treatment of mental health and co-occurring substance abuse disorders, discharge planning, principles of social work, basic principles of individual and group behavior, and a working knowledge of psychotropic medications.

Status: Full time, Part time, PRN, Contract, Non-exempt

Accountable to: Health Services Administrator (HSA)/Director of Nursing (DON)/Mental Health Director and/or Psychiatrist

Position

Summary: Under the direct supervision of the Health Services Administrator (HSA), Director of Nursing (DON), and Mental Health Director and/or Psychiatrist, the Mental Health Professional (MHP) or Mental Health Clinician (MHC) is responsible for providing mental health care within the scope of their license in the mental health unit of the facility.

Physical Demands: Must have the physical and mental capacity to work in an environment that may be less than pristine, and manage and maintain physical and mental health when encountering stressful situations. Must be able to exert up to 50 lbs. of force, push, pull, and move objects, to include the human body. Position may require he/she stand or walk while performing duties.

Performance

Expectations:

- A. Use knowledge and expertise to ensure that processes and systems are followed appropriately according to policies and procedures, company performance, and accreditation standards.
- B. Work cohesively with the HSA, DON and Mental Health Director and/or Psychiatrist in the coordination of the mental health care delivery system, as well as other functions within the facility.
- C. Use all functions and applications of TechCare™ relevant to the position with no supervision, and assist with staff training as requested.
- D. Communicate effectively with clients, peers, and employees at all levels within the organization. Maintain clear lines of communication throughout issue-resolution processes.

- E. Demonstrate personal performance based on professional practice standards, relevant statutes, rules and regulations and organizational criteria.
- F. Perform and document all patient history and vital signs, mental health screenings and/or evaluations, assist with examinations and/or treatments, and report all changes in patients' conditions.
- G. Participate in education and training activities for patients, security personnel, and other members of the mental health care staff.
- H. Evaluate patients in a variety of settings, including the initial intake area, mental health care unit, emergency situations, chronic care clinics, and infirmary/observation area.
- I. Ensure an effective discharge summary plan and complete documentation within the patient's health record.
- J. Demonstrate knowledge of DSM-IV-TR criteria with appropriate intervention.
- K. Conduct group and/or individual counseling for patients, as applicable.
- L. Comply with continuing education requirements for respective position and be mindful of any NCCHC Standards related to continuing education.
- M. Assist with evaluating the quality and effectiveness of the mental health services and assist in developing systems to ensure and monitor patient care and safety.
- N. Coordinate and participate in educational and training activities related to mental health care for patients, security personnel, and healthcare staff.
- O. Demonstrate professionalism by using objectivity, maintaining self-control when under pressure, separating professional from personal issues, displaying emotional maturity, maintaining a high degree of integrity, and promoting a positive work environment by setting an example.
- P. Participate in all monthly, quarterly, and annual meetings as assigned and required in accordance with contract compliance.
- Q. Notify critical information to the next level of management that may have a negative impact on client and/or vendor relations or patient care.

I HAVE READ AND ACKNOWLEDGE FULL UNDERSTANDING OF THIS POSITION DESCRIPTION

Mental Health Professional: _____ Date _____

APPROVED BY:

DATE:

Health Services Admin.: _____

Director of Nursing: _____

Mental Health Director/Psychiatrist: _____

Job Description Disclaimer

This position description is not limited to the duties as implied. NaphCare reserves the right to assign other duties that are job related and request the employee to perform other duties subject to all federal and state laws. NaphCare also reserves the right to modify this job description at any time.



Physician Assistant (PA)

Position

Requirements: Must hold a current unrestricted license as a Physician Assistant in the state of employment, current DEA registration, an appropriate collaborative agreement with the on-site Physician, a valid CPR card, and be certified in a Board recognized by the American Board of Medical Specialties. A minimum of 1 year experience in primary care with correctional healthcare preferred. Must possess strong written communication and verbal skills and have strong computer skills.

Status: Full time, Part-time, PRN, Contract, Exempt, Non-Exempt

Accountable to: Health Services Administrator (HSA)/Medical Director

Position

Summary: Under the direct supervision of the Health Services Administrator and the Medical Director, the Physician Assistant is responsible for ensuring that company goals and objectives are achieved in their assigned service delivery area, conducting, leading, directing, managing, and evaluating medical services to ensure that contractual obligations and client expectations are met. Responsible for assuring all medical services are in compliance with the requirements of NCCHC, ACA, and professional medical standards.

Physical Demands: Must have the physical and mental capacity to work in an environment that may be less than pristine, and manage and maintain physical and mental health when encountering stressful situations.

Performance

Expectations:

- A. Utilize appropriate resources, including the clinical support of the Medical Director and the Corporate Chief Medical Officer (CMO), to resolve routine medical and clinical issues and performance improvement processes.
- B. Understand and ensure adherence to all contract terms, conditions and requirements. Review Dashboards daily to ensure all clinical needs are being met within the facilities.
- C. Participate in a collaborative approach of patient management using the knowledge and clinical resources of every member of the health care staff to provide the resolution of diagnostic and therapeutic problems and the implementation of effective solutions.
- D. Monitor referrals to outside health care facilities for appropriateness, quality, and continuity of care. Ensure that all orders, treatments, or recommendations are reviewed and countersigned following outside referrals.

- E. Monitor non-formulary medication utilization and participate in formulary development and review to provide a full scope of medical benefit at optimum cost.
- F. Provide direct and indirect basic medical care to meet the physiological, psychological, and emotional needs of the patient within the framework established by the correctional system.
- G. Obtain history and perform physical examination to determine patient health status and communicate all findings verbally and in writing.
- H. Respond to and initiate care for medical emergencies throughout the facility.
- I. Participate in emergency planning, disaster programs, and drills as appropriate.
- J. Conduct rounds in the medical and infirmary units, sick call visits, and chronic care management, using established clinical guidelines.
- K. Schedule and perform laboratory and diagnostic procedures as assigned.
- L. Identify patient health conditions and prescribe treatment based on diagnosis with appropriate and timely referrals.
- M. Evaluate patients by the end of the next work day who are returning from offsite treatment to review any information regarding the diagnosis, recommendations, or additional follow-up treatment required.
- N. Provide phone consultation and support for the medical staff and ensure that all verbal orders are countersigned.
- O. Formulate a working diagnosis, develop and implement a treatment plan, and evaluate/modify therapeutic regimens to promote positive patient outcomes.
- P. Consult with site and community medical providers to resolve issues in delivering services to patients when not available through on-site resources.
- Q. Maintain overall primary care responsibility for the management of clinical issues of each patient, including those services provided by consultants and outside resources. Track and understand the healthcare activities undergone by each patient for whom NaphCare has responsibility.
- R. Assure implementation and ongoing supervision of onsite chronic care clinics using established clinical guidelines to support the management of each chronic care condition.
- S. Establish systems for the coordination of care among multidisciplinary health care providers.

- T. Complete reporting tasks as assigned by company policies and procedures, ensure that direct reports follow reporting requirements, submit all reports within time frame, and ensure that all information is accurate and accountable.
- U. Use all functions and application of TechCare™ relevant to the position with no supervision.
- V. Ensure proper clinical documentation, including, but not limited to, the use of SOAP notes, progress notes, chronic care management, appointment scheduling, and order entry.
- W. Participate in and promote a culture of patient safety and continuous quality improvement.
- X. Proactively take action to solve problems and uses objectivity and insightfulness when approaching problems, meet established goals, and take responsibility for results and outcomes.
- Y. Fundamentally understand the organizational structure and how to appropriately access resources. Uses business knowledge and acumen to influence others. Communicates NaphCare organizational vision, strategy and objectives within own team.
- Z. Demonstrate professionalism by using objectivity, maintaining self-control when under pressure, separating professional from personal issues, displaying emotional maturity, maintaining a high degree of integrity, and promoting a positive work environment by setting an example.
- AA. Build productive working relationships with supervisors, security staff, healthcare staff, patients, vendors, and client. Establish and maintain professional relationships where you will be viewed by others as trusted and respectful.
- BB. Seek mentors for coaching and counseling to support professional growth. Achieves established goals, communicates barriers in accomplishing goal, and seeks assistance and additional resources when needed to meet goal expectations.
- CC. Promote team building verses atmosphere of competition, recognize individual and team accomplishments. Encourage members of the team to share ideas and participate in discussions and decisions. Promote team approach with client and vendors, and ensure that this approach is implemented with all levels of staff.
- DD. Comply with continuing education requirements for respective position and be mindful of any NCCHC Standards related to continuing education.
- EE. Notify critical information to the next level of management that may have a negative impact on client or vendor relations.

FF. Participate and assist with coordination of all monthly, quarterly and annual meetings in compliance with company Policies and Procedures.

I HAVE READ AND ACKNOWLEDGE FULL UNDERSTANDING OF THIS POSITION DESCRIPTION

Physician Assistant: _____ Date _____

APPROVED BY:

DATE:

Health Services Administrator: _____

Chief Medical Officer _____

Job Description Disclaimer

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Psychiatric Nurse Practitioner

Position

Requirements: Must hold a current unrestricted license as a Nurse Practitioner in the state of employment, current DEA registration, an appropriate collaborative agreement with an on-site Physician, a valid CPR card, and be certified in a Board recognized by the American Board of Medical Specialties. A minimum of 1 year experience in psychiatric care within correctional healthcare preferred. Must possess strong written communication and verbal skills and have strong computer skills.

Status: Full time, Part time, PRN, Non-exempt

Accountable to: Administratively accountable to the HSA and Vice-President of Operations Corporate; clinically accountable to the On-Site Lead Psychiatrist and/or Collaborating Psychiatrist (if applicable), and Medical Director/Chief Psychiatrist.

Position

Summary: Under the supervision of the above noted individuals, the Psychiatric Nurse Practitioner is responsible for ensuring the delivery of quality mental health services to the inmate population with mental illness. Specific duties will include initial psychiatric evaluation(s), medication evaluation(s), crisis intervention, and participation in treatment plan development. The Psychiatric Nurse Practitioner is responsible for ensuring that all clinical services delivered comply with the requirements of NCCHC, ACA, and professional medical standards.

Physical Demands: Must have the physical and mental capacity to work in an environment that may be less than pristine, as well as manage and maintain physical and mental health when encountering stressful situations.

Performance

Expectations:

- A. Utilize appropriate resources, including the direct administrative support of the HSA, clinical support of the collaborating Psychiatrist, Lead On-Site Psychiatrist, and Corporate Medical Director/Chief Psychiatrist to resolve routine psychiatric, medical, and clinical issues and performance improvement processes.
- B. Understand and ensure adherence to all contract terms, conditions, and requirements. Review *TechCare™* Dashboards, Medication Review Lists, and Sick Call Lists daily to ensure all clinical needs are being met within the facility(ies) in a timely manner.
- C. Participate in a collaborative approach of patient management using the knowledge and clinical resources of every member of the health care staff to provide the resolution of diagnostic and therapeutic problems and the

implementation of effective solutions. Collaboration and consultation may be accomplished through use of telemedicine.

- D. Self-Monitor referrals to outside health care facilities for appropriateness, quality, and continuity of care. Ensure that all orders, treatments, or recommendations are reviewed and countersigned following outside referrals.
- E. Strive toward formulary adherence, and self-monitor non-formulary medication utilization and participate in formulary development and review to provide a full scope of medical benefit at optimum cost.
- F. Obtain history and perform psychiatric evaluation and re-evaluation to determine patient health status and communicate all findings verbally and in writing, as required.
- G. Respond to and initiate care for mental health emergencies throughout the facility.
- H. Participate in emergency planning, disaster programs and drills, as appropriate.
- I. Conduct rounds in the medical and infirmary units, confinement units, sick call visits, and chronic care management, using established clinical guidelines.
- J. Schedule and perform laboratory and diagnostic procedures as assigned.
- K. Identify patient health conditions and prescribe treatment based on diagnosis with appropriate and timely referrals.
- L. Evaluate patients returning from external psychiatric facilities by the end of the next work day to review any information regarding the diagnosis, recommendations, or additional follow-up treatment required.
- M. Provide phone consultation and on-call support, as assigned by the site leadership, for the medical staff and ensure that all verbal orders are countersigned.
- N. Formulate a working diagnosis, develop and implement a treatment plan, and evaluate/modify therapeutic regimens to promote positive patient outcomes.
- O. Consult with site and community mental health providers to resolve issues in delivering services to patients when not available through on-site resources.
- P. Assure implementation and ongoing supervision of on-site mental health clinics using established clinical guidelines to support the management of each mental health condition.

- Q. Establish systems for the coordination of care among multidisciplinary health care providers.
- R. Coordinate discharge planning with institutional and mental health staff to ensure continuity of care.
- S. Use all functions and applications of *TechCare™* relevant to the position and with no supervision.
- T. Ensure proper clinical documentation, including, but not limited to, the use of SOAP notes, psychiatric evaluation and progress notes, chronic care management, appointment scheduling, medication and treatment ordering.
- U. Participate in and promote a culture of patient safety and continuous quality improvement.
- V. Proactively take action to solve problems and uses objectivity and insightfulness when approaching problems, meet established goals, and take responsibility for results and outcomes.
- W. Fundamentally understand the organizational structure and how to appropriately access resources. Uses business knowledge and acumen to influence others. Communicates NaphCare organization vision, strategy, and objectives within the mental health team.
- X. Demonstrate professionalism by using objectivity, maintaining self-control when under pressure, separating professional from personal issues, displaying emotional maturity, maintaining a high degree of integrity, and promoting a positive work environment by setting an example.
- Y. Build productive working relationships with supervisors, security staff, healthcare staff, patients, vendors, and clients. Establish and maintain professional relationships where you will be viewed by others as trusted and respectful.
- Z. Relay critical information that may have a negative impact on client or vendor relations to the next level of management.
- AA. Comply with continuing education requirements for respective position and be mindful of any NCCHC Standards related to continuing education.
- BB. Psychiatric Nurse Practitioner may sign any orders, certifications, stamps, verifications, affidavits, or endorsements as are in accordance with the license of the nurse practitioner, within the scope of practice of the patient care team physician and not in conflict with federal law or regulation.

In accordance with the right and privileges granted through licensure by the Joint Boards of Nursing and Medicine, the Psychiatric Nurse Practitioner may order medical devices, and prescribe or dispense medications in Schedules II-VI.

I HAVE READ AND ACKNOWLEDGE FULL UNDERSTANDING OF THIS POSITION DESCRIPTION

Psychiatric Nurse Practitioner: _____

Date _____

APPROVED BY:

DATE:

Health Services Admin.: _____

Director of Nursing: _____

Lead Psychiatrist/Collaborating Psychiatrist: _____

Chief Medical Officer: _____

Job Description Disclaimer

This position description is not limited to the duties as implied. NaphCare reserves the right to assign other duties that are job related and request the employee to perform other duties subject to all federal and state laws. NaphCare also reserves the right to modify this job description at any time.



Psychiatric Nurse Practitioner (NP)

Position

Requirements: Must hold a current unrestricted license as a Nurse Practitioner in the state of employment, current DEA registration, an appropriate collaborative agreement with the on-site Physician, a valid CPR card, and be certified in a Board recognized by the American Board of Medical Specialties. A minimum of 1 year experience in primary care with correctional healthcare preferred. Must possess strong written communication and verbal skills and have strong computer skills.

Status: Full time, Part-time, PRN, Contract, Exempt, Non-Exempt

Accountable to: Health Services Administrator (HSA), Director of Mental Health Services(DMHS), Chief Corporate Psychiatrist (CCP), and Medical Director (MD)

Position

Summary: Under the direct supervision of the Health Services Administrator and the Director of Mental Health Services, the Psychiatric Nurse Practitioner is responsible for ensuring that company goals and objectives are achieved in their assigned service delivery area, conducting, leading, directing, managing, and evaluating medical services to ensure that contractual obligations and client expectations are met. The Psychiatric Nurse Practitioner is also responsible for assuring all medical services are in compliance with the requirements of NCCHC, ACA, and professional medical standards.

Physical Demands: Must have the physical and mental capacity to work in an environment that may be less than pristine, and manage and maintain physical and mental health when encountering stressful situations.

Performance

Expectations:

- A. Utilize appropriate resources, including the clinical support of the Medical Director, and the Corporate Chief Medical Officer (CMO), to resolve routine medical and clinical issues and performance improvement processes.
- B. Understand and ensure adherence to all contract terms, conditions and requirements. Review Dashboards daily to ensure all clinical needs are being met within the facilities.
- C. Participate in a collaborative approach of patient management using the knowledge and clinical resources of every member of the health care staff to provide the resolution of diagnostic and therapeutic problems and the implementation of effective solutions.
- D. Monitor referrals to outside health care facilities for appropriateness, quality, and continuity of care. Ensure that all orders, treatments, or

recommendations are reviewed and countersigned following outside referrals.

