



SOQ No. 22-052

Health Care Services for the Jefferson Parish Correctional Center

The Parish of Jefferson

Gretna, Louisiana

Technical Proposal

Electronic

January 6, 2023

General Professional Services Questionnaire Instructions

- The General Professional Services Questionnaire shall be used for all professional services except outside legal services and architecture, engineering, or survey projects.
- **The General Professional Services Questionnaire should be completely filled out. Complete and attach ALL sections. Insert “N/A” or “None” if a section does not apply or if there is no information to provide.**
- Questionnaire must be signed by an authorized representative of the Firm. Failure to sign the questionnaire shall result in disqualification of proposer pursuant to J.P. Code of Ordinances Sec. 2-928.
- All subcontractors must be listed in the appropriate section of the Questionnaire. Each subcontractor must provide a complete copy of the General Professional Services Questionnaire, applicable licenses, and any other information required by the advertisement. Failure to provide the subcontractors' complete questionnaire(s), applicable licenses, and any other information required by the advertisement shall result in disqualification of proposer pursuant to J.P. Code of Ordinances Sec. 2-928.
- If additional pages are needed, attach them to the questionnaire and include all applicable information that is required by the questionnaire.

General Professional Services Questionnaire

A. Project Name and Advertisement Resolution Number:

Health Care Services for the Jefferson Parish Correctional Center
Public Notice SOQ 22-052

B. Firm Name & Address:

Wellpath LLC
3340 Perimeter Hill Drive
Nashville, TN 37211
Main: 800-592-2974
Fax: 615-324-5731

C. Name, title, & contact information of Firm Representative, as defined in Section 2-926 of the Jefferson Parish Code of Ordinances, with at least five (5) years of experience in the applicable field required for this Project:

C.J. Whitfield, MPH
Director of Partnership Development
Wellpath LLC
3340 Perimeter Hill Drive
Nashville, TN 37211
Mobile: 731-441-8203
Email: CJWhitfield@Wellpath.us

D. Address of principal office where Project work will be performed:

Wellpath LLC
3340 Perimeter Hill Drive
Nashville, TN 37211
Main: 800-592-2974
Fax: 615-324-5731

E. Is this submittal by a JOINT-VENTURE? Please check:

YES _____ NO ✓

If marked "No" skip to Section H. If marked "Yes" complete Sections F-G.

F. If submittal is by JOINT-VENTURE, list the firms participating and outline specific areas of responsibility (including administrative, technical, and financial) for each firm. Please attach additional pages if necessary.

1.

N/A

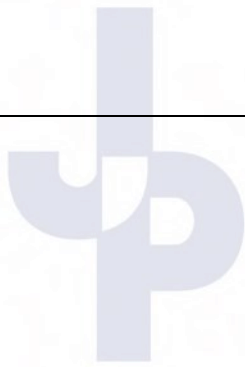
2.

N/A

General Professional Services Questionnaire

G. Has this JOINT-VENTURE previously worked together? Please check: YES _____ NO _____ <div style="text-align: center;">N/A</div>		
H. List all subcontractors anticipated for this Project. Please note that <u>all subcontractors must submit a fully completed copy of this questionnaire</u>, applicable licenses, and any other information required by the advertisement. See Jefferson Parish Code of Ordinances, Sec. 2-928(a)(3). Please attach additional pages if necessary.		
Name & Address:	Specialty:	Worked with Firm Before (Yes or No):
1.		
2.		
3.		
4.		
5.		

None



Jefferson
Parish
State of Louisiana

General Professional Services Questionnaire

I. Please specify the total number of support personnel that may assist in the completion of this Project:

35.1 FTEs (Estimate)

The Wellpath Home Office in Nashville, Tennessee, will directly support our on-site medical and administrative staff at the JPCC. Our Home Office support includes a staff of HR professionals to guide all recruiting and hiring, as well as leadership development and clinical education teams to train new and retained staff members. Our finance and accounting teams will provide regular and thorough reporting, and our IT department will ensure that our technology meets the JPCC's needs and requires minimal resources.

J. List ~~any~~ professionals that may assist in the completion of this Project. If necessary, please attach additional documentation that demonstrates the employment history and experience of the Firm's professionals that may assist in the completion of this Project (i.e. resume). Please attach additional pages if necessary.

PROFESSIONAL NO. 1

Name & Title:

Janice Staggs-Webb, RN, CCHP
Senior Regional Director of Operations

Name of Firm with which associated:

Wellpath LLC

Description of job responsibilities:

Provide operational management to facilities in the Florida region and manages service contracts according to the agreed-upon terms and conditions for Florida sites. Responsibilities include, but are not limited to, expense control and monitoring at site level; orientation; oversight of training; site liaison with corporate headquarters, site employees and independent contractors; and enforcement of company policies and procedures. *Please see full resume immediately after this page.*

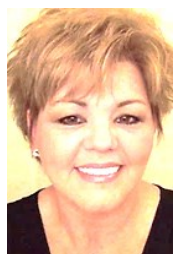
Years' experience with this Firm:

11 Years (Since 2011)

Education: Degree(s)/Year/Specialization:

Associate of Applied Science in Nursing
Jackson State Community College (2000)

Other experience and qualifications relevant to the proposed Project:



Ms. Webb is a registered nurse currently in her 22nd year of practice, with 11 of those years in corrections. She joined Wellpath in 2011 as a Health Services Administrator, a role she has served in at multiple large jails. In 2018, Ms. Webb was promoted to Regional Director of Operations for Wellpath sites in Florida and Louisiana. Before her career in corrections, she held positions as Director of Nursing for a long-term care company and as emergency department director for a major hospital group. Ms. Webb is a Certified Correctional Healthcare Professional (CCHP) who is dedicated to providing the highest quality of care for the patients we serve.

Janice Staggs-Webb, RN, CCHP
Senior Regional Director of Operations, Florida



Summary Statement	Registered nurse with more than two decades of experience, including management positions as Director of Operations, Director of Nursing, Director of Emergency Services, and Health Services Administrator.
Licensure	Tennessee Compact Registered Nurse License # RN0000128810, exp. 6/30/2024
Certification	Certified Correctional Healthcare Professional – Current
Professional Experience	<p>Wellpath, Nashville, TN <i>Senior Regional Director of Operations, Florida</i> 2022 – Present</p> <p>Provide operational management to facilities in the Florida region and manages service contracts according to the agreed-upon terms and conditions for Florida sites. Responsibilities include, but are not limited to, expense control and monitoring at site level; orientation; oversight of training; site liaison with corporate headquarters, site employees and independent contractors; and enforcement of company policies and procedures.</p> <p><i>Regional Director of Operations – Florida and Louisiana</i> 2019 – 2022</p> <ul style="list-style-type: none"> • Monitored the implementation and effectiveness of procedures and programs • Evaluated financial and statistical data, program needs and problems and made recommendations for improvements • Developed, utilized, revised, interpret, and ensured compliance with Wellpath and facility policy and procedures • Monitored subcontracted services to include lab, x-ray, pharmacy, and specialty providers • Maintained communication and rapport with facility administration, Wellpath employees, correctional personnel, contracted providers, outside agencies, and Wellpath executive team • Oversaw recruitment, evaluation and training of Medical Director, Health Services Administrator, and Director of Nursing • Ensured completion of evaluations on HSAs in accordance with company HR policies • Monitored inpatient hospitalizations with utilization management • Closely monitored all sentinel events and potential catastrophic illnesses and explored/used appropriate means of limiting both Wellpath and contractor liability • Met regularly with wardens and facility administration • Participated in monthly MAC/QI/P&T and other required meetings • Functioned as a liaison between the facility and Nashville corporate office • Ensured NCCHC accreditation of the medical program • Participated in business development to include marketing, proposal writing, and oral presentations <p><i>Health Services Administrator – Orleans Parish Sheriff's Office/ OPP</i> 2018 – 2019</p> <ul style="list-style-type: none"> • Responsible for overall operations of health care delivery and outcomes for 1,100 patients • Ensured services were based on client-focused and Wellpath-driven objectives, and compliant with Tennessee Corrections Institute, ACA, and NCCHC • Continuously evaluated budget and implemented improvements • Maintained open relationship with staff, client, and Wellpath; liaison for all parties • Monitored subcontractors, providers, and other professional staff • Assisted in recruiting and staff retention • Maintained credentialing log and ensured all staff were current • Provided monthly staff meetings and participated and chair monthly MAC meetings • Attended and participated in monthly MSRT and contract meetings

- Reviewed and participated in monthly CQI meetings and audits per contract
- Screened all requests for records and maintained confidentiality
- Audited monthly logs and completed weekly checklist for compliance
- Monitored in-patient hospitalizations and worked with care management and security for best outcomes
- Monitored use and adhered to company formularies
- Assisted other sites when possible

Health Services Administrator – Shelby County, TN, Division of Corrections

2015 – 2018

- Responsible for site operations of healthcare delivery and outcomes for 2,100 patients
- Ensured objective-based and Wellpath-driven care, compliant with Tennessee Corrections Institute, ACA, and NCCHC
- Evaluated budget and implement improvements
- Maintained open relationship with staff, client, and Wellpath as liaison for all
- Monitored subcontractors, providers, and other professional staff
- Assisted in recruiting and retaining staff
- Maintained credentialing log and ensured currency
- Provided monthly staff meetings and participated and chaired monthly MAC meetings
- Attended and participated in monthly MSRT and contract meetings
- Reviewed and participated in monthly CQI meetings and audits per contract
- Screened request for records and maintain confidentiality
- Audited monthly logs and completed weekly compliance checklist
- Monitored in-patient hospitalizations, working with care management and security for best outcomes
- Monitored use and adherence to company formularies
- Assisted other sites when possible

Accomplishments:

- Implemented electronic Medication Administration Record (2016)
- Designed and received approval for new medical clinic (2017)
- Identified need for a discharge planner and obtained without changing staffing matrix or adding cost to the client (2015)
- Implemented four clinical coordinators to ensure staff accountability and easier access to changes
- Wrote and monitored corrective action plans required for quarterly audits
- Participated in the county's Nextgen upgrade that began in 2015 and remains ongoing
- Assisted in start-ups of Orange County, NY, Marion County, KY and KY DOC
- Was on-site interim HSA for Mecklenburg County, Charlotte, NC
- Trained and onboarding new HSA and DON for Mecklenburg
- Recruited and trained new DON for Shelby County Division of Corrections to replace me following being awarded the HSA position
- Obtained NCCHC certification for CCHP


Director of Nursing – Shelby County Division of Corrections, Brownsville, TN

2015 – 2015

- Provided overall nursing care, including RNs, LPNs, and CMAs
- Provided in-services, initial onboarding, and annual training to the nursing staff
- Prepared reports required by the Health Services Administrator
- Staffed to the matrix as required by the contract
- Participated in daily whiteboard meetings
- Participated in monthly staff and safety meetings
- Attended monthly MAC, MSRT, and contract meetings
- Worked with scheduling coordinator to ensure adequate staffing
- Served as liaison between providers, HSA, and staff
- Ensured nursing operated in scope of practice according to Wellpath policy and state guidelines

	<p><i>Health Services Administrator – Haywood County Jail</i> 2011– 2015</p> <ul style="list-style-type: none"> Responsible for healthcare operations and overall care delivery systems Supervised multiple nurses and other healthcare professionals and served as corporate liaison Developed and implemented site-specific policies and procedures Trained clinical staff and conducted monthly staff meetings Oriented new staff and provided annual training Maintained appropriate licensure and credentialing of staff Monitored patients with potential catastrophic illnesses to limit liabilities Monitored of formulary adherence Performed audits of weekly logs, narcotic red book, and emergency bags Maintained first aid kits throughout the facility Prepared and maintained facility readiness for outside and internal audits Submitted monthly financial reports, maintained budgets and met quality assurance standards Worked collaboratively with corporate HR for staff recruitment and retention <p>Haywood Park Community Hospital (Community Health Systems) - Brownsville, TN <i>Emergency Department Director</i> 2008 – 2011</p> <ul style="list-style-type: none"> Planned, developed, implemented, and evaluated processes to ensure patients the best possible outcomes Oversaw all nursing care within the emergency department including initial triage/assessment, urgent/emergent care and discharge/transfer of patients Provided leadership, planning, organization, staffing, coordination, and evaluation for emergency department activities Collaborated with physicians and other healthcare managers on evidence-based practices for patient care Maintained training and education for emergency department <p>Regional Hospital of Jackson (Community Health Systems) - Jackson, TN <i>ICU/ER Registered Nurse</i> 2005 – 2008</p> <ul style="list-style-type: none"> Directed care of the critically ill patients by accurately assessing and quickly responding to their needs to stabilize declining conditions Collaborated with physicians and other healthcare team members to provide best patient care Administered IV cardiac drugs and interpreted EKGs <p>Crestview Nursing Home (American Health Centers) - Brownsville, TN <i>Director of Nursing</i> 2001 – 2003</p> <ul style="list-style-type: none"> Supervised all aspects of patient care at long-term care facility Communicated patient needs to nursing staff and physicians Developed and implemented nursing policies and procedures Oversaw hiring and continued employment of nursing staff <p>Jackson-Madison County General Hospital (West Tennessee Healthcare) - Jackson, TN <i>Coronary Care Unit Registered Nurse</i> 2000 – 2001</p> <ul style="list-style-type: none"> Served as primary patient advocate by maintaining vigilant watch over critically ill patients Administered treatments and medications; monitored the patient's physical status Maintained complete and accurate records on patient charts Assisted in emergency procedures and initiated emergency codes for cardiac arrest Provided emotional support to patients and families
Education	<p>Associate of Applied Science in Nursing Jackson State Community College, 2000</p>

General Professional Services Questionnaire

PROFESSIONAL NO. 2	
Name & Title:	
Andrew C. Small, RN, CCHP Regional Vice President	
Name of Firm with which associated:	
Wellpath LLC	
Description of job responsibilities:	
Monitors and maintains all aspects of operations, sales, and marketing for the region. Direct supervisor to the Regional Director and HSA, and indirectly responsible for all Wellpath and subcontracted employees at the facility. Provides guidance to assist the executive management team in making business decisions. Ensures that the medical, dental, and mental health program's activities are based on goals, objectives, aims, and policies and procedures of Wellpath and the facility, and are compliant with NCCHC and ACA standards. <i>Please see full resume immediately after this page.</i>	
Years' experience with this Firm:	
4 Years (Since 2018)	
Education: Degree(s)/Year/Specialization:	
Nursing RN, Associate of Applied Science Degree (A.A.S.) Pennsylvania College of Technology, Williamsport, PA (2006)	
Other experience and qualifications relevant to the proposed Project:	
	Mr. Small began his career in correctional healthcare in 2008. Over the past decade, he has held and succeeded in multiple positions such as nurse supervisor, Director of Nursing, Health Services Administrator, Regional Manager, and now Regional Vice President. Mr. Small has provided fiscal and operational oversight for multi-million-dollar healthcare delivery systems by providing training, mentoring, and direction to site managers in the areas of budget, personnel, client relations, and leadership skills to develop teamwork and synergy to enhance overall operational performance. He also ensures patient care standards are maintained in compliance with accreditation regulations by leading site management teams in the development, evaluation, implementation, and monitoring of appropriate delivery systems.

Andrew C. Small, RN, CCHP
Regional Vice President, Florida



Summary Statement	Registered Nurse with a specialty in Leadership and Management; proven leadership skills and nursing experience for 16 years, including 12 in correctional healthcare
Professional Experience	<p>Wellpath LLC, Nashville, TN <i>Regional Vice President, Florida</i> 2018 – Present</p> <p>Monitors and maintains all aspects of operations, sales, and marketing for the Florida region. Direct supervisor to the Regional Director and HSA, and indirectly responsible for all Wellpath and subcontracted employees at the facility. Provides guidance to assist the executive management team in making business decisions. Ensures that the medical, dental, and mental health program's activities are based on goals, objectives, aims, and policies and procedures of Wellpath and the facility, and are compliant with NCCHC and ACA standards. Monitors the implementation and effectiveness of the Wellpath medical program and performs the following essential job functions:</p> <ul style="list-style-type: none"> • Evaluate and recommend methods of improving operational efficiency and cost effectiveness • Oversee recruitment, evaluation, and training of the Regional Director, Medical Director, HSA, and DON • Ensure completion of evaluations on Regional Director in accordance with Wellpath Human Resource policies; counsel and discipline as necessary • Enforce Wellpath Human Resource policies in a manner that is fair and consistent for all personnel • Ensure adequate staffing to meet the needs of the inmate population and to adhere to staffing plans • Assist in recruitment of contracted professional providers (i.e., physicians, dentists, psychologists, etc.) • Ensure appropriate licensure, credentialing, and insurance coverage on all medical personnel (i.e., physicians, nurses, dentists, psychologists, and social workers) • Analyze financial statements and create and maintain financial forecasts • Complete and submit daily, weekly, monthly, and annual reports in a timely and accurate manner • Monitor inpatient hospitalizations closely with utilization management • Closely monitor all sentinel events and potential catastrophic illnesses and explore/utilize all appropriate means of limiting both Wellpath and the contractor's responsibilities • Serve as backup to Regional Director to review and approve all invoices greater than \$250 • Meet with facility administration on a regularly scheduled basis and participate in MAC/QI/P&T and other required meetings • Function as a liaison between the facility and Nashville Home Office • Ensure accreditation of the medical program by ensuring the presence of the required level of organizational efficiency and the provision of approved and appropriate medical services • Create and maintain various budgets • Communicate how operational data impacts division/region profit and loss • Identify problem areas of operations and propose solutions; conduct ongoing evaluation of services and health care programs, proactively identify potential problems, and develop and implement corrective action <p><i>Director of Operations, Southwest Region</i> 2018 – 2022</p> <p>Director of Operations for the southwest division. Provide fiscal and operational oversight for county correctional health care delivery systems by providing training, mentoring and direction to site managers in the areas of budget, personnel, client relations and leadership skills to develop team work and synergy to enhance overall operational performance. Also ensured</p>

patient care standards are maintained in compliance with contract and accreditation regulations, by leading site management in the development, evaluation, implementation and monitoring of appropriate delivery systems.

Armor Correctional Health Services, Fort Myers, Florida

Regional Vice President

2015 – 2018

Provided fiscal and operational oversight for multi-million dollar health care delivery systems. Provided oversight and reviewed all clinical services quality and delivery to ensure adherence to contract requirements and accreditation standards to contracts in El Paso, Colorado, Larimer County, Colorado, Weld County, Colorado, and Cache County, Utah. Provided assistance and back-up coverage for corporate marketing efforts as required

Health Services Administrator

2014 – 2015

- Serve as a HSA, DON, and staff trainer/educator for new contract startups and support for sites that require training
- Provide educational presentations during corporate trainings and leadership conferences
- Direct and manage the administrative function of a correctional facility to include oversight of all facets of facility operation, fiscal responsibility and day-to-day management of staff
- Oversees and reviews all external contracts to ensure adequate reimbursement for clinical services and adherence to contract requirements
- Direct and coordinate administrative functions and enforce adherence to federal, state, correctional health care standards and institutional regulations and guidelines in the provision of services
- Directly and administratively supervise facility employees including final approval of hiring decisions, performance appraisals, scheduling, training, employee development, disciplinary actions, and conflict mediation; determines staff salary levels
- Develops procedures and assigns work tasks to improve efficiency
- Review, interpret, recommend and implement administrative policies to ensure adherence to contract and regulatory requirements
- Identify and resolve issues regarding administrative and fiscal matters and regularly evaluates administrative systems and services
- Serve as the administrative/operational representative/point of contact for the facility.
- Participate in the design, establishment, and maintenance of the organizational structure and assist in recruiting professional staff and independent contractors as required
- Develop and manage annual budgets for the facility and performs periodic cost and productivity analysis
- Ensures compliance with ACA and/or NCCHC standards and Armor clinical services and administrative policies and procedures

Corizon, Annapolis, MD

Director of Nursing (2010 – 2014)


Interim Health Service Administrator (2013 – 2014)

RN Supervisor (2010 – 2013)

- Provide oversight of a multi-site healthcare unit
- Supervise and responsible for all nursing and paraprofessional personnel
- Accountable for the medical unit operation 24/7
- Recruit and orient new medical department personnel
- Complete staff performance evaluations
- Develop and implement policies, procedures, and regulations of healthcare unit.
- Conduct in-service training programs and staff meetings
- Coordinate the Medical Audit Committee and facilitates the monthly meetings
- Collaborate with physicians and other members of the interdisciplinary team to develop and initiate health review
- Supervise nursing care and other treatments given to patients including emergency medical care
- Accountable for the security/control of medications, supplies and equipment

	<ul style="list-style-type: none"> • Prepare and submit daily, monthly, and annual medical reports • Maintain a positive, professional, collaborative relationship with the client (warden, supervisor, and superintendent) and ensuring customer satisfaction • Ensures site utilization and compliance with all Corizon and applicable client systems and applications • Ensures compliance with ACA and/or NCCHC standards and Corizon clinical services and administrative policies and procedures • Adheres to and enforces all safety and security policies and procedures and ensures compliance with applicable safety/emergency drills <p>Divine Providence Hospital, Susquehanna Health System, Williamsport, PA <i>Charge Nurse, RN (2007 to 2010)</i></p> <ul style="list-style-type: none"> • Supervision of fellow RN's, LPN's, & Psychiatric technicians • Liaison with Psychiatrist on call & obtaining verbal orders • Admission assessment/Nursing assessment • Crisis intervention including restraints & seclusions • Medication administration & patient education • IV care, wound care, suture removal, stoma care, & dressing changes • Discharge planning & teaching <p>White Deer Run, Inc., Allenwood, PA <i>Registered Nurse, Charge Nurse (2006 to 2008)</i></p> <ul style="list-style-type: none"> • Supervision of fellow RNs, LPNs, & Psychiatric technicians • Liaison with Psychiatrist on call & obtaining verbal orders • Admission assessment/Nursing assessment • Crisis intervention including restraints & seclusions • Medication administration & patient education • IV care, wound care, suture removal, stoma care, & dressing changes • Discharge planning & teaching <p>Trebecca, Williamsport, PA <i>Part Time Sales Assistant (2002 to 2006)</i></p> <ul style="list-style-type: none"> • Assist customers with sales • Handle money transfers • Restock merchandise & inventory • Open & close store <p>H.M. Armed Forces (British Army), England, U.K. <i>Craftsman Recovery Mechanic Class II (1997 to 2002)</i></p> <ul style="list-style-type: none"> • First Aid provider for 160 soldiers • Teach first aid skills to soldiers annually • Trained in emergency rescue techniques • Supervision of 6 junior craftsmen • Responsible for health & safety in workshop • Light & heavy vehicle recovery • Maintenance of recovery vehicles • Maintain security measures of unit camp
Education	Nursing RN, Associate of Applied Science Degree (A.A.S.) Pennsylvania College Of Technology, Williamsport, PA, 2006
Registration and Certification	Certified Healthcare Professional, CCHP (2014) Registered Nurse
Honors	Her Majesty Queen Elizabeth II Northern Ireland Service Medal

General Professional Services Questionnaire

PROFESSIONAL NO. 3	
Name & Title:	
Karla S. Dunbar, MD Executive Medical Director	
Name of Firm with which associated:	
Wellpath LLC	
Description of job responsibilities:	
Responsible for the clinical management and oversight of contracted Wellpath sites in the South. Supervises Regional Medical Directors and provides utilization management of services provided or referred within these medical departments. <i>Please see full resume immediately after this page.</i>	
Years' experience with this Firm:	
11 Years (Since 2011)	
Education: Degree(s)/Year/Specialization:	
Doctor of Medicine Emory University School of Medicine (1996) Bachelor of Science Degree Tuskegee University (1988)	
Other experience and qualifications relevant to the proposed Project:	
	Dr. Dunbar received her Doctor of Medicine degree at Emory University School of Medicine and finished her training in Internal Medicine at New Hanover Regional Medical Center, affiliated with the University of North Carolina Chapel Hill program. After a successful career as a hospitalist and in private practice, she decided to pursue a career in corrections in 2009. Dr. Dunbar joined the medical staff at the DeKalb County Sheriff's Office in Decatur, Georgia, in March 2009 as a staff physician to provide treatment for chronic care patients and to oversee the Diabetic Clinic. She joined Wellpath in 2011 and was promoted to site Medical Director in 2012, overseeing all clinical aspects of care, including fine-tuning policies and procedures, reviewing CQI studies and improvement plans, monitoring off-site medical visits, monitoring pharmacy use, participating in direct patient care, and working closely with medical staff and other vendors to ensure quality patient care. In April 2015, Dr. Dunbar was promoted to Regional Medical Director for Wellpath sites in Georgia, Florida, Tennessee, South Carolina, and Louisiana. She is passionate about healthcare and was selected as our 2013 Clinician of the Year.