- E. Monitor non-formulary medication utilization and participate in formulary development and review to provide a full scope of medical benefit at optimum cost.
- F. Provide direct and indirect basic medical care to meet the physiological, psychological, and emotional needs of the patient within the framework established by the correctional system.
- G. Obtain history and perform physical examination to determine patient health status and communicate all findings verbally and in writing.
- H. Respond to and initiate care for medical emergencies throughout the facility.
- I. Participate in emergency planning, disaster programs, and drills as appropriate.
- J. Conduct rounds in the medical and infirmary units, sick call visits, and chronic care management, using established clinical guidelines.
- K. Schedule and perform laboratory and diagnostic procedures as assigned.
- L. Identify patient health conditions and prescribe treatment based on diagnosis with appropriate and timely referrals.
- M. Evaluate patients by the end of the next work day who are returning from offsite treatment to review any information regarding the diagnosis, recommendations, or additional follow-up treatment required.
- N. Provide phone consultation and support for the medical staff and ensure that all verbal orders are countersigned.
- O. Formulate a working diagnosis, develop and implement a treatment plan, and evaluate/modify therapeutic regimens to promote positive patient outcomes.
- P. Consult with site and community medical providers to resolve issues in delivering services to patients when not available through on-site resources.
- Q. Maintain overall primary care responsibility for the management of clinical issues of each patient, including those services provided by consultants and outside resources. Track and understand the healthcare activities undergone by each patient for whom NaphCare has responsibility.
- R. Assure implementation and ongoing supervision of onsite chronic care clinics using established clinical guidelines to support the management of each chronic care condition.

- S. Establish systems for the coordination of care among multidisciplinary health care providers.
- T. Complete reporting tasks as assigned by company policies and procedures, ensure that direct reports follow reporting requirements, submit all reports within time frame, and ensure that all information is accurate and accountable.
- U. Use all functions and application of TechCare™ relevant to the position with no supervision.
- V. Ensure proper clinical documentation, including, but not limited to, the use of SOAP notes, progress notes, chronic care management, appointment scheduling, and order entry.
- W. Participate in and promote a culture of patient safety and continuous quality improvement.
- X. Proactively take action to solve problems and uses objectivity and insightfulness when approaching problems, meet established goals, and take responsibility for results and outcomes.
- Y. Fundamentally understand the organizational structure and how to appropriately access resources. Uses business knowledge and acumen to influence others. Communicates NaphCare organizational vision, strategy and objectives within own team.
- Z. Demonstrate professionalism by using objectivity, maintaining self-control when under pressure, separating professional from personal issues, displaying emotional maturity, maintaining a high degree of integrity, and promoting a positive work environment by setting an example.
- AA. Build productive working relationships with supervisors, security staff, healthcare staff, patients, vendors, and client. Establish and maintain professional relationships where you will be viewed by others as trusted and respectful.
- BB. Seek mentors for coaching and counseling to support professional growth. Achieves established goals, communicates barriers in accomplishing goal, and seeks assistance and additional resources when needed to meet goal expectations.
- CC. Promote team building verses atmosphere of competition, recognize individual and team accomplishments. Encourage members of the team to share ideas and participate in discussions and decisions. Promote team approach with client and vendors, and ensure that this approach is implemented with all levels of staff.
- DD. Completes at least 12 hours of CME pertinent to correctional health care per year.

EE. Notify critical information to the next level of management that may have a negative impact on client or vendor relations.

FF. Participate and assist with coordination of all monthly, quarterly and annual meetings in compliance with company Policies and Procedures.

I HAVE READ AND ACKNOWLEDGE FULL UNDERSTANDING OF THIS POSITION DESCRIPTION

Nurse Practitioner: _____ Date _____

APPROVED BY: _____ **DATE:** _____

Health Services Administrator: _____

Chief Medical Officer _____

Job Description Disclaimer

This position description is not limited to the duties as implied. NaphCare reserves the right to assign other duties that are job related and request the employee to perform other duties subject to all federal and state laws. NaphCare also reserves the right to modify this job description at any time.



Psychiatric/Mental Health Nurse

Position

Requirements: Must be a Registered Nurse or a graduate of an accredited program for practical or vocational nursing and hold and maintain a current, unrestricted nursing license in the state of employment, as well as a valid CPR card, with a minimum of 1 year clinical experience in a mental health care setting, with correctional healthcare experience preferred.

Status: Full time, Part time, PRN, Non-exempt

Accountable to: Health Services Administrator (HSA), Director of Nursing (DON), Psychiatric Provider(s)

Physical Demands: Must have the physical and mental capacity to work in an environment that may be less than pristine, and manage and maintain physical and mental health when encountering stressful situations. Must be able to exert up to 50 lbs. of force, push, pull, and move objects, to include the human body. Position may require he/she stand or walk while performing duties.

Position

Summary: Under the direct supervision of the Health Services Administrator (HSA), Director of Nursing (DON), and Psychiatric Provider(s), the Psychiatric/Mental Health Nurse is responsible for providing nursing care within the scope of the State Board of Nursing Practice in the mental health unit of the facility.

Performance

Expectations:

- A. Use knowledge and expertise to ensure that nursing processes and systems are followed appropriately according to policies and procedures, company performance, and accreditation standards.
- B. Work cohesively with the HSA, DON and Psychiatric Provider(s) in the coordination of the mental health care delivery system, as well as other functions within the facility.
- C. Use all functions and applications of TechCare™ relevant to the position with no supervision, and assist with staff training as requested.
- D. Communicate effectively with clients, peers, and employees at all levels within the organization. Maintain clear lines of communication throughout issue-resolution processes.
- E. Demonstrate personal performance based on professional practice standards, relevant statutes, rules and regulations and organizational criteria.

- F. Demonstrate professionalism by using objectivity, maintaining self-control when under pressure, separating professional from personal issues, displaying emotional maturity, maintaining a high degree of integrity, and promoting a positive work environment by setting an example.
- G. Participate in all monthly, quarterly, and annual meetings as assigned and required in accordance with contract compliance.
- H. Relay critical information to the next level of management that may have a negative impact on client and/or vendor relations or patient care.
- I. Evaluate patients in a variety of settings, including the initial intake area, mental health care unit, emergency situations, housing units, medical housing areas, and segregation units.
- J. Participate in educational and training activities related to mental health care for patients, security personnel, and healthcare staff.
- K. Assist with evaluating the quality and effectiveness of the mental health services and assist in developing systems to ensure and monitor patient care and safety.
- L. Demonstrate the knowledge and skills necessary to refer for appropriate care, based on the physical, psychosocial, educational, safety, and related criteria, appropriate to the age of the patient(s) served. Demonstrate knowledge of DSM-V criteria. Understand the role of the Mental Health Professional in a jail setting.
- M. Participate in a collaborative approach of patient management using the knowledge and clinical resources of the health care staff to provide the resolution of diagnostic and therapeutic problems and the implementation of effective solutions.
- N. Respond to and initiate care for medical and mental health emergencies within the facility.
- O. Perform and document all patient history and vital signs, mental health screenings and/or evaluations, assist with examinations and/or treatments, and report all changes in patients' conditions. Document in a thorough manner that relays a clear picture of the patient for the next healthcare professional who interacts with the patient.
- P. Ensure orders are implemented in a timely manner; medications are administered; and all progress notes and critical incidents are documented according to company policies and procedures.
- Q. Assist with daily triage/sick call, minor procedures, and transcribe all therapeutic orders generated by the Psychiatric Provider(s) as requested.
- R. Initiate and document prescribed protocol treatment in compliance with company policies and procedures.

- S. When required, ensure an effective discharge summary plan and complete documentation within the patient's health record.
- T. Complete at least 12 hours of CEU pertinent to correctional health care annually.

I HAVE READ AND ACKNOWLEDGE FULL UNDERSTANDING OF THIS POSITION DESCRIPTION

Psychiatric/Mental Health Nurse: _____ Date _____

APPROVED BY:

DATE:

Health Services Admin.: _____

Director of Nursing: _____

Job Description Disclaimer

This position description is not limited to the duties as implied. NaphCare reserves the right to assign other duties that are job related and request the employee to perform other duties subject to all federal and state laws. NaphCare also reserves the right to modify this job description at any time.



Registered Nurse (RN)

Position

Requirements: Must hold and maintain a current, unrestricted Registered Nurse license in the state of employment, as well as a valid CPR card, with a minimum of 1 year clinical experience in a healthcare setting, with correctional healthcare experience preferred.

Status: Full time, Part time, PRN, Non-exempt

Accountable to: Health Services Administrator (HSA)/Director of Nursing (DON)

Position

Summary: Under the direct supervision of the Health Services Administrator (HSA) and Director of Nursing (DON), the Registered Nurse is responsible for providing direct and indirect nursing care within the scope of the State Board of Nursing Practice.

Physical Demands: Must have the physical and mental capacity to work in an environment that may be less than pristine, and manage and maintain physical and mental health when encountering stressful situations. Must be able to exert up to 50 lbs. of force, push, pull, and move objects, to include the human body. Position may require he/she to stand or walk while performing duties.

Performance Expectations:

- A. Use knowledge and expertise to ensure that nursing processes and systems are followed appropriately according to policies and procedures, company performance, and accreditation standards.
- B. Work cohesively with the HSA, and DON in the coordination of the healthcare delivery system, as well as other functions within the facility.
- C. Use all functions and applications of TechCare™ relevant to the position with no supervision, and assist with staff training as requested.
- D. Communicate effectively with clients, peers, and employees at all levels within the organization. Maintain clear lines of communication throughout issue-resolution processes.
- E. Demonstrate personal performance based on professional practice standards, relevant statutes, rules and regulations and organizational criteria.
- F. Respond to and initiate care for medical emergencies within the facility, including the ability to perform continuous CPR until properly relieved.

- G. Take and document all patient history and vital signs, assist with examinations and/or treatments, and report all changes in patients' conditions to the appropriate level of healthcare provider.
- H. Assist with daily triage/sick call, minor medical/surgical procedures, and patient assessments.
- I. Initiate and document prescribed protocol treatment in compliance with company policies and procedures.
- J. Collaborate with nursing staff at all levels, interdisciplinary teams, executive leaders and other stakeholders in streamlining services within the facility.
- K. Assist with disaster plans and emergency preparation. Adhere to and enforce all safety and security policies and procedures and participate in all applicable safety/emergency drills.
- L. Observe and evaluate the performance of the licensed practical/vocational nursing staff.
- M. Work in accordance with the HSA and the Director of Nursing to fulfill the contractual requirements for the delivery of quality healthcare.
- N. Comply with continuing education requirements for respective position and be mindful of any NCCHC Standards related to continuing education..
- O. Assist with evaluating the quality and effectiveness of the clinical services and assist in developing systems to ensure and monitor patient care and safety.
- P. Demonstrate professionalism by using objectivity, maintaining self-control when under pressure, separating professional from personal issues, displaying emotional maturity, maintaining a high degree of integrity, and promoting a positive work environment by setting an example.
- Q. Participate in all monthly, quarterly, and annual meetings as assigned and required in accordance with contract compliance.
- R. Notify critical information to the next level of management that may have a negative impact on client and/or vendor relations or patient care.

I HAVE READ AND ACKNOWLEDGE FULL UNDERSTANDING OF THIS POSITION DESCRIPTION

Registered Nurse: _____

Date _____

APPROVED BY:

DATE:

Health Services Admin.: _____

Director of Nursing: _____

Job Description Disclaimer

This position description is not limited to the duties as implied. NaphCare reserves the right to assign other duties that are job related and request the employee to perform other duties subject to all federal and state laws. NaphCare also reserves the right to modify this job description at any time.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/17/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

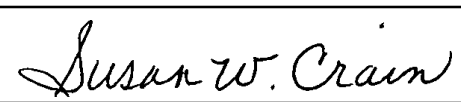
| | | |
|--|--|--|
| PRODUCER VIG, LLC., dba/The Vestavia Group 2090 Columbiana Road, Suite 4400 Birmingham, AL 35216 | CONTACT NAME: PHONE (A/C No. Ext): 205-552-0244 FAX (A/C No.): 205-244-8072 | |
| | E-MAIL ADDRESS: susan.crain@naphcare.com | |
| INSURED NaphCare, Inc. 2090 Columbiana Road, Suite 4000 Birmingham AL 35216 | INSURER(S) AFFORDING COVERAGE NAIC # | |
| | INSURER A: ProAssurance Casualty Company "A+" XII 38954 | |
| | INSURER B: Great American Insurance Company "A+" XIV 16691 | |
| | INSURER C: The Travelers Insurance Company "A+" XV 19046 | |
| | INSURER D: | |
| | INSURER E: | |
| INSURER F: | | |

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|-----------|----------|---|-------------------------|-------------------------|---|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | N | N | ES1840 | 09/30/2017 | 09/30/2018 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 |
| B | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | N | N | CAP 1116396 | 09/30/2017 | 09/30/2018 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXX BODILY INJURY (Per accident) \$ XXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXX |
| A | <input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB OCCUR CLAIMS-MADE DED RETENTION \$ | N | N | ES1840 | 09/30/2017 | 09/30/2018 | EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 |
| C | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | Y/N | N/A | TC2NUB-9D896241-17 TROUB-9D896253-17 | 09/30/2017 | 09/30/2018 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |
| A | Professional Liability Claims Made | N | N | ES1840 | 09/30/2017 | 09/30/2018 | Each Med. Incident \$1,000,000 Annual Aggregate \$5,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

| | |
|---|---|
| CERTIFICATE HOLDER Clackamas County Procurement Division Clackamas County Public Services Building 2051 Kaen Rd. Oregon City, OR 97045 | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| | AUTHORIZED REPRESENTATIVE  |

NaphCare, Inc.
Three Year Healthcare Services Litigation History

| Facility Location | Case Number | Case Style | Jurisdiction | Date Filed | Date Closed | Disposition |
|--|-----------------------|---|--|------------|-------------|---|
| Clark County Detention Center, NV | 2:11cv1301-PMP-LRL | Estate of Francesco Sanfilippo v. LVMPD, et al. | USDC of Nevada | 08/11/11 | 03/29/16 | Confidential settlement |
| Clark County Detention Center, NV | 2:12-CV-00918-APG-CWH | Charlie Cabrera v. LVMPD | USDC of Nevada | 02/09/13 | 03/30/16 | Defendants' Motion for Summary Judgment Granted |
| Westmoreland County Prison, PA | 12-984 | Melvin Knight v. John Walton et al. | USDC Western District of PA | 05/30/13 | 09/24/15 | Dismissed |
| Clark County Detention Center, NV | 3:14-cv-00056 | Neill Samuel v. Melody Molinaro et al. | USDC of Nevada | 01/27/14 | 03/24/16 | Defendants' Motion for Summary Judgment Granted |
| Wende Correctional Facility | 1:14-cv-62 -WMS | Armando Torres v. St of NewYork et.al | USDC Western District of New York | 01/30/14 | 08/21/15 | Dismissed |
| Newton County Detention Facility, GA | cv 14EV000567E | Latish Durden v. NaphCare, et al. | State Court of Fulton County Civil Division | 03/17/14 | 09/08/16 | Defendants' Motion for Summary Judgment Granted |
| Montgomery County Jail, OH | 3:14-cv-158 | Estate of Robert Richardson v. NaphCare, et al. | USDC Southern District of Ohio | 05/19/14 | 01/17/17 | Confidential settlement & case dismissed |
| Clark County Detention Center, NV | A-14-699236-C | Keith Scholl v. Clark County Detention Center, et al. | Clark County District Court | 06/04/14 | 08/11/15 | Dismissed without prejudice |
| Hampton Roads Regional Jail, VA | 1-14-v-657 | Tamar Harvey v. Dr. Emran, et al. | USDC Eastern District of Virginia | 06/04/14 | 11/02/15 | Defendants' Motion for Summary Judgment Granted |
| Clark County Detention Center, NV | 2:13-cv-01181-jad-cwh | Estate of Luis Solano v. NaphCare, et al | USDC of Nevada | 07/09/14 | 09/01/15 | Confidential settlement & case dismissed |
| Clark County Detention Center, NV | 2:14-cv- 01175 | Dillon Hill V. LVMPD | USDC of Nevada | 07/18/14 | 06/30/16 | Defendants' Motion for Summary Judgment Granted |
| Suffolk County House of Corrections, MA | 14-2420 | James Jah v. NaphCare, et al | Suffolk Superior Court | 07/30/14 | N/A | Litigation pending |
| Federal Medical Center Butner, NC | 5:14-CT-3204-FL | Eduardo Benavides v. Dr. Daniel Cuscela, et al. | USDC Eastern District of North Carolina | 08/11/14 | 11/15/15 | Dismissed |
| Clark County Detention Center, NV | 2:14 cv-01389 | Susan Reabe v. NaphCare, et al. | USDC of Nevada | 08/27/14 | 10/05/15 | Confidential settlement |
| Stateville Correctional Center, IL | 14-cv-7123 | Ladell Henderson v. Beverly Turner | USDC Northern District of Illinois | 09/11/14 | 08/09/17 | Confidential settlement |
| Worcester County Jail, MA | 14-01534 | Thomas Cimeno v. Commonwealth of MA, et al. | Worcester Superior Court | 09/15/14 | 02/07/18 | Confidential settlement & case dismissed |
| Hampton Roads Regional Jail, VA | 02:14-cv550 | Emanuel McCants v. Giovanni Sneed, et al. | USDC Eastern District of VA | 10/15/14 | 04/08/16 | Dismissed |
| Federal Correctional Complex Terre Haute, IN | 2:14-cv-365 | Anthony Collier v. NaphCare, et al. | USDC Southern District of IN | 12/04/14 | 06/01/17 | Defendants' Motion for Summary Judgment Granted |
| Clark County Detention Center, NV | 2:15 cv-27-JAD-PAL | Daniel Weathers v. NaphCare, et al. | USDC of Nevada | 01/06/15 | 12/03/15 | Dismissed |
| Clark County Detention Center, NV | 02:14 cv-1468 | Donald W. Moon v. NaphCare, Inc. et al. | USDC of Nevada | 01/21/15 | 09/17/15 | Confidential settlement & case dismissed |
| Clark County Detention Center, NV | A-15-715896-c | Duane Reitz v. NaphCare, et al. | District Court of Clark County, NV | 01/26/15 | 03/03/16 | Dismissed for failure to serve defendants |
| Clark County Detention Center, NV | 2:14-cv-1560 | Christopher S. Hunter v. NaphCare | USDC of Nevada | 01/26/15 | 12/22/16 | Dismissed |
| Clark County Detention Center, NV | 2:15-00324 | Robin and Beverly Bruins v. Osborne et al. | USDC of Nevada | 03/04/15 | 04/19/17 | Dismissed with prejudice |
| Clark County Detention Center, NV | A-15-716917 | Dwight McIntyre v. NaphCare, et al | District Court of Clark County, NV | 04/14/15 | 07/13/17 | Dismissed by Court |
| Clark County Detention Center, NV | 2:15-cv-1212 | Manuel Rodriguez v. LVMPD, et al | USDC of Nevada | 06/25/15 | 11/19/17 | Dismissed without prejudice |
| Suffolk County House of Corrections, MA | SUCV2015-1758-D | Robert Strickland v. NaphCare, Inc. | Commonwealth of MA Superior Court, Suffolk Co. | 07/11/15 | 01/23/17 | Judgment of Dismissal |
| Federal Correctional Complex Terre Haute, IN | 2:15-cv-228-JMS-WGN | Abdul Aziz Rashid Muhammad v. Ashley Matchett, et al | USDC Southern District of Indiana | 07/27/15 | 03/22/18 | Defendants' Motion for Summary Judgment Granted |
| Virginia Beach Correctional Center, VA | 3:15-cv-439 | Stacey Lassiter v. Dr. Jamaludeen/Cartwright | USDC Eastern District of VA | 07/28/15 | 03/31/17 | Dismissed without prejudice |
| Essex County Correctional Facility, MA | cv-14-14767 | Willie Wallace v. NaphCare | USDC of Massachusetts | 08/24/15 | 02/10/17 | Defendants' Motion to Dismiss Granted |
| Virginia Beach Correctional Center, VA | 1-15-cv-1099 | Christopher Feagin v. Dr. Jamaludeen et al. | USDC Eastern District of VA | 08/31/15 | 05/16/16 | Dismissed by Court |
| Two Rivers Correctional Institution, OR | 2:15-cv-1724 | Corey Pritchett v. Lyle Smith et al | USDC of OR | 09/10/15 | 12/27/16 | Defendants' Motion for Summary Judgment Granted |
| Clark County Detention Center, NV | 2:14-cv-01426 | Robin Lee v. LVMPD | USDC of Nevada | 09/17/15 | 01/27/17 | Defendants' Motion for Summary Judgment Granted |
| Central Prison, NC | 5:15-ct-3251 | Antonio Ortiz v. Dr. Metiko, et al. | USDC Eastern District of NC | 09/28/15 | N/A | Litigation pending |
| Virginia Beach Correctional Center, VA | 2:15-cv-274 | Tyrell Reese v. NaphCare | USDC Eastern District of VA | 09/29/15 | 01/29/16 | Dismissed |
| Virginia Beach Correctional Center, VA | 2:15-cv-00260 | Adam Deulio v. VA Beach Sheriffs Office, et al | USDC Eastern District of VA | 09/30/15 | 11/01/16 | Dismissed |
| Clark County Detention Center, NV | a-15-726182-c | Vanessa Kelley v. NaphCare | District Court Clark County, NV | 10/28/15 | 08/24/16 | Defendants' Motion to Dismiss Granted |
| US Penitentiary Victorville, CA | 2:15-cv-6627-BRO-AS | Royce Gay v. Dr. Saroj Fulani, et al | USDC Central District of CA | 11/05/15 | 11/04/16 | Dismissed |
| Hamilton County Justice Center, OH | 1:15-cv-00512 | Estate of Martie Clark v. NaphCare, et al | USDC Southern District of Ohio | 11/06/15 | N/A | Litigation pending |
| Washington County Jail, OR | 3:15-cv-2173 | Joshua Mulbreght v. NaphCare | USDC of OR | 11/20/15 | 03/22/17 | Plaintiff voluntarily dismissed lawsuit |
| Clark County Detention Center, NV | 2:15-cv-816 | Mark Picozzi v. Clark County Detention Center, et al | USDC of Nevada | 11/25/15 | N/A | Litigation pending |
| Hamilton County Justice Center, OH | 1:15-cv-238 | Estate of James Barton v. NaphCare | USDC Southern District of Ohio | 12/04/15 | 03/08/16 | Dismissed by Court |
| Clark County Detention Center, NV | 2:15-cv-02444 | Estate of Kathy Ritner v. LVMPD | USDC of NV | 12/21/15 | 09/16/16 | Defendants' Motion to Dismiss Granted |
| Washington County Jail, OR | 3:15-cv-2343 | James Gialloredo v. NaphCare | USDC of Oregon | 12/28/15 | 11/21/16 | Defendants' Motion for Summary Judgment Granted |
| Newton County Detention Facility, GA | 1:15-cv-4474 | Estate of Jade Tramel v. NaphCare | USDC Northern District of GA | 12/28/15 | 03/17/17 | Plaintiff voluntarily dismissed lawsuit |
| Hamilton County Justice Center, OH | 1:16-cv-248 | Veronica Stewart and Kelli Moll v. Hamilton County Sheriff, et al | USDC Southern District of Ohio | 01/19/16 | 07/08/16 | Dismissed by Court |
| Virginia Beach Correctional Center, VA | 2:16-cv-31 | Christopher Churchya v. P Bryan, et al | USDC Eastern District of VA | 01/27/16 | 09/14/17 | Defendants' Motion for Summary Judgment Granted |
| Clark County Detention Center, NV | 2:15-cv-01670 | Charon Brown v. NaphCare et al | USDC of NV | 02/01/16 | 06/02/16 | Dismissed by Court |
| Stateville Correctional Center, IL | 15-cv-10936 | Estate of Gerald Green v. NaphCare | USDC Northern District of IL | 02/17/16 | N/A | Litigation pending |
| Suffolk County House of Corrections, MA | 1:16-cv-10359 | John Horan v. NaphCare et al | USDC of MA | 02/22/16 | N/A | Litigation pending |
| Mobile County Jail, AL | 1:15-cv-371 | Steven Smith (as conservator for Brandon Jefferies) v. NaphCare | USDC Southern District of Alabama | 03/01/16 | N/A | Litigation pending |

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| Clark County Detention Center, NV | A-16-732956 | Jason Mahe v. NaphCare | Clark County District Court, NV | 03/04/16 | 01/23/17 | Dismissed by Court |
| Suffolk County House of Corrections, MA | 16-0923G | Kim DeFranzo v. NaphCare | Suffolk Superior Court | 03/19/16 | 11/29/17 | Dismissed with prejudice |
| Clark County Detention Center, NV | 2:16-cv-734 | Toney White v. Clark County et al | USDC of Nevada | 04/01/16 | N/A | Litigation pending |
| Pierce County Jail, WA | 3:16-CV-5153 | Nathan Alicea v. NaphCare et al | USDC Western District of WA | 04/25/16 | 07/27/17 | Defendants' Motion for Summary Judgment Granted |
| Hampton Roads Regional Jail, VA | 2:16-cv-229 | Estate of Janycheal Mitchell v. NaphCare | USDC Eastern District of VA | 05/10/16 | N/A | Litigation pending |
| Clark County Detention Center, NV | A-16-736910-c | Moshe Banner v. NaphCare et al | Clark County District Court, NV | 05/18/16 | 01/11/18 | Plaintiff voluntarily dismissed lawsuit |
| Hillsborough County, FL | 8:16-cv-647 | Willie Hale v. NaphCare | USDC Middle District of FL | 06/20/16 | 09/20/17 | Defendants' Motion for Summary Judgment Granted |
| Virginia Beach Correctional Center, VA | 1:16-cv-638 | Joshua Allen v. Dr. Jamaludeen et al. | USDC Eastern District of VA | 07/11/16 | 02/03/17 | Defendants' Motion for Summary Judgment Granted |
| Suffolk County House of Corrections, MA | 1584cv-03738 | Estate of Ariel Cartegna v. NaphCare | Mass Superior Court | 07/15/16 | 09/22/17 | Plaintiff voluntarily dismissed lawsuit |
| Washoe County Detention Center, NV | 3:16-cv-258 | John Walker v. Dr. Hahn, et al | USDC of NV | 07/20/16 | 01/31/17 | Dismissed |
| Clark County Detention Center, NV | A-16-741293-C | Ashley Aaron v. NaphCare, et al | Clark County District Court, NV | 07/20/16 | N/A | Litigation pending |
| Pierce County Jail, WA | 3:16-cv-5667 | Estate of Matthew Smith v. NaphCare | USDC Western District of WA | 07/31/16 | 03/08/18 | Confidential settlement & case dismissed |
| Richmond City Justice Center, VA | 2:16-cv-536 | Dedric Morris v. Ermagean Flowers, et al | USDC Eastern District of VA | 10/03/16 | 02/20/17 | Dismissed |
| Montgomery County Jail, OH | 3:16-cv-437 | Jeffrey Day v. Naphcare, et al. | USDC Southern District of Ohio | 10/18/16 | N/A | Litigation pending |
| Spokane County Jail, WA | 2:16-cv-298 | Brian Gilliam v. Julie Hutchinson, et al | USDC Eastern District of Washington | 10/25/16 | 07/19/17 | Dismissed for failure to serve defendants |
| Worcester County Jail, MA | 16-1655A | Mark Suprenant v. Correctional Officer Kevin Carlo, et al. | Commonwealth of MA Worcester Superior Court | 10/28/16 | 11/09/17 | Dismissed |
| Worcester County Jail, MA | 16-1687A | Estate of Eric Botcher v. Commonwealth of Mass, et al. | Commonwealth of MA Worcester Superior Court | 11/04/16 | N/A | Litigation pending |
| Hampton Roads Regional Jail, VA | 1:16-cv-1060 | Carlton Dillard v. Dr. Konolgo | USDC Eastern District of VA | 11/07/16 | 06/08/17 | Defendants' Motion for Summary Judgment Granted |
| Clark County Detention Center, NV | 2:16-cv-1051 | Frank Birch v. Dr. Larry Williamson et al. | USDC of NV | 11/21/16 | 03/29/18 | Defendants' Motion for Summary Judgment Granted |
| Richmond City Justice Center, VA | 3:16-cv-952 | Estate of Gregory Hill v. NaphCare | USDC Eastern District of VA | 12/01/16 | 11/02/17 | Confidential settlement & case dismissed |
| Clark County Detention Center, NV | A-16-746052-C | Justin Langford v. NaphCare | Clark County District Court | 12/16/16 | 03/29/17 | Defendants' Motion to Dismiss Granted |
| Clark County Detention Center, NV | A-16-748283 | Donald Kinsman v. NaphCare, et al | Clark County District Court | 12/16/16 | 04/16/18 | Defendants' Motion for Summary Judgment Granted |
| Pierce County Jail, WA | 3:16-cv-6054 | Ray Charles Harris v. Miguel Balderama, et al | USDC Western District of Washington | 12/27/16 | 11/15/17 | Plaintiff voluntarily dismissed lawsuit |
| Montgomery County Jail, OH | 3:16-cv-517 | James Howard v. Montgomery County Board of Comm., et al | USDC Southern District of Ohio | 12/27/16 | N/A | Litigation pending |
| Hillsborough County, FL | 17-CA-000320 | Aaron Porter v. David Gee, et al. | Hillsborough County Circuit Civil Division | 01/05/17 | 10/03/17 | Dismissed |
| Clark County Detention Center, NV | A-17-749668-C | Estate of Garrett Gardner v. NaphCare | Clark County Circuit Court, NV | 01/17/17 | N/A | Litigation pending |
| Black Hawk County Jail, IA | 6:17-cv-2003 | Montavious Smith v. Black Hawk County Jail | USDC Northern District of Iowa | 01/25/17 | N/A | Litigation pending |
| Hillsborough County, FL | 8:17-cv-248 | Gelsey Suarez v. David Gee, et al | USDC Middle District of FL | 02/02/17 | 07/19/17 | Defendants' Motion to Dismiss Granted |
| Clark County Detention Center, NV | 2:17-cv-562 | Luis Cervantes v. LVMPD | USDC of NV | 02/21/17 | N/A | Litigation pending |
| Richmond City Justice Center, VA | 3:17-cv-167 | Benjamin Andrews v. Sheriff T. Woody et al. | USDC Eastern District of VA | 02/28/17 | N/A | Litigation pending |
| Clark County Detention Center, NV | A-17-754105-C. | Joe Clary v. Dr. Mondora, et al | Clark County District Court | 03/06/17 | 06/16/17 | Dismissed without prejudice |
| Hamilton County Justice Center, OH | 1:17-cv-219 | John Klein v. Hamilton County Ohio, et al | | 04/03/17 | N/A | Litigation pending |
| Federal Medical Center Butner, NC | 5:16-ct-3220 | Shirland Fitzgerald v. Warden Atkinson, et al (David Cuscela) | USDC Eastern District of NC | 04/04/17 | N/A | Litigation pending |
| Montgomery County Jail, OH | 2018 cv-1937 | Anne Johnson, Admin of Estate of Sasha Garvin v. NaphCare | Montgomery County, OH Court of Common Pleas | 05/03/17 | N/A | Litigation pending |
| Clark County Detention Center, NV | A-17-755051-C | Manuel Garcia v. Clark County Sheriff's | Clark County District Court | 05/05/17 | N/A | Litigation pending |
| Kings County Jail, CA | 1:17-at-253 | Michael Valdez v. Hanford Police Officer Larry Leeds, et al | USDC Eastern District of California | 05/23/17 | N/A | Litigation pending |
| Richmond City Justice Center, VA | 760c116002476-00 | Paris Loving-Johnson v. NaphCare, et al. | Richmond Circuit Court | 05/23/17 | N/A | Litigation pending |
| Hillsborough County, FL | 8:17-cv-1242 | Jimmy Dell Bowen v. Sheriff David Gee | USDC Middle District of FL | 05/25/17 | N/A | Litigation pending |
| Virginia Beach Correctional Center, VA | 1:17-cv-241 | Jason Jalilian. V. NaphCare | USDC Eastern District of VA | 06/20/17 | 09/27/17 | Plaintiff voluntarily dismissed lawsuit |
| Spokane County Jail, WA | 4:17-cv-5086 | Shawn Cottrell v. NaphCare et al | USDC Eastern District of Washington | 06/20/17 | N/A | Litigation pending |
| Virginia Beach Correctional Center, VA | 1:17-cv-767-CMH | George Delaney v. Abdul Jamaludeen | USDC Eastern District of VA | 07/06/17 | N/A | Litigation pending |
| Pierce County Jail, WA | 3:17-cv-5522 | Jonathan Turner v. NaphCare | USDC Western District of WA | 07/10/17 | N/A | Litigation pending |
| Clark County Detention Center, NV | 2:17-cv-1886 | Estate of Jeremiah Bowling - Admin: Patricia Fitzpatrick v. LVMPD, et al | USDC of NV | 07/10/17 | N/A | Litigation pending |
| Pierce County Jail, WA | 3:17cv-5605 | Gary Casterloe-Bey v. NaphCare | USDC of WA | 08/02/17 | N/A | Litigation pending |
| Montgomery County Jail, OH | 3:17-cv-00006 | Joseph Guglielmo v. Montgomery County - NaphCare is Third Party Def. | USDC Southern District of OH | 08/22/17 | 12/20/17 | Dismissed by Court |
| Clark County Detention Center, NV | 2:17-cv-111 | Will Sitton v. LVMPD, et al | USDC of NV | 08/30/17 | N/A | Litigation pending |
| Montgomery County Jail, OH | 3:17-cv-310-TMR | Marsha Pate-Strickland v. Montgomery County Bd of Commissioners | USDC Southern District of Ohio | 09/06/17 | 10/17/17 | NaphCare Dismissed & county settled |
| Pierce County Jail, WA | 3:17-cv-5716 | David Curry v. NaphCare | USDC Western District of Washington | 09/07/17 | N/A | Litigation pending |
| Pierce County Jail, WA | 3:17-cv-5800 | Jamar Odom v. Jon Slothower et al | USDC Western District of Washington | 10/04/17 | 03/29/18 | Defendants' Motion to Dismiss Granted |
| Clark County Detention Center, NV | A-17-763488-C | July Robeldo v. Clark County | Clark County District Court | 10/23/17 | N/A | Litigation pending |
| Virginia Beach Correctional Center, VA | 1:17-cv-1000 | Antonio Garibaldi v. Dr. Vallis & Dr. Haydu | USDC Eastern District of VA | 10/24/17 | N/A | Litigation pending |