Karla S. Dunbar, MD
Executive Medical Director



Education	<p>Doctor of Medicine Emory University School of Medicine (1996)</p> <p>Bachelor of Science Degree Tuskegee University (1988)</p>
Residency Training Program	<p>Internal Medicine Residency Program New Hanover Regional Medical Center Program, University of North Carolina Hospitals (1999)</p> <p>Department on Internal Medicine – Transition Program Emory University Residency Program (1997)</p>
Licensure and Certifications	<p>Licensed Physician, State of Georgia, Current</p> <p>Drug Enforcement Administration Certification, Current</p>
Professional Experience	<p>Wellpath, Nashville, TN (2015 – Present)</p> <ul style="list-style-type: none"> Executive Medical Director, South (2022 – Present) Responsible for the clinical management and oversight of contracted Wellpath sites in the South. Supervises Regional Medical Directors and provides utilization management of services provided or referred within these medical departments. Regional Medical Director, Southeast (2015 – 2022) Medical Director, DeKalb County (GA) Sheriff's Office (2012 – 2015) Medical Director, Rockdale County (GA) Sheriff's Office (2013 – 2015) Responsibilities: Administrative responsibilities, Supervision of mid-levels and physicians, CQI screens and audits, Infirmar care, Clinic rounds, Facilitate communication between Medical and Client for contract compliance. Staff Physician, Rockdale County (GA) Sheriff's Office (2010 – 2012) Supervision of mid-levels practitioners, Chronic Care Clinics, and Infirmar care. <p>Correct Health LLC, Atlanta, GA Physician, DeKalb County Sheriff's Office (2009 – 2009) Supervision of mid-levels practitioners, Chronic Care Clinics, and Infirmar care.</p> <p>Winder Adult Primary Care and Wellness, Inc., Winder, GA Primary Care Physician/Internist (2003 – 2009) Provide inpatient and outpatient primary care to patients in the community</p> <p>Lanier Technical College, Oakwood, GA Instructor (2006) Instructor for Medical Assistant Class; Food and Nutrition</p> <p>Barrow Regional Medical Center, Winder, GA Hospitalist/Internist (1999 – 2003)</p> <p>NASA-Marshall Space Flight Center, Huntsville, AL Aerospace Engineer (1991 – 1992) Responsibilities: Preparation of material for STS-50 shuttle mission for crystal growth, which launched June 1992. Also created a logbook, which established a time schedule for all experiments that were to be performed onboard that shuttle mission</p>

	<p>McDonnell Douglas Aircraft Company, St. Louis, MO Aerospace Engineer (1989 – 1991) Responsibilities: Authored software requirements for specifications and interface requirements documents for Space Station Freedom’s Health Maintenance Facility. Design, development and updates of real-time software for F-15 Eagle Programmable Armaments Control System (PACS) simulations.</p>
Research	<p>“Survey on Patient Satisfaction in the Emergency Department” Consisted of obtaining patient satisfaction data sent for compiling to Knox Todd, M.D., Emory University Dept. of Emergency Medicine. 1996</p> <p>“Inpatient Tuberculin Screening: A Renewed Approach to Tuberculosis Control” This study focused on whether TB screening of hospitalized patients for non-related TB problems is a useful means of identifying patients with TB infection who could benefit from INH prophylaxis. Naomi Bock, M.D., Dept. of Internal Medicine/ Infectious Diseases, Emory University. 1994</p>

General Professional Services Questionnaire

PROFESSIONAL NO. 4	
Name & Title:	
Donna Carter, LPC, NCC, CCHP Regional Director of Mental Health	
Name of Firm with which associated:	
Wellpath LLC	
Description of job responsibilities:	
Collaborates closely with operational leadership to provide clinical oversight, case consultation, training and onboarding, suicide prevention programmatic tools, and supervision to site behavioral health staff. Participates in patient safety and recruiting and retention initiatives. Provides support, supervision, clinical oversight, direction, and case consultation to site behavioral health staff to optimize compliance with contract requirements, accreditation standards, patient safety initiatives (with a focus on suicide prevention), and policies and procedures; provides clinical coverage at sites; responsible for training and onboarding of new behavioral health staff; participates in the ongoing development and implementation of the Wellpath Quality Improvement Program with a specific focus on critical clinical event reviews related to serious suicide attempts and completed suicides. <i>Please see full resume immediately after this page.</i>	
Years' experience with this Firm:	
8 Years (Since 2014)	
Education: Degree(s)/Year/Specialization:	
Ph.D., Counselor Education and Supervision Walden University, Minneapolis, MN (Expected 2025) Master of Arts Degree, Psychology (Professional Counseling) Argosy University, Atlanta, GA (2003) Bachelor of Science Degree, Elementary Education South Carolina State University, Orangeburg, SC (1982)	
Other experience and qualifications relevant to the proposed Project:	
	Ms. Carter is a licensed professional counselor with more than 16 years of experience as a professional counselor. She joined Wellpath in 2014 as a Mental Health Coordinator. While in this role, she obtained her certification as a Certified Correctional Health Professional (CCHP). Ms. Carter is also a certified professional counselor supervisor, helping others reach their dream of becoming licensed professional counselors. She received a bachelor's degree in elementary education from South Carolina State University and a Master of Arts degree in professional counseling from Argosy University, where she is currently a doctoral candidate.

Donna S. Carter, MA, LPC, LMHC, NCC, CCHP, CPCS



Regional Behavioral Health Manager

Summary Statement	<p>A Ph.D. candidate in Counselor Education and Supervision; a Licensed Professional Counselor with over 20 years of experience in education, 16 years of experience post-license as a professional counselor, 11 years in corrections as a qualified mental health professional, and seven years as a certified counselor supervisor; have directed mental health startups at several facilities; the day-to-day output reflects a high motivation, efficiency, and ability to meet any objective; proven ability to troubleshoot and perform under a minimum amount of supervision; demonstrates a high degree of initiative and good judgment</p>
Professional Experience	<p>Wellpath, Nashville, TN <i>Regional Behavioral Health Manager – Southeast</i> 2017 – Present</p> <p>Collaborates closely with operational leadership to provide clinical oversight, case consultation, training and onboarding, suicide prevention programmatic tools, and supervision to site behavioral health staff. Participates in patient safety and recruiting and retention initiatives. Provides support, supervision, clinical oversight, direction, and case consultation to site behavioral health staff to optimize compliance with contract requirements, accreditation standards, patient safety initiatives (with a focus on suicide prevention), and policies and procedures; provides clinical coverage at sites; responsible for training and onboarding of new behavioral health staff; participates in the ongoing development and implementation of the Wellpath Quality Improvement Program with a specific focus on critical clinical event reviews related to serious suicide attempts and completed suicides</p> <p><i>Mental Health Coordinator, Conyers, GA</i> 2014 – 2017</p> <p>Provided clinical and administrative supervision and direction to mental health staff and oversight of mental services within the facility; provided mental health services to incarcerated patients and mental health consultation to facility personnel; essential functions included:</p> <ul style="list-style-type: none">• Planning, supervising, coordinating, and managing clinical services provided by mental health staff at the institutional level, as designated by the Regional MH Director or the VP of Behavioral Services. Assigned duties and clinical responsibilities to mental health staff.• Represented interests of mental health services with the institution's administrative staff under the direction of the Regional MH Director or VP of Behavioral Services and facilitated cooperation in the delivery of mental health services• Maintained the confidentiality of inmate information per policy, the facility policy, the standards of the American Psychological Association or National Association of Social Workers, the National Commission on Correctional Health Care (NCCHC), and the American Correctional Association (ACA)• Allocated staff resources in mental health services to meet institutional needs for clinical and consultative services <p><i>Mental Health Coordinator at Jonesboro, GA</i> 2014 – 2015</p> <p>Provided clinical and administrative supervision and direction to mental health staff and oversight of mental services within the facility; provided mental health services to incarcerated patients and mental health consultation to facility personnel; essential functions included:</p> <ul style="list-style-type: none">• Planning, supervising, coordinating, and managing clinical services provided by mental health staff at the institutional level, as designated by the Regional MH Director or the VP of Behavioral Services. Assigned duties and clinical responsibilities to mental health staff.• Represented interests of mental health services with the institution's administrative staff under the direction of the Regional MH Director or VP of Behavioral Services and facilitated cooperation in the delivery of mental health services

- Maintained the confidentiality of inmate information per policy, the standards of the American Psychological Association or National Association of Social Workers, the National Commission on Correctional Health Care (NCCHC), and the American Correctional Association (ACA)
- Allocated staff resources in mental health services to ensure needs for clinical and consultative services

Corizon, Fulton County Jail, Atlanta, GA

Mental Health Professional, Licensed Professional Counselor

2011 – 2014

Provided counseling for abnormal human behavior, appraisals, or assessments; counseling methods or techniques (individual and group); lifestyle and career development; social, cultural, and family issues; crisis intervention; drug and alcohol counseling; social psychology and cognitive psychology

Safehaven Counseling and Consultants, Lithonia, GA

CEO, Counselor, Assessor, Behavior Aide, Parent Aide, Tutor, 2000-Present

Provided academic, career, college readiness, and personal/social competencies; advocated for every child's academic, career, college readiness, and personal/social success in every elementary, middle, and high school; provided individual and group counseling/therapy to clients requiring complex intervention, including those who are homicidal, suicidal, or who exhibit life-threatening behaviors; determined the necessity for involuntary commitment; completed assessments for individualized treatment plans; developed or participates in case management/care plans

Stronghold Christian Church, Lithonia, GA

Director of Counseling, 1997-2010

Directed counseling personnel; conducted in-service training program for volunteer staff; created various programs, such as a mentoring program, for ages 8-25; analyzed counseling and guidance procedures and techniques to improve quality of service; provided individual and group counseling/therapy to clients/consumers requiring complex intervention, including those who are homicidal, suicidal or exhibit life-threatening behaviors; determined the necessity for involuntary commitment; completed assessments to develop individualized treatment plans; developed or participated in case management/care plans

UOP/Axia College, Phoenix, AZ

Online Facilitator, 2009-2011

Facilitated meaningful learning of course competencies in the curriculum and proactively supported all facets of the learning environment; provided education through learning-centered instruction to enable graduates to fulfill the evolving needs of the marketplace; encouraged a culture of learning that values mutual responsibility and respect, life-long learning and ethics, and personal and professional development

Marvelous Light Consultants, Lithonia, GA


Counselor, Group Home Program Director, Assessor, Behavior Aide, Parent Aide, Tutor

2004 – 2006

Provided individual and group counseling/therapy to clients and consumers requiring complex intervention, including those who were homicidal, suicidal, or exhibited life-threatening behaviors; determined necessity for involuntary commitment; assisted in executing orders of involuntary commitment in an outpatient setting; completed assessments to develop individualized treatment plans with consumers to enhance, meet, or restore a client's/consumer functioning capacity; developed or participated in case management/care plans; performed services with children, adolescents, and adult mental health and substance abuse consumers; supervised para-professional and master's-level staff

	<p>Transitions Counseling & Resource Center, Lithonia, GA <i>Counseling Intern, 2002</i> Provided individual and group counseling/therapy to clients/consumers requiring complex intervention, including those who are homicidal, suicidal, or exhibit life-threatening behaviors; determined necessity for involuntary commitment; assisted in executing orders of involuntary commitment in an outpatient setting; completed assessments to develop individualized treatment plans with consumers to enhance, meet or restore a client's/consumer functioning capacity; developed or participated in case management/care plans; performed services with children, adolescents, and adult mental health and substance abuse consumers; supervised para-professional and master's-level staff</p> <p>Dekalb County Board of Education, Clarkston, GA <i>Teacher, 1989-2004</i> Taught one or more subjects to students in a public secondary school; instructed students using various teaching methods; prepared course objectives and outlines that followed state or school guidelines; assigned lessons, corrected homework, and administered tests to evaluate pupil progress; maintained state certification</p> <p>Aiken County Schools, Aiken, SC <i>Teacher, 1982-1985</i> Taught one or more subjects to students in a public secondary school; instructed students using various teaching methods; prepared course objectives and outlines that followed state or school guidelines; assigned lessons, corrected homework, and administered tests to evaluate pupil progress; maintained state certification</p>
Education	<p>Ph.D., Counselor Education, and Supervision (Expected 2025) Walden University, Minneapolis, MN</p> <p>M.A., Psychology (Professional Counseling) Argosy University, Atlanta, GA, 2003</p> <p>B.S., Elementary Education South Carolina State University, Orangeburg, SC, 1982</p>
Post-Graduate Coursework	<ul style="list-style-type: none"> • Professional Orientation, Ethics, and Identity • Advanced Counseling Theories • Professional Consultation, Program Evaluation, and Leadership • Teaching in Counselor Education • Social Change, Leadership, and Advocacy for Counseling Professionals • Clinical Supervision • Survey Research and Methods • Research Theory, Design, and Methods • Quantitative Reasoning and Analysis • Qualitative Reasoning and Analysis
Certifications and Licensure	<ul style="list-style-type: none"> • Licensed Professional Counselor GA – LPC5945 • Licensed Mental Health Counselor FL – MH18590 • Licensed Professional Counselor SC – 7342 • National Certified Counselor • Certified Correctional Health Professional • Certified Professional Counselor Supervisor
Professional Affiliations	<ul style="list-style-type: none"> • Member, Licensed Professional Counseling Association of Georgia, 2010 – Present • American Counseling Association, 2022- present

General Professional Services Questionnaire

PROFESSIONAL NO. 5	
Name & Title:	
Charles J. (C.J.) Whitfield Director of Partnership Development	
Name of Firm with which associated:	
Wellpath LLC	
Description of job responsibilities:	
Responsible for acquiring new business in the western territories via requests for proposals (RFPs); develops and maintains relationships with clients and internal partners; presents to clients on business products and benefits; represents Wellpath at industry events and conferences; reports to the Group Vice President of Partnership Development; presents to senior management regarding assigned accounts, territory, and competition; travels up to 80%; acquired \$2 million in new business within first four months in the role. <i>Please see full resume immediately after this page.</i>	
Years' experience with this Firm:	
4 Years (Since 2018)	
Education: Degree(s)/Year/Specialization:	
Master of Public Health University of Tennessee Knoxville (2018) Bachelor of Science, Exercise Science University of Tennessee Martin (2015)	
Other experience and qualifications relevant to the proposed Project:	
	Mr. Whitfield joined Wellpath in 2018. Before taking on his role as Director of Partnership Development, he served as Director of Partner Services and as the Telemedicine Manager for our Clinical Department at the Nashville home office. During his time as Telemedicine Manager, Mr. Whitfield was responsible for telehealth services at 200+ Wellpath facilities in 32 states. While overseeing the Wellpath telemedicine program, Mr. Whitfield collaborated with internal and external partners to drive program growth resulting in 83,000+ synchronous telemedicine patient encounters for 2018. Additionally, he reported directly to our Chief Clinical Officer while overseeing the telemedicine program. He earned a master's degree in Public Health from the University of Tennessee Knoxville and a bachelor's degree in health and human performance from the University of Tennessee Martin.

Charles J. Whitfield



Director of Partnership Development

Professional Experience

Wellpath LLC, Nashville, TN

Director of Partnership Development – Remote

2022 – Present

Responsible for acquiring new business in the western territories via requests for proposals (RFPs); develops and maintains relationships with clients and internal partners; presents to clients on business products and benefits; represents Wellpath at industry events and conferences; reports to the Group Vice President of Partnership Development; presents to senior management regarding assigned accounts, territory, and competition; travels up to 80%; acquired \$2 million in new business within first four months in the role

Wellpath LLC, Nashville, TN

Director of Partner Services – Remote

2019 – 2022

Responsible for California client retention via management of renewals, extensions, and requests for proposals (RFPs); developed and maintained relationships with clients and internal partners; presented to clients on business products and benefits; represented Wellpath at industry events and conferences; reported to the Vice President of Partner Services; conducted presentations to senior management regarding assigned accounts, territory, and competition

Wellpath LLC, Nashville, TN

Manager of Telemedicine

2018 – 2019

Managed telehealth services at 200+ facilities across the United States; managed all Wellpath telehealth services and team members; collaborated with internal and external clients to drive program growth; managed telemedicine provider and vendor network; directed new telemedicine implementations and startup; tracked program data and dashboards; served as telemedicine point of contact for Wellpath; developed internal and external marketing materials; owned various projects and initiatives

Wellpath LLC, Nashville, TN

Telemedicine Program Coordinator

2018 – 2018

Assisted the Manager of Telemedicine in the coordination, tracking, and implementation of the telemedicine program; facilitated all end-user training; assisted with new telemedicine implementations and startup; managed various projects and initiatives

HealthCare 21 Business Coalition, Knoxville, Tennessee

Health Data Analyst Intern

2018 – 2018

Assisted in providing business intelligence to member employers; worked alongside the Director of IT and Analytics; generated data visualizations and reports (e.g., for claims and biometric data); evaluated health programs and benefit design; collaborated with internal team to develop benefits and employee health solutions

University of Tennessee Extension, Knoxville, TN

Graduate Research Assistant

2017 – 2018

Collaborated with data analysis team on the Humana Foundation Diabetes Project; developed participant communication plan; assisted with data collection via focus group and interviews; developed pilot health education program; performed data analysis and created qualitative/quantitative data reports

	<p>University of Tennessee, Knoxville, TN <i>Graduate Research Assistant</i> 2017 Assisted evaluation efforts of a revised FNP/PA program curriculum; performed statistical analysis of program efforts related to goals and objectives; created qualitative/quantitative data reports; collaborated with a team of evaluation assistants</p> <p>LIFT Wellness Center, West Tennessee Healthcare, Jackson, TN <i>Member Services Associate</i> 2016 Managed member contracts; assisted marketing and health promotion efforts; served as a consultant for members and corporate partners to drive achievement and retention rates; worked as an assistant in settling account management issues; operated front desk</p>
Education	<p>Master of Public Health University of Tennessee at Knoxville, 2018</p> <p>Bachelor of Science, Exercise Science University of Tennessee at Martin, 2015</p>
Volunteer Experience	<p>Tower Program Facilitator University of Tennessee 2016 – 2017 Facilitated health research sessions with middle school students; prioritized health issues within the community; gathered primary and secondary data via research and focus groups; presented research to the Knox County Public Health Department</p>
Skills	<p>Highly proficient with Salesforce, Microsoft Excel, Word, PowerPoint, Teams, and Zoom; previous work with Statistical Package for the Social Sciences (SPSS); proficient in Point of Sale Systems; intermediate experience with Microsoft Access and SQL Server Management Studio; Certified Personal Trainer, American Council on Exercise</p>

General Professional Services Questionnaire

K. List all prior projects that best illustrate the Firm's qualifications relevant to this Project. Please include any and all work performed for Jefferson Parish. Please attach additional pages if necessary.