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| Hamilton County Justice Center, OH | 1:17-cv-724 | Lisa Britt Administrix of Estate of Tommy Britt v. Hamilton County, et al | USDC Southern District of Ohio | 10/27/17 | N/A | Litigation pending |
| Mobile County Jail, AL | 17-cv-479 | Mark Reese v. Sheriff Sam Cochran, et al | USDC Southern District of Alabama | 10/30/17 | 06/08/18 | Dismissed without prejudice |
| Clark County Detention Center, NV | 2:17-cv-2765 | Bryan O'Neal v. LVMPD, et al | USDC of NV | 11/02/17 | N/A | Litigation pending |
| Franklin County Corrections Center, OH | 17cv9349 | Marvin E. Myers v. Franklins County Sheriff, et al | Court of Common Pleas, Franklin County OH | 11/16/17 | N/A | Litigation pending |
| Federal Correctional Complex Terre Haute, IN | 2:17-cv-568 | Terry Parker v. Ashley Matchett, et al. | USDC Southern District of IN | 11/22/17 | N/A | Litigation pending |
| Pierce County Jail, WA | 3:17-cv-6002 | Donald Bango & Scott Bailey v. Pierce County, et al | USDC Western District of WA | 12/04/17 | N/A | Litigation pending |
| Clark County Detention Center, NV | A-17-759131-C | Darryl Gholson v. NaphCare | Clark County District Court | 12/14/17 | N/A | Litigation pending |
| Clark County Detention Center, NV | 2:17-cv-2344 | Michael Rodriguez v. NaphCare et al | USDC of Nevada | 12/19/17 | N/A | Litigation pending |
| Virginia Beach Correctional Center, VA | 1:17-cv-1468 | Elihue Mahler v. Dr. Jamaludeen | UDSC Eastern District of VA | 12/26/17 | N/A | Litigation pending |
| Clark County Detention Center, NV | 2:17-cv-1700 | Joshua Crittendon v. Sheriff Joe Lombardo | USDC of NV | 12/29/17 | N/A | Litigation pending |
| Washington County Jail, OR | 3:18-cv-96 | Andrew Moret v. Pat Garrett, et al | USDC of Oregon | 01/17/18 | N/A | Litigation pending |
| Black Hawk County Jail, IA | 3:18-cv-3022 | Anthony Brothern v. Blackhawk County, et al | USDC Northern District of Iowa | 03/23/18 | N/A | Litigation pending |
| Clark County Detention Center, NV | 2:18-cv-568 | Steven Rowe v. NaphCare | USDC of Nevada | 03/29/18 | N/A | Litigation pending |
| Virginia Beach Correctional Center, VA | 1:18cv-358 | Michael Hoiness v. NaphCare, et al | USDC Eastern District of VA | 05/03/18 | N/A | Litigation pending |

EXHIBIT C
Mutually Agreed Upon Scope of Services

Contractor shall perform the Work as described in Exhibits A and B. The following summarizes the Work to be performed, and is not intended to be an exhaustive list of all of Contractor’s obligations described in Exhibits A and B:

| TABLE 1 - SERVICE LEVEL AGREEMENT | |
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| #1: Record-Keeping and Reports | |
| Service Level Category | Record-Keeping and Reports |
| Service Level Performance Objective | <ul style="list-style-type: none"> • To ensure that the records are kept current, are accurate, available, and stored in a secure area and/or medium. There is a system for timely reactivation of “old or previous” records when requested by a treating health professional. • To ensure timely receipt of daily, monthly, quarterly, and annual reports as specified in the Contract. |
| Service Level Definition | <ul style="list-style-type: none"> • Includes electronic medical records system as well as hybrid systems where medical records might be both paper and EMR should the need arise. Includes all file, database, web, imaging, application and support documents, SANs, storage devices, backup systems, kiosks and associated peripheral equipment necessary to process, store, and preserve records, electronic data and information. Also includes Procedures Manual, system for timely reactivation of “old or previous” records when requested by a treating health professional • Availability means all components of the systems infrastructure are ready for use, accessible by authorized users, and are operational to perform their assigned function. Contractor will ensure qualified staff are available both during normal business hours (08:00 AM – 5:00 PM Pacific Standard Time) and during non-business hours. Contractor staff will work with the County staff to resolve unexpected issues which impede the ability to perform necessary and time-sensitive work. • Daily, Monthly, Quarterly, and Annual Reports as specified in the Contract. |
| Key Performance Indicators (KPIs) | <ul style="list-style-type: none"> • Accuracy and Execution. • Timeliness of record-keeping (Current/Updated records – includes but not limited to: intake records, log entries, pharmacy inventory tracking. • Availability (100% available when they meet the requirements of the service level definition during designated required operational hours as determined by the County. The metric used will be from 06:00 AM to 21:00 PM daily, 365 days per year. 100% Availability of access to electronic record systems is 15 hours uptime per day. Records in jails need to be available 24/7, 365 days per year.). • Timeliness of submission of daily, monthly, quarterly, and annual reports. |
| Acceptable Quality Levels (AQLs) | <ul style="list-style-type: none"> • Overall Accuracy = 85%. • Overall Timeliness (Current/Updated) = 85%. • Overall Availability = 85% (electronic, paper/manual). |
| Error Rates (Audit Tool used by 3 rd Party Consultant conducting | <p>Minor Error Rate: 20% Major Error Rate: 10%</p> |

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| <p>Medical Quality Assurance Reviews and Audits)</p> | |
| <p>Error Rate Metrics Description</p> | <p><u>Minor Errors:</u></p> <ul style="list-style-type: none"> • Accuracy and Execution - Include but not limited to: <ul style="list-style-type: none"> ○ Minor misspelled words. ○ Typographical errors. ○ “File not found.” ○ Signature or document misfiled or missing. ○ Entry is missing one of the following: date, time, signature and staff credential (RN, MD, etc.). • Timeliness (Current/Updated) – Include but not limited to ≤24 Hours non-current records (records not updated or made current- i.e., intake records, updating log entries, pharmacy inventory tracking, etc.). • Availability – Include but not limited to: <ul style="list-style-type: none"> ○ Unavailability of health record upon inmate admission to facility. ○ 85% or 12.75 hours’ uptime per day for electronic records; service interruption of Electronic Medical Record 4 ≥ 6 hours (unless pre-planned update of system or client’s system failure). ○ 1-3 Hours delay in accessing records (manual and electronic). <p><u>Major Errors include but not limited to:</u></p> <ul style="list-style-type: none"> • Accuracy and Execution - Include but not limited to: <ul style="list-style-type: none"> ○ Files missing that resulted in extensive delays in providing medical services. ○ Grossly inaccurate records that caused misdiagnosis or severe injury. ○ Failure to abide by judicial orders. ○ Entry is missing two or more of the following: date, time, signature and staff credential (RN, MD, etc.). • Timeliness (Current/Updated) – Include but not limited to >24 Hours non-current records (records not updated or made current- i.e., intake records, updating log entries, pharmacy inventory tracking, etc.). • Availability –Include but not limited to: <ul style="list-style-type: none"> ○ 90% or 13.5 hours’ uptime per day for electronic records; service interruption of Electronic Medical Record >6 hours (unless pre-planned update of system or client’s system failure). ○ >3 Hours delay in accessing records (manual and electronic). |
| <p>Corrective Action</p> | <ul style="list-style-type: none"> • Contractor shall address and correct Minor Errors within 48 hours of discovery or notification of 3rd Party Contractor’s review and audit report • Contractor shall address Major Errors within 24-48 hours of discovery or notification of 3rd Party Contractor’s review and audit report. A Corrective Action Plan (CAP) with an expeditious and reasonable timeframe to correct the deficiency/ies (implementation timeframe to be agreed to by the County) shall be developed by Contractor in conjunction with the audit report and submitted to the County within 15 days. |
| <p>Reports and Reporting Format/s</p> | <p><u>Preferred Format:</u> PDF. Report format to be mutually agreed to between Contractor and County.</p> <p><u>Report Elements:</u> To be proposed by the Contractor and approved by the County. Information provided shall, at a minimum, include per Facility and overall Accuracy, Timeliness, and Availability for the month. Documents will be marked “Confidential.” Adverse Events related to Sentinel Events will be processed through the Contractor’s Quality Assurance/Improvement Program.</p> |

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| Measurement and Reporting Window | <p>Daily per Facility during County established operational hours (24 Hours or currently 06:00 AM – 21:00 PM daily).</p> <p>Reporting:</p> <ul style="list-style-type: none"> Aggregate cost reporting, all claims processing and aggregate cost calculations for external providers, hospitalizations, and pharmacy payments must be completed after December 31st for the prior fiscal year which ends on June 30th. Other Annual Reports due no later than January 15 for previous calendar year. Quarterly Reports due by the 15th of each month following the end of the quarter. Monthly Reports due by the 15th of each month for previous month's data Daily Reports due by 9:00 am for the previous 24 hours. <p>3rd Party Contractor conducting monthly Medical Quality Assurance Reviews and Audits selected by the County will provide the Audit Tool to determine the measurements and findings.</p> |
| Credits & Penalties | <p><u>Minor Errors</u>: If Minor Error is corrected >48 Hours, or Minor Error Rate goal limit is exceeded in any month, the Contractor will be subject to (1) \$500.00 penalty for the first occurrence, and (2) \$750.00 for the second occurrence in a twelve-month period.</p> <p><u>Major Errors</u>: If Major Error is corrected >24 hours, or Major Error Rate goal limit is exceeded in any month, the Contractor will be subject to (1) \$750.00 penalty for the first occurrence, and (2) \$1,000.00 for the second occurrence in a twelve-month period.</p> <p><u>Quality Assurance Response</u>: Late responses (over 15 days) either in development and submission of a CAP, or responses as to why implementation is not deemed advisable to the recommended corrective actions contained in third party audit report, or implementation of agreed-upon CAP timeframe, shall result in a penalty of \$500.00 per day, until resolved to the satisfaction of County. Failure to develop a CAP to resolve the problems, or continued failure to meet minimum service level standards after corrective action plan is implemented will result in the County's exercise of other available options, up to and including additional penalties and possible termination of the contract.</p> <p>If CCSO does not assess a penalty on any occasion(s) it does not waive its right or ability to assess penalties in the future.</p> |
| Chronic Deficiencies | <p>Chronic Deficiencies are deficiencies that occur three times in an 18-month period, or deficiencies that persist in failure to meet minimum standards for three or more consecutive months. The Contractor will be subject to a \$1,000.00 penalty for Minor Errors and \$1,500.00 penalty for Major Errors. Contractor will be required to develop a Corrective Action Plan (CAP) to resolve the problems within an expeditious time frame agreed to by the County. A third-party consultant experienced in correctional health care conducting annual Medical Quality Assurance Reviews and Audits selected by the County will provide the Audit Tool to determine the measurements and findings.</p> |
| #2: Service and Performance Levels | |
| Service Level Category | Service and Performance Levels |
| Service Level Objective | To ensure that the Contractor complies with the terms and conditions of the Contract and meets the standards requirements for NCCHC. |
| Service Level Definition | Includes but not limited to: timeliness of care, appropriateness of care, level of care given to the patient, and standards requirements for NCCHC. |

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| Service Measurement Key Performance Indicators (KPIs) | Compliance with Contract and NCCHC standard requirements. |
| Acceptable Quality Levels (AQLs) | Overall 85% - 90% Compliance (dependent on importance of standard or requirement). |
| Error Rate Maximum (Audit Tool used by 3rd Party Contractor conducting monthly Medical Quality Assurance Reviews and Audits) | Minor Error Rate: 20% Major Error Rate: 10% |
| Error Rate Metrics Description | <p><u>Minor Errors include but not limited to:</u></p> <ul style="list-style-type: none"> • Medication Errors not resulting in patient harm. • Failure to document assessment of inmate, or his health records, upon notification that he/she is being placed in Segregation. • Documentation of all Patient Education provided to Inmate(s). • Isolated incidences of failure to document a single Refusal of Care where re-training would be the appropriate intervention. <p><u>Major Errors may be determined by a peer review panel or the County and Contractor, and shall include but not be limited to:</u></p> <ul style="list-style-type: none"> • Preventable Sentinel Events: (to be determined by the County and Contractor) Defined as any unanticipated event in a healthcare setting resulting in death or serious physical or psychological injury to a patient or patients, not related to the natural course of the patient's illness. <i>Sentinel events specifically include loss of a limb or gross motor function, and any event for which a recurrence would carry a risk of a serious adverse outcome. (Examples: Heart Attack, Status Asthmaticus, Ruptured Appendix).</i> • Preventable Adverse Drug Reactions/Medication Errors resulting in harm to the patient. • Preventable communicable infection or disease outbreak. • Licensed staff acting outside their Scope of Service. • Chronic/systemic evidence of lack of implementation of designated Refusal of Care and Informed Consent process. • Failure to continue inmates entering facility on verified Critical Medications, as part of intake process, or notify practitioner for treatment plan. • An error that caused severe injury or death to a patient. |
| Corrective Action | <ul style="list-style-type: none"> • Contractor shall address and correct Minor Errors within 48 hours of discovery or notification of 3rd Party Contractor's review and audit report. • Contractor shall address Major Errors within 24-48 hours of discovery or notification of 3rd Party Contractor's review and audit report. A Corrective Action Plan (CAP) with an expeditious and reasonable timeframe to correct the deficiency/ies (implementation timeframe to be agreed to by the County) shall be developed by Contractor in conjunction with the audit report and submitted to the County within 10 business days. |
| Credits & Penalties | <p><u>Minor Errors:</u> If Minor Error is corrected >48 Hours, or Minor Error Rate goal limit is exceeded in any month, the Contractor will be subject to (1) \$1,000.00 penalty for the first occurrence, and (2) \$2,500.00 for the second occurrence in a twelve-month period.</p> <p><u>Major Errors:</u> If Major Error is corrected >24 hours, or Major Error Rate goal limit is exceeded in any month, the Contractor will be subject to (1) \$5,000.00</p> |

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| | <p>penalty for the first occurrence, and (2) \$7,500.00 for the second occurrence in a twelve-month period.</p> <p><u>Quality Assurance Response:</u> Late responses (over 10 business days) either in development and submission of a CAP, or responses as to why implementation is not deemed advisable to the recommended corrective actions contained in third party audit report, or implementation of agreed-upon CAP timeframe, shall result in a penalty of \$500.00 per day, until resolved to the satisfaction of County. Failure to develop a CAP to resolve the problems, or continued failure to meet minimum service level standards after corrective action plan is implemented will result in the County's exercise of other available options, up to and including additional penalties and possible termination of contract.</p> <p>If CCSO does not assess a penalty on any occasion(s) it does not waive its right or ability to assess penalties in the future.</p> |
| Chronic Deficiencies | <p>Chronic Deficiencies are deficiencies that occur three times in an 18-month period, or deficiencies that persist in failure to meet minimum standards for three or more consecutive months. The Contractor will be subject to a \$7,500.00 penalty for Minor Errors and \$10,000.00 penalty for Major Errors. Contractor will be required to develop a Corrective Action Plan (CAP) to resolve the problems within an expeditious time frame agreed to by the County.</p> |
| #3: Staffing | |
| Service Level Category | Staffing |
| Service Legal Performance Objective | To ensure that staffing level requirements for each position/job title are met in compliance with the contract. |
| Service Level Definition | Each facility must be fully staffed with the minimum staffing requirements stipulated in the Contract, and factoring in any special circumstances at any given time such, as high rates of illness. |
| Key Performance Indicators (KPIs) | <ul style="list-style-type: none"> 95% compliance with staffing requirements stipulated in the agreement. A Work Post for clinical positions is considered staffed when a qualified individual is present at the facility performing all duties of the position (to include a like-kind or greater credentialed staff member performing services for the applicable position, which shall be deemed a filled or an adequately staffed position). |
| Acceptable Quality Levels (AQLs) | <ul style="list-style-type: none"> Work Post is vacant or not adequately staffed as set forth in Section 9 (STAFFING) |
| Measurement & Reporting | Daily for the Facility. Notification of absence or vacancy will be provided to the CCSO real-time. Documentation includes Work Post reports, Shift Coverage and Daily Attendance Records. |
| Credits & Penalties | In addition to any other relief and or cause action, CCSO shall be entitled to a penalty if there is inadequate staffing for any Work Post(s). Contractor shall provide a staffing credit to CCSO based on the aggregate monthly paid hours that were not provided by Contractor for the month in question. For example, Contractor shall provide a staffing credit for any hour less than the amount of hours required by the Contract. Specific credits/penalties are outlined in Section 9 below. If CCSO does not assess a penalty on any occasion(s) it does not waive its right or ability to assess penalties in the future. |

1. Contractor's Roles & Responsibility as it relates to the Service Level Agreement shall be as follows:
 - a. Monitor, measure, and report performance against the Service Level Agreements.
 - 1) Measure all delineated Service Levels sufficiently to provide detailed, justified explanations of reported results.
 - 2) Report performance to the County or County-designated Agent on a monthly basis.
 - 3) Promptly investigate and remediate indicators found to have Opportunities for Improvement associated with all Service Levels.
 - 4) Minimize reoccurrences of all performance-related deficiencies for which it is responsible.
 - 5) Report any problems to the County that appear likely to result in a deficiency to meet a Service Level Agreement requirement.
 - 6) Establish a Management team/structure, processes, and procedures to ensure effective management of Service Level Agreements and coordinate processes and procedures that impact the County.
 - 7) Designate a Manager who has the overall responsibility for delivery of the Services. The designated manager will:
 - a) Conduct technical and operational escalations.
 - b) Provide management and resolution of identified problems.
 - c) Resolve and addresses operational delivery issue.
 - d) Ensure adherence to performance targets.
 - e) Oversee service quality and incident management program.
 - f) Function as the primary point of contact/interface for SLA performance, management, and problem resolution.
 - g) Collaborate with the County's Governance Team or County Designee to establish, manage, and meet Agreements, requirements, and expectations, and will ensure operational compliance with the SLAs.
2. Contractor shall provide comprehensive health care services for inmates housed at the CCSO jail, including preventative services. Contractor's services shall include the following minimum levels of service:
 - a. Medical Health Services
 - 1) Intake Health Screening. Receiving Screening is performed on all inmates at the intake facility as soon as possible to ensure that emergent and urgent health needs are met. Contractor shall comply with NCCHC compliance indicators for Receiving Screening. Booking takes place intermittently but is heaviest on the A.M. shift. Mandatory tuberculosis testing is started at this point of contact in accordance with State and local statutes and standards.

- 2) Initial Health Assessment. An initial health assessment shall be given to all incoming inmates, which complies with NCCHC compliance indicators (J-E-04), and is fully compliant with County protocols and requirements. There are two options for completing this task:
 - a) Full population assessment. The physical exam may be completed by a physician, physician assistant, nurse practitioner, or an RN who has completed the appropriate training. All inmates shall receive an initial health assessment as soon as possible, but no later than fourteen (14) calendar days after admission to the facility.
 - b) Individual assessment when clinically indicated. The physical exam shall be performed by a Registered Nurse. Inmates identified with clinically significant findings as the result of a comprehensive receiving screening shall receive an initial health assessment as soon as possible, but no later than two (2) working days after admission. An examination (history and physical) of all inmates coming into custody shall be completed no later than fourteen (14) days after admission to the facility.
- 3) Medical Healthcare Services. Contractor shall provide healthcare services to inmates including preventative care, in compliance with NCCHC standards.
- 4) Sick Call. Inmates shall have access to essential health care services at all times. At a minimum, a licensed RN shall be on site at all times, and a physician or other provider shall be on site or on call at all times. Contractor shall conduct sick call Monday through Friday. Additional sick call hours may be added as required.
- 5) Medical Health Care Plans. Development and Implementation of Health Care Plans. Inmates being treated at each facility shall have health care plans with clear goals, objectives, policies, and procedures for documenting goal achievements.

b. Mental Health Services

- 1) Contractor shall provide comprehensive mental health care services for inmates housed at the CCSO Facility, including preventative services.
- 2) Contractor shall conduct the mental health initial screening at intake for all inmates. Employees responsible for mental health screening are to have specialized training and appropriate educational degrees in this area.
- 3) Contractor shall conform to and utilize the most current and updated American Psychiatric Association's (APA's) classification and diagnostic tool.
- 4) Contractor's Mental Health Services shall include the following minimum levels of service:
 - a) Intake Health Screening - Intake screening shall be performed for all inmates by a qualified Mental Health Professional or Registered Nurse at the time of booking in compliance with NCCHC compliance indicators within fourteen (14) days after admission, which includes a structured interview. Contractor shall have an intake pre-screening procedure for mental health issues, referrals, and appropriate mental health medication (including prescription, dosage and frequency). Inmates with positive findings shall receive a mental health evaluation.
 - b) After-Hours, On-call Psychiatric Services – These services must be available and provided on-site for urgent and emergent issues within one (1) hour of notification, which may include use of telepsychiatry.

- c) Mental Health Care Plans - Development and Implementation of Mental Health Care Plans. Inmates with a mental health and/or substance use disorder being treated at each facility shall have mental health care plans with clear goals, objectives, policies, and procedures for documenting goal achievements.
- d) Suicide Prevention Program – Contractor shall coordinate with CCSO in the Suicide Prevention Program. This shall include attending program meetings and working in collaboration to provide pre-screening and crisis intervention. Contractor’s Psychiatric Nurse Practitioner will participate in the program, review issues related to suicide prevention, and address the resolution of problems in accordance with applicable NCCHC standards. Contractor is responsible for the health and well-being of the inmate, including medication, vitals, other medical needs, and confirmation of well-being.

c. Laboratory and Other Testing Services

- 1) The Contractor will provide all laboratory and other testing services with either in-house staff or contracted staff to come into the Jail to complete the testing.
- 2) The Contractor’s qualified medical personnel shall review all routine laboratory results within 24-48 hours after receipt of test results to assess the follow-up care indicated and to screen for discrepancies between clinical observations and laboratory results. The clinician on-call will be notified immediately of all STAT reports as well as all critically abnormal results.
- 3) A list of critically abnormal lab values will be available for healthcare staff reference at all times.
- 4) Provide a Clinical Laboratory Improvement Amendments (CLIA) waived on-site lab inside the Jail facility for use by the appropriate HCP staff.
- 5) Provide blood borne pathogen testing when it is determined that County Jail staff or HCP staff have been exposed by an inmate. OAR 333-022-0300 describes the process for requesting that a source person be tested.
- 6) Provide onsite diagnostic testing such as x-rays and ultra sounds.
- 7) All diagnostic testing shall be performed by qualified technicians and read by Board Certified Clinicians.
- 8) Abnormal results shall be called or faxed to the healthcare staff and relayed to the in-house clinician or on call clinician immediately for disposition.
- 9) The Contractor shall ensure that all results are reported to the institution and placed in the medical record within 24 hours.

d. Chronic Care

- 1) The Contractor will provide a chronic disease program to decrease the frequency and severity of symptoms, prevent disease progression and complications and improve function of the affected detainees.
- 2) This program shall entail the development and implementation of individual treatment plan(s) by a qualified medical clinician specifying instructions on: diet, medication, diagnostic

testing, and frequency of follow-up medical evaluation. Adjustment of treatment modalities as clinically indicated.

- 3) NaphCare will provide proactive care to patients including by promptly starting appropriate medications for patients with chronic conditions. NaphCare providers will confirm and promptly continue medications prescribed in the community prior to the patient's arrest as clinically indicated. Before changing or discontinuing any medication, NaphCare providers will consult with the patient's current prescribing provider as appropriate.
 - 4) The Contractor will monitor and make recommendations for detainees with regards to therapeutic diets.
 - 5) Protein drinks or other nutritional supplements ordered by the Contractor are the fiscal responsibility of the Contractor.
 - 6) Chronic care patients shall be provided a review by a qualified medical clinician every three months at a minimum.
 - 7) The Contractor shall provide identification, testing, counseling, education, care, treatment and follow-up for HIV/AIDS and AIDS related conditions. This responsibility shall include the provision for payment for all AIDS related medications.
 - 8) The Contractor shall provide identification, testing, counseling, education, care, treatment and follow-up of MRSA and related conditions. This responsibility shall include the provision for payment for medical care and pharmaceuticals, unless otherwise exempt for payment or financial responsibility as further specified herein.
 - 9) A roster of chronic care patients shall be maintained and supplied to Clackamas County Jail Liaison on a weekly basis.
- e. Best Practices. Contractor will provide ongoing recommendations to CCSO and assistance with any changes, policy updates, legal updates, or compliance changes in NCCHC Standards for the entire duration of the contract.
- f. Medication Management. Contractor shall conduct periodic review of prescribing policy and practices to comply with minimum standards and best practices, along with a review of the formulary for identification of possible improvements to offset medication costs. This also includes periodic reviews of non-formulary process and costs, and a monthly review of the dispensing logs.
- g. Sick Call. Inmates shall have access to essential health care services at all times. At a minimum, a licensed Physician, RN, or non-Physician Practitioner shall be on duty at all times. Contractor shall conduct sick calls Monday through Friday. Sick calls shall be held in the medical rooms located in the inmate housing areas of the facility. Additional sick call hours may be added as required.
- h. Continuous Quality Improvement Program and Best Practices. Continuous Quality Improvement (CQI) Program shall comply with NCCHC standards to monitor and improve health care delivered in the facility, and shall include a Sentinel Event Review Process.

Contractor shall collaborate with CCSO-designated Health Services Quality Assurance Coordinator on recommendations and assistance with any changes, policy updates, legal updates,

best practices, or compliance changes in NCCHC Standards for the entire duration of any contract.

- i. Medical/Special Diets. Contract shall provide recommendations for all medical and special-needs diets. Contractor shall adhere to the State medical dietary standards.
- j. Hospital Care. Contractor shall make arrangements to provide payments for all in-patient and out-patient treatment following booking. Contractor shall enter into agreements with and use the providers agreed to by CCSO.
- k. Acute Care Needs. Contractor will provide for the acute care needs of the patient population, including responding to emergencies that require care outside of the facility, including Emergency Room care.
- l. Dental Services. Dental Services shall comply with NCCHC Standards for Oral Care, providing for emergency, medically necessary, and non-emergency dental services, including but not limited to extractions and hygienic cleanings.

1) Screening, Examination, and Delivery of Care

- a) Intake Screening. Intake oral screening shall be performed within fourteen (14) days of admission. If possible, a licensed dentist should conduct the intake oral screening as the first measure in determining the extent of periodontal disease in inmates. However, in many settings this is not practical and in that case a qualified health care professional who is trained by a licensed dentist shall perform the intake oral screening. Intake oral screening results shall be documented on a form developed for this purpose. The screener also should provide instructions in oral hygiene and preventive oral education.
- b) Oral Examination. A comprehensive oral examination shall be performed by a licensed dentist. National Commission on Correctional Health Care (NCCHC) standards require that only a dentist licensed in the state may perform this examination (JE-06 Oral Care), within 12 months of admission.
- m. Continuity of Operations Plan. The Contractor shall include a Contingency Plan to provide for services in the event of unexpected interruptions of the normal working conditions to include but not be limited to: computer outage, power failure, fire, inclement weather, riot, lock-down, labor strikes, declared state of emergency, or acts of God that would preclude normal expectations.
- n. Detoxification from Drug and Alcohol Program. Contractor shall provide detoxification services in accordance with the NCCHC standards. Provide a methadone and buprenorphine maintenance/detoxification program and for obtaining all licenses necessary to operate the program. Contractor shall coordinate and pay enrollment and assessment services of opiate-addicted inmates for opioid maintenance (methadone or buprenorphine) programs.
- o. Contractor shall assure that pregnant women with histories of drug dependency are evaluated on-site by registered nurses as soon as possible and referred promptly, as indicated, for obstetrical evaluation, with any acute high risk pregnant patient promptly sent out to the hospital for obstetrical evaluation. Contractor shall coordinate and pay enrollment and assessment services of pregnant opiate addicted women for opioid maintenance (methadone or buprenorphine) programs.
- p. Crisis Intervention. Non-physician practitioners or mental health clinicians must be available to provide on-site mental health assessments within one (1) hour of an adverse event, such as a suicide threat or attempt, self-injurious behavior or any clear decompensation of mental health

status, and a psychiatric provider must be available to provide emergency verbal orders for medication and consultation in patient management decisions.

- q. Aftercare/Release Planning/Program. Contractor must evaluate the patient's aftercare needs for current, short-term and post discharge/long-term care and attempt to engage the patient and persons in the patient's significant social network for assistance with the goal of successful transition to outpatient care upon release from jail. For patients with continued incarceration at lower levels of care, State prison, or State mental hospital care, the focus must be to assist the patient with more immediate treatment compliance and successful transition to the identified location. Contractor must coordinate services with Facility staff in order to evaluate eligibility for and access to programs and resources under the direction of CCSO. To the extent possible, the CCSO shall provide NaphCare with 72 hours advanced notice that an inmate is scheduled for release. Where provided adequate notification of an inmate's scheduled release, NaphCare will provide discharge medications as follows:
- 1) Medication (or a prescription for medication(s)) for those inmates released will be provided based on the individual need and coordinated with the community provider for a minimum of seven (7) day supply (but no more than a thirty (30) day supply upon request of the jail administration for those individuals going to treatment).
 - 2) For inmates who have a need to continue medications after release, the Contractor shall supply a written prescription for those medications (by either giving to the inmate directly or faxing to a local pharmacy) so that the inmate may obtain needed medication in a timely manner.
- r. Special Needs of Pregnant and Postpartum Women. Contractor shall provide care for the special needs of pregnant and postpartum women, including, but not be limited to:
- 1) Optional Screening and testing for pregnancy at the time of booking the inmate into the facility;
 - 2) Following Pregnant Female Protocols established by statute of regulation and CCSO Policies and Procedures. Any new protocols must be approved in writing by CCSO;
 - 3) Counseling and care of the pregnant inmate according to NCCHC standard (J-G-09).
 - 4) Referrals and coordination with community-based methadone treatment program experienced in the special needs of pregnant/postpartum clients;
 - 5) Prenatal education and counseling; and,
 - 6) Coordination of special medical services, if requested by CCSO, Contractor shall provide verification by supplying copies of written agreements with service providers to assure the continuous availability of the full range of routine and emergency obstetrical services including management of high risk conditions.
- s. Prosthesis/Glasses. Contractor will provide and make payment for medically required medical and dental prosthesis and eye glasses. This includes other durable medical equipment associated with prosthesis/glasses.
- t. Consulting Services and Medical Equipment. Contractor will make arrangements and payments for all necessary consulting medical specialty services and special medical equipment (i.e. braces, crutches, etc.). Special medical equipment shall be defined as durable medical equipment (DME)

as set forth under Medicare Part B plans and includes, but is not limited to diabetic supplies, canes, crutches, walkers, commode chairs, home type oxygen equipment, traction equipment, etc., excluding wheelchairs. As further defined, DME is equipment which: 1) can withstand repeated use, 2) is primarily and customarily used to serve a medical purpose, 3) is generally not useful to a person in the absence of illness or injury, and 4) is appropriate for use in the inmates housing area. The use of any DME within the Facilities will be with the approval of the CCSO. For any major equipment, including beds and seat lift mechanisms, Contractor shall meet with CCSO to discuss the need and if CCSO will be purchasing and retaining ownership of the equipment.

- u. Hospital Care. Contractor understands its financial responsibility begins when an inmate is physically located at the facility. For the following services, Contractor shall enter into agreements with and use the providers agreed to by the CCSO:
 - 1) Acute Care Needs. Emergencies that require care outside of the facility, for which there is unavailability of specific services.
 - 2) Emergency Room. Emergency room care for inmates.
- v. AIDS. Contractor shall cooperate with CCSO in continuing with AIDS education. AIDS/HIV testing shall be provided as clinically indicated within current community standards or upon inmate or Sheriff's Office staff request, pursuant to Labor and Health and Safety Codes. All testing shall be done in accordance with State law.

- 7. CLINIC/OFFICE SPACE, FURNITURE & EQUIPMENT. CCSO shall provide the space, limited furniture, fixtures, utilities, telephone (excluding long distance and toll calls), and security necessary for efficient operation of the Health Care System. Contractor shall be responsible for the purchase of all equipment, including replacement equipment as needed, and shall retain ownership of the equipment that it purchases. All healthcare related laundry services at the facilities, including contaminated linens, shall be the financial responsibility of Contractor. Contractor shall be responsible for providing its own computers, servers, software, office chairs, ergonomic-related equipment for office and computer work stations and internet/data connection services. CCSO reserves the right to refuse to allow any item into the Facility if they determine it poses a security risk. CCSO may require approval of the vendor and method of internet/data connection services.
- 8. COUNTY SHERIFF'S OFFICE STAFF SERVICES. The Contractor will provide the following services for Sheriff's Office staff:
 - a. Annual tuberculin skin testing and referrals as necessary
 - b. Hepatitis vaccinations
 - c. Emergency intervention for onsite injuries to employees or visitors
 - d. Flu vaccinations for Jail staff
- 9. STAFFING. Contractor shall provide medical, mental, dental, technical, and support personnel for rendering the comprehensive Services to inmates at the Facility. The staffing pattern shall be based on the assumption that there will be an average daily population (ADP) of 500 inmates on a monthly basis. If the inmate population increases to a level greater than a 500-ADP on a monthly basis, the Contractor shall charge a variable cost per diem to cover the incremental variable costs of providing services to an additional population.
 - a. Staffing for Day, Evening and Night Shifts is as follows:

**Clackamas County, OR
2018 NaphCare Staffing**

| | Mon | Tues | Wed | Thurs | Fri | Sat | Sun | Hours | FTE |
|--|--------------------|--------|--------|--------|--------|--------|--------|-------|-------|
| Position Title | Day Shift | | | | | | | | |
| Health Services Administrator | 8.000 | 8.000 | 8.000 | 8.000 | 8.000 | | | 40 | 1.000 |
| Director of Nursing | 8.000 | 8.000 | 8.000 | 8.000 | 8.000 | | | 40 | 1.000 |
| Administrative Assistant | 8.000 | 8.000 | 8.000 | 8.000 | 8.000 | | | 40 | 1.000 |
| Medical Assistant/Medical Records Clerk | 8.000 | 8.000 | 8.000 | 8.000 | 8.000 | | | 40 | 1.000 |
| Registered Nurse - | 20.000 | 12.000 | 20.000 | 16.000 | 20.000 | 12.000 | 12.000 | 112 | 2.800 |
| Registered Nurse - Kite | 8.000 | 8.000 | 8.000 | 8.000 | 8.000 | | | 40 | 1.000 |
| Licensed Practical Nurse | 24.000 | 24.000 | 24.000 | 24.000 | 24.000 | 24.000 | 24.000 | 168 | 4.200 |
| NP/PA | 8.000 | 8.000 | 6.000 | 8.000 | 8.000 | | | 38 | 0.950 |
| Medical Director | 4.000 | | | | | | | 4 | 0.100 |
| Psych NP | 8.000 | 8.000 | 8.000 | 8.000 | 8.000 | | | 40 | 1.000 |
| Mental Health Professional | 16.000 | 16.000 | 8.000 | 16.000 | 16.000 | 4.000 | 4.000 | 80 | 2.000 |
| Dentist | | | | | | 5.000 | | 5 | 0.125 |
| Dental Assistant | | | | | | 5.000 | | 5 | 0.125 |
| RN - Residential Treatment and Counseling Center | | 4.000 | | 4.000 | | | | 8 | 0.200 |
| | Night Shift | | | | | | | | |
| Registered Nurse | 12.000 | 12.000 | 12.000 | 12.000 | 12.000 | 12.000 | 12.000 | 84 | 2.100 |
| Licensed Practical Nurse | 24.000 | 24.000 | 24.000 | 24.000 | 24.000 | 24.000 | 24.000 | 168 | 4.200 |

Total FTEs 22.800

- b. Variable Cost per Diem. Contractor will charge a per diem of \$5.07 per inmate patient to cover the incremental variable costs of providing services in excess of 500 ADP on a monthly basis.
- c. Resumes. Upon request, Contractor shall make available to CCSO the resume of qualifications for each of the individuals filling the staffing positions. Resume of qualifications shall include:
 - 1) Degrees and formal training completed.
 - 2) Current and up-to-date Licenses, Certifications, Applicable.
 - 3) Credits.
 - 4) Years of Experience.
- d. Adequate Staffing. Contractor must maintain adequate staffing based on Average Daily Population (ADP) levels and the contract. At all times, Contractor shall:
 - 1) Provide adequate staffing, including licensed RNs on site at all times and a physician or provider on site or on call.
 - 2) React and promptly accommodate the consistently changing population in the jails.