PROJECT NO. 1

Project Name, Location and Owner's contact information:	Description of Services Provided:
<p>Project Name (Site/Facility) Orleans Parish Prison; Elayn Hunt Correctional Center</p> <p>Client Information/Location City of New Orleans 1300 Perdido Street, Suite 5E03 New Orleans, LA 70112</p> <p>Contact Sunni J, LeBeouf, City Attorney Phone: 504-658-9920 Fax: 504-658-9868 Email: Sunni.LeBeouf@nola.gov</p>	<p>Summary of Services Provided: Wellpath is responsible for the comprehensive healthcare needs for detainees housed in the Orleans Justice Center (OJC) and the Temporary Detention Center. We provide 24-hour coverage, medication-assisted treatment services, utilization management functions, NCCHC accreditation management, and continually strive to find cost savings for our client by maximizing on-site services through telehealth services. Additionally, we partner with Tulane University to provide psychiatry services and leverage community resources within the facilities.</p> <p>Significant Achievements/Successes:</p> <ul style="list-style-type: none"> • The discharge process was completely reorganized, and a full-time discharge coordinator put in place. Since implementing the discharge program, pickup rates for discharge medications have increased from an average of 10% to 90%. • We decreased patient to suicide watch ratio from 1:5 to 1:3. • Medical grievances in 2021 reduced by 33% resulting from improved medication pass and sick call procedures. • Wellpath created a comprehensive training program that includes measurement of attendee performance prior to and after training. Most attendees' (nurse and deputies) scores improved by an average of 20% from pre-test to post-test. • We implemented an intense medication pass training program to include one-to-one training with both nurses and deputies. • We implemented a robust quality improvement program that includes root-cause analyses, process improvement plans, and associated tools to measure progress. There was no such system at OJC prior to Wellpath taking over medical and Mental Health operations. • We implemented an evidenced-based Mental Health Therapy program at individual and group levels specific to inmate needs. • Partnered with Tulane University Psychiatry to provide excellent psychiatry care that exceeds all Consent Decree requirements that were in place <u>before</u> partnering with Wellpath. As of the last audit, there is no psychiatric backlog even with the extremely high patient volume.
Length of Services Provided:	Cost of Services Provided:
<p style="text-align: center;">8 Years 11/1/2014 to Present</p>	<p style="text-align: center;">\$19,224, 664 CONFIDENTIAL</p>

General Professional Services Questionnaire

PROJECT NO. 2	
Project Name, Location and Owner's contact information:	Description of Services Provided:
<p>Project Name (Site/Facility) Chaves County Adult Detention Center</p> <p>Client Information/Location Chaves County 3701 South Atkinson Avenue Roswell, NM 88203</p> <p>Contact Justin Porter, Detention Administrator Phone: 575-624-6517 Fax: 575-623-3037 Email: justin.porter@chavescounty.gov</p>	<p>Summary of Services Provided: Wellpath is responsible for the comprehensive healthcare needs for adult detainees housed in the Chaves County Detention Center. We provide 24-hour coverage, utilization management functions, New Mexico Counties accreditation management, and continually strive to find cost savings for our client by maximizing on-site services.</p> <p>Significant Achievements/Successes: Wellpath began providing services at the Chaves County Detention Center on July 1, 2022, following a competitive RFP process. Our experienced transition team, Wellpath Warriors, and Achieving Clinical Experience (ACE) team provided a smooth and successful transition without any interruption of services. Highlights of our accomplishments during the transition included:</p> <ul style="list-style-type: none"> • Successfully transitioned services within 36-days' notice. • Identified and organized space for new medical supply and laboratory services area to create operational efficiencies. • Converting incumbent staff members to Wellpath employees. • Wellpath processes in place, training completed, clinic times established within 10 days of startup. • A "skills fair" to review and observe the skills of all nurses.
Length of Services Provided:	Cost of Services Provided:
<p>5 Months 7/1/22 to Present</p>	<p>\$3,917,962 CONFIDENTIAL</p>

General Professional Services Questionnaire

PROJECT NO. 3	
Project Name, Location and Owner's contact information:	Description of Services Provided:
<p>Project Name (Site/Facility) San Juan County Adult Detention Center; Juvenile Services Facility; Alternative Sentencing Facility</p> <p>Client Information/Location San Juan County 871 Andrea Drive Farmington, NM 87401</p> <p>Contact Daniel Webb, Warden Phone: 505-566-4500 Fax: 505-334-3168 Email: dwebb@sjcounty.net</p>	<p>Summary of Services Provided: Wellpath is responsible for the comprehensive healthcare needs of adult and juvenile offenders housed in the San Juan County Adult Detention Center, Juvenile Services Facility, and Alternative Sentencing Facility in Farmington, New Mexico. We provide 24-hour coverage, including all medical services, and we provide mental health services at the Adult Detention Center. We are also responsible for all utilization management functions and we continually strive to find cost savings for our client by maximizing on-site services.</p> <p>Significant Achievements/Successes: Wellpath successfully transitioned the three San Juan facilities from a County-based medical services provider. Since then, we have improved efficiencies by managing and optimizing multi-discipline healthcare services and delivery, including managing scheduled appointments for on- and off-site care, and providing detailed monthly reports and quarterly reviews. We also implemented a pharmaceutical formulary, which has provided significant operational continuity. The County will attest that our performance is unmatched by their previous providers.</p>
Length of Services Provided:	Cost of Services Provided:
<p>5 Years 7/1/2017 to Present</p>	<p>\$5,014,637 CONFIDENTIAL</p>



General Professional Services Questionnaire

PROJECT NO. 4	
Project Name, Location and Owner's contact information:	Description of Services Provided:
<p>Project Name (Site/Facility) Clark County Detention Center; North Valley Center</p> <p>Client Information/Location Las Vegas Metropolitan Police Department (Clark County, NV) 330 South Casino Center Boulevard Las Vegas, NV 89101</p> <p>Contact Captain Scott Zavsza Phone: 702-671-3862 Fax: 702-671-3934 Email: S6673Z@LVMPD.com</p>	<p>Summary of Services Provided: Wellpath is responsible for the comprehensive healthcare needs of inmates housed in the Clark County Detention Center and North Valley Center in Las Vegas, Nevada. We provide 24-hour coverage, including medical, dental, and mental health services. We are also responsible for all utilization management functions, and we continually seek cost savings for our client by maximizing on-site services.</p> <p>Significant Achievements/Successes: Wellpath was officially awarded this contract on April 1, 2019 with a start date of July 1. As the transition process began, we encountered several challenges left by the previous provider. One of the biggest existing issues was lack of communication and transparency. We were charged with the task of improving the culture in the clinical department. We discovered that several clinicians had been practicing outside the scope of their licensure and were summarily walked out by security staff. Even in the midst of these challenges, we successfully started on time and completely staffed according to the contract.</p> <p>Wellpath identified significant issues leftover from the previous provider and took immediate corrective action that resulted in improved care and proactive identification of patient needs. Our proactive approach resulted in a reduction of inmates on suicide watch by 40%. We also reduced off-site transports by 43% through the implementation of on-site clinics for OB/GYN, HIV, optometry, chronic care, orthopedics, and physical therapy, as well as telemedicine clinics.</p> <p>Within the first 90 days of Wellpath operations, the Clark County Detention Center was successfully reaccredited by the ACA, achieving 100% compliance on healthcare standards. In 2021, the Sheriff's Office became one of only five agencies in the U.S. to receive NCCHC Mental Health Accreditation.</p>
Length of Services Provided:	Cost of Services Provided:
3 Years 7/1/2019 to Present	\$25,937,118 CONFIDENTIAL

General Professional Services Questionnaire

PROJECT NO. 5	
Project Name, Location and Owner's contact information:	Description of Services Provided:
<p>Project Name (Site/Facility) Correctional Development Center Male; Hill Detention Center; Maximum Correctional Center; Metro-Davidson County Detention Facility</p> <p>Client Information/Location Metropolitan Government of Nashville and Davidson County 506 2nd Avenue North Nashville, TN 37201</p> <p>Contact Chief John Ford Phone: 615-862-8955 Fax: 615-862-8188 Email: jford@dco.nashville.org</p>	<p>Summary of Services Provided: Wellpath is responsible for the comprehensive healthcare needs of inmates in the custody of the Davidson County's Sheriff's Office (DCSO) in Nashville, Tennessee, with oversight by the Metro Public Health Department (MPHD). We provide 24-hour coverage, including medical, dental, mental health, and psychiatry services. We are also responsible for all utilization management functions and we continually strive to find cost savings for our client by maximizing on-site services. The DCSO facilities use our full ERMA solution, which interfaces with their Jail Management System, community mental health system, and pharmacy and lab vendors.</p> <p>Significant Achievements/Successes: Wellpath has made a phenomenal impact on the DCSO/MPHD healthcare program since transitioning this contract in 2005. As a result of our efforts, overall care has improved, grievances have decreased, and the DCSO and MPHD have seen a reduction in the number of lawsuits relating to patient care.</p> <p>Under their previous provider, the DCSO/MPHD healthcare program was experiencing difficulties with staff recruitment and retention, was concerned about the number of patients being sent off site and was inundated with grievances and lawsuits. We quickly stabilized the workforce and implemented care management measures to reduce off-site transportation. With our Care Management system in place, the DCSO saw off-site trips cut in half within the first six months of our contract, resulting not only in reduced hospital and community provider costs, but also in reduced transportation costs and officer overtime. Wellpath reduced off-site trips from 214 per month to fewer than 100 per month, even though the population increased by over 30%.</p> <p>During the transition, we implemented numerous initiatives that improved efficiencies and eliminated backlog issues at intake. We implemented a "flag" system to identify chronic care and mental health patients at intake and established a system for querying community mental health databases at intake. We also established a collaborative working relationship with the DCSO's mental health provider and assisted in the development of a data interface to increase the information exchange between our two organizations. The resulting collaborative mental health program has been recognized for its success in reorganizing the treatment approach and philosophy within the DCSO facilities.</p> <p>Behavioral Care Center: Wellpath and the Mental Health Cooperative (MHC) in Nashville, Tennessee cooperate to provide appropriate staffing and gender-responsive behavioral care services for the DCSO's Behavioral Care Center (BCC), a 60-bed care unit providing short-term treatment. Wellpath worked collaboratively with the MHC and DCSO in the course of planning the facility. We contributed our experience in the design of the BCC, and our team was instrumental in the creation of the clinical programming.</p> <p>Sheriff Daron Hall and the DCSO work in collaboration with the Metropolitan Nashville Police Department, the District Attorney's Office, and the Metropolitan Public Defender's Office with a goal of decriminalizing mental illness. These agencies, along with Wellpath and MHC providers, use needs assessments and guidelines to determine which arrestees qualify for treatment at the BCC. Qualifying individuals are diverted to the BCC rather than a jail facility to begin the process of decriminalizing their arrest.</p>
Length of Services Provided:	Cost of Services Provided:
17 Years 10/1/2005 to Present	\$21,111,239 CONFIDENTIAL

General Professional Services Questionnaire

PROJECT NO. 6	
Project Name, Location and Owner's contact information:	Description of Services Provided:
<p>Project Name (Site/Facility) Hays County Jail</p> <p>Client Information/Location Hays County Sheriff's Office 1307 Uhland Road San Marcos, TX 78666</p> <p>Contact Captain Julie Villalpando Phone: 512-393-7831 Email: julie@co.hays.tx.us</p>	<p>Summary of Services Provided: Wellpath is responsible for the comprehensive healthcare needs of inmates housed in the Hays County Jail in San Marcos, Texas. We provide 24-hour coverage, including medical, dental, mental health, and psychiatry services. We are also responsible for all utilization management functions and we continually strive to find cost savings for our client by maximizing on-site services. The County uses our full ERMA solution, which interfaces with their Jail Management System.</p> <p>Significant Achievements/Successes: Since transitioning their medical program to Wellpath, the Sheriff's Office has seen marked improvements in all aspects of care for their inmate population. We have implemented processes, recordkeeping, and reporting that keep the Sheriff's Office informed and current as to grievances and other issues. In 2019, we were awarded a separate contract to provide medical services for the Hays County Juvenile Detention Center, based largely on our success at the Hays County Jail.</p> <p>An example of the dedication and camaraderie of our staff at the Hays County Jail was exemplified in 2015 during a storm and flooding in Hays County, Texas:</p> <p><i>Rebecca Charo, LVN, was not scheduled to work, but knowing there was a new employee on duty during an emergency situation, she maneuvered her way through the streets of the flooded town to come to work. She helped staff with all the necessary services, including med pass, and assisted in the inmate evacuation. Once the flooding threat passed, she allowed others to go home. Ms. Charo stayed and kept everything in the medical department under control in a calm and cheerful manner. She assured the HSA that other staff members did not have to risk the danger of flooding since she was already there and on the job.</i></p>
Length of Services Provided:	Cost of Services Provided:
9 Years 6/1/2013 to Present	\$3,654,926 CONFIDENTIAL

General Professional Services Questionnaire

PROJECT NO. 7	
Project Name, Location and Owner's contact information:	Description of Services Provided:
<p>Project Name (Site/Facility) Kings County Jail; Kings County Juvenile Center</p> <p>Client Information/Location Kings County 1570 Kings County Drive Hanford, CA 93232</p> <p>Contact Assistant Sheriff Dave Putnam Phone: 559-582-3211 Email: dave.putnam@co.kings.ca</p>	<p>Summary of Services Provided: Wellpath is responsible for the comprehensive healthcare needs of adult and juvenile offenders housed in the Kings County Jail and Kings County Juvenile Center in Hanford, California. We provide 24-hour coverage, including medical, dental, mental health, psychiatry services, and a five-bed Jail-Based Competency Treatment (JBCT) program. We are also responsible for all utilization management functions and we continually strive to find cost savings for our client by maximizing on-site services.</p> <p>Significant Achievements/Successes: Immediately upon transitioning Kings County's medical program in July 2020, Wellpath staffed the key leadership positions, including HSA, DON, Mental Health Supervisor, Medical Director, and Psychiatrist, providing a full medical, psychiatric, and administrative team at the start of the contract. We also successfully implemented a COVID-19 response plan.</p> <p>We simultaneously implemented a Jail-Based Competency Treatment (JBCT) program at start-up, which has been very successful. The JBCT program has benefited numerous patients who were deemed incompetent to stand trial, restoring them and returning them to general population much sooner than if they'd had to wait for a DSH bed. The program is such a success that other counties have sent their custody administration to the Jail to see it in action and consider modeling their own programs after Kings County's.</p>
Length of Services Provided:	Cost of Services Provided:
2 Years 7/1/2020 to Present	\$5,402,810 CONFIDENTIAL

General Professional Services Questionnaire

PROJECT NO. 8	
Project Name, Location and Owner's contact information:	Description of Services Provided:
<p>Project Name (Site/Facility) Oakland County Jail & Annex; Oakland County East Annex</p> <p>Client Information/Location Oakland County Sheriff's Office 1201 North Telegraph Road Pontiac, MI 48341</p> <p>Contact Undersheriff Curtis Childs Phone: 248-858-5017 Email: ChildsC@oakgov.com</p>	<p>Summary of Services Provided: Wellpath is responsible for the comprehensive healthcare needs of the 1,520 inmates in the custody of the Oakland County Sheriff's Office in Pontiac, Michigan. We provide 24-hour coverage, including medical and dental services. We are also responsible for all utilization management functions and we continually strive to find cost savings for our client by maximizing on-site services.</p> <p>Significant Achievements/Successes: Wellpath has implemented significant changes to improve the efficiency and quality of operations at the Oakland County Jail. During the first contract year of our Management Fee contract in Oakland County, we saved Oakland County Sheriff's Office (OCSO) over one million dollars in total direct expenses compared to their budgeted costs. One significant area of savings was off-site expenses, where we saved the OCSO 40% of its off-site budget. We also saved the OCSO 25% of its direct expenses budget during the first contract year.</p> <p>In 2016, the OCSO implemented our Electronic Record Management Application (ERMA) system, which replaced their antiquated paper records system and significantly reduced the amount of time spent tracking and filing records.</p>
Length of Services Provided:	Cost of Services Provided:
<p>10 Years 3/1/2012 to Present</p>	<p>\$6,537,049 CONFIDENTIAL</p>

General Professional Services Questionnaire

PROJECT NO. 9	
Project Name, Location and Owner's contact information:	Description of Services Provided:
<p>Project Name (Site/Facility) Wayne McCollum Detention Center</p> <p>Client Information/Location Ellis County 300 South Jackson Waxahachie, TX 75165</p> <p>Contact Chief Terry Ogden Phone: 972-877-2298 Fax: 972-825-4927 Email: terry.ogden@co.ellis.tx.us</p>	<p>Summary of Services Provided: Wellpath is responsible for the comprehensive healthcare needs of adult offenders housed at the Wayne McCollum Detention Center. We provide 24-hour coverage, including medical, dental, psychiatry, and mental health services.</p> <p>Significant Achievements/Successes:</p> <ul style="list-style-type: none"> Wellpath's ERMA has been active in Ellis County since 2015. We are currently in the roll-out phase for Wellpath NOW for emergency services, and Wellpath Connect which provides reporting, cost containment, and transparency. Passed all Texas Commission on Jail Standards Inspections and maintain a solid relationship with auditors. Wellpath has been following the requirements of the Sandra Bland Act since it's approval by the Texas Legislature. We have implemented policies and training specifically for the Sandra Bland Act, which is required of Texas Wellpath medical and mental health staff.
Length of Services Provided:	Cost of Services Provided:
<p>15 Years 2/1/2007 to Present</p>	<p>\$2,439,545 CONFIDENTIAL</p>



General Professional Services Questionnaire

PROJECT NO. 10	
Project Name, Location and Owner's contact information:	Description of Services Provided:
<p>Project Name (Site/Facility) Humboldt County Correctional Facility; Humboldt County Juvenile Hall; Northern California Regional Facility</p> <p>Client Information/Location Humboldt County 826 4th Street Eureka, CA 95501</p> <p>Contact Sheriff William Honsal Phone: 707-268-3618 Fax: 707-268-8224 Email: whonsal@co.humboldt.ca.us</p>	<p>Summary of Services Provided: Wellpath is responsible for the comprehensive healthcare needs of adult and juvenile offenders housed at the Humboldt County Correctional Facility, Humboldt County Juvenile Hall, and Northern California Regional Facility in Eureka, California. We provide 24-hour coverage, including medical, dental, psychiatry, and Jail-Based Competency Treatment (JBCT) services. We continue medication-assisted treatment (MAT) medications for those entering the Correctional Facility under current treatment and we are working to add the induction of new patients on buprenorphine and Vivitrol. We are also responsible for all utilization management functions and we continually strive to find cost savings for our client by maximizing on-site services.</p> <p>Significant Achievements/Successes:</p> <ul style="list-style-type: none"> • In 2021, we implemented a medication-assisted treatment program that was requested by the County. • In collaboration with the California Department of State Hospitals, Wellpath developed and implemented a Jail Based Competency Treatment (JBCT) program. • Passed all CCR Title 15 audits during our longstanding partnership with Humboldt County. • Wellpath implemented a customized CorEMR electronic medical record system and CorEMR electronic Medication Administration Record (eMAR).
Length of Services Provided:	Cost of Services Provided:
<p>22 Years 12/1/1999 to Present</p>	<p>\$4,997,206 CONFIDENTIAL</p>

General Professional Services Questionnaire

L. List all prior and/or on-going litigation between Firm and Jefferson Parish. Please attach additional pages if necessary.

Parties:		Status/Result of Case:
Plaintiff:	Defendant:	
1.	To our knowledge, there is no prior and/or on-going litigation between Wellpath LLC and Jefferson Parish.	
2.		
3.		
4.		

M. Use this space to provide any additional information or description of resources supporting Firm's qualifications for the proposed project.

Please see Wellpath LLC's additional information and description of resources supporting our qualifications for the proposed project in our proposal immediately following this page.

N. To the best of my knowledge, the foregoing is an accurate statement of facts.

Signature:  Print Name: Kip Hallman

Title: President Date: January 5, 2023

The Parish of Jefferson

Gretna, Louisiana

SOQ No. 22-052

Health Care Services for the Jefferson Parish Correctional Center

Technical Proposal

January 6, 2023 | 3:30 PM CST



Respectfully Submitted to:

Donna Reamey, Buyer II
Jefferson Parish Purchasing Department
General Government Building
200 Derbigny Street, Suite 4400
Gretna, LA 70053
504-364-2684

Submitted by:

WELLPATH®
3340 Perimeter Hill Drive
Nashville, TN 37211
800-592-2974
Tax ID# 32-0092573

Points of Contact:

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Director of Partnership Development
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Kip Hallman
President
858-775-1369
kip.hallman@wellpath.us

This submission includes the following:

One Electronically Submitted Technical Proposal via Jefferson Parish's e-Procurement site, Central Bidding at www.centrauctionhouse.com.

January 6, 2023

Dear Ms. Reamey and Members of the Evaluation Committee:

Wellpath appreciates this opportunity to submit our Statement of Qualifications (SOQ 22-052) for Health Care Services for the Jefferson Parish Correctional Center (JPCC). We partner with nearby Orleans Parish and are proud of the services we provide to our Louisiana clients. We will work diligently to build a level of trust with Jefferson Parish and the staff at the JPCC.

Wellpath is the premier provider of localized, high-quality, compassionate care to vulnerable patients in challenging clinical environments. We continually strive to deliver the best, cost-effective care with full transparency. Our approach is collaborative, communicative, and cost efficient. We commit to providing high-quality care similar to the care available in the community.

We will work with Jefferson Parish to ensure appropriate care for the individuals in your custody. We have a keen understanding of the challenges you currently face, and we will help address them as your partner.

- **We have had a presence in Louisiana since 2010, providing consistent, visible, effective leadership. We are not just located in the communities we serve; we are a part of the communities we serve. We currently provide medical and mental health services to Orleans Parish and the Louisiana Office of Juvenile Justice as well as the Federal Correctional Complex (FCC) Pollock.** Our Regional Director of Operations, Janice Staggs-Webb, and Regional Vice President, Andrew Small, will be available to lead and support the healthcare program for the JPCC.
- **We are committed to provide full staffing and support.** With clients across the U.S. and three clients in Louisiana, we intimately understand how to staff and serve agencies like the Jefferson Parish Correctional Center. We have started to develop a staffing plan that we will recommend based on the SOQ, your average daily population, and clinical needs of those housed at the JPCC.
- **We invest in recruiting and retention.** Wellpath makes a significant investment to find the best healthcare professionals to improve outcomes and reduce turnover. We will implement our successful “recruit, hire, and retain” initiatives. Our employees are our most valued assets, and we are committed to equipping Wellpath team members with the necessary tools for success. We provide our site leaders with management training to help them create the proper culture for working in a challenging environment. We appreciate our employees and work hard to retain valued members of our team. Our goal is to be the provider that clients want to work with, and employees want to work for.
- **We are focused on accreditation.** We are accreditation experts and throughout the Country we have never failed to achieve nor lost medical accreditation at any of our partner sites. Wellpath understands Jefferson Parish’s commitment to providing quality care and vows to partner with the JPCC to ensure that together, we score 100% on medical accreditations.
- **We maximize on-site services to reduce costs.** By maximizing on-site resources, Wellpath will help reduce off-site costs and trips while offering better care to our patient population. We have also developed a telehealth platform to optimize direct patient care on site and ensure the appropriate use of patient transport to community facilities.

- **We offer industry-leading technology.** The Wellpath Healthcare Cloud is a comprehensive solution that empowers a more effective on-site healthcare program. We developed the Wellpath Healthcare Cloud to deliver health-related services and information that enhance the quality and efficiency of patient care, administrative activities, and health education. This suite of cloud-based services strengthens the traditional delivery model where gaps (e.g., provider recruitment challenges) and vulnerabilities (e.g., after-hours coverage) in care delivery increase risk to delayed care, preventable off-site transfers, and avoidable off-site expenditures. The Wellpath Healthcare Cloud reduces total cost of care (considering medical services, transportations costs, and public safety costs) while delivering timely, high-quality clinical care that meets or exceeds community standards.
- **We provide true partnership through accountability.** Wellpath will be accountable for the program we design and the care we deliver. We expect to be measured by our performance, including reduced medical grievances; accountability as evidenced by operational and financial reporting; reduced staff turnover; and fewer off-site transports. We will provide JPCC administration with operational reports to identify things being done well, as well as potential areas for improvement. Our detailed reports will be tailored to the specific needs of the JPCC.

In all we do, we put our patients first. Reflective of this commitment, we are often not the lowest bidder when we compete to partner with various county, state, and federal government agencies. Yet, we are selected time after time because we offer the best value and significant differentiators.

Together we can bring the best care and value to Jefferson Parish and patients at the JPCC. Finding solutions through flexibility, integrity and innovation with accountability, commitment, and teamwork is the Wellpath difference. Thank you for the opportunity to serve Jefferson Parish and the Jefferson Parish Correctional Center. We encourage you to call us with any questions you have regarding the information in our proposal and how we might serve you.

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



You will also encounter the green icon to the right of this paragraph, which clearly identifies areas within our proposal where **cost savings advantages** are to be gained by partnering with Wellpath.



Sincerely,



Kip Hallman
President
858-775-1369
kip.hallman@wellpath.us



C.J. Whitfield
Director of Partnership Development
731-441-8203
cjwhitfield@wellpath.us

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Current Client List – CONFIDENTIAL*	A
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***CONFIDENTIAL AND PROPRIETARY ATTACHMENTS**

The attachments labeled CONFIDENTIAL contain confidential proprietary information, or trade secret information as defined by the Louisiana Uniform Trade Secrets Act (LSA-R.S. 51:1431 et seq.). In accordance with LSA-R.S. 44:3.2(C) concerning trade secret and proprietary information protection, Wellpath respectfully requests that the attachments labeled CONFIDENTIAL be redacted from any distribution of this proposal pursuant to requests under the Louisiana Public Records Law (LSA-R.S. 44:1 et seq.), or for any other reason.

1 Wellpath Qualifications and Experience

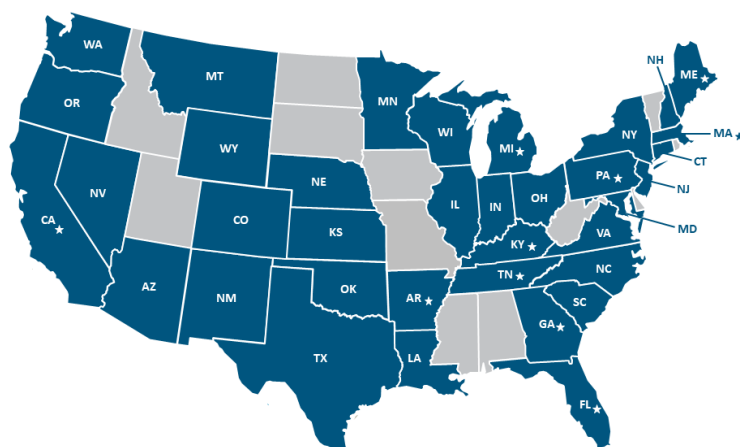
1.1 Company Overview

Wellpath is the premier provider of localized, high-quality, compassionate care to vulnerable patients in challenging clinical environments. Our resources and experience as a leading public health company will provide Jefferson Parish with the best and most cost-effective services available.

Wellpath is specifically organized to provide comprehensive correctional healthcare services to facilities similar to the Jefferson Parish Correctional Center (JPCC), where we provide medical, dental, and mental health programs for individuals in custody.

With each of our successful contracts and satisfied clients, we have demonstrated the necessary capabilities and resources that make us a qualified and willing partner for Jefferson Parish. You can expect to receive the same excellent level of service our clients across the country have come to expect from us.

Today, more than 16,000 Wellpath employees care for more than 300,000 patients in 36 states, with more than 8,000,000 patient encounters each year. The knowledge we gain from the patients we treat throughout our client base leads to improved care at each site.



Wellpath at a Glance

- 39 years in the industry
- Privately owned—We answer to our clients, not shareholders
- More than 16,000 Wellpath employees provide health care services for more than 300,000 patients in 36 states
- More than 8,000,000 patient encounters each year
- Clients include state and federal prison systems, county/regional jails, detention centers, and juvenile facilities
- Annual sales = \$1.8 billion
- Financially strong and stable
- Impeccable litigation record
- 100% success in our accreditation efforts

Home Office*

Nashville, Tennessee

California Office

San Diego, California

Florida Office

Deerfield Beach, Florida

Maine Regional Office

Augusta, Maine

Arkansas Regional Office

Pine Bluff, Arkansas

Kentucky Regional Office

Louisville, Kentucky

Pennsylvania Regional Office

Lemoyne, Pennsylvania

Massachusetts Regional Office

Foxboro, Massachusetts

Georgia Regional Office

Atlanta, Georgia

Michigan Regional Office

Lansing, Michigan

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

Our Mission

Our mission is to provide quality care to every patient with compassion, collaboration, and innovation. We are a true solutions provider in the healthcare industry and in the communities we serve. With a constant focus on patient care, we will deliver innovative solutions to meet your program objectives and local, state, and national standards of care.

Our Vision

Our vision is to transform healthcare by delivering hope and healing through public health partnerships. Wellpath was born from the joining of two great companies that shared the importance of putting patients first and providing high-quality care to an often-overlooked population. We believe in transforming public health by delivering hope and healing to those who need it most. We treat our patients with dignity and compassion because we care about them as human beings. We are the right people, striving to do the right thing while creating healthier communities—one patient at a time.

“When you think about our patients, they tend to be the most underserved, and I think there is no greater calling than to work with and to care for those people who have historically been left out and received the least healthcare.”

Jorge Dominicus,
Wellpath CEO

Our Focus

Our philosophy is simple: we listen to our clients, we assess the situation, and we offer targeted implementable solutions. Wellpath concentrates on establishing partnerships with county/parish, state, and federal agencies experiencing challenges meeting their healthcare delivery needs in a fiscally responsible way. We focus on creating and maintaining successful partnerships with our clients and we create value in our partnerships through long-term cost savings and improved patient care. Our focus is best summarized by what we call *The Five Ps: Patients, People, Partners, Processes, and Performance*.

Our Values

Wellpath recruits and retains only the best personnel in the industry. We strive to hire individuals who possess the qualities that we value most in ourselves, our employees, and in others. These attributes are known by the Wellpath family as *The Five Hs: Humility, Honesty, Hunger, Hard Work, and Humor*.



PATIENTS

We consider patients' needs and outcomes **FIRST** in all decisions we make.



PEOPLE

We value our patients, patients' families, staff and all stakeholders.



PARTNERS

We strive to meet all deliverables as contracted and provide our partners with the best services.



PROCESSES

We believe that constant adherence to best practices leads to successful outcomes.



PERFORMANCE

We strive to perform above expectations in all areas of our business.

Always Do the Right Thing!



HUMILITY

A mindset that ensures we never lose sight of our identity and our loyalty to those we serve and support.



HONESTY

A commitment to the highest level of personal and professional integrity with our partners and our patients.



HUNGER

A desire for all personnel to learn, teach and grow in a team-supported environment.



HARD WORK

A fundamental willingness to work harder and smarter in the interest of providing better service to our partners and patients.



HUMOR




A stress reliever that is essential for maintaining a positive, passionate attitude and a superior quality of life at work.

Always Do the Right Thing!



Our Services

Wellpath provides a wide range of healthcare services and ancillary services for our clients, including:

 Comprehensive Medical Services	 Mental & Behavioral Health Services	 Administrative & Operational Services
<p>Assessments & Appraisals <i>Receiving screenings; health assessments</i></p> <p>Access to Care <i>Triage & sick call; on-site clinics; telehealth; eConsults</i></p> <p>Off-site Coordination <i>Emergency & hospitalization arrangements; case management</i></p> <p>Education <i>Patient health education programs; correctional staff training programs</i></p> <p>National Contracts <i>Pharmacy; laboratory; radiology</i></p> <p>Substance Use Disorder Treatment <i>Medically supervised withdrawal management; Medication-assisted treatment (MAT)</i></p> <p>Medically Necessary Diet Programs</p> <p>Dental Care</p> <p>Optical Care</p>	<p>Screening, Assessment & Evaluation</p> <p>Treatment Planning</p> <p>Consultation & Education</p> <p>Multidisciplinary Treatment Teams</p> <p>Group & Individual Therapy</p> <p>Clinical Supervision</p> <p>Telepsychiatry</p> <p>Suicide Prevention & Intervention</p> <p>Jail-Based Competency Treatment</p> <p>Re-entry and Discharge Planning</p> <p>Community Outreach <i>Continuity of care & discharge planning; collaboration with community agencies</i></p>	<p>Claims Management <i>Third-party billing; cost recovery programs; catastrophic re-insurance coverage</i></p> <p>Utilization Management <i>Web-based Care Management system</i></p> <p>Electronic Record Management Application (ERMA®) <i>EMR & eMAR technology built for corrections</i></p> <p>Network Development <i>Established networks of specialty providers & hospitals; negotiating agreements for clients</i></p> <p>Accreditation <i>NCCHC; ACA; CALEA; state-specific</i></p> <p>Clinical Quality Assurance <i>Continuous Quality Improvement (CQI) & Medical Administration Committee (MAC) programs</i></p> <p>Reporting & Accountability <i>Automated reports; compliance tracking</i></p>

Our Core Competencies

Wellpath will maintain a mutually beneficial partnership with Jefferson Parish based on continued communication that will create cost savings while helping you meet your program objectives.

Hands-on Approach

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

"I have found that EVERYONE at Wellpath has been amazing to work with, and as a company Wellpath is second to none. The last 22+ months has been challenging for all of us; however, the Napa Wellpath Team...has stood strong and has been a great partner and advocate for patient care. I have heard the term 'we'll get through this together' on more than one occasion. But it was more than just words uttered; it was the actions taken by everyone that gave the term actual meaning to get us through these last months. I'm grateful for the collaboration, and I look forward to the future of working with the organization."

Dina Jose, Director
Napa County Department of Corrections, CA

Employee Advocates

Our employees are our most valued assets, and we equip them with the tools to succeed. We provide our site leaders with management training to foster the proper culture for working and succeeding in a challenging environment.

**To be the company that clients want to work with,
we must be the company that employees want to work for.**

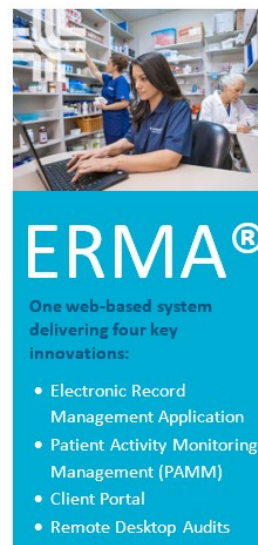
The Wellpath Healthcare Cloud

The Wellpath Healthcare Cloud is a revolutionary and proprietary telehealth platform specifically designed to provide patients specialized clinical expertise in the shortest amount of time possible. Available across the country in a variety of challenging environments, including jails, prisons, hospitals, and residential treatment facilities, the Wellpath Healthcare Cloud provides real-time emergent and specialty care through a technologically sophisticated telehealth platform.



Superior Technology

Our Electronic Record Management Application (ERMA) is a web-based application designed to operate as part of the healthcare delivery system inside correctional facilities. Implementation is simple, and clients can expect to benefit from the solution right away. Our advanced technology creates operational efficiencies by giving clients the information they need to better manage patient care. ERMA also includes electronic medication ordering and administration through its eRx and eMAR modules.



Proven Success Managing Chronic Care

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

Advanced Utilization Management

The Wellpath Care Management system is a browser-based web application that allows us to track off-site care, ensure a timely return to the facility, manage claims, and provide reports to assist with cost containment and budget preparation. Our Care Management system will be **operational on Day One**, functioning alongside your Jail Management System (JMS), ARRMS, to create added clinical control and cost efficiencies for on-site and off-site medical, dental, and mental health activities.



Cost Containment

Our objective is to uncover all areas of savings for our clients without sacrificing quality. Wellpath negotiates contracts for goods and services and seeks efficiencies in staffing, pharmacy, and off-site costs. Our national vendor contracts offer economies of scale that create savings we can pass on to our clients. Because we provide healthcare for more than 300,000 patients nationwide, we have significant buying and negotiating power, which allows us to secure the best possible rates with on-site and off-site providers.



Community Connection

A successful healthcare program has a positive community impact and Wellpath is dedicated to establishing relationships within the communities we serve. We partner with local organizations to maximize continuity of care for each patient; we work with local agencies to develop training programs for nursing students and **new Correctional Center staff**; and we seek out local charities that allow us to give back to the community. Wellpath extends continuity of care by helping connect patients with community resources, which can help reduce recidivism. As we continue to perform due diligence for Jefferson Parish’s medical program, we will communicate with area providers to form partnerships and enhance the continuity of care for your detained population.

Our partnerships go beyond the walls of the facilities in which our dedicated caregivers work. On any given day, in cities and towns across the country, our team members can be found in the community volunteering their time to those in need, including children, the homeless, and the elderly. We have developed a true **culture of caring** that extends deep into the communities we serve. The people in our facilities are active members of their communities.

The non-profit **Wellpath Cares Foundation**, an affiliate of Wellpath, was established in 2021 with the mission to provide support to organizations that actively work to reduce the impacts of Social Determinants of Health (SDH) on justice-served patients, with the goals of improving patients’ lives and reducing recidivism. In 2021, the Foundation made commitments to contribute nearly \$1 million to non-profit organizations performing this important work. We are excited about the improvements to patients’ lives and health that Foundation’s charitable mission will help bring about.



1.2 Relevant Experience

The Wellpath Executive Team has more than 400 years of combined correctional healthcare experience. We also have several former sheriffs and jail administrators in consulting roles with nearly 175 years of combined law enforcement experience. Our entire team will work together and fully engage in the successful operation of programs and services for Jefferson Parish.

1.2.1 Experience with Similar Sites

Wellpath is the industry leader in designing and operating medical programs in facilities similar to the JPCC. We have a proven history of success in facilities of all sizes, which has helped us refine best practices that will inform our program for Jefferson Parish.

Following is a sampling of Wellpath local detention clients with Average Daily Populations (ADPs) similar to the JPCC, most of whom are accredited by the NCCHC and/or ACA.

- | | |
|---------------------------------------------|----------------------------|
| • City of Orleans, LA | 950 Adults* |
| • Adams County, CO | 1,051 Adults* |
| • Santa Barbara County, CA | 1,052 Adults/66 Juveniles* |
| • Sonoma County, CA | 1,064 Adults |
| • Hampton Roads Regional Jail Authority, VA | 1,075 Adults* |
| • Montgomery County, MD | 1,080 Adults |
| • Augusta-Richmond County, GA | 1,100 Adults*† |
| • Guilford County, NC | 1,100 Adults/40 Juveniles* |

• Lexington County, SC	1,100 Adults*
• Chesapeake Sheriff's Office, VA	1,120 Adults†
• Montgomery County, TX	1,150 Adults
• Stanislaus County, CA	1,194 Adults/38 Juveniles
• Hudson County, NJ	1,200 Adults*†
• Worcester County, MA	1,240 Adults*†
• Douglas County, NE	1,250 Adults*†

*NCCHC accredited

†ACA accredited

Wellpath currently serves more than 60 clients with 1,000 or more beds, including several members of the Major County Sheriffs' Association, such as DeKalb County (Decatur), GA; Marion County (Indianapolis), IN; Oakland County (Pontiac), MI; Mecklenburg County (Charlotte), NC; and Davidson County (Nashville), TN.

1.2.2 Local Experience

Wellpath serves clients in 36 states; understanding the regional differences from state to state gives us a competitive edge. We currently provide quality care for **3,500 adult and 330 juvenile patients throughout the State of Louisiana**, including the **Louisiana Office of Juvenile Justice** (Bridge City Center for Youth; Swanson Center for Youth at Monroe; Swanson Center for Youth at Columbia; Acadiana Center for Youth), **the Federal Bureau of Prisons (FBOP) in Pollock**, and the nearby **City of New Orleans** (Orleans Parish Prison; Elayn Hunt Correctional Center). With **213 employees** actively serving our Louisiana clients, **Wellpath has unmatched local resources** readily available to support the success of Jefferson Parish's medical program.

1.2.3 Accreditation Experience

Wellpath's program for Jefferson Parish will meet or exceed community standards of care, as well as standards established by the National Commission on Correctional Health Care (NCCHC) and American Correctional Association (ACA). Wellpath will ensure that the JPCC achieves and maintains full compliance with NCCHC and ACA standards. We have extensive experience achieving and maintaining NCCHC and ACA accreditation and will ensure that Jefferson Parish's medical program maintains NCCHC accreditation for the duration of the contract.

Our accreditation history is well-documented: **Wellpath has neither failed to obtain nor lost medical accreditation at any of our client sites**. We conduct mock accreditation surveys before the actual on-site audit, and we discuss our findings and recommendations with the on-site staff. Additionally, our internal quality improvement programs ensure our client facilities meet and maintain the applicable standards.



Praise for Wellpath NCCHC Audit

"I wanted to take the opportunity to let you know what a great job your HSA did in preparing for and handling the recent NCCHC audit! Both during my personal interview and during the exit interview, both of the auditors had nothing but the highest praise for your HSA and her staff and the medical services your company provides. While this facility has maintained that accreditation for over 30 years, **we have never partnered with better company than yours.** It takes me back to the day we interviewed you for the initial RFP and the pledge you made and you stood by ever since. Thank you."

Michael Giese, former Jail Administrator
Waukesha County Sheriff's Dept., WI

Client Accreditation Status

Wellpath currently provides healthcare services for approximately **232 facilities** accredited by the NCCHC and/or ACA. The following table summarizes our current accreditation status.

Wellpath National Accreditations by the Numbers	
Accrediting Agency	Number of Facilities
NCCHC, ACA & CALEA (Triple Crown)	24
NCCHC & ACA	15
NCCHC Only	43
ACA Only	150
TOTAL	232

Wellpath has enjoyed unparalleled success in our accreditation experience. Many Wellpath sites have been found 100% compliant during their accreditation surveys. Furthermore, **we carry the distinction of counting 24 Triple Crown facilities among our clients.** The National Sheriffs' Association (NSA) presents its prestigious Triple Crown Award to correctional facilities that achieve accreditation by the NCCHC, ACA, and CALEA.

According to the NSA, "Achieving these accreditations individually is a daunting task. Acquiring all three at the same time is an extraordinary feat. The Triple Crown distinction is so rare, that since the establishment of the award in 1993, fewer than 100 sheriffs' offices have qualified."



Wellpath manages Triple Crown facilities in:

- Alameda County, CA
- Alexandria, VA
- Arapahoe County, CO
- Augusta-Richmond County, GA
- Broward County, FL (*5 Triple Crown facilities*)
- Charleston County, SC
- Clark County, NV (*2 Triple Crown facilities*)
- DeKalb County, GA
- Durham County, NC
- El Paso County, CO
- Elkhart County, IN
- Lake County, IL
- Marion County, IN
- McHenry County, IL
- Monroe County, FL
- New Hanover County, NC
- Orange County, NY
- Shelby County, TN (*2 Triple Crown facilities*)

NCCHC Awards

Each year, the NCCHC presents its Program of the Year Award to one standout program among thousands of accredited jails, prisons, and juvenile facilities. Two Wellpath facilities have received this prestigious award. The long-term care program at the Columbia Regional Care Center in South Carolina, which our Recovery Solutions Division manages, was recognized in 2012 for the exceptional quality of care provided for seriously medically and mentally ill patients.

We received the award again in 2017, when Wellpath's team at the Westchester County Correctional Facility in Valhalla, New York, had the vision to provide additional services to our mental health patients. Health Services Administrator Alexis Gendell, PsyD, and her Wellpath team at WCCF worked directly with the Westchester County Department of Correction and community providers to make this vision a reality. The NCCHC recognized the resulting Community Oriented Re-Entry (CORE) Program as its 2017 Program of the Year.

Unique Accreditation Perspective

Wellpath has strong connections to the NCCHC and ACA. Charlene Donovan, PhD, RN, PMHNP-BC, Vice President of Psychiatry and Advanced Practice Program, was on the NCCHC committee that developed the Certified Correctional Health Professional-Mental Health (CCHP-MH) certification exam.

Wellpath has a unique perspective on the accreditation process due to our employees' participation in the following NCCHC activities:

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

We typically send more than 50 staff members to the annual NCCHC conference each year for training. Wellpath staff members regularly serve as presenters and educational session leaders at the conference.

We host CCHP examinations regularly at our Home Office in Nashville, Tennessee, and at various locations throughout the country for the convenience of our employees taking the exam.



wellpath
To hope and healing.

**NCCHC 2022 Fall Conference
Featured Wellpath Speakers**


Lawrence Reccoppa


Susan Richardson


Carl Keldie


Emily Sorblom


Susan Patrick Harris


Karina Purcell


Cindie Burkett


Jamie Kenney


William Boylan


Minnetta Costa


Athena "Tina" North-Henderson


Christen Stroh


Neal Norcliffe


James Thompson

Monday, October 24, 2022 (all times listed are in Pacific Time)

- 2:45pm – 3:45pm: Self-Injurious Behaviors - Assessment and Management
Lawrence Reccoppa, MD – Regional Psychiatrist
- 4:00pm – 5:00pm: Be Here Now - Using Mindfulness to Improve Health Care Delivery
Susan Richardson, PMHNP, CCHP – Psychiatric Nurse Practitioner

Tuesday, October 25, 2022 (all times listed are in Pacific Time)

- 8:15am – 9:15am: Clinical Decision Support Tools for Prescribing High-Alert Medications
Carl Keldie, MD, CCHP – Senior Vice President, Provider Affairs
Emily Sorblom, PharmD – Doctor of Pharmacy
- 10:00am – 11:00am: Case Study - Clinical & Procurement Tackle Wound Care
Susan Patrick Harris – Vice President of Procurement & Accounts Payable
Karina Purcell, RN, PHN, CCHP-RN, MSQA – Vice President of Nursing Initiatives, Local Government
Dr. Cindie Burkett, PMP – Director of Procurement
- 1:30pm – 3:00pm: Caring for Individuals with Autism Spectrum Disorder
Jamie Kenney, PhD – Regional Mental Health Director
- 3:15pm – 4:15pm: Optimize Care with the Hepatitis C Patient Registry
William Boylan, FNP, RN-C, CCHP – Regional Clinical Provider
- 4:30pm – 5:30pm: Improving Nurse Orientation Using a Blended Education Format
Karina Purcell, RN, PHN, CCHP-RN, MSQA – Vice President of Nursing Initiatives, Local Government
Minnetta Costa, RN, MA, MSN, CCHP – Manager, Nursing Initiatives

Wednesday, October 26, 2022 (all times listed are in Pacific Time)

- 8:45am – 9:45am: Achieving Diagnostic Excellence through Metacognition
Carl Keldie, MD, CCHP – Senior Vice President, Provider Affairs
- 8:45am – 9:45am: Improve Retention and Preparedness With a Nursing Preceptorship Program
Athena "Tina" S. North-Henderson, BSN, RN, CRRN, CPPS – Nursing Education Manager
Christen Stroh, MAT – Field Training Program Manager
- 8:45am – 9:45am: Borderline Personality Disorder in Men - Common, But Underdiagnosed
Neal Norcliffe, LICSW, MSW, CCHP – Program Mental Health Director
James Thompson, MD, CCHP-MH – Program Psychiatric Medical Director

www.wellpathcareers.com

Wellpath is also proud to include ACA Past President Daron Hall (Sheriff for Davidson County, Tennessee, and former NSA president) among our clients.

ACA Past President Endorses Wellpath

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

Sheriff Daron Hall, ACA Past President
Davidson County, TN

NCCHC and ACA Certification

Wellpath encourages our medical professionals to obtain certification through the NCCHC and ACA. Becoming a Certified Correctional Health Professional (CCHP) through the NCCHC and a Certified Correctional Nurse Manager (CCN-M) through the ACA offer immeasurable benefits. These certifications are steps toward increased knowledge, greater professional recognition, and identification as a leader in the complex and ever-changing field of correctional healthcare.