- 3) Provide CCSO specific details throughout the term of contract on staff coverage to ensure continued 24-hour coverage.
- 4) Maintain designated full-time equivalents (FTEs) for clinically needed positions at all times (i.e. should a person go on vacation, they shall be replaced). Staffing plan shall include consideration for a relief factor for practitioners.
- 5) The Medical Director, and Health Services Administrator (HSA) must provide written notification to the Command Staff prior to any scheduled time away from the Facilities including vacations and any unscheduled time, such as for illness. The notice will include the name of the alternate staff to act on behalf of the staff during his/her absence(s) from the Facilities. The Director of Nursing will typically act on behalf of the HSA during times that the HSA is out of the office on vacation or sick leave, with support from a designated corporate supervisor. One of NaphCare's Chief Medical Officers will typically fill in remotely for the Medical Director during any scheduled absence.
- 6) Contractor must meet the monthly staffing requirements for all positions, at least 100% of the total aggregate time during each month of services rendered. To fulfill its staffing obligations, Contractor may utilize PRN (pro re nata), staffing services and/or a current staff member to fulfill the needs of a vacant position or a position that is temporarily vacant and will outline same within its required staffing report. In the even a current staff member is utilized to fill the scheduled hours of another staff member, Contractor must utilize a like-kind or higher level staff member to fulfill the vacant staff position. A paid hour by Contractor for staffing is an hour paid to a staff member to fill the hours set forth in the contract, which shall include hours worked on-site, telemedicine/tele-psych hours, PTO (Paid Time Off), training/orientation, and holiday hours. The 100% staffing threshold shall be determined by the Contractor's calculation of total aggregate paid/filled hours which shall be outlined in its monthly staffing report in compliance with the contracted staffing matrix. If Contractor fails to meet the 100% threshold for staffing requirements in any month Contractor shall be assessed a penalty of the applicable hourly rate times 1.2 for that position. This penalty shall be credited to County on the Contractor's invoice to the County the month following the month in which the staffing shortfall occurred.

10. STAFFING DOCUMENTATION. Contactor shall provide the following:

- a. Work Post. Work Post descriptions (defining the duties, responsibilities, job descriptions, shift and location) for all assignments is to be clearly posted at each facility in an area that is open to all Contractor staff, but not to inmates. Contractor shall review and update the Work Post every six months. Reviewed and approved copies of each Work Post, with the date, must be provided to Operations Lieutenant on February 1st and July 1st of each year.
- b. Shift Coverage and Daily Attendance Record. Copies of staffing schedules, which include all health care staff, are to be posted in designated areas and submitted to the Operations Lieutenant on a daily basis.
- c. Inadequate Coverage Report. Report of any inadequate staffing shall be provided by Contractor to County on a monthly basis.

11. COUNTY JAIL STAFF TRAINING. Contractor shall provide on-going staff training programs consistent with legal and accreditation standards, including but not limited to:

- a. The Contractor shall be able to provide training of comprehensive health issues in Jails for Sheriff's Office staff as well as continuing training updates on current and pertinent Jail health

issues. Training must comply with the NCCHC standard number J-C-04 Health Training for Correctional Officers.

- b. Development and implementation of training program for review of medical and mental protocol and issues.
- c. Development and maintenance of a reliable structured program of continuing education that meets or exceeds accreditation standards for health care staff annually, including employees, agents, subcontractors, and service providers.
- d. Contractor shall provide the County with a copy of its training program if requested; and, shall provide the training and accreditation certification for all of its staff, agents, and/or personnel who work in County detention and correction facilities if requested.
- e. All staff shall be trained in their assigned tasks and in the safe handling of equipment.

12. PHARMACEUTICALS

- a. Contractor shall provide pharmacy services, directly or through an approved subcontractor.
- b. Contractor shall establish a qualified pharmaceutical committee to review inventory and controls management for all drugs. A qualified pharmacist, licensed by the State of Oregon with correctional facility experience, shall be a member of this committee. Contractor shall provide reports from the committee at meetings with County.
- c. Pharmaceuticals shall be dispensed using pill cups that are paper, wax-coated paper, or certified compostable meeting American Society for Testing and Materials Standards (ASTM); ASTM-D6400 and/or ASTM-D6868. Contractor may utilize a system whereby pill cups are reused resulting in a reduction in solid waste generation.
- d. Contractor shall dispense medications to inmates using a system that includes tracking, accountability, and ease of transporting and providing the medications. Contractor shall also have available and ready to implement an alternative system and upon the request of the CCSO, Contractor shall promptly transition to the secondary

13. TRANSPORTATION

- a. Contractor shall contract with a licensed ambulance entity and pay for necessary ambulance transportation for non-emergency related transports. If requested, Contractor shall provide a copy of the contract to County. Policies and procedures for appropriate modes of transportation shall be jointly developed by CCSO and Contractor.
- b. Contractor shall pay for the costs of emergency transportation related to the transfer to or housing of inmates in outside medical facilities.

14. MAINTENANCE OF ACCREDITATIONS. During the term of the contract, Contractor must provide and maintain the following:

- a. NaphCare will obtain NCCHC accreditation within two years of contract start date and will make good faith efforts to obtain NCCHC accreditation for the Opioid Treatment Program within two years of contract start date. NaphCare will maintain accreditation at all times thereafter. Contractor shall provide copies of any accreditation or other documentation related to qualifications, continuing education, and training upon request of the CCSO.

- b. Compliance with NCCHC accreditation is mandatory. Contractor shall help to supply documentation for the accreditation process. Formal audits are required every three years and Contractor shall cooperate with CCSO who may informally perform maintenance audits periodically throughout the year.

15. COMPLIANCE WITH LEGAL REQUIREMENTS. Contractor shall comply with all relevant legal requirements including but not limited to the following:

- a. Inmates with Disabilities, Mental Health Issues, and Gender Matters. Contractor shall comply with and abide by the federal and state laws as they relate to inmates, including but not limited to the Americans with Disabilities Act (ADA), inmates determined to have a mental issue, and matters involving transgender inmates.
- b. Prison Rape Elimination. Contractor shall adopt and comply with the Prison Rape Elimination Act (“PREA”) standards, and make information available to CCSO, to demonstrate its PREA compliance. Contractor is required to engage in and receive a PREA audit at least once during a three-year audit cycle.

Contractor will make available to CCSO’s Contract Monitor, the auditor’s last report after completion of an audit. Until the first audit report becomes available, Contractor shall demonstrate PREA compliance to CCSO by furnishing a copy of its PREA policy to CCSO’s Contract Monitor Contractor. If no PREA audit has been conducted by the time the contract begins, plans to conduct a PREA audit must be demonstrated to CCSO within the statutorily set time frame.

16. QUALITY ASSURANCE/OVERSIGHT/REPORTING:

- a. CCSO may, at its own expense, contract with a neutral third party experienced in medical quality assurance reviews (“Quality Assurance Consultant”). The services of this third-party consultant may include items such as conducting monthly audits of inmate medical records for treatment of medical conditions in order to evaluate the timeliness of care, appropriateness of assessment, treatment, and type of provider and level of care. Contractor shall cooperate fully with CCSO’s Quality Assurance Consultant including providing full and immediate access to records, including inmate medical records.
- b. Contractor shall participate, as requested, on County committees related to inmate medical care, including providing service information and statistics, with the exception of any Confidential Business Information or reporting of information related to off-site medical care financial information.
- c. Contractor shall assign a qualified professional to attend and participate in all meetings.
- d. Contractor will work with County, quality assurance consultant and committees to assist County in refining goals for minor and major error rates, based on a monthly assessment. Error rates shall be set for a variety of categories including but not limited to services levels and record keeping.
- e. Results of the medical quality assurance reviews, as well as recommendations for corrective action, will be provided to Contractor. Contractor will take recommended corrective action, or will advise CCSO in writing why such corrective action should not be taken. Contractor will cooperate with procedures to resolve any impasse in recommendations to take corrective actions.

- 1) Contractor shall provide written responses to County regarding all issues identified in the medical quality assurance reviews within 30 days of receiving them unless an extension is granted in writing by CCSO.
 - 2) Contractor shall provide timely written responses, in no event later than 30 days, from receipt regarding findings in any cases with which Contractor disagree.
 - 3) Quality assurance response. Late responses shall result in penalties imposed until resolved to the satisfaction of the CCSO. Refer to Exhibit 1 - Service Level Agreement.
- f. Contractor shall provide quality services with a low error rate. If Contractor's error rate exceeds the goal limits set for either minor errors or major errors, they will be subject to penalties, in addition to any other remedies and actions the County may have. Refer to Exhibit 1 – Service Level Agreement. Failure to maintain a low error rate may also result in termination of the contract for failure to provide adequate services.
17. **HAZARDOUS WASTE MANAGEMENT.** Contractor shall be responsible for the removal and disposal of hazardous medical waste materials. Removal and disposal will be in accordance with applicable local, state, and federal rules, regulations, and codes.
18. **GRIEVANCE PROCEDURE.** Contractor will follow the current grievance policy and procedure with the CCSO for the communication and resolution of inmate and staff complaints or other items regarding any aspect of health care delivery. Contractor's Health Services Administrator will respond to and act as the primary contact with CCSO in reviewing and responding to complaints. Contractor shall promptly respond and provide information to CCSO and adhere to all timelines for responses. When the assigned individual is on vacation or otherwise unavailable, coverage must be provided, and a responsible individual identified to the CCSO.
19. **ACCESS.** Security staff shall accompany health care staff in providing health care services in secure areas in accordance with written policies or procedures. Contractor, their employees, agents, and contractors shall follow CCSO policies and procedures at all times.
20. **CLAIMS AND LEGAL ACTIONS.** Contractor shall actively and fully cooperate with County Legal Counsel and Risk Management staff in the investigation, defense or and other work related to any claim or legal action against or on behalf of the County, including any of its departments, employees, volunteers or agents. Said assistance shall include, but is not limited to:
- a. Timely provision of data;
 - b. Medical records;
 - c. Investigation of claims;
 - d. Preparation of declarations or affidavits;
 - e. Other information as counsel deems necessary to prepare the defense or prosecution including the participation at any trial or hearing; and
 - f. Contractor must comply with all past, current, future settlements, and litigation concerning the delivery of inmate health care services.

21. TRANSFERS, RELEASES AND CONTINUITY OF CARE

- a. Public Health Notification. Contractor is responsible for notifying the appropriate public health agencies of reportable illnesses and communicable diseases, and will make such reports prior to inmate release where possible.
- b. Transfer of Health Records. Health records of an inmate who is being transferred, whether for medical or other reasons, shall be evaluated by medical staff and a transfer summary completed.
- c. Tuberculosis. Procedures for transfer of inmates with suspected or known active tuberculosis shall be established by Contractor in compliance with statutory and regulatory requirements.

22. CONTRACT ADMINISTRATOR

- a. Contractor shall provide a dedicated and competent Contract Administrator who shall be responsible for this contract.
- b. Contractor shall work with the CCSO Operations Lieutenant who is the Contract Compliance Officer whose responsibilities include, but are not be limited to:
 - 1) Contract compliance.
 - 2) Fiscal Considerations.
 - 3) Liaison with provider and respective County agencies; and
 - 4) Protocol development assistance.

23. MEDICAL RECORDS

- a. Maintenance. Individual inmate health records shall be fully and properly maintained, including but not limited to:
 - 1) Pre-screen history.
 - 2) Medical evaluation report.
 - 3) Complaints of injury or illness and action taken.
 - 4) Physician orders.
 - 5) Progress notes.
 - 6) Names of all personnel treating, prescribing, and/or issuing education.
 - 7) Medications administered.
 - 8) All laboratory, x-ray, and other documentation of treatment provided.
 - 9) Documentation of all off-site services.
- b. Confidentiality. Contractor shall maintain confidentiality of the health care records as is required by law. All medical records shall be and remain the property of the County. In the event of a

contract termination, Contractor shall confirm County has received and has access to the full updated and accurate records, in part to assure compliance with medical records retention practices.

- c. Audit. Contractor shall cooperate with the County and third parties authorized by County for medical records review.
- d. Specific Performance Requirements and Penalties. Contractor shall be subject to penalties for error in record keeping. Penalties shall be based on type and frequency of errors and be assessed in increasing increments. Refer to Exhibit 1 – Service Level Agreement.
- e. In the event Contractor is required to supply any medical records to a third-party or any other agency outside of the CCSO, it may do so via HIPAA compliant electronic means.

24. REPORTING. The Contractor will have reporting processes. Cost and quality assurance reporting must be submitted to the County monthly, in addition to the Staffing Documentation listed in Section 10 of this exhibit. Minimum reporting will consist of the following:

- 1) Quality assurance reports.
- 2) Monthly actual staff reports with hourly billing rates submitted within 15 days after the end of the month for review at the Monthly Audit Committee meeting (MAC).
- 3) Monthly statistical reporting for review at the MAC.
- 4) Monthly utilization statistics including claims paid by public or private insurance.
- 5) Monthly and annual prescription utilization and annual formulary.
- 6) A roster of chronic care patients shall be maintained and supplied to Clackamas County Jail Liaison on a weekly basis.

a. Other Annual Reporting

- 1) Credentials Report. Contractor shall submit an annual Compliance Report by calendar year, due each year no later than January 15, to CCSO on all applicable certifications, accreditations, and licenses during the life of this contract.
- 2) Health Appraisal Status Report. Contractor shall prepare an annual report by calendar year, due each year no later than January 15 to CCSO on compliance with federal laws and Oregon laws, regulations, and codes, including, but not limited to compliance with PREA and the Americans with Disabilities Act. Report shall include but not be limited to:
 - a) Inmate requests for various services
 - b) Inmates seen at sick call
 - c) Inmates seen by physician
 - d) Inmates seen by dentist
 - e) Inmates seen by psychiatrist

- f) Inmates seen by psychologist
- g) Inmates seen by OB/GYN
- h) Inmates seen by case manager
- i) Out Patient Housing Unit admission, patient days, average length of stay
- j) Mental Health referrals
- k) Off-site hospital admissions
- l) Medical specialty consultation referrals
- m) Intake medical screening
- n) History and physical assessments
- o) Psychiatric evaluations
- p) Specialty clinics attendance and screenings in house
- q) Diagnostic studies
- r) Report of third party reimbursement, pursuit of recovery
- s) Percentage of inmate population dispensed medication
- t) Inmates testing positive for venereal disease
- u) Inmates testing positive for AIDS or AIDS antibodies
- v) Inmates testing positive for TB
- w) Inmate mortality
- x) Number of hours worked by entire medical staff, specifying each post or shift
- y) Other data deemed appropriate by the Commander of Detentions and Corrections Division or the CCSO Contract Administrator

b. Quarterly Reporting

- 1) Quarterly reporting of inmates with mental health conditions to be provided to the jail due to CCSO by the 15th of each month following the end of the quarter. Reports shall include:
 - a) Number of inmates with mental health conditions to be provided to the jail. Report shall include:
 - i. Number of inmates with “Mental Illness” defined as individuals with mental health conditions

- ii. Number of inmates with “severe and persistent mental illness” which is defined as psychotic disorders and major affective disorders including severe recurrent depression and bipolar disorders
 - iii. Number of inmates placed on suicide watch
 - iv. Number of inmate suicides
 - v. Number of times that the HCP recommended use of forced medications and how many times forced medications actually occurred.
 - 2) Quarterly Summaries. Describe progress towards agreed upon objectives for the services and the status of special projects or reports requested. This report shall contain data reflecting the previous quarter’s workload, without identifying the inmates’ personal information. The report is due to CCSO by the 15th of each month following the end of the quarter.
 - 3) Quarterly Health Services Utilization Report. Contains statistical reports on health services utilization, with the data set and report formats approved by CCSO. A quarterly synopsis of this data shall also be prepared and provided to CCSO by 15th of the month following the end of each quarter.
- c. Monthly Reporting
- 1) Statistical Information. Contractor shall maintain general statistics and record keeping about the services provided. Contractor shall make available to the County accrued data regarding services provided. Data shall be compiled in appropriate reports as defined by CCSO and be provided in a monthly report due by the 15th of each month for the previous month’s data. Such reports shall be in a format that does not contain any personally identifiable information about inmates.
 - 2) Work Post Expense Report. Contractor shall provide monthly payroll expense reports which include the cost of staffing each position, including salary and employer paid benefits, per Work Post position. The information must be in such a format and usable to calculate any credits for inadequate Work Post coverage/staffing, and due to CCSO by the 15th of each month for the previous month’s data.
- e. Daily Reporting. Contractor shall submit a daily report for the previous 24 hours prior by 9:00 am which includes the following:
- 1) Transfers to off-site hospital emergency departments.
 - 2) Communicable disease reporting.
 - 3) Suicide data (i.e., attempts and precautions taken).
 - 4) Report of status of inmates in local hospitals and infirmaries.
 - 5) Staffing rosters.
 - 6) Submit completed medical incident report copies.
 - 7) Submit completed medical grievance report copies.