Health professionals working in correctional settings face unique challenges, including working within strict security regulations, dealing with crowded facilities, and understanding the complex legal and public health considerations of providing care to incarcerated populations. Achieving professional certification ensures the skills to meet these challenges. Wellpath reimburses testing fees for employees receiving certification.

1.2.4 Current Clients

To illustrate our extensive experience in the field of correctional healthcare and to give Jefferson Parish the opportunity to review and validate our credentials, we have provided our comprehensive client list with detailed contract information in **Tabbed Attachment A. Please note that this information is confidential and proprietary.**

1.2.5 References

Wellpath is dedicated to continuously improving our services and program offerings for each client we serve. We have included ten client references or projects on the **Statement of Qualifications (General Professional Services Questionnaire)** in that we believe can best communicate our strengths and our ability to meet and exceed the requirements and expectations for the program you have defined in your SOQ. If desired, we can arrange a tour to show you our programming in action.

1.3 Transition of Services

Wellpath is prepared to implement a comprehensive turnkey program for Jefferson Parish. We have the necessary experience, capabilities, and resources to deliver a smooth transition and meet or exceed your program objectives and requirements. Immediately on receiving notification of intent to award the contract, Wellpath will begin the transition process.

To ease the transition of services, we prefer to meet with new clients and current healthcare staff **within 48-72 hours of award notice**. We will develop a detailed transition plan to ensure proper delegation of responsibility and to ensure that our program meets all tenets of the contract. We will use this transition plan to communicate responsibilities and ensure required tasks are completed. Continuous communication helps minimize surprises and promotes a mutual understanding of decisions and protocols.

Wellpath always strives to exceed client expectations when transitioning operations. “I fought hard to get and keep Wellpath in our institution and that was the best decision for level of care we’ve made.”

Former Sheriff Dave Mahoney
Dane County, WI

Wellpath will work with on-site staff, Jefferson Parish-contracted providers, and Jefferson Parish administration to encourage a fully integrated program that is seen as a success throughout the State of Louisiana. We will not make change for the sake of change, nor will we accept the status quo where improvements can be made that will benefit patient care or provide cost savings for Jefferson Parish.

1.3.1 Sample Transition Timeline

Wellpath is planning for a 60-day transition to allow for optimal communication and management of the entire transition process. With that in mind, we present the following sample timeline for on-site services beginning **June 1, 2023**.

Sample Transition Timeline (60 days)	
Date	Activity
After Notification of Award, First 2 Weeks	<ul style="list-style-type: none"> On-site meeting with facility administration and current healthcare staff Begin recruiting current healthcare staff Issue first implementation plan with items to be completed, expected due dates, and person(s) responsible; this plan is a working document and is provided weekly to appropriate facility staff Begin developing site-specific policies and procedures manual
Day 10 – 20	<ul style="list-style-type: none"> Human resources processes staff paperwork Operations team finalizes travel schedules and begins creating binders and training materials
Day 20 – 30	<ul style="list-style-type: none"> Begin recruiting process for any new positions or expected openings Network development solidifies agreements with vendors and outside providers IT ensures connectivity; orders time clocks, computers, printers, and copiers
Day 30 – 40	<ul style="list-style-type: none"> Deliver offer letters Deliver declination letters in person and in private; this list will have been discussed with facility administration to ensure no issues Orientation schedule posted; sign-up begins Updated implementation plan provided to facility staff, with many items marked as complete; provide travel schedule for Wellpath senior management team

Sample Transition Timeline (60 days)	
Date	Activity
Day 40 – 50	<ul style="list-style-type: none"> Complete work schedule and identify any potential openings In-person benefit enrollment sessions (BENEFITS BEGIN DAY ONE) Clinical team reviews scheduled chronic care clinics and patients with scheduled off-site appointments Review pharmacy orders to ensure continuity at start-up and accuracy of MARs
Day 50 – 60	<ul style="list-style-type: none"> Multiple people on site to ensure a smooth start-up and begin laying out specific responsibilities for all employees on all shifts; Wellpath start-up team mobilizes Orientation for all employees, covering Wellpath policies, culture, and expectations; occurs outside of work schedule and staff are paid for these hours on first Wellpath paycheck; conducted by members of senior management team; facility staff are welcome to attend Vendor orientation occurs just before or during the first few days for pharmacy, lab, etc.
Contract Start	<ul style="list-style-type: none"> Assume operations at 12 a.m. Computers, copiers, lab equipment, pharmacy carts, etc. delivered and inventoried
Month 1 of Contract	<ul style="list-style-type: none"> Begin monthly reporting Identify process improvements Submit site-specific Policies and Procedures for approval Implement care management system
Month 2 of Contract	<ul style="list-style-type: none"> Implement process improvements Begin CQI meetings Begin monthly infection control meetings

1.4 Compliance with Insurance Requirements

Wellpath will secure and maintain insurance that will protect us and the Parish from claims under the Workmen’s Compensation Act and from claims for bodily injury, death or property damage which may arise from the performance of such health care services at the Correctional Center. Wellpath will also secure primary, professional liability insurance/medical malpractice insurance covering us and any personnel eligible for such insurance coverage by their status as a health care provider in accordance with La. R.S. 40:1299.41, et seq., as well as participate in the Louisiana Patients’ Compensation Fund. We have provided our General Liability Certificate of Insurance in **Tabbed Attachment B** and will secure a Certificate of Insurance naming Jefferson Parish as the insured upon award.

2 Scope of Services

2.1 Access to Care

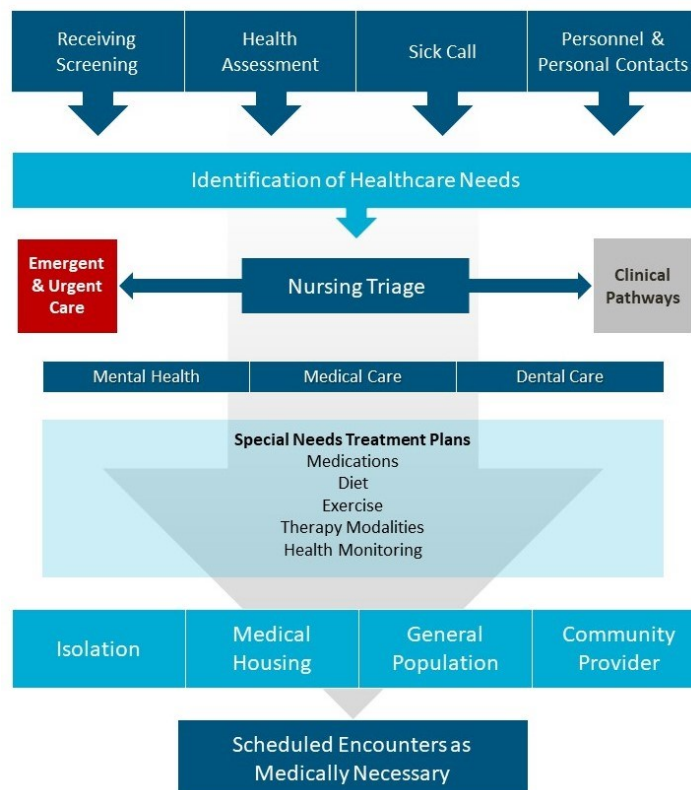
NCCHC Standard J-A-01

Wellpath will ensure that patients have timely access to care to meet their serious medical, dental, and mental health needs. The Health Services Administrator (HSA) will be responsible for identifying and eliminating any unreasonable barriers, intentional or unintentional, to patients receiving care. Patients will have unimpeded access to routine and emergency care at all times regardless of their location, custody level, or status. If a patient is unable to visit the clinic due to custody status (e.g., restricted housing) or as a result of physical condition, Wellpath staff will conduct cell-side services.

Intake staff will advise arrestees of their right to access care and the process for requesting healthcare services. We will communicate this information verbally and in writing in a language the arrestee understands. We will ensure that arrestees who do not speak English understand how to obtain healthcare.

Wellpath staff will be responsible for identifying patient healthcare needs and scheduling appropriate treatment, as well as coordinating emergency and nonemergency on-site and off-site medical services. We will provide a healthcare delivery system specifically tailored to Jefferson Parish's requirements. Our managed care system will promote efficiency and reduce costs by eliminating unnecessary services and **encouraging preventive health measures**.

The Wellpath Healthcare Delivery Process



2.2 Responsible Health Authority

NCCHC Standard J-A-02

Wellpath will assign a Health Services Administrator (HSA) as the designated responsible health authority for the JPCC. The HSA will manage Jefferson Parish's healthcare program based on defined goals, objectives, policies, and procedures, delivering healthcare under the contract and ensuring all services meet state and local regulations, as well as NCCHC and ACA standards.

The HSA will oversee the administrative requirements of the healthcare program, including recruitment, staffing, contracts, data gathering and review, monthly reports as required, medical record-keeping, and other contract services management. The HSA will also provide administrative supervision for the site Medical Director and all other medical staff by performing the following essential functions:

- Monitor the implementation and effectiveness of procedures and programs
- Evaluate financial/statistical data and program needs/problems and recommend improvements
- Develop, use, revise, interpret, and ensure compliance with Wellpath and facility policies and procedures
- Monitor subcontracted services, including pharmacy, laboratory, X-ray, and specialty providers
- Maintain communication and a good working relationship with facility administration, Correctional Center staff, Wellpath employees, contracted providers, and outside agencies

The HSA will be the single point of accountability in all matters related to the healthcare program and will have the authority and responsibility to resolve problems and ensure your continued satisfaction. The HSA will coordinate contract requirements with facility administration and will resolve service performance issues.

2.3 Medical Autonomy

NCCHC Standard J-A-03

The site Medical Director will be the designated responsible physician for clinical services provided at the JPCC. The Medical Director will provide clinical oversight to the site medical program following NCCHC and ACA standards. This singularly designated physician health authority will ensure the appropriateness and adequacy of the healthcare program for the incarcerated population. The Medical Director will be supported by the Wellpath Regional Management Team to ensure standards-compliant programming, consistency of care, and continuous quality improvement. This team will include the Regional Medical Director and Regional Director of Operations.

Our physicians have autonomy in how they practice medicine and the decisions that they make for their patients. Mid-level providers (Nurse Practitioners and Physician Assistants) also have the ability to make clinical decisions in conjunction with their collaborating physician. Our regional support personnel provide resources to our site-level physicians sharing best practices and evidence-based medicine practices. They are a peer-to-peer resource for discussing difficult cases. Upper-level medical managers allow our providers to make "site-level decisions" to care for patients.

Our formulary review and off-site service review process has the functionality to allow the physician to click on the "site-level decision" option if they disagree with the recommendation. Our philosophy is that we hire the best physicians and mid-level providers available, and we trust them to use their training and clinical judgement to do the right thing to care for their patients.

2.4 Receiving Screening

NCCHC Standard J-E-02

Wellpath staff will screen arrestees on their arrival at the JPCC for emergent or urgent health needs. The Wellpath receiving screening emphasizes the identification, referral, and treatment of individuals with acute and chronic healthcare conditions, behavioral health disorders, suicide risk, withdrawal risk, and dental issues. We will also assess the need for medication, isolation, or close observation. The receiving screening will set the course for the patient's medical care throughout confinement. Early identification of problems using a systematic intake evaluation prevents more serious and costly problems from developing later.

Wellpath understands the importance of a timely and proper booking and admission screening process to promote individual and facility well-being. We will provide staffing to ensure timely evaluation of intake orders and stabilize patients with health issues as quickly as possible and initiate needed medications. We will allocate properly trained and authorized healthcare staff to conduct receiving screenings 24 hours a day, 7 days a week, including holidays.

Wellpath receiving screenings meet NCCHC and ACA standards and minimally include:

Direct visual observation:

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

Clinical screening for current illnesses, health problems, and conditions:

- Illnesses and special health needs, including allergies
- Current medications
- History of hospitalization
- Dental conditions or complaints
- History of tuberculosis or other infectious diseases (or symptoms such as persistent cough, shortness of breath, loss of appetite, fatigue, coughing up blood, night sweats, or unexplained weight loss)
- Medical dietary needs

- Drug and alcohol use, including types, methods, date and time of last use, problems associated with ceasing use, and history of treatment for substance use
- Tobacco use
- For women, current or recent pregnancy, birth control use, date of last menstrual cycle, current gynecological problems, and methadone use
- Current pain
- Notation of personal physician and known medical risks

Testing and initial assessments:

- Record of vital signs
- Oral screening
- Initial mental health screening
- STD testing for syphilis, gonorrhea, chlamydia, and HIV as indicated
- Pregnancy testing as indicated

Mental health screening:

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

Information sharing and education:

- Explain right to healthcare
- How to access medical, dental, and mental health services verbally and in writing in a language the individual understands
- Oral health and hygiene education
- PREA screening and education regarding sexual assault
- Explain grievance process
- Document informed consent

Verification and referrals:

- Examine medications brought into the facility
- Verify current medications; a clinician may be notified to assess the need for non-formulary medications, which may be provided for up to 30 days until an expedited physical exam can be completed
- Verify medically necessary special diets
- Ask about current health insurance
- Refer for mental health evaluation as indicated
- Refer for emergency, specialty, or dental care as indicated

- Refer for placement/housing (e.g., general population, medical observation, mental health observation, suicide watch, etc.)
- Refer disabled individuals to the physician to determine treatment

Wellpath staff will notify Correctional Center of patients needing special oversight, treatment, or management of those with critical conditions, including but not limited to:

- Need of emergency room referral
- Urgent need for medication
- Suicidal thoughts or behavior
- Potential for withdrawal
- Diabetes
- Heart condition
- Seizures
- New or recent injuries
- Mental conditions or personality disorders (potential for violence)
- Contagious illness or disease considered an immediate threat to the patient population or Correctional Center
- Any other urgent or emergent concerns

2.4.1 Receiving Screening Tool

Wellpath's standardized, physician-approved receiving screening form guides the assessment, treatment, and referral of individuals admitted with healthcare needs. Wellpath nurses will use the screening results to determine the appropriate intervention. Healthcare staff will be trained by the responsible physician or designee in the early recognition of medical or mental health conditions requiring clinical attention. Training will include how to complete the receiving screening form and when to contact medical staff to determine disposition.

Once we implement ERMA, intake staff will document screenings electronically. ERMA will streamline the intake process and reduce paper transcription errors. It will also reduce transcription time, allowing intake nurses to focus on clinical functions.

ERMA will interface with your Jail Management System, ARRMS, by pulling demographic data when a new patient is booked, giving medical staff timely access to information. Re-admitted patients with previous medical or mental health history will be immediately identified, providing critical information to the intake nurse and the physician from an authorized computer connected to the internet. Data will also be immediately available on re-admitted patients.

Sample Receiving Screening in ERMA

Clear All Selected Patients/Documents

Click Patient Name to go to Patient Chart

Bulk Print (0)

- Chronic Care
- Chronic Care Orders
- Dental
- Health Assessments
- Infirmity
- Intakes and Transfers
- Receiving Screening with Mental Health
- Nursing Documentation Pathways
- Special Circumstance
- Treatment Records

Receiving Screening with Mental Health

Admission Dates

Date of Service

Show Header

☐ Refusal of admission until medically cleared

Patient Questionnaire (explain all yes answers)

1. Have you ever or are you currently being treated for: asthma, diabetes, seizure disorder, thyroid disorder, heart condition, high blood pressure, bleeding disorder or kidney disease? ☐ Yes ☐ No

2. Have you or are you currently being treated for any other illness or health problem not listed above? ☐ Yes ☐ No

Patient Problems: ☐ Patient Reports No Problems

Observed Date	Category	Type	Problem	Confirmed By

3. Are you currently taking any medication prescribed to you by a physician? ☐ Yes ☐ No

4. Are you allergic to any medications or do you have any other allergies? ☐ Yes ☐ No

Patient Allergies: ☐ No Known Allergies

Observed Date	Type	Allergy	Reaction
Allergy Information Required			

5. Have you been hospitalized by a physician or psychiatrist? ☐ Yes ☐ No

6. Do you have current painful dental condition or dental complaint? ☐ Yes ☐ No

7. Have you been exposed to or been diagnosed with Hepatitis, venereal or sexually transmitted disease, HIV/AIDS or any other serious disease? ☐ Yes ☐ No

8. Have you ever had a positive TB skin test, been exposed to TB or been diagnosed with TB? ☐ Yes ☐ No

Clear All Selected Patients/Documents

Submit

Pend

Void

-- No User Required --

2.4.2 Admission Deferrals

Admission to the JPCC will require clearance for serious, urgent, or emergent injuries or medical problems. Intake staff may identify arrestees whose clinical status requires urgent or emergent health services not available on site. In this case, the intake nurse will refer the arrestee to a local emergency room or approved hospital for care. The arrestee's subsequent admission to the JPCC will require written medical clearance from the hospital.

Reasons for admission deferrals include:

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

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Patient Medical Clearance Request

Patient Name (Last, First, MI):

Date of Birth: State: Patient ID No: Date:

☐ Adult ☐ Juvenile

Attention Hospital Staff:

This individual has an injury or illness and is in need of emergency medical care and/or medical clearance before being accepted for commitment into the correctional facility. Upon receipt of medical clearance and documentation reflecting that this individual is stabilized, they will be accepted/committed to the correctional facility.

The individual noted below was not medically appropriate for intake / booking for the following reasons:

Intake Nurse:

In order for our medical staff to provide continuity of care, we need ALL Emergency Department forms to be returned with the Law Enforcement Officer. This includes the Nurse Triage Sheet, ED Order Sheet, Patient History Sheet, Labs, Test Results, ED Medication Sheet, Discharge Summary, All Labs, and Diagnostic Test.

Please check one of the following:

☐ Patient is medically cleared to return for booking / intake processing.

☐ Patient is NOT medically cleared to return for booking / intake processing.

Treating Physician Signature: Date/Time:

All cost associated with treatment are the responsibility of:

☐ Patient ☐ Arresting Agency ☐ Wellpath ☐ Other

2.5 Initial Health Assessment

NCCHC Standard J-E-04

Wellpath staff will conduct a comprehensive health assessment, including a complete medical history and physical examination, for patients within their first 14 calendar days in custody. We typically target day 10 for health assessments to ensure compliance with NCCHC standards. This also allows us to identify medical needs or conditions not disclosed by the patient during intake, and to initiate timely and appropriate treatment in an effort to avoid a later need for emergent treatment or hospitalization. Wellpath staff will document patients who refuse physicals and their reasons for refusal.

A physician, a mid-level provider, or a properly trained registered nurse (RN) will conduct the health assessment following local regulations. Before performing health assessments, RNs must complete physical exam training provided or approved by the responsible physician or designee. The RN also must pass a written test and successfully demonstrate an exam for the physician, who will sign off on the RN's competency to complete assessments. The training will be documented in the RN's training record and repeated annually.

A Wellpath physician will review, sign, and date assessments completed by an RN and abnormal assessments completed by a mid-level provider. A physician or mid-level provider will review abnormal health assessment results for disposition.

The comprehensive health assessment will minimally include:

- Review receiving/intake screening
- Record vital signs, height, and weight
- Review immunization history; initiate needed immunizations and therapy
- PPD test for tuberculosis (if not previously administered)
- Laboratory and/or diagnostic tests as required
- Vision and hearing screenings
- Physical examination (including breast, rectal, and testicular exams based on patient gender, age, and risk factors)
- Pap testing for female patients as medically indicated
- Oral screening and hygiene education
- Mental health assessment, including suicide potential and psychiatric screenings
- Review health history; gather additional data needed to complete the medical, dental, and mental health histories
- Document allergies
- Other tests and examinations as appropriate (e.g., diagnostic panel, urinalysis, EKG, etc.)

The healthcare professional conducting the assessment will record findings on an approved form, which will also include the individual's title and signature, as well as the date and time of the assessment. The health assessment will become part of the patient's permanent medical record. Once ERMA is implemented, health assessments will be documented electronically.

wellpath To hope and healing.		Medical History and Physical Assessment with Behavioral Health	
Date of Birth:	Status: <input type="checkbox"/> Adult <input type="checkbox"/> Juvenile	Patient Name (Last, First, MI):	
<input type="checkbox"/> Receiving Screening reviewed <input type="checkbox"/> Per site policy, no Medical History and Physical Assessment required <input type="checkbox"/> Patient refused Medical History and Physical Assessment <input type="checkbox"/> Patient unavailable due to Patient <input type="checkbox"/> House Arrest <input type="checkbox"/> Out of Court			
PREA Questions 1. Has the patient ever been a victim of sexual abuse? 2. Does the patient feel vulnerable? 3. Has the patient ever been arrested for a sex offense against an adult or a child? 4. Does the patient identify or be perceived as gay, lesbian, bisexual, transgender? 5. Is the patient detained for any civil immigration purposes? 6. Does the patient have a physical disability or developmental delay/disability? 7. Is this the patient's first time being arrested? 8. Is the patient of small stature or small physical build? If any "yes" answers, notify classifications and n Referred for Evaluation?			
Examiner's Signature / Title _____ Date _____			

wellpath To hope and healing.		Medical History and Physical Assessment with Behavioral Health	
Date of Birth:	Status: <input type="checkbox"/> Adult <input type="checkbox"/> Juvenile	Patient Name (Last, First, MI):	
Subsidiary Potential Screening 1. Have you ever attempted suicide? 2. Have you recently considered attempting suicide? 3. Note circumstances that increase suicide potential: Current Mental Status Orientation: Alert, Oriented, Disoriented Affect: Appropriate, Inappropriate Mood: Appropriate, Depressed, Irritable, Anxious Speech: Appropriate, Slurred, Pressured, Loud Appearance Well & Clean, Disheveled Hallucinations: Visual, Auditory, Olfactory Activity / Behavior: Appropriate, Unable to sit still, Slow, No eye contact Thought Process Logical, Paranoid, Does not make sense Disposition No mental health referral Approved for General Population Mental health problems requiring routine follow-up Chronic mental health problem: Mental illness, Developmental disability, Other Acute mental health problem: Psychosis, Suicidal, Other Potential withdrawal from substance abuse Psychiatric Screening 1. History of or current psychotropic medication? 2. History of psychiatric hospitalization? 3. History of outpatient mental health treatment? 4. History of substance abuse / treatment? (include therapy and/or medications) 5. History of sex offenses? 6. History of victimization? 7. History of violent behavior? 8. History of cerebral trauma or seizures? 9. Family Situation (check): Single, Married, Divorced, Separated, Widowed Family/Sig Other Supportive? 10. History of special education? 11. Education (highest grade completed) 12. Level of Cognitive Functioning (check): Above Average, Average, Below Average 13. I/M concerned with ability to cope? COMMENTS (Comment on all "YES" responses)			
Screened by: _____ Date: _____ Time: _____ Reviewed by: _____ Date: _____ Time: _____			

Sample Medical History & Physical Assessment in ERMA

Clear All Selected Patients/Documents

Click Patient Name to go to Patient Chart

Bulk Print (0)

- Chronic Care
- Chronic Care Orders
- Dental
- Health Assessments
 - Medical History & Physical Assessment
- Infirmary
- Intakes and Transfers
- Nursing Documentation Pathways
- Special Circumstance
- Treatment Records

Medical History & Physical Assessment Admission Dates: 7/24/2013 3:27 AM - 3:27 PM Date of Service: 1/19/2018

Show Header v 0.1

☒ Receiving Screening reviewed

☐ Per site policy, no Medical History and Physical Assessment required

☐ Patient refused Medical History and Physical Assessment

History

Patient Problems: ☐ Patient Reports No Problems

Observed Date	Category	Type	Problem	Confirmed By

Patient Allergies: ☐ No Known Allergies

Observed Date	Type	Allergy	Reaction

Allergy Information Required

- Is there history of nervous system disorder, hearing problems, headache, blackouts, problems with balance/dizziness, or seizures? ☐ Yes ☐ No
- Is there history of muscle problems, joint problems, arthritis, false teeth, teeth problems, oral pain or discomfort? ☐ Yes ☐ No
- Is there history of pneumonia, hay fever, cough/sputum or tuberculosis? ☐ Yes ☐ No
- Is there history of ulcer, throat problems, stomach pain, nausea/vomiting, liver problems, hernia, hepatitis, heartburn or gallbladder problems? ☐ Yes ☐ No
- Is there history of hypertension, heart problems, diabetes, asthma or kidney disease? ☐ Yes ☐ No
- Is there history of cancer? ☐ Yes ☐ No
- Is there history of recent injury(s), D.T.'s, blood problems, anemia, syphilis, gonorrhea, ☐ Yes ☐ No

Submit Pending Valid -- No User Required --

2.5.1 Follow-up for Identified Health Problems

NCCHC Standard J-E-04

Wellpath staff will follow up on health problems identified during the physical examination or in test results. A physician will review the follow-up for disposition and a care plan. Medical personnel will see patients referred for treatment based on the physical examination the following day, unless the referring provider specifies another day, or in the case of life-threatening discoveries.

Sample Referral Form in ERMA

2.6 Mental Health Screening and Evaluation

NCCHC Standards J-E-05, J-F-03

Everyone benefits when a proactive plan of care begins as soon as possible after admission to a correctional facility. This can be an overwhelming and distressing time for incoming patients. Establishing contact and rapport with a mental health provider quickly can help ease concerns and fears by letting the patient know help is available and to establish and/or maintain stability throughout incarceration.

The early identification process will begin at intake to meet emergent, urgent, and routine mental health needs. The Wellpath receiving screening includes specific and structured questions to determine the patient's:

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

The mental health component of the receiving screening will take place as individuals enter the facility. Intake staff will refer patients who are mentally unstable, suicidal, or urgently need clinical attention to mental health staff for further evaluation, or to an outside facility for acute care when indicated. We will refer patients with non-emergent mental health needs to mental health staff within the appropriate timeframe.

Individuals who screen positive for mental health concerns will be referred to a Qualified Mental Health Professional (QMHP) for an initial mental health assessment, which will take place as soon as possible, but no later than 14 calendar days after admission. We will prioritize mental health assessments for patients reporting current mental health treatment in the community at intake, as well as those experiencing mental health distress. We will quickly refer individuals displaying acute symptoms (e.g., appearing psychotic or suicidal) for emergency assessment by a QMHP and ensure their safety pending assessment.

Wellpath mental health assessments comply with NCCHC standards and include a structured interview with inquiries into:

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

Sample Mental Health Initial Assessment Form

2.7 Oral Care

NCCHC Standard J-E-06

The Parish of Jefferson

Consistent with the Wellpath care philosophy, we will provide services on site to the extent possible. Dental services, including but not limited to exams and treatment (e.g., emergency fillings and extractions), will be provided by dental personnel licensed to practice in Louisiana. Wellpath staffing plans include a Dental Assistant to assist the Dentist, manage the treatment schedule and care requests, and properly maintain and sterilize equipment.

2.7.1 Oral Screening

NCCHC Standards J-E-02, J-E-04, J-E-06

Nursing staff will conduct an initial oral screening at intake to identify complaints needing a referral. A more in-depth oral screening will take place during the comprehensive health assessment within 14 days to identify additional dental needs or required referrals. A qualified healthcare professional will perform the screening and educate the patient on proper oral hygiene.

Nursing staff will receive documented training from or approved by a Dentist on performing oral screenings, including questions to ask and what to look for. The oral screening includes:

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

Unless an emergent need is identified during the oral screening, a Dentist will perform an oral examination within 12 months. The examination will include a dental treatment plan and X-rays.

2.7.2 Dental Treatment Priority

NCCHC Standards J-E-06, J-E-07

Patients can request dental services through the sick call process. The Dentist will evaluate the patient's initial oral screening, assess the severity of the complaint, and schedule a dental exam. The Dentist will prioritize, and schedule treatment as needed. If non-treatment would compromise the patient's health, the appropriate dental services will be provided as soon as possible.

Wellpath's treatment priority and classification system gives priority scheduling to:

- Patients needing emergency dental treatment, including but not limited to those with abscessed teeth, trauma, and severe facial swelling
- Patients with chronic medical conditions such as diabetes, heart conditions, or any condition that compromises their immune system

2.7.3 Emergency Dental Care

NCCHC Standards J-D-07, J-E-06

Emergency dental services will be available as needed. Medical staff will evaluate the emergency following dental emergency protocols and refer the patient to an off-site emergency or dental provider if clinically appropriate. Wellpath staff will coordinate transportation and security with facility staff.

A medical practitioner will evaluate patients needing emergency dental care and provide appropriate intervention until the patient can be seen by a dental practitioner or transferred for emergency care. Dental needs will be categorized as emergent or urgent: emergent intervention is provided within 4 hours and urgent intervention is provided within 48 hours. Emergent and urgent dental needs will be addressed by a medical practitioner until a Dentist is available.

EMERGENT dental conditions include:	URGENT dental conditions include:
<ul style="list-style-type: none"> • Tooth avulsion • Suspected fractured jaw • Difficulty breathing or swallowing due to swelling from a tooth abscess • Uncontrollable bleeding • Acute cellulitis compromising the airway 	<ul style="list-style-type: none"> • Pericoronitis • Heavy calculus accumulation with inflammation • Visual evidence of decay • Visual evidence of missing filling(s) • Swelling surrounding affected tooth/teeth • Redness of gingival surrounding affected tooth/teeth • Drainage from affected tooth/teeth • Generalized mild facial/cheek/jaw swelling without compromise to airway

2.7.4 Quality Assurance

NCCHC Standards J-A-06, J-B-02, J-B-08, J-B-09, J-E-06

Wellpath will complete regular dental audits to ensure the provision of appropriate services at the JPCC. Dental audits are designed to ensure, at a minimum:

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

2.8 Nonemergency Healthcare Requests and Services

NCCHC Standard J-E-07

Intake staff will advise arrestees of their right to access care and the process for requesting healthcare services. We will communicate this information verbally and in writing in a language the arrestee understands. We will ensure that arrestees who do not speak English understand how to obtain healthcare.

Patients will have access to sick call request forms that meet all standards and guidelines. Correctional Center staff can also refer patients if they have concerns for their health status. We will record all medical complaints, along with a recommended intervention and referral as appropriate.

Patients will have unimpeded access to routine and emergency care at all times regardless of their location, custody level, or status. If a patient is unable to attend a sick call session due to custody status (e.g., restricted housing) or as a result of physical condition, we will conduct sick call services at the patient's cell.

Healthcare services will comply with state and federal privacy mandates. We understand the importance of decentralized services for minimizing inmate movement, so we will conduct sick call services and nursing encounters in housing units to the fullest extent possible.

2.8.1 Triage and Sick Call

A responsible triage and sick call program is one of several critical operating systems for ensuring appropriate and timely care of patients with onset of acute or semi-chronic symptoms, other than those requiring emergency care. The Wellpath sick call process will ensure that patients have access to medically necessary healthcare services. A combination of nurses, mid-level providers, and physicians will provide sick call services as defined within their scope of practice. We will allocate sufficient healthcare staff for the sick call process to allow patients to be seen in a timely manner according to NCCHC and ACA standards.

Nurse Triage and Follow-up

Qualified nurses will conduct sick call triage seven days a week, including holidays. Following the collection of healthcare request forms each day, a nurse will review and prioritize sick call requests. Patients will receive a face-to-face consultation at the next scheduled nurse sick call, which will also take place seven days a week per NCCHC standards.

The sick call nurse will assign each sick call request a disposition of emergent, urgent, or routine. Patients will be seen within the appropriate timeframe. Those with emergent requests will receive

immediate attention. Those with urgent requests will be scheduled for the next provider sick call clinic. Should the need arise outside the scheduled sick call clinic, Wellpath will arrange for patients requiring urgent or emergent medical attention to be seen the same day.

During triage, the nurse will initiate referrals for patients needing consultation with the medical provider. If the patient needs to see more than one provider, the nurse will initiate multiple referrals. The nurse will document the referral(s) on the request form.

Provider Clinics

A physician or mid-level provider will see referred patients during the next scheduled provider clinic. Wellpath will schedule provider clinics with a frequency and duration sufficient to meet the health needs of the JPCC's patient population. A physician or mid-level provider will also be on-call 24/7 for emergencies.

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

2.9 Nursing Assessment Protocols and Procedures

NCCHC Standard J-E-08

Wellpath nurses will conduct sick call using Professional Nursing Protocols. Our physicians developed the PNPs to assist nurses with treatment recommendations and promote consistent caregiving. These protocols provide a **consistent structure for patient care, justification for actions, and a set of interventions specific to the patient's presenting condition**. Their purpose is to give nurses information regarding specific health conditions or complaints so they can reach logical conclusions from their observations, then provide appropriate intervention and follow-up.

In its simplest form, a Professional Nursing Protocol is a decision-tree process for nurses to follow, which also improves ease of training and **optimizes practitioners' time**. All Wellpath nurses are trained to use the protocols, which cover topics such as:

- Abdominal pain
- Allergic reaction (emergent)
- Altered mental status
- Behavioral health complaint
- Chest pain
- Cold/allergy symptoms
- Conditions not requiring medical treatment
- Dental complaints/pain
- Ear complaints
- Eye complaints
- Hypoglycemia
- Male-specific complaints
- Musculoskeletal complaints
- Neurological impairment
- Nosebleeds
- Pregnancy, 20 weeks or more
- Pregnancy less than 20 weeks
- Respiratory complaints
- Self-injurious behavior
- Skin problems

- Female-specific complaints
- Fever
- Gastrointestinal complaints
- Headache
- Heat-related illness
- Hyperglycemia
- Hypertension
- Trauma
- Urinary complaints
- Use of force
- Withdrawal, alcohol and benzodiazepine
- Withdrawal, opiate
- Wounds

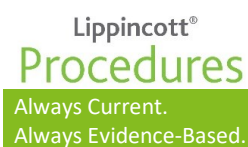
The PNP manual will be subject to approval by the designee. The site Medical Director will review the manual annually and the Wellpath Nursing Department will make any necessary updates. The HSA and/or the DON will instruct the nursing staff on revisions, as applicable.

Nurses can access electronic versions of the protocols through ERMA and document findings directly in the patient’s medical record. The electronic PNPs include a health education component; the nurse is prompted to educate the patient on symptoms to look for and when to notify medical staff about their symptoms. For example, a nurse seeing a patient for a headache might tell the patient to notify staff if the pain persists for more than four hours, if the patient experiences auras or visual changes, or if the patient has changes in balance/equilibrium. The education is provided verbally and the nurse can print a handout for the patient to keep. The electronic PNPs have a checkbox for the nurse to indicate that education has been provided; **this documentation is a compliance measure for NCCHC.**

2.9.1 Nursing Support Tools

Wellpath is dedicated to supporting our nursing teammates by enabling them to deliver excellent patient care and support improved patient outcomes. We invest in resources that are evidence-based, immediately accessible to each staff member, and support clinical decision-making.

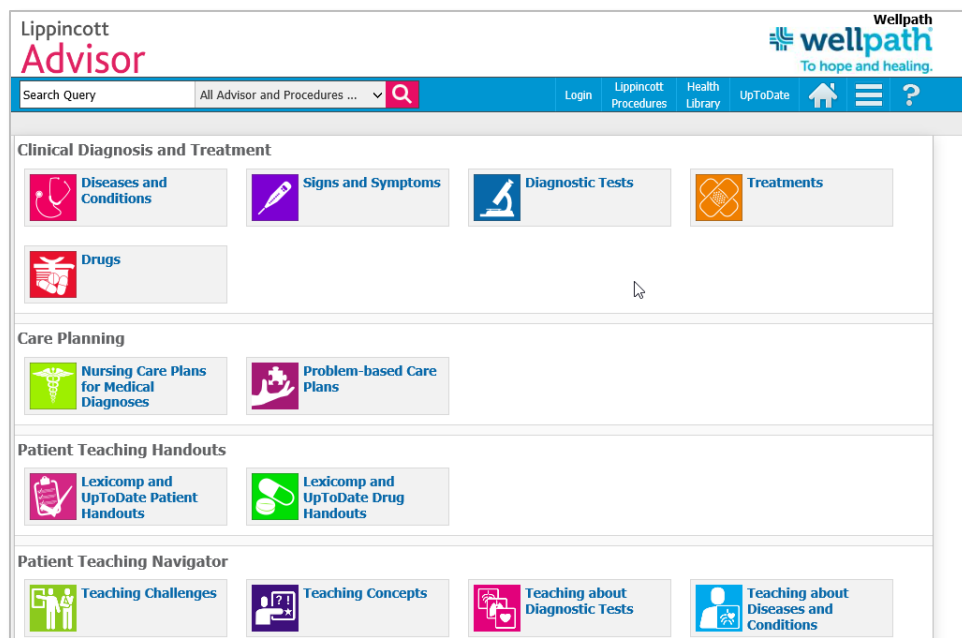
Wellpath partners with Wolters Kluwer to provide our staff with evidence-based resources, including Lippincott® Procedures and Lippincott® Advisor. Lippincott Procedures is an online source for instant, evidence-based procedure guidance at the point of care. With more than 1,800 procedures and skills from novice to expert and covering a wide variety of nursing specialties, it combines the most trusted clinical content with powerful online workflow functionality that saves time, standardizes care, and delivers improved patient outcomes. We encourage ancillary and support staff to access Lippincott Procedures and Lippincott Advisor to support their scope of practice.



Nurses can make informed clinical decisions and perform quality skills. Procedures include step-by-step guides, simplified quick lists, information about special considerations, complications, documentation, and visual references, like full-color images and video clips.



Staff can quickly and easily consult “Nurse Lippincott” for clinical decision support regarding Signs & Symptoms, Diagnostic Tests, Diseases & Conditions, Hospital-Acquired Conditions, Treatments, Care Plans, and more. Nurses can use the Health Library to access more than 30 evidence-based eBooks on a variety of medical topics.



2.10 Continuity and Coordination of Care During Incarceration

NCCHC Standard J-E-09

Wellpath ensures complete care coordination of patient medical and mental health needs, from intake to release. We view ourselves as part of the community health continuum and are dedicated to working with community providers when their clients are incarcerated.

Wellpath will establish and maintain relationships with community organizations to obtain previous treatment information, including medical and mental health records, to ensure continuity of care. We are committed to connecting our programs with community efforts, which allows us to obtain information regarding community treatment regimens and refer patients before release to appropriate community programming.

During the receiving screening, we will ask each arrestee about current providers and medical, dental, or mental health treatment in progress. When it is determined that an arrestee was receiving medical or mental health care in the community, we will ask the arrestee to complete a Release of Information (ROI). This will allow us to request and obtain treatment information from community providers to facilitate continuity of care. It will also allow us to begin the medication verification process. Our ROI form complies with HIPAA and will be submitted to Jefferson Parish for approval.

2.11 Discharge Planning and Release Medications

NCCHC Standard J-E-10

Discharge planning must start at intake to be effective, and Wellpath has specific policies regarding discharge planning for released patients. During initial contact with the clinical provider, patients will

learn about available re-entry services, community resources available upon discharge, and the role of Wellpath team members in developing release plans.

Wellpath will work with local providers to develop processes to ensure continuity of care for discharged patients, especially those with dual diagnoses of mental illnesses and substance use disorder and those with a chronic care condition. We will strive to enhance the patient's state of health and **reduce the likelihood of recidivism** by supplying as many resources as possible to continue their treatment plans.

Wellpath will help design a discharge plan that details the appropriate post-release care. A Wellpath licensed nurse will complete a discharge medical summary that includes:

- Patient's diagnoses
- Status of control for each medical or behavioral health condition
- Active medications and doses
- Inactive medications discontinued in the past month
- Allergies
- Date of last medical or behavioral health visit
- Pertinent labs from the last month
- Surgical procedures done while in custody
- Any other known pertinent surgical history
- Hospitalizations while in custody
- Pertinent healthcare needs, such as medical devices, dialysis (including the schedule)

A similar process will occur for patients involved in mental health care, with a discharge summary developed that includes:

- Patient's diagnoses
- Status of control for each behavioral health condition
- Active medications and doses
- Inactive medications discontinued in the past month
- Summary of program involvement and goals achieved
- Recommendations for continued success
- List of referrals

Wellpath staff will medically clear patients for discharge and secure a medical necessity form signed by the practitioner for any discharge medications. Within 48 hours of notification of a patient's pending release



The image shows two overlapping forms from Wellpath. The left form is a 'Discharge Planning Initial Assessment' and the right form is a 'Discharge Planning Initial Assessment'.

Left Form: Discharge Planning Initial Assessment

wellpath
To hope and healing.

Name: _____
Date/Time: _____

Plan:

- ☐ Health records reviewed
- ☐ Met with patient. Patient is able to understand and follow instructions.
- ☐ Patient does not appear to have any acute medical or behavioral health issues.
- ☐ Follow up with patient on _____
- ☐ Arrange a supply of release medication.
- ☐ Shelter information provided.
- ☐ Outside appointment with GHP.
- ☐ Substance Use Disorder information.
- ☐ SSDI/Unemployment.
- ☐ Referral to Health and Human Services.
- ☐ Identify service provider for MH.
- ☐ Identify service provider for medical.
- ☐ If patient is a veteran, determine VA status.
- ☐ Other (specify): _____

QMHP Signature/Title: _____
QMHP Printed Name: _____

Form Provider and Number: _____
Discharge Form: DCS-01

Right Form: Discharge Planning Initial Assessment

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To hope and healing.

Discharge Planning Initial Assessment

Name: _____ ID#: _____ DOB: _____
Date/Time: _____ Allergies: _____ Gender: _____

Anticipated Release Date: _____

Potential Discharge Planning Needs (be specific):

- ☐ Prescriptions/Medications: _____
- ☐ MH Services upon Release: _____
- ☐ Medical Services upon Release: _____
- ☐ Community Resource List (Food/Clothing): _____
- ☐ Housing: _____
- ☐ Veteran's Issues, Follow-up: _____
- ☐ MAT/Substance Use: _____
- ☐ Vocational Rehabilitation Issues: _____
- ☐ Social Security Disability Benefits: _____
- ☐ Transportation: _____
- ☐ Employment: _____
- ☐ Family Unification: _____
- ☐ Identification: _____
- ☐ Healthcare Assistance Application: _____

Resources Available:

- ☐ Current Medical Provider Willing to Continue Care upon Release: _____
- ☐ Patient has Access to Food and Clothing: _____
- ☐ Supporting Family: _____
- ☐ Current MH Provider Willing to Continue Care upon Release: _____
- ☐ Receives Monetary Benefits: _____
- ☐ Patient has Housing upon Return to Community: _____
- ☐ Patient is Aware of ADDA services in the Community: _____
- ☐ Transportation: _____
- ☐ Patient has Employment Arranged: _____

Form Provider and Number: _____
Discharge Form: DCS-01

Form Number: _____
Form Title: _____
Form Date: _____

into the community, we will perform a discharge screening to determine the need for post-release medications and medical assistance.

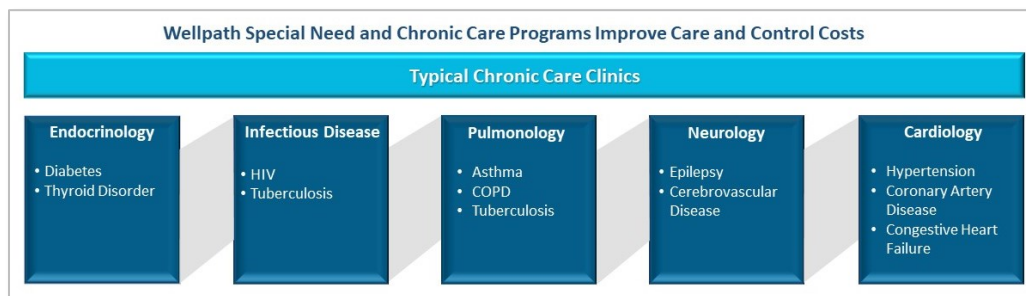
Wellpath staff will make post-release referrals for continuing care. If immediate post-release care is needed, we will coordinate with Jefferson Parish to secure post-release placement. We will also assess the need for medical support and help complete the necessary paperwork.

2.12 Special Needs and Services

2.12.1 Patients with Chronic Disease and Other Special Needs

NCCHC Standard J-F-01

Many patients have special healthcare needs requiring ongoing medical supervision and/or multidisciplinary care. Wellpath's Special Needs Program focuses on the identification, referral, and treatment of patients with special needs, including chronic conditions (e.g., diabetes, hypertension, asthma, seizures, etc.) and communicable diseases (e.g., HIV, tuberculosis, etc.). This focus allows us to manage patient needs before they escalate and require off-site consultation or result in grievances and litigation.



Wellpath considers individuals with long-term healthcare needs related to chronic conditions or acute medical and/or mental health problems to be special needs patients. This includes patients who are mentally ill, developmentally disabled, and/or at high risk for clinical decompensation. We provide these patients with services that **promote health maintenance and health improvement**. Wellpath's Special Needs Program also emphasizes patient education to encourage adherence with treatment plans, both during and after incarceration.

2.12.2 Special Needs Screening

NCCHC Standards J-E-02, J-E-04, J-F-01

Wellpath staff will perform a special needs screening during the intake process and again during the comprehensive health assessment. This screening will address housing, monitoring, and follow-up for special needs patients. Results will be documented on a Chronic Care Referral form in the patient's medical record.

Wellpath staff will receive focused training and guidance on interventions based on the results of the special needs screening. If a patient requires ongoing care, we will recommend specialty healthcare services, appropriate housing, work assignments, and program participation.