- 8) A list of lost medical files.
- 9) Intake screenings performed.
- f. Summary of Schedules. Reporting and Scheduled Reviews shall adhere to the following:
 - 1) All reports should be provided to CCSO Jail Operations Lieutenant, with copies to other individual as identified by CCSO.
 - 2) Daily reports shall be submitted daily by 0900 hours for the previous 24 hours.
 - 3) Monthly reports shall be submitted by the 15th calendar day of each month for the previous month's data.
 - 4) Quarterly reports shall be submitted by the 15th calendar day of each month following the end of the quarter.
 - 5) All other annual reports other than Aggregate Cost Reports shall be submitted by January 15th for the previous year's data.
- g. Procedures Manual. Contractor shall maintain an updated on-site procedures manual that meets the requirements of applicable standards as outlined by the NCCHC, as well as any requirements of the CCSO. A separate communicable disease manual shall also be maintained onsite.

25. INMATE CO-PAYMENT AND OTHER PROCEDURES

- a. Contractor will participate and assist with tracking the inmate co-pay program. The inmate fees collected will be for the use of the jail and not the Contractor. The Contractor will not collect or handle any inmate funds.
- b. Contractor shall be responsible for working with the hospital(s) to enroll inmates qualifying for applicable hospital admission stays in the Affordable Care Act and processing necessary paperwork, as applicable.
- c. In the event that healthcare services provided to inmates of the Facilities are covered by third party payments, e.g., Workers Compensation, health insurance through the Affordable Care Act, fault insurance, private health insurance, etc., Contractor shall notify the off-site provider to bill the third-party payor for the provision of such covered services. Contractor shall not be entitled to claim reimbursement from County programs including Medically Indigent Adult Program, County Workers' Compensation, and County employee health insurance.
- d. Contractor shall perform utilization/case management services to monitor the necessity and appropriateness of inpatient hospital care and other outside medical services.

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26. CONSIDERATION/COMPENSATION/PRICING. Pricing shall be as follows:

| RFP No. #2018-33 - Compensation | January 1, 2019 - June 30, 2019 | May 1, 2019 - June 30, 2020 | May 1, 2020 - June 30, 2021 | May 1, 2021 - June 30, 2022 | May 1, 2022 - June 30, 2023 |
|--|--|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| Personnel Services | \$ 1,319,741.05 | \$ 2,718,666.56 | \$ 2,800,226.62 | \$ 2,884,233.32 | \$ 2,970,760.35 |
| Residential Center Costs | \$ 22,449.36 | \$ 46,245.68 | \$ 47,633.05 | \$ 49,062.05 | \$ 50,533.91 |
| Medical Supplies | \$ 15,950.00 | \$ 32,857.00 | \$ 33,842.71 | \$ 34,857.99 | \$ 35,903.73 |
| Ancillary Services | \$ 54,587.50 | \$ 112,450.25 | \$ 115,823.76 | \$ 119,298.47 | \$ 122,877.42 |
| Pharmacy Services | \$ 143,275.00 | \$ 295,146.50 | \$ 304,000.90 | \$ 313,120.92 | \$ 322,514.55 |
| Outside Medical Services | \$ 204,050.00 | \$ 420,343.00 | \$ 432,953.29 | \$ 445,941.89 | \$ 459,320.15 |
| Malpractice Insurance | \$ 25,093.75 | \$ 51,693.13 | \$ 53,243.92 | \$ 54,841.24 | \$ 56,486.47 |
| Administrative Costs | \$ 102,029.50 | \$ 210,180.76 | \$ 216,486.18 | \$ 222,980.77 | \$ 229,670.19 |
| Taxes and Licenses | \$ 1,650.00 | \$ 3,399.00 | \$ 3,500.97 | \$ 3,606.00 | \$ 3,714.18 |
| Total | \$ 1,888,826.16 | \$ 3,890,981.88 | \$ 4,007,711.40 | \$ 4,127,942.64 | \$ 4,251,780.96 |
| Monthly - Total | \$ 314,804.36 | \$ 324,248.49 | \$ 333,975.95 | \$ 343,995.22 | \$ 354,315.08 |

- a. Pricing is for comprehensive Services without limitations, including on-site inmate health care, furnishing of all professional services, labor, supplies, insurance, licenses, outside health services and pharmaceutical expenses (to include Contractor's packaging, handling and shipping fees), and any applicable taxes necessary or proper for completion of the scope of work.
- b. Contractor shall be responsible for enrolling inmates in the Affordable Care Act and processing necessary paperwork, as applicable.
- c. The cost of outside medical services includes inpatient hospitalization costs, emergency room visits, ambulance transportation expenses, outpatient surgeries, outpatient physician consultations, outside specialist fees, off-site diagnostic procedures, and managed care network fees. The price offered by NaphCare in this bid encompasses the continued use of the Oregon Health Plan (Medicaid Expansion Program). Should there be a significant change or modification to this program that results in a material increase in costs, the parties agree to renegotiate the coverage of costs related to such changes.
- d. Components covered under pharmaceutical costs include: Over the counter (O.T.C.) medications, formulary and non-formulary medications, back-up pharmacy expenses, injections, vaccines (including Hepatitis B, flu and rabies), courier service and dispensing fees.
- e. CCSO payments to Contractor shall be less any monthly telephone charges for toll and long-distance telephone calls made from Facilities' provided telephones, upon receipt of invoice from the County.
 - f. Payment for all Work performed under this Contract shall be subject to the provisions of ORS 293.462 and shall not exceed the total maximum amounts set forth in this contract. Invoices shall be submitted to: Jill Gaschler (jgaschler@co.clackamas.or.us) and Lee Eby (leeby@co.clackamas.or.us).
- a. Unless otherwise specified, Contractor shall submit monthly invoices for Work performed. Payments shall be made to Contractor following the County's review and approval of invoices submitted by Contractor. Contractor shall not submit invoices for, and the County will not pay, any amount in excess of the maximum compensation amount set forth above. If this maximum compensation amount is increased by amendment of this Contract, the amendment must be fully effective before Contractor performs Work subject to the amendment. The billings shall also include the total amount billed to date by Contractor prior to the current invoice.

- g. Invoices shall describe all Work performed with particularity, by whom it was performed, and shall itemize and explain all expenses for which reimbursement is claimed. The billings shall also include the total amount billed to date by Contractor prior to the current invoice.

27. **EXCEPTIONS TO SERVICES AND/OR FINANCIAL RESPONSIBILITY.** Contractor shall not be responsible for medical costs associated with the off-site medical care of any fetus or infant born to off-site inmates. Contractor shall provide health care services to pregnant inmates, but off-site health care services provided to an infant following birth will not be the responsibility of Contractor. Contractor shall not be responsible for the costs, or furnishing, of any abortions unless medically necessary. Contractor shall not be responsible for the medical costs, or for the furnishing, of organ or tissue preservation or the procurement or harvesting of anatomical gifts donated by inmates. Contractor will not be responsible for any medical testing or for obtaining samples, which are forensic in nature, except as required by court order or law. Contractor shall not be financially responsible for any injectable Medication-Assisted Treatment related medications. Any revisions of state or federal law pertaining to required medical testing or obtaining samples, which are forensic in nature, which occur during the term of this Agreement, will be considered a further obligation of Contractor. Contractor will not be financially responsible for any costs incurred after an inmate is released from the custody of the CCSO. Contractor shall have no financial responsibility for such services rendered outside the Facilities to inmates in custody under the jurisdiction of Immigration and Customs Enforcement or the U.S. Marshals Service or those housed in other counties or Facilities not listed hereinabove. Furthermore, Contractor shall maintain no financial responsibility for blood factor medications/treatments or Hepatitis C Medications. Contractor will supply any medically necessary medications/treatments at its costs on behalf of the CCSO, and seek reimbursement from the County as part of its monthly invoicing.

28. TRANSITION

- a. **Transition Team.** For transition to and from providing services, Contractor and CCSO shall establish a transition team composed of appropriate medical and correctional staff, including medical records and clinical representatives, and any CCSO-identified consultants. Contractor shall follow the transition plan approved by CCSO. Contractor shall cooperate fully with, as applicable, the prior or subsequent vendor in effecting a smooth transition.
- b. **Transition to Providing Services.** Contractor shall be responsible for, but not limited, to the following:
 - 1) Preparing proposed transition plan.
 - 2) Preparing a strategic/operational plan.
 - 3) Conducting in-service training to Contractor staff and appropriate County staff:
 - a) Contractor's New Hires will be trained and certified in Basic Life Support-Cardiopulmonary Resuscitation (BLS-CPR) with re-certification provided as required by the regulatory body.
 - b) Contractor shall provide Contractor's New Hires will be provided with an Orientation addressing the policies, procedures, and practices of the onsite health care program. Orientation regarding other facility operations will be the responsibility of the Facility.
 - 4) Contractor shall provide its 2014 ONC Certified electronic medical record system, TechCare®, for the term of the agreement. Customizations specific to CCSO are not

included within Contractor's pricing specified herein and can be negotiated by the parties should the CCSO request additional features within the software system.

- 5) Developing drug utilization data and evaluating existing inventories.
- 6) Establishing professional contracts with referral facilities.
- 7) Personnel recruitment and hiring.
- 8) Ordering of supplies and equipment.
- 9) Developing both internal and external plans for emergency care.
- 10) Establishing reporting procedures.
- 11) Medical records, including electronic medical records software systems.
- 12) Transition of services from the current vendor, including but not limited to pending and future appointments and follow up on care needs for current and active medical cases.
- 13) All applicable licensure requirements shall be met prior to the start of the Contract. A written list with the names, years of experience, and types of license held for persons who will be providing these services must be given to the CCSO during the transition phase.

c. Transition from Providing Services.

- 1) **Conclusion.** In the event Contractor will no longer be providing services for any reason including but not limited to termination of the Agreement, Contractor shall be responsible for ensuring that the management, operational, and reporting responsibilities for health services are transferred as efficiently as possible and with as little interruption as possible. Contractor shall cooperate fully with the County and any service provider(s) during the transition.
- 2) **Continuity of Care.** Contractor shall allow their personnel to apply for and receive a position with the new provider(s) without penalty or payment of a finder's fee, or any other fee, assessment or charge of any nature, assessed to such provider or the County.

29. CCSO RESPONSIBILITIES:

1. Select an independent 3rd Party Contractor who maintains experience in correctional health care to conduct and complete annual Medical Quality Assurance Reviews and Audits.
2. Evaluate Contractor-reported performance against the Service Level Agreements.
3. Quickly identify and work to resolve issues that would negatively affect Service Level Agreements for required levels of performance.
4. Promptly report any problems that appear likely to result in system performance problems that may or may not impact the ability of the Contractor to meet Service Level Agreements Support technical investigations and remediation of failures associated with all Service Levels.

EXHIBIT D
QUALIFIED SERVICE ORGANIZATION BUSINESS ASSOCIATE AGREEMENT

This Qualified Service Organization Business Associate Agreement (“Agreement”) is entered into as of **January 1, 2019** (“Effective Date”) by and between **Clackamas County Sheriff’s Office** (“Covered Entity”), Health Centers Division Alcohol and Drug Treatment Program (“Program”) and **NaphCare Inc.** (“Business Associate”) in conformance with the Health Insurance Portability and Accountability Act of 1996 and its regulations (“HIPAA”), and Confidentiality of Substance Use Disorder Patient Records, 42 CFR Part 2 (“Confidentiality Rule”).

RECITALS

Whereas, the Covered Entity has engaged the services of the Business Associate as defined under 45 CFR §160.103 for or on behalf of the Covered Entity;

Whereas, the Covered Entity may wish to disclose Individually Identifiable Health Information to the Business Associate in the performance of services for or on behalf of the Covered Entity as described in a Services Agreement (“Services Agreement”);

Whereas, such information may be Protected Health Information (“PHI”) as defined by the HIPAA Rules promulgated in accordance with the Administrative Simplification provisions of HIPAA;

Whereas, the Parties agree to establish safeguards for the protection of such information;

Whereas, the Covered Entity and Business Associate desire to enter into this Agreement to address certain requirements under the HIPAA Rules **and** the Confidentiality Rule;

Now, Therefore, the parties hereby agree as follows:

SECTION I – DEFINITIONS

- 1.1 “Breach” is any unauthorized acquisition, access, use or disclosure of Unsecured PHI, unless the Covered Entity demonstrates that there is a low probability that the PHI has been compromised. The definition of Breach excludes the following uses and disclosures:
 - 1.1.1 Unintentional access by a Covered Entity or Business Associate in good faith and within a Workforce member’s course and scope of employment or placement;
 - 1.1.2 Inadvertent one time disclosure between Covered Entity or Business Associate Workforce members; and
 - 1.1.3 The Covered Entity or Business Associate has a good faith belief that an unauthorized person to whom the disclosure was made would not reasonably have been able to retain the information.
- 1.2 “Covered Entity” shall have the meaning given to such term under the HIPAA Rules, including, but not limited to, 45 CFR §160.103.
- 1.3 “Designated Record Set” shall have the meaning given to such term under the HIPAA Rules, including, but not limited to 45 CFR §164.501.
- 1.4 “Disclose” or “disclosure” shall have the meaning given to such terms under the Confidentiality Rule, 42 CFR §2.11.
- 1.5 “Effective Date” shall be the Effective Date of this Agreement.
- 1.6 "Electronic Protected Health Information" or "Electronic PHI" shall have the meaning given to such term at 45 CFR §160.103, limited to information of the Covered Entity that the Business Associate creates, receives, accesses, maintains or transmits in electronic media on behalf of the Covered Entity under the terms and conditions of this Agreement.
- 1.7 “Health Care Operations” shall have the meaning given to such term under the HIPAA Rules, including, but not limited to, 45 CFR §164.501.
- 1.8 “HIPAA Rules” shall mean the Privacy, Security, Breach Notification, and Enforcement Rules codified at 45 CFR Part 160 and Part 164.
- 1.9 “Individual” shall have the meaning given to such term in 45 CFR §160.103 and shall include a person who qualifies as a personal representative in accordance with 45 CFR §164.502(g).
- 1.10 “Individually Identifiable Health Information” shall have the meaning given to such term under the HIPAA Rules, including, but not limited to 45 CFR §160.103.

- 1.11 “Program” shall have the meaning given to such term under the Confidentiality Rule, 42 CFR §2.11.
- 1.12 “Protected Health Information” or “PHI” means any information, whether oral or recorded in any form or medium: (i) that relates to the past, present or future physical or mental condition of an Individual; the provision of health care to an Individual; or the past, present or future payment for the provision of health care to an Individual; and (ii) that identifies the Individual or with respect to which there is a reasonable basis to believe the information can be used to identify the Individual, and shall have the meaning given to such term under the HIPAA Rules, 45 CFR §160.103 and §164.501.
- 1.13 “Protected Information” shall mean PHI provided by the Covered Entity to Business Associate or created, maintained, transmitted or received by Business Associate on Covered Entity’s behalf.
- 1.14 “Qualified Service Organization” shall have the meaning defined under the Confidentiality Rule, 42 CFR §2.11.
- 1.15 “Required by Law” shall have the meaning given to such phrase in 45 CFR §164.103.
- 1.16 “Secretary” shall mean the Secretary of the Department of Health and Human Services or his or her designee.
- 1.17 “Security Incident” shall have the meaning given to such phrase in 45 CFR §164.304.
- 1.18 “Unsecured Protected Health Information” shall mean protected health information that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of a technology or methodology specified by the Secretary in accordance with 45 CFR §164.402.
- 1.19 Workforce means employees, volunteers, trainees, and other persons whose conduct, in the performance of work for a Covered Entity or Business Associate, is under the direct control of such Covered Entity or Business Associate, whether or not they are paid by the Covered Entity or Business Associate.