Patients with special needs will be identified through self-report, during provider encounters, or by Correctional Center staff. Self-reported conditions and referrals will be entered into the patient's medical record and verified by the medical provider. Referrals from Correctional Center staff will be managed the same as reports made by the patient directly to medical or mental health staff.

The form is titled "Chronic Care Referral Form" and includes the Wellpath logo. It contains several sections:

- Conditions:** A list of checkboxes for Asthma, COPD/Pulmonary, Cardiac, Seizures, Diabetes, Non-Insulin Dependent Diabetes, Other, Hypertension, HIV, Mental Health, Pregnancy, and Hep C.
- Medications Verification:** Fields for "Called 1st Attempt Date / Time" and "Called 2nd Attempt Date / Time", both with "Failed" checkboxes. It also includes "Dispensing Agency Name and Phone Number" with checkboxes for Pharmacy, Doctor's Office, Family, and Other.
- Medications:** A table with columns for "Medication(s) Name and Dose", "Last Date Filled", and "Date Last Taken". The "Date Last Taken" column includes checkboxes for "not taken", "not verified", and "not noted".
- Source and Contact:** Fields for "Source:" and "Contact:".
- Provider Appointment Date:** A field for the date.
- Form Completed By:** Fields for "Printed Name", "Signature", and "Date".
- Footer:** Fields for "Printed Name", "ID#", "DOB", and "Date".

2.12.3 Individualized Treatment Plans

NCCHC Standard J-F-01

The physician or mid-level designee will develop a written individualized treatment plan for patients with special medical conditions requiring close medical supervision, including chronic and convalescent care. The plan will be based on medical history and physical examination findings. Patients with a mental health special need condition will be seen by a mental health clinician who will perform an initial mental health special needs assessment and develop an individualized treatment plan. Special needs treatment plans act as a reference for healthcare personnel involved in the patient's care by providing instructions regarding diagnostic and therapeutic interventions, pharmaceutical therapy, special diets, and patient education.

Treatment plans will also include short-term and long-term goals and the methods of pursuing them. They will include information regarding the patient's disposition, scheduled appointments, housing assignment, ability to function in general population, impact on programming, and frequency of follow-up. They will also include medical or mental health instructions to healthcare providers and others involved in the care and supervision of the patient. We will share these plans, as needed, to facilitate housing in the appropriate area of the JPCC and ensure proper treatment of patients with long-term and individualized healthcare needs.

Sample Initial Chronic Care Visit in ERMA

The screenshot shows the 'CC-Diabetes Mellitus Initial Visit' form in the ERMA system. The form is titled 'CC-Diabetes Mellitus Initial Visit*' and has a date of 1/19/2018. The left sidebar shows a tree view with 'Chronic Care' selected. The main form area contains the following sections:

- Patient Problems:** A table with columns 'Observed Date', 'Category', 'Type', 'Problem', and 'Confirmed By'. There is a checkbox for 'Patient Reports No Problems'.
- Patient Allergies:** A table with columns 'Observed Date', 'Type', 'Allergy', and 'Reaction'. There is a checkbox for 'No Known Allergies'.
- Current medication(s):** A text area with a checkbox for 'see MAR'.
- Diabetes:** A section with a checkbox for 'Diabetes', a 'Type of Diabetes' dropdown, a 'Onset of Disease' date field, and a 'Date of last Urinalysis and results (if known)' checkbox.

Medical special needs patients are typically seen by a physician or mid-level provider every 90 days, or at other intervals when medically indicated. We will document this consultation in the patient's medical record and include the date and time of the consultation, the provider's name and title, and new orders for the patient's treatment. Wellpath clinicians will determine the frequency of chronic care visits based on the patient's condition(s) and recommendations from the Wellpath Minimum Standards for Care of Chronic Disease.

Mental health special needs patients will be seen a minimum of every 30 days for the first 90 days of placement into the mental health special needs program. After 90 days, the mental health clinician may reduce the frequency of each mental health special needs follow-up visit to no more than 45 days. Additionally, the mental health special needs treatment plan will be updated at least every 180 days until the patient is removed from the special needs program.

Sample Practitioner Chronic Care Order Set in ERMA

The screenshot shows the 'Practitioner Chronic Care Order Set' form in the ERMA system. The form is titled 'Practitioner Chronic Care Order Set...' and has a date of 1/19/2018. The left sidebar shows a tree view with 'Chronic Care Orders' selected. The main form area contains the following sections:

- Physician:** A text field for the provider's name.
- Date & Time of Initiation:** A date and time field.
- Patient Problems:** A table with columns 'Observed Date', 'Category', 'Type', 'Problem', and 'Confirmed By'. There is a checkbox for 'Patient Reports No Problems'.
- Patient Allergies:** A table with columns 'Observed Date', 'Type', 'Allergy', and 'Reaction'. There is a checkbox for 'No Known Allergies'.
- Chronic Conditions:** A list of conditions with checkboxes. 'ASTHMA/COPD' is checked. Other conditions include 'Peak flow readings', 'Offer Influenza vaccine 0.5cc IM (if exam occurs during flu season (October-March) and patient has not already been vaccinated)', and 'Theophylline level (if appropriate) Yes No'.

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

2.12.4 Chronic Care Management

NCCHC Standard J-F-01

Wellpath will provide a complete chronic disease management program at the JPCC that meets NCCHC standards. Our chronic disease management program is designed to reduce the frequency and severity of symptoms, prevent disease progression and complication, and foster improved function. Our multifaceted program will include disease-specific guidelines, clinical decision support tools, and a clinical informatics platform to guide population-based interventions consistent with national clinical practice guidelines for common chronic diseases such as:

- Hypertension
- Diabetes
- Asthma/COPD
- Seizure disorders
- Sickle Cell Anemia
- Substance use disorder
- Mental illness
- Coronary artery disease
- Chronic (non-cancer) pain
- Tuberculosis
- HIV
- Hepatitis
- Renal disease and dialysis

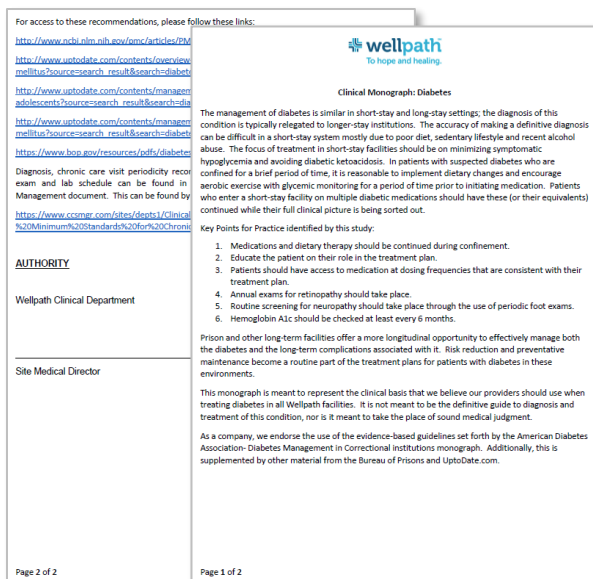
Chronic Care Guidelines

Wellpath practitioners will follow disease-specific, evidence-based clinical decision support protocols to ensure continuity of disease management at the initial and follow-up patient encounters. Practitioners will also use a set of established minimum standards for the care of chronic disease to guide their treatment decisions.

Wellpath has developed clinical monographs that represent the best practices our practitioners will use when treating specific medical conditions. The purpose of the monographs is to reduce variability in the care provided to groups of patients with similar healthcare needs.

Topics include:

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



Adherence to Chronic Care Guidelines

The Wellpath CQI program includes screens such as Continuity of Care – Chronic Disease, Patients with Special Health Needs, and Special Needs Treatment Planning to ensure adherence to appropriate chronic care guidelines.

To ensure we provide optimal patient care, our clinical staff and leadership stay abreast of peer-reviewed research and developments, including emerging therapies, with a focus on their potential use in correctional medicine. We will assess new and emerging therapies and proposed care innovations for feasibility and appropriateness in the correctional setting throughout the term of the contract and in collaboration with Jefferson Parish. All such proposed therapies will be based on recommendations from the Centers for Disease Control and Prevention and/or other recognized authorities on the management of chronic diseases.

Additionally, our staff will have access to UpToDate® Clinical Knowledgebase and Support Tools, an online medical resource for evidence-based clinical reference and patient education materials. UpToDate provides valuable medical references and client-specific patient education materials on multiple topics. UpToDate helps improve patient care by allowing providers to print educational materials for discussion during patient encounters.

UpToDate covers more than 10,000 topics in 22 medical specialties and includes more than 9,000 graded recommendations; 27,000 graphics; and 380,000 Medline abstracts, as well as references and a drug database. Content is updated every weekday. This instant availability of continuously updated evidence-based healthcare information helps medical staff provide the highest quality care.


Topics available within medical specialties in UpToDate include:

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

Chronic Care Tracking

Wellpath will track patients with chronic illnesses on a chronic care roster and report these patients to Jefferson Parish each month. We will maintain a list of chronic care patients that includes the date of intake, the date referred to the chronic care program, date of most recent visit, and date of next scheduled visit. We will discuss statistics, such as the number of patients by chronic care diagnosis and number of chronic care patients seen in the clinic by the providers, at monthly Medical Administration Committee (MAC) meetings.

Chronic Care List by Problem

 Patient Profile - Chronic Care by Problem Operational View - Currently Incarcerated Patients Only											
Report Description: A list of patients who have chronic care issues. The Operational View shows currently											
E - Patients: 56 Problems: 77											
REDACTED Jail - Patients: 56 Problems: 77											
Patient Name	Age	Patient Number	Booking Number	Housing	Custody Date	Observed Date	Status	Initial Visit Scheduled	Initial Visit Attended	Last F/U Attended	Next F/U Scheduled
Circulatory - Patients: 10											
I10 Essential (primary) hypertension - Patients: 2											
				03 : E : 02		11/29/2019	Rule Out				
				21 : C : 09		9/13/2019	Rule Out				
I11.0 Hypertensive heart disease with heart failure - Patients: 2											
				04 : F : 02		5/24/2019	Rule Out				
				32 : C : LOWER		9/24/2019	Rule Out				
I46.2 Cardiac arrest due to underlying cardiac condition - Patients: 1											
				04 : C : 01		5/17/2019	Rule Out				
I46.9 Cardiac arrest, cause unspecified - Patients: 1											
				04 : C : 01		1/21/2020	Rule Out				
I47.2 Ventricular tachycardia - Patients: 1											
				04 : C : 01		1/21/2020	Rule Out				
I48.3 Typical atrial flutter - Patients: 1											
				32 : C : LOWER		10/11/2019	Rule Out				
I50.23 Acute on chronic systolic (congestive) heart failure - Patients: 1											
				03 : D : 06		8/12/2019	Rule Out				
I50.9 Heart failure, unspecified - Patients: 1											
				09 : B : 04		11/25/2019	Rule Out				
I67.1 Cerebral aneurysm, nonruptured - Patients: 1											
				24 : A : LOWER		11/26/2019	Rule Out				
I69.30 Unspecified sequelae of cerebral infarction - Patients: 2											
				09 : B : 14		3/3/2020	Rule Out				
				34 : F : LOWER		1/13/2020	Rule Out				
Dental - Patients: 1											
K05.32 Chronic periodontitis, generalized - Patients: 1											
				03 : F : 05		2/21/2020	Rule Out				
Ear - Patients: 3											
H60.91 Unspecified otitis externa, right ear - Patients: 1											

The Wellpath Electronic Record Management Application (ERMA) can generate statistical reports and identify outliers beyond agreed-upon timeframes between chronic care visits. We can provide these reports automatically or on-demand.

Wellpath staff will enter chronic conditions into the patient's problem list in their electronic medical record. The list will be updated and labeled appropriately at chronic care visits. ERMA allows for automated tracking of chronic problems in the master problem list by combining problem codes for nurses with and diagnosis codes for providers. Problems are typically identified by nursing staff and are later confirmed by a provider.

2.13 Infirmary-Level Care

NCCHC Standard J-F-02

Infirmary care is an important part of Wellpath services. Through appropriate infirmary operations, we can reduce hospital days and associated costs. Wellpath will maximize use of the JPCC's infirmary for the treatment of patients requiring close observation and monitoring. We will operate the infirmary in

accordance with NCCHC guidelines and facility policies and procedures. Scope of services for the infirmary will include detoxification, convalescent care, skilled nursing care, pre- and post-surgical management, and limited acute care. We will also use the infirmary as a protective environment for patients exhibiting symptoms or behaviors serious enough to require notification of medical or mental health staff.

2.14 Mental Health Services

NCCHC Standard J-F-03

Mental health issues are a growing concern for all correctional facilities and a key focus for Wellpath. We take a proactive approach to the mental health needs of our patients. Our evidence-based mental health programming targets specific presenting issues and addresses recidivism risk factors.

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

We will begin by seeking out community records, verifying psychotropic medication regimens, and securing continuity of care from intake to release. We will initiate referrals for psychiatry services, special needs program enrollment, placement in identified mental health units, and group programming, including substance abuse treatment services when needed. If mental health issues cannot be safely addressed in the correctional setting, we will recommend referral to a more intensive mental health program.

"Wellpath continues to demonstrate they share our vision of setting the standard for the American Jail. With Wellpath's leadership, we are working towards becoming an NCCHC mental health accredited jail... Finding a medical service partner interested in exploring non-traditional ways to expand operational effectiveness, improve officer safety and facility security as well as ensure the highest regard for the well-being of inmates is critical."

Capt. William Teel
Las Vegas Metropolitan Police Department, NV

2.14.1 Mental Health Experience

Wellpath provides mental health and/or psychiatry services at more than 350 client facilities throughout the country. In facilities where mental health services are provided by another contractor, local agency, or group, we work cooperatively to ensure that the needs of this population are met.

In addition to the mental health services provided for our correctional clients, we have unique insight into recovery and re-entry services. Our Recovery Solutions division is a premier provider of mental health and residential treatment services, with more than 20 years of experience operating state forensic and civil psychiatric hospitals and adult residential treatment centers, as well as jail-based competency treatment (JBCT) and restoration to competency (RTC)



programs. **Wellpath has the most experience providing recovery services in the industry.** We are also a recognized industry leader in the treatment of Co-Occurring Psychiatric and Substance Use Disorders (COPSD).

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

Our Recovery Solutions division gives us a unique perspective on the delivery of behavioral and mental health services. Our mission and philosophy of behavioral, mental health, and substance use treatment inform our company's services at all sites, from forensic hospitals to jail-based competency restoration programs. We provide evidence-based assessments and treatment services within the context of illness management and recovery principles. These precepts are incorporated in the delivery of mental health services to our mentally ill patients, making us the ideal provider for Jefferson Parish.

2.14.2 Goals of the Wellpath Mental Health Program

Wellpath's Mental Health Program has several important goals. First is the safety of the incarcerated population. We will assess all individuals for risk of self-harm at intake and monitor them throughout incarceration. The risk of self-harm is higher during intake and episodes of substance withdrawal, which tend to coincide in a correctional environment, but can also relate to fluctuating internal and external factors throughout incarceration. Therefore, proactive approaches to training, referral, intervention, treatment services, and CQI studies reinforce our mental health and suicide prevention programs.

Another important goal is to identify individuals with mental health issues that may interfere with their functioning, the operation of the facility, or both. We work to quickly stabilize individuals who present with chronic mental health conditions and emphasize continued stability throughout incarceration. Our intake process quickly identifies actively symptomatic conditions, allowing rapid referral for a more in-depth evaluation of mental health needs.

2.14.3 Program Oversight

Wellpath uses a collegial communication structure when caring for mental health patients. **Chief Psychiatric Officer, Cassandra Newkirk, MD; Associate Chief Psychiatric Officer, Johannes Dalmasy, MD; Vice President of Mental Health for Local Government (East), Gregory Smith, LPC; and Regional Director of Mental Health, Donna Carter, LPC, NCC, CCHP**, will oversee our mental health program for Jefferson Parish. They will work directly with the on-site mental health and psychiatric staff and coordinate with local providers to deliver standards-adherent mental health programming tailored to the JPCC's specific needs.

The Wellpath mental health team will meet regularly to discuss common issues and problems and develop joint solutions to provide the best possible care. Our mental health program for Jefferson Parish will include on-site visits and structured conference calls to discuss and improve established policies. We will clearly define what is required to trigger a cross-team communication event and will hold our team accountable for ensuring this happens whenever necessary.

2.14.4 Mental Health Staffing

NCCHC Standards J-C-07, J-F-03

Wellpath will provide a sufficient number of mental health care providers to deliver mental health care and supervision. Qualified Mental Health Professionals (QMHPs) will provide on-site assessment and treatment of patients with clinical symptoms. A licensed psychiatric provider will deliver psychiatric care, including crisis evaluations, psychiatric assessments and referrals, medication and side effects monitoring, and any required follow-up or discharge planning. A licensed psychiatric provider will be on call 24/7.

As Regional Director of Mental Health, Ms. Carter will serve as clinical liaison to Wellpath's corporate Mental Health Program. Donna will ensure that our mental health staff follow current policies and procedures and adhere to applicable standards. Ms. Carter will visit the JPCC regularly to assist with chart reviews, follow-up for corrective action plans (CAPs), training, and performance monitoring.

2.14.5 Crisis Management

NCCHC Standards J-B-05, J-F-03

Wellpath will identify individuals demonstrating self-injurious behaviors and increased suicide risk and immediately notify mental health staff to evaluate the patient and determine an appropriate disposition. We will assign patients requiring close monitoring to designated spaces, such as safety cells, as a protective measure.

Mental health staff will perform scheduled rounds and evaluations for patients in observation or isolation. They will visit patients in crisis regularly to provide support and evaluate their risk, collaborating with the psychiatric provider if a patient's medications need to be adjusted or reassessed. These visits will also help Wellpath effectively manage medical services utilization, since individuals in crisis often seek medical attention when they need psychological help.

Mental health staff will collaborate with Correctional Center staff daily to review the status of patients on continuous suicide watch and staggered suicide watch. A QMHP will determine whether the patient needs to stay on suicide watch or return to general population and will document the decision in the patient's medical record. Only a QMHP can downgrade patients from continuous to staggered suicide watch and subsequently to other housing.

2.14.6 Placement and Housing

NCCHC Standards J-B-07, J-F-01, J-F-03

Determining proper placement is an essential component in the process of developing a care plan for patients suffering from mental illness. If a patient with serious mental illness (SMI) will not participate in treatment protocols, mental health staff will determine appropriate housing.

We will consider whether a patient needs to be monitored more closely and placed in alternative housing. Wellpath staff will screen all patients diagnosed with mental illness before placement in alternative housing, so placement does not exacerbate their mental illness.

Inpatient Psychiatric Care

Wellpath will ensure that patients needing off-site specialty care, including inpatient psychiatric treatment, receive services following NCCHC standards. If a mental health patient exhibits a grave disability that cannot be safely and appropriately managed in a specialized correctional environment, mental health and psychiatric staff, in consultation with the Wellpath Director of Psychiatric Services, will consider the need and appropriateness of involuntary commitment proceedings and work to facilitate proper placement.

2.14.7 Mental Health Care Requests

NCCHC Standards J-E-07, J-F-03

Patients can request mental health care at any time. Wellpath staff will triage all mental health care requests and provide mental health services that meet or exceed NCCHC standards. We will document all requests and review them for urgency and intervention required. The triage nurse will initiate referrals for patients needing consultation with a mental health provider. A QMHP will respond to mental health care requests and conduct patient encounters in accordance with policy.

Wellpath staff will review and triage referrals daily and respond to them according to clinical judgment and NCCHC standards. We will provide adequate staffing to allow for timely mental health evaluations to stabilize individuals with mental health issues as quickly as possible and initiate medication. Mental health staff will manage urgent referrals without delay and the psychiatric provider will follow up as needed. Medical staff will address urgent referrals received after hours and contact the on-call psychiatric provider, as needed.

2.14.8 Treatment Planning

NCCHC Standards J-F-01, J-F-03

Once safety and stability issues are addressed, the focus shifts to treatment planning and programming designed to move beyond maintenance and address risk factors for recidivism. Key elements to address include cognitive thinking patterns that support criminal behavior, trauma histories, and lack of adequate community support (e.g., housing and other resources).

Our individualized approach to treatment planning will address each patient's needs throughout their incarceration. Treatment plans will include the care to be provided, the roles of the members of the treatment team, and discharge planning.

Sample Mental Health Treatment Plan in ERMA

The screenshot displays the 'MSP MH Unit Treatment Team Review' form in the Wellpath ERMA system. The interface includes a sidebar on the left with navigation options like 'Bulk Print (0)', 'Mental Health', and 'Unit Treatment Team'. The main form area contains the following sections:

- Header:** 'MSP MH Unit Treatment Team Review', 'Admission Dates' (3/23/2016 9:53 AM - 10/1/17), and 'Date of Service' (1/17/2018).
- Unit Selection:** Radio buttons for 'Unit A1' and 'Unit A2', and 'Admission Review' with radio buttons for '30 day' and '90 day'.
- Treatment Plan Goals:** A section with four numbered text input fields.
- Group Attendance:** Radio buttons for 'Good', 'Fair', and 'Poor' for both 'Mental Health' and 'Recreation Therapy'.
- Comments:** A large text input field.
- Mental Health/Social/Program Functioning:**
 - 'Mental Health' with a text input field.
 - 'Medication Compliance' with a text input field.
 - 'Security' with a text input field.
- Footer:** 'Submit', 'Pend', 'Void', and a dropdown menu set to '-- No User Required --'.

Wellpath understands the importance of proactive treatment planning and has learned that the delivery of proactive patient care in the correctional setting produces several long-term benefits, including:

- **Fostering patient trust** – Our patients feel important and heard. We provide care with respect and understanding. We familiarize ourselves with each patient’s specific situation and needs, including communication with previous care providers to ensure continuity of care while fostering patient trust.
- **Reducing patient emergencies** – We understand our patients and do not wait for an emergency to occur. Instead, we provide active treatment that ensures we understand and meet each patient’s needs. Proactive treatment planning and care reduces emergencies that can result from a reactive approach to patient care.
- **Identifying relevant trends** – We conduct CQI audits to evaluate our programs and to help us anticipate issues before they occur. We systematically review the quality of our mental health services throughout the year and take actions to improve processes and outcomes based on these reviews.
- **Improving the level of services being offered** – We work closely with facility administration to develop site-specific improvements where possible.

2.14.9 Mental Health Promotion

NCCHC Standards J-B-01, J-F-03

Wellpath will provide patient education on mental health, self-care, and healthy lifestyle promotion. We will educate patients on their conditions, their role in their treatment plan, and the importance of adhering to the plan. Education will include information regarding continuity of care following release. We will document this education in the patient's medical record.

Incarceration can give individuals the opportunity to pursue life skills development and sobriety. Various group topics may include:

- Life skills
- Self-esteem building
- Identifying stressors
- Anger de-escalation
- Goal setting
- Communication and problem solving
- Psychoeducational groups on managing anxiety, sleep hygiene, coping with depression, coping with bipolar, and coping with ADHD

We can offer a curriculum dedicated to educating patients on identifying, navigating, and applying for community services upon release.

2.14.10 Counseling Services

NCCHC Standard J-F-03

As part of the mental health evaluation, mental health staff will evaluate individuals with significant mental health needs for enrollment in individual or group counseling services to address their mental health needs.

Wellpath offers group therapy that complements other fundamental aspects of our mental health program, including crisis management, special needs programming, intake evaluations, and suicide prevention. We can provide group programming for patients with mental health issues, assuming the availability of space at the JPCC.

Wellpath uses evidence-based programs for both individual and group counseling, several of which are described in this section. We look forward to discussing these and other options to ensure our mental health programming meets the needs of the JPCC's patient population.

Thinking for a Change (T4C) – An integrated cognitive behavioral change program that incorporates research from cognitive restructuring theory, social skills development, and the learning and use of problem-solving skills. The three components of Thinking for a Change are: cognitive self-change, social skills, and problem-solving skills. The cognitive self-change component teaches individuals a concrete process for self-reflection aimed at uncovering antisocial thoughts, feelings, attitudes, and beliefs. Social skills instruction prepares group members to engage in pro-social interactions based on self-

understanding and consideration of the impact of their actions on others. The problem-solving skills component integrates the two previous interventions to provide group members with an explicit step-by-step process for addressing challenging and stressful real-life situations.

Dialectical Behavior Therapy (DBT) – Dialectical Behavior Therapy (DBT) is a therapeutic methodology designed to treat persons with borderline personality disorder. DBT combines standard cognitive-behavioral techniques for emotion regulation and reality testing with concepts—largely derived from Buddhist meditative practice—of mindful awareness, distress tolerance, and acceptance. DBT is the first therapy that has been experimentally demonstrated to be effective for treating borderline personality disorder. Research indicates that DBT is also effective in treating individuals who represent varied symptoms and behaviors, including self-injury, associated with spectrum mood disorders.

Beyond Trauma – For female patients with trauma histories/PTSD diagnosis, this program is associated with “Helping Women Recover,” a program designed for justice-involved populations. Based on relational therapy, Cognitive Behavioral Therapy (CBT), mindfulness, expressive arts, and body-oriented exercises. Participants gain an understanding of the impact of experienced trauma on their physical and mental health and learn strategies for improved coping to decrease depression and anxiety symptoms and improve interpersonal relationships.

Codependent No More – A discussion-based group using workbook curriculum from the author of Codependent No More. Participants explore relationship dynamics that impact their sobriety and how to manage their basic needs without engaging in maladaptive behaviors. With instructive life stories, personal reflections, exercises, and self-tests, Codependent No More is a simple, straightforward, readable map of the perplexing world of codependency, charting the path to freedom and a lifetime of healing, hope, and happiness.

Start Now – Designed for correctional populations, this program incorporates CBT, motivational interviewing, neurocognitive modifications, trauma-sensitive care, gender-specific guidance, focusing skills, and functional analysis in a highly structured, non-judgmental approach to skills building. Two primary areas targeted—focusing skills and functional analysis—learning the ABC model for behavior (activators, behavior, consequences). The program includes versions for forensic psychiatric populations and community settings.

Social Skills Training for Schizophrenia – Learning activities utilizing behavioral techniques that enable persons with schizophrenia and other disabling mental disorders to acquire interpersonal disease management and independent living skills for improved functioning in their communities. A large and growing body of research supports the efficacy and effectiveness of social skills training for schizophrenia. When the type and frequency of training is linked to the phase of the disorder, patients can learn and retain a wide variety of social and independent living skills. Generalization of the skills for use in everyday life occurs when patients are provided with opportunities, encouragement, and reinforcement for practicing the skills in relevant situations. Recent advances in skills training include special adaptations and applications for improved generalization of training into the community, short-term stays in psychiatric inpatient units, dually diagnosed substance abusing mentally ill, minority groups, amplifying supported employment, treatment refractory schizophrenia, older adults, overcoming cognitive deficits, and negative symptoms, as well as the inclusion of social skills training as part of multidimensional treatment and rehabilitation programs.

2.14.11 Multidisciplinary Communications

NCCHC Standards J-B-07, J-F-03

Wellpath will encourage open communication among mental health, medical, and Correctional Center staff. Collaborative patient care requires cooperation and coordination between medical and mental health teams. Integrating patient information in an accessible medical record will promote and enhance this effort by allowing medical and mental health staff to make decisions based on all data and information.

Wellpath will maintain up-to-date and accurate medical records, service delivery logs, and other reports related to mental health services. We will also participate in periodic administrative and Continuous Quality Improvement (CQI) meetings regarding mental health services.

Collaboration with Correctional Staff

Wellpath mental health staff will collaborate with Correctional Center staff in the provision of services and operations, day-to-day activities, future planning, and evaluation of services. We will focus on effective, ongoing communication to ensure all parties are fully aware of special needs or concerns within the mental health population.

Wellpath staff will provide data for the classification, security, and control of patients to the appropriate Correctional Center unit. We will notify Correctional Center staff when a patient has a significant illness that affects housing or program assignments, disciplinary sanctions, or transfers to another institution. Wellpath staff will share pertinent clinical information with appropriate Correctional Center staff to facilitate housing in the appropriate area of the JPCC and to ensure proper treatment of patients with long-term and individualized mental health needs.

Correctional Officer Training

NCCHC Standard J-C-04

Wellpath routinely trains Correctional Center staff on responding to emergencies, handling life-threatening situations, and their responsibility for the early detection of injury or illness, including recognizing the signs of mental illness. We also offer suicide prevention training to Correctional Center staff to help them recognize when an individual needs emergency mental health care, based on questions asked during booking and any warning signs of self-harming behavior.

If desired by Jefferson Parish, we will provide focused Correctional Center staff training on mental health topics, such as:

- Legal aspects of correctional mental health care and the issues
- An overview of the most prevalent mental health diagnoses
- Review of common medications and their potential side effects
- Medical stabilization for withdrawal from substance use disorder
- Communication between clinical and Correctional Center staff
- Intense focus on suicide prevention and teamwork between clinical and Correctional Center staff

2.15 Medically Supervised Withdrawal and Treatment

NCCHC Standard J-F-04

Wellpath will provide medically supervised withdrawal management services on site in accordance with applicable standards of treatment. Patients will undergo medical stabilization for withdrawal management to minimize the risk of adverse symptoms and the need for off-site treatment.

Wellpath will train healthcare and Correctional Center staff to recognize the signs and symptoms of withdrawal and safely manage patients experiencing them.

Wellpath's Withdrawal Management Program and Policies incorporate the following:

- **Receiving screening** – Identifying of those at risk
- **Observation and monitoring** – Monitoring and assessment tools to ensure the necessary treatment as quickly as possible
- **Treatment** – Following American Society of Addiction Medicine (ASAM) national practice guidelines

2.15.1 Receiving Screening

Many individuals arrive at intake under the influence of drugs or alcohol requiring some degree of withdrawal. Intake staff will ask all arrestees about types of substances used, time of last usage, frequency and amount of usage, length of time using, and side effects experienced during past withdrawals. Our standardized receiving screening form evaluates all arrestees for signs and symptoms of withdrawal or serious intoxication, including:

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

The image shows two pages of a 'QUICK FACTS' document titled 'INTOXICATION AND WITHDRAWAL' from Wellpath. The document is divided into sections for different drug classes: Benzodiazepines, Opioids, and Other substances. Each section lists common symptoms of intoxication and withdrawal. A 'QUICK FACTS' section at the bottom provides a general overview of intoxication and withdrawal management, including a list of 10 numbered points.

QUICK FACTS

INTOXICATION AND WITHDRAWAL

SYMPTOMS OF INTOXICATION

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

SYMPTOMS OF WITHDRAWAL

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

QUICK FACTS

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

Individuals who report alcohol and/or drug dependence or identified as being at risk for withdrawal will receive a more in-depth assessment. Wellpath staff will complete this assessment using the Addiction Research Foundation Clinical Institute Withdrawal Assessment for Alcohol – Revised (CIWA-Ar) and/or the Clinical Opioid Withdrawal Scale (COWS).

These evidence-based tools help nursing staff assess the severity of withdrawal symptoms based on the patient's behavior or responses to questions. Medical providers also use the CIWA-Ar/COWS tools to gauge how patients respond to medications administered to stabilize withdrawal symptoms.

Arrestees who have the potential of withdrawal from alcohol based on frequency, duration of drinking and history, or current experience of symptoms will be started on CIWA protocol and receive their first dose of Librium within four hours. If an individual is receiving medication-assisted treatment (MAT) in the community, healthcare staff will verify treatment and contact the MAT provider for orders. Arrestees who show signs of opioid withdrawal will be started on COWS protocol.

2.15.2 Observation and Monitoring

When a patient is considered a high risk for withdrawal, intake staff will contact the physician/mid-level provider on duty or on call to determine whether placement in observation is indicated. Healthcare staff will monitor patients at risk for withdrawal throughout the medical stabilization process.

Healthcare staff will monitor patients experiencing withdrawal from alcohol, opiates, or benzodiazepines for at least five days, or longer if deemed necessary by the provider. They will assess patients undergoing withdrawal monitoring three times daily and when requested by facility staff. Assessments will include CIWA/COWS checks to determine the level of withdrawal. Scores will be calculated at each assessment to determine appropriate patient intervention, as well as the success of treatment provided.

The assessment will also include a short mental health screen for thoughts of suicidality, hopelessness, or recent bad news. If a patient gives positive answers to any of these questions, healthcare staff will immediately notify mental health staff and place the patient on suicide watch. Wellpath takes this proactive approach since withdrawal is a risk factor for suicide and suicide attempts.

2.15.3 Treatment

Wellpath has developed an order set for clinicians to use when managing and treating withdrawal symptoms. The order set is based on best practices for determining the medication to be used, starting dose, and dosing frequency. It establishes the minimum amount of medication needed to treat patients going through withdrawal, allowing for real-time use for most patients. If a patient does not respond as expected to the medication, the clinician will develop an individualized treatment plan.

Alcohol and Benzodiazepine Clinical Decision Support Tools

An individualized treatment plan for individuals at risk for alcohol or benzodiazepine withdrawal will be based on the physician's assessment of the patient's condition and may include pharmaceutical therapy. The Regional Medical Director will orient clinicians on effective management of care based on specific criteria.

Opioid Use Disorder Clinical Decision Support Tools

Patients who are at risk for opioid withdrawal are typically identified during the receiving screening. Opioid withdrawal has significant clinical implications that can lead to an unstable clinical condition for many patients, including those who are pregnant, aged, have multiple co-morbidities, or are otherwise fragile. Wellpath staff will place all patients at risk of opioid withdrawal on COWS protocol and will monitor them three times daily for a minimum of five days.

Opioid-dependent pregnant patients receiving medication-assisted treatment (MAT) in the community will have their medications continued. Wellpath encourages pregnant patients to continue MAT already in progress, as opioid withdrawal can have an adverse impact on the fetus. Opioid-dependent pregnant patients will never be required to go through withdrawal. All opioid-dependent pregnant patients will be offered either methadone (through a community provider) or buprenorphine and will be monitored and cared for closely, regardless of weeks of gestation.

If a patient is opiate-dependent and *not* pregnant, withdrawal management will be based on clinical stabilization, which may require the use of symptom management medications such as acetaminophen, ibuprofen, and loperamide hydrochloride (Imodium). Some patients may also benefit from the use of a mu-opioid agonist, such as buprenorphine, for better symptom control.

When allowed by the facility, Wellpath supports the use of a minimum five-day buprenorphine taper (typically within 24-72 hours of admittance depending on drug of use/addiction). When a patient reaches a COWS score of 8 or greater, this indicates mild withdrawal symptoms; healthcare staff will notify a DEA-X waived Wellpath provider, who may order the buprenorphine taper. This low dosage of medication helps control symptoms and prevent withdrawal. Other benefits to buprenorphine include a reduction of poor outcomes, enhancement of patient cooperation, reduction of other sick call complaints, and decrease of suicide rates. The buprenorphine taper can be used to accomplish medical stabilization but can also be used as a bridge to a maintenance dose for facilities offering MAT.

Wellpath has developed and codified an update to our clinical decision support tools for the management of opioid use disorder (OUD), including but not limited to:

- Patient education material
- Monographs
- Agreements
- Practitioner orders

- Algorithms
- Screening/interview tools
- Consents
- Chronic care exam forms
- Post medical stabilization daily checks
- Nursing training tools

2.15.4 Narcan Use for Possible Opiate Overdose

Wellpath stocks Narcan (naloxone) in emergency response kits at our client facilities as allowed by state law. We train our nurses to administer Narcan when a patient is suspected of having an opioid overdose. It is our policy that patients found unresponsive with unknown cause, or pulseless or apneic, should be given Narcan as part of the resuscitative process.

Wellpath empowers nurses to use Narcan to save lives. Since we started using Narcan in 2015, **our staff have saved more than 1,800 patients from overdosing.**

2.15.5 Medication-Assisted Treatment (MAT)

NCCHC Standard J-F-04

Wellpath aims to provide a consistent, reliable continuum of care for patients suffering from substance use disorder (SUD) throughout their incarceration experience and beyond. We strive for a world where fewer lives are lost, addiction is treated as a disease rather than a criminal activity, and access to successful treatment is available to the millions of Americans whose lives are affected by addiction.

Wellpath works to meet this goal by working with our correctional partners to allow us to continue medication-assisted treatment (MAT) for patients who were receiving treatment in the community before their arrest. We also aspire to induct new patients into treatment while they are incarcerated. We know if we can stabilize someone's addiction while they are incarcerated, the likelihood of community follow-up increases and the risk of overdose death following release decreases.

An estimated two-thirds of people in jail meet the criteria for drug dependence or abuse (Bureau of Federal Statistics, 2016).

MAT includes the use of FDA-approved medications, in combination with counseling and behavioral therapies, to treat substance use disorders as a medical disorder. There are three FDA-approved chronic care medications used to treat OUD—methadone, buprenorphine, and naltrexone:

- **Methadone** – Schedule II; only available if prescribed by a federally certified Opioid Treatment Program (OTP). Methadone has a long history of use in treatment of opioid dependence in adults. It is a full opioid agonist, meaning it activates opioid receptors in the brain to prevent withdrawal symptoms and reduce cravings. It is available through specially licensed OTPs. It is used for medically supervised withdrawal and/or induction and maintenance therapy and is provided orally. Its use is recommended by SAMHSA and NCCHC.
- **Buprenorphine** – Schedule III; requires DEA-X waiver to prescribe. Buprenorphine is a partial mu-opioid agonist, meaning it reduces or eliminates opioid withdrawal symptoms, including drug cravings, without producing the “high” or dangerous side effects of heroin and other opioids. It is available for sublingual (under the tongue) administration, both in a stand-alone formulation (called Subutex) and in combination with another agent called naloxone (marketed

as Suboxone). It can be provided via sublingual, buccal, subdermal implant, and subcutaneous extended-release routes. Its use is recommended by SAMHSA and the NCCHC.

- **Naltrexone** – Not a scheduled medication; requires a prescription or written order. Naltrexone is approved for the prevention of relapse in adult patients following complete medical stabilization for withdrawal from substance use. It is an opioid antagonist, meaning it blocks the brain's opioid receptors to prevent opioid drugs from acting on them. It can be taken orally in tablets or as a once-monthly injection (a preparation called Vivitrol) administered in a doctor's office.

Wellpath uses these medications in conjunction with other strategies and services to support recovery for people with OUD. We employ all three medications in multiple facilities across the United States in our campaign to impact the current opioid epidemic. The selected treatment for opioid-dependent patients is typically geared toward the availability for continuity of care upon discharge to the community.

Wellpath currently employs **more than 400 providers with DEA-X waivers**, plus more than a dozen Board Certified Addiction Specialists, many of whom have presented nationally on MAT.



MAT is More Than Just Methadone

MAT Therapies wrap counseling, behavioral health, and other services around medication regimens designed to fight physical symptoms and cravings.

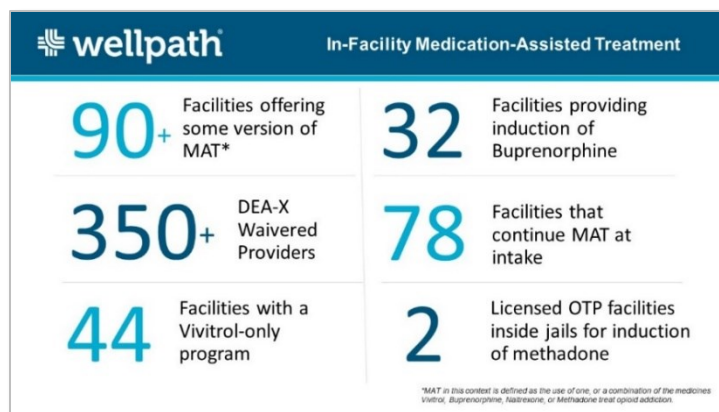
	 Methadone	 Suboxone	 Naltrexone/Vivitrol
Primary Reasons and Effects of Treatment	<ul style="list-style-type: none"> • "Full agonist" opioid with side effects including overdose potential • Satisfies cravings but does not create euphoria or intoxication • Primary indicators of methadone treatment are high risk of resuming illicit drug use or need for daily monitoring of patient 	<ul style="list-style-type: none"> • "Partial agonist" – binds preferentially to the opioid receptors of the brain to relieve cravings and withdrawal symptoms. • Exhibits a "ceiling effect" – very difficult to consume enough to become euphoric, intoxicated, or in opioid overdose • Gaining momentum as the primary option for treatment among both providers and patients • Suboxone (buprenorphine) often prescribed alone or in combination with naloxone 	<ul style="list-style-type: none"> • Blocks opioids from activating receptors, neutralizing their effect • Does not treat cravings or symptoms of withdrawal, although patients on 28-day injectable Vivitrol has been shown to reduce cravings • Not an opioid, thus non-addictive and non-intoxicating • Generally prescribed as injectable for patients with strong social support structure
Who can Prescribe?	<ul style="list-style-type: none"> • Administered only through a licensed Opioid Treatment Program (OTP), which are regulated at the state and federal level 	<ul style="list-style-type: none"> • DATA 2000-waivered providers with a DEA "X" license: MDs, NPs, and PAs can prescribe with a waiver • New regulations have expanded to include nurse midwives and anesthetists (CNM/CRNA) until 2023 	<ul style="list-style-type: none"> • Any provider with ability to prescribe drugs – no special waivers or treatment centers required as it is not a controlled substance

Pre-2002
➔

Present-Day/New Therapies for MAT

Wellpath's MAT Experience

Wellpath is a leader in MAT programs for addiction treatment and recovery within correctional facilities. We have been assisting our local government and our state clients with MAT since 2016. **We currently provide MAT in more than 90 correctional facilities**, with many more programs in development. The following graphic summarizes our current MAT programs:



Of the 90 MAT programs Wellpath currently manages, two are fully licensed jail-based Opioid Treatment Programs (OTPs), which dispense methadone on site: in Alameda County, California and Essex County, Massachusetts. Each program meets industry standards in addition to federal (Drug Enforcement Administration), state, and local laws and regulations. **Our OTP for Alameda County is accredited by the NCCCHC.**



Wellpath's MAT Program

Wellpath is passionate about the benefits of MAT. Our MAT program provides a safe and controlled level of medication to overcome the use of abused substances. The ultimate goal of MAT is full recovery, including the ability to live a self-directed life. The primary goal of Wellpath's MAT program is to remove any stumbling blocks to recovery while an individual is incarcerated. We have a multidisciplinary MAT implementation team to work with our client partners wishing to offer MAT services in some form, including full MAT programs.

Wellpath has a dedicated MAT program for local detention facilities led by Vice President of Operations for MAT, Justice-Involved, Stephanie Ruckman, DNP, FNP-BC, MBA, CCHP. and a multidisciplinary MAT Implementation Team help clients understand the challenges associated with operating a MAT program and educate them on various available options based on their clinical workflows, staffing, counseling capabilities, costs, and other considerations. With our experience and dedicated team of subject matter experts, we can collaborate with Jefferson Parish and local community providers to design a MAT program tailored to your needs.



		
CUSTOMIZED	SUPPORTED	CONNECTED
Wellpath creates programs that fit site needs and site capacity.	Wellpath provides education and training to onsite staff and providers.	Wellpath ensures continuum of care as patients transition out of custody.

Continuation of Care

The first step in a MAT program is to ensure that patients entering the correctional facility who were participating in a MAT program in the community are allowed to continue treatment. Our intake nurses ask all patients if they are currently involved in a treatment program for OUD. If the patient reports they were receiving MAT in the community prior to their arrest, the nurse collects a release of information form to verify current treatment. The nurse also conducts a urine drug screen and contacts the medical provider, who sees the patient to discuss continuing treatment.

If the patient has been receiving methadone from a community Opioid Treatment Program (OTP), Wellpath works with the OTP to provide this medication. Many states allow for methadone to be delivered or picked up from the OTP and administered on site by our trained nurses in compliance with any state DEA regulations. If a patient entering the correctional facility was receiving buprenorphine (Subutex, Suboxone, Sublocade) or naltrexone (Vivitrol), a medical provider manages these medications on site and the patient does not have to be sent off site.

All MAT continuation patients are placed on COWS protocol for evaluation and to monitor for withdrawal from any other substances. These patients are scheduled to be seen by mental health staff to arrange treatment and by a medical provider for chronic care monitoring. Patients are placed on the chronic care schedule every 30, 60, or 90 days based on condition stability, or more frequently at patient request.

Induction

For clients choosing to implement Wellpath's full MAT program, it includes the induction of new patients into treatment. Patients are screened and further evaluated to see if they meet the criteria for OUD. Wellpath staff discuss the various treatment options with the patient and begin discharge planning to ensure patients have resources available to continue treatment after release.

The Wellpath MAT program includes four treatment protocols: buprenorphine, methadone, naltrexone, and/or abstinence. All offerings include mental health services to include group and individual counseling. Wellpath uses multiple factors to determine the best course of treatment: the patient's addiction history, resources for medication availability after discharge, relapse on previous medications, and commitment to recovery. Patients who select MAT are started on medication and seen daily and/or weekly until the medication dosage is stabilized. Once the dosage is stabilized, the patient transitions to our routine chronic care provider schedule.

Diversion

All participants in our MAT programs sign consents for participation and are educated on participation expectations with mental health staff, as well as behavior expected with medication pass. Wellpath works to provide a very structured medication pass to ensure a safe, diversion-free medication pass. This requires teamwork of both medical and Correctional Center staff. We understand when these medications are not properly handled and controlled, diversion issues can happen in a facility. Based on our expertise and time in the industry, we have developed an effective plan for medication pass.

We encourage all of our sites to have MAT medication pass