SECTION II – OBLIGATIONS AND ACTIVITIES OF THE BUSINESS ASSOCIATE

The Business Associate agrees to the following:

- 2.1 Not to use or further disclose PHI other than as permitted or required by this Agreement or as Required by Law;
- 2.2 To use appropriate safeguards, and comply with Subpart C of 45 CFR Part 164 with respect to Electronic PHI, to prevent use or disclosure of PHI other than as provided for by this Agreement;
- 2.3 To mitigate, to the extent practicable, any harmful effect that is known to the Business Associate of a use or disclosure of PHI by the Business Associate in violation of the requirements of this Agreement;
- 2.4 To immediately report to the Covered Entity any use or disclosure of PHI not provided for by this Agreement of which it becomes aware, including any Security Incident of which it becomes aware;
- 2.5 In accordance with 45 CFR §§164.502(e)(1)(ii) and 164.308(b)(2), if applicable, ensure that any agent, including a subcontractor, that creates, receives, maintains, or transmits PHI on behalf of the Business Associate agrees in writing to the same restrictions, conditions and requirements that apply to the Business Associate with respect to such PHI. Notwithstanding the preceding language of this subsection, Business Associate acknowledges that PHI obtained by the Business Associate relating to individuals who may have been diagnosed as needing, or who have received, substance use disorder treatment services, diagnosis or referral for treatment shall be maintained and used only for the purposes intended under this Agreement and in conformity with all applicable provisions of the Confidentiality Rule. This information received from the Covered Entity, is protected by the Confidentiality Rule and therefore the Business Associate is specifically prohibited from re-disclosing such information to agents or subcontractors without specific written consent of the subject Individual;
- 2.6 To provide access, at the request of the Covered Entity, and in the time and manner designated by the Covered Entity, to PHI in a Designated Record Set, to the Covered Entity or, as directed by the Covered Entity, to the Individual or the Individual’s designee as necessary to meet the Covered Entity’s obligations under 45 CFR §164.524; provided, however, that this Section is applicable

- only to the extent the Designated Record Set is maintained by the Business Associate for the Covered Entity;
- 2.7 To make any amendment(s) to PHI in a Designated Record Set that the Covered Entity directs or agrees to pursuant to 45 CFR §164.526 at the request of the Covered Entity or an Individual, and in the time and manner designated by the Covered Entity; provided, however, that this Section is applicable only to the extent the Designated Record Set is maintained by the Business Associate for the Covered Entity;
 - 2.8 To make internal practices, books and records, including policies and procedures on PHI, relating to the use and disclosure of PHI received from, or created or received by the Business Associate on behalf of, the Covered Entity available to the Covered Entity, or at the request of the Covered Entity to the Secretary, in a time and manner designated by the Covered Entity or the Secretary, for purposes of the Secretary's determining the Covered Entity's and the Business Associate's compliance with the HIPAA Rules;
 - 2.9 To document such disclosures of PHI and information related to such disclosures as would be required for the Covered Entity to respond to a request by an Individual for an accounting of disclosures of PHI in accordance with 45 CFR §164.528;
 - 2.10 To comply with the confidentiality, disclosure and re-disclosure requirements of the Confidentiality Rule as applicable;
 - 2.11 To resist any efforts in judicial proceedings any efforts to obtain access to the PHI protected by the Confidentiality Rule except as expressly provided for in the Confidentiality Rule;
 - 2.12 To provide to the Covered Entity or an Individual, in a time and manner designated by the Covered Entity, information collected in accordance with Section 2.9 of this Agreement, to permit the Covered Entity to respond to a request by an accounting of disclosures of PHI in accordance with 45 CFR §164.528;
 - 2.13 That if it creates, receives, maintains, or transmits any Electronic PHI on behalf of the Covered Entity, it will implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the Electronic PHI, and it will ensure that any agents (including subcontractors) to whom it provides such electronic PHI agrees to implement reasonable and appropriate security measures to protect the PHI. The Business Associate will report to the Covered Entity any Security Incident of which it becomes aware;
 - 2.14 To retain records related to the PHI hereunder for a period of six (6) years unless this Agreement is terminated prior thereto. In the event of termination of this Agreement, the provisions of Section V of this Agreement shall govern record retention, return or destruction;
 - 2.15 To promptly notify the Covered Entity of a Breach of Unsecured PHI as soon as practicable, but in no case later than 10 calendar days, after the discovery of such Breach. A Breach shall be treated as discovered as of the first day on which such Breach is known, or by exercising reasonable diligence would have been known, to any person, other than the person committing the Breach, who is an employee, officer, or agent of Business Associate. The notification shall include, to the extent possible, the identification of each Individual whose Unsecured PHI has been, or is reasonably believed by Business Associate to have been, accessed, acquired, used, or disclosed during the Breach in addition to the information required in Section V. In addition, Business Associate shall provide the Covered Entity with any other available information that the Covered Entity is required to include in the notification to the individual under 45 CFR §164.404(c); and
 - 2.16 To the extent Business Associate is to carry out one or more of the Covered Entity's obligations under Subpart E of 45 CFR Part 164, comply with the requirements of Subpart E that apply to the Covered Entity in the performance of such obligations.

SECTION III – THE PARTIES AGREE TO THE FOLLOWING PERMITTED USES AND DISCLOSURES BY THE BUSINESS ASSOCIATE:

- 3.1 The Covered Entity and the Business Associate agree that this Agreement constitutes a Qualified Service Organization Agreement as required by the Confidentiality Rule. Accordingly, information obtained by the Business Associate relating to Individuals who may have been diagnosed as needing, or who have received, substance use disorder treatment services, diagnosis

- or referral for treatment shall be maintained and used only for the purposes intended under this Agreement and in conformity with all applicable provisions of the Confidentiality Rule.
- 3.2 Business Associate agrees to make uses and disclosures and requests for PHI consistent with the Covered Entity's minimum necessary policies and procedures.
- 3.3 Except as otherwise limited in this Agreement, the Business Associate may use or disclose PHI to perform functions, activities or services for, or on behalf of, the Covered Entity as specified in the Services Agreement, provided that such use or disclosure would not violate the Confidentiality or HIPAA Rules if done by the Covered Entity; and,
- 3.4 Except as otherwise limited in this Agreement, the Business Associate may:
- a. **Use for management and administration.** Use PHI for the proper management and administration of the Business Associate or to carry out the legal responsibilities of the Business Associate so long as such use is also permitted by the Confidentiality Rule; and,
 - b. **Disclose for management and administration.** Disclose PHI for the proper management and administration of the Business Associate or to carry out the legal responsibilities of the Business Associate, provided that disclosures are Required by Law, or the Business Associate obtains reasonable assurances from the person to whom the information is disclosed that it will remain confidential and will be used or further disclosed only as Required by Law or for the purposes for which it was disclosed to the person, and the person notifies the Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached. PHI that is also subject to the Confidentiality Rule cannot be disclosed to a third party except as permitted under the Confidentiality Rule.

SECTION IV – NOTICE OF PRIVACY PRACTICES

- 4.1 If requested, the Covered Entity shall provide the Business Associate with the notice of privacy practices that the Covered Entity produces in accordance with 45 CFR §164.520, as well as any changes to such notice. The Covered Entity shall (a) provide the Business Associate with any changes in, or revocation of, permission by an Individual to use or disclose PHI, if such changes affect the Business Associate's permitted or required uses and disclosures; (b) notify the Business Associate of any restriction to the use or disclosure of PHI that the Covered Entity has agreed to in accordance with 45 CFR §164.522, to the extent that such restrictions may affect the Business Associate's use or disclosure of PHI; and (c) not request the Business Associate to use or disclose PHI in any manner that would not be permissible under the HIPAA Rules if done by the Covered Entity, except as set forth in Section 3.3 above.

SECTION V – BREACH NOTIFICATION REQUIREMENTS

- 5.1 With respect to any Breach, the Covered Entity shall notify each individual whose Unsecured PHI has been, or is reasonably believed by the Covered Entity to have been, accessed, acquired, used, or disclosed as a result of such Breach, except when law enforcement requires a delay pursuant to 45 CFR §164.412. This notice shall be:
- a. Without unreasonable delay and in no case later than 60 calendar days after discovery of a Breach.
 - b. By notice in plain language including and to the extent possible:
 - 1) A brief description of what happened, including the date of the Breach and the date of the discovery of the Breach, if known;
 - 2) A description of the types of Unsecured PHI that were involved in the Breach (such as whether full name, social security number, date of birth, home address, account number, diagnosis, disability code, or other types of information were involved);
 - 3) Any steps Individuals should take to protect themselves from potential harm resulting from the Breach;
 - 4) A brief description of what the Covered Entity and/or Business Associate involved is doing to investigate the Breach, to mitigate harm to Individuals, and to protect against any further Breaches; and,

- 5) Contact procedures for Individuals to ask questions or learn additional information, which shall include a toll-free telephone number, an e-mail address, web site, or postal address.
 - c. By a method of notification that meets the requirements of 45 CFR §164.404(d).
 - d. Provided notice to the media when required under 45 CFR §164.406 and to the Secretary pursuant to 45 CFR §164.408.
- 5.2. Business Associate shall promptly provide any information requested by Covered Entity to provide the information described in Section 5.1.

SECTION VI – TERM AND TERMINATION

- 6.1 **Term.** The term of this Agreement shall be effective as of the date set forth above in the first paragraph and shall terminate when all of the PHI provided by the Covered Entity to the Business Associate, or created, maintained, transmitted or received by the Business Associate on behalf of the Covered Entity, is destroyed or returned to the Covered Entity, or, if it is infeasible to return or destroy PHI, protections are extended to such information, in accordance with the termination provisions in this Section.
- 6.2 **Termination for Cause.** Upon the Covered Entity's knowledge of a material breach of this Agreement by the Business Associate, the Covered Entity shall provide an opportunity for the Business Associate to cure the breach or end the violation. The Covered Entity shall terminate this Agreement and the Services Agreement if the Business Associate does not cure the breach or end the violation within the time specified by the Covered Entity, or immediately terminate this Agreement if cure is not reasonably possible.
- If the Business Associate fails to cure a breach for which cure is reasonably possible, the Covered Entity may take action to cure the breach, including but not limited to obtaining an injunction that will prevent further improper use or disclosure of PHI. Should such action be taken, the Business Associate agrees to indemnify the Covered Entity for any costs, including court costs and attorneys' fees, associated with curing the breach.
- Upon the Business Associate's knowledge of a material breach of this Agreement by the Covered Entity, the Business Associate shall provide an opportunity for the Covered Entity to cure the breach or end the violation. The Business Associate shall terminate this Agreement and Services Agreement if the Covered Entity does not cure the breach or end the violation within the time specified by the Business Associate, or immediately terminate this Agreement if the Covered Entity has breached a material term of this Agreement if cure is not reasonably possible.
- 6.3 **Effect of Termination.**
- a. **Return or Destruction of PHI.** Except as provided in Section 6.3(b), upon termination of this Agreement, for any reason, the Business Associate shall return, or if agreed to by the Covered Entity, destroy all PHI received from the Covered Entity, or created, maintained or received by the Business Associate on behalf of the Covered Entity and retain no copies. This provision shall apply to PHI that is in the possession of subcontractors or agents of the Business Associate.
 - b. **Return or Destruction of PHI Infeasible.** In the event that the Business Associate determines that returning or destroying PHI is infeasible, the Business Associate shall provide to the Covered Entity notification of the conditions that make return or destruction infeasible. Upon mutual agreement of the parties that return or destruction of the PHI is infeasible, the Business Associate shall extend the protections of this Agreement to such PHI and limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as the Business Associate maintains such PHI. In addition, the Business Associate shall continue to use appropriate safeguards and comply with Subpart C of 45 CFR Part 164 with respect to Electronic PHI to prevent use or disclosure of the PHI, for as long as the Business Associate retains the PHI.

SECTION VII – GENERAL PROVISIONS

- 7.1 **Regulatory references.** A reference in this Agreement to the Confidentiality Rule, HIPAA Rules or a section in the HIPAA Rules means that Rule or Section as in effect or as amended from time to time.
- 7.2 **Compliance with law.** In connection with its performance under this Agreement, Business Associate shall comply with all applicable laws, including but not limited to laws protecting the privacy of personal information about Individuals.
- 7.3 **Amendment.** The Parties agree to take such action as is necessary to amend this Agreement from time to time. All amendments must be in writing and signed by both Parties.
- 7.4 **Indemnification by Covered Entity.** Subject to the limits of the Oregon Tort Claim Act and the Oregon Constitution, Covered Entity agrees to indemnify, defend and hold harmless the Business Associate and its employees, directors, officers, subcontractors, agents or other members of its workforce, each of the foregoing hereinafter referred to as “Indemnified Party,” against all actual and direct losses suffered by the Indemnified Party and all liability to third parties arising from or in connection with Covered Entity’s breach of Section 4.1 of this Agreement. Accordingly, on demand, Covered Entity shall reimburse any Indemnified Party for any and all actual and direct losses, liabilities, fines, penalties, costs or expenses (including reasonable attorneys’ fees) which may for any reason be imposed upon any Indemnified Party by reason of any suit, claim, action, proceeding or demand by any third party which results for Covered Entity’s breach hereunder. Covered Entity’s obligation to indemnify any Indemnified Party shall survive the expiration or termination of this Agreement for any reason.
- 7.5 **Indemnification by Business Associate.** Business Associate agrees to indemnify, defend and hold harmless the Covered Entity and its commissioners, employees, directors, officers, subcontractors, agents or other members of its workforce, each of the foregoing hereinafter referred to as “Indemnified Party,” against all actual and direct losses suffered by the Indemnified Party and all liability to third parties arising from or in connection with Business Associate’s breach of Section II and III of this Agreement. Accordingly, on demand, Business Associate shall reimburse any Indemnified Party for any and all actual and direct losses, liabilities, fines, penalties, costs or expenses (including reasonable attorneys’ fees) which may for any reason be imposed upon any Indemnified Party by reason of any suit, claim, action, proceeding or demand by any third party which results for Business Associate’s breach hereunder. The obligation to indemnify any Indemnified Party shall survive the expiration or termination of this Agreement for any reason.
- 7.6 **Survival.** The respective rights and obligations of Business Associate under Section II of this Agreement shall survive the termination of the Services Agreement and this Agreement.
- 7.7 **Interpretation.** Any ambiguity in this Agreement shall be resolved to permit Covered Entity to first comply with the Confidentiality Rule and second to comply with the HIPAA Rules.

The Parties hereto have duly executed this Agreement as of the Effective Date as defined here above.

Business Associate
NaphCare Inc.

Covered Entity
Clackamas County

By: _____
Authorized Signature

By: _____
Craig Roberts

Title: _____

Title: Clackamas County Sheriff

Date: _____

Date: _____



CHRISTA BOSSERMAN WOLFE, CPA
INTERIM DIRECTOR

DEPARTMENT OF FINANCE
PUBLIC SERVICES BUILDING
2051 KAEN ROAD | OREGON CITY, OR 97045

December 6, 2018

Board of County Commissioners
Clackamas County

Members of the Board:

Approval of a Resolution for an Enhanced Law Enforcement District
Supplemental Budget (Less Than Ten Percent) for Fiscal Year 2018-2019

| | |
|---------------------------------|--|
| Purpose/Outcome | Supplemental Budget changes for Enhanced Law Enforcement District FY 2018-2019 |
| Dollar Amount and fiscal Impact | The effect is an increase in appropriations of \$309,994 |
| Funding Source | Includes Fund Balance. |
| Safety Impact | N/A |
| Duration | July 1, 2018- June, 30 2019 |
| Previous Board Action/Review | Budget Adopted June 28, 2018 |
| Strategic Plan Alignment | Build public trust through good government |
| Contact Person. | Christa Bosserman Wolfe, 503-742-5407 |

BACKGROUND:

Each fiscal year it is necessary to allocate additional sources of revenue and appropriate additional expenditures to more accurately meet the changing requirements of the operating departments. The attached resolution reflects such changes requested by departments in keeping with a legally accurate budget. These changes are in compliance with O.R.S. 294.471 which allows for governing body approval of supplemental budget changes of less than ten percent of qualifying expenditures in the fund(s) being adjusted.

The Enhanced Law Enforcement District is recognizing fund balance and budgeting for contracted services.

The effect of this Resolution is an increase in appropriations of \$309,994 including revenues as detailed below:

| | |
|-------------------|--------------------|
| Fund Balance | <u>\$ 309,994.</u> |
| Total Recommended | <u>\$ 309,994.</u> |

RECOMMENDATION:

Staff respectfully recommends adoption of the attached supplemental budget and Exhibit A in keeping with a legally accurate budget.

Sincerely,

Christa Bosserman Wolfe CPA
Interim Director

**BEFORE THE BOARD OF COUNTY COMMISSIONERS
OF CLACKAMAS COUNTY, STATE OF OREGON**

In the Matter of Providing
Authorization Regarding Adoption of a
Supplemental Budget for items Less
Than 10 Percent of the Total
Qualifying Expenditures and Making
to Appropriations for Fiscal 2018-19



Resolution Order No. _____
Page 1 of 1

WHEREAS, during the fiscal year changes in appropriated expenditures may become necessary and appropriations may need to be increased, decreased or transferred from one appropriation category to another;

WHEREAS, a supplemental budget for the period of July 1, 2018 through June 30, 2019 inclusive, has been prepared, published and submitted to the taxpayers as provided by statute;

WHEREAS; the funds being adjusted are:

. Enhanced Law Enforcement District Fund;

It further appearing that it is in the best interest of the County to approve this less than 10 percent appropriations for the period of July 1, 2018 through June 30, 2019.

BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS THAT:

Pursuant to its authority under OR 294.480, the supplemental budget be adopted and appropriations established as shown in the attached Exhibit A which by this reference is made a part of this Resolution.

DATED this 6th day of December, 2018

BOARD OF COUNTY COMMISSIONERS

Chair

Recording Secretary

SUMMARY OF SUPPLEMENTAL BUDGET
Exhibit A
CHANGES OF LESS THAN 10% OF BUDGET
December 6, 2018

Recommended items by revenue source:

| | |
|-------------------|-------------------|
| Fund Balance | \$ 309,994 |
| Total Recommended | <u>\$ 309,994</u> |

ENHANCED LAW ENFORCEMENT DISTRICT FUND

Revenues:

| | |
|---------------|-------------------|
| Fund Balance | \$ 309,994 |
| Total Revenue | <u>\$ 309,994</u> |

Expenses:

| | |
|--------------------|-------------------|
| Public Protection | \$ 309,994 |
| Total Expenditures | <u>\$ 309,994</u> |

Enhanced Law Enforcement District Fund is recognizing fund balance and budgeting for contracted services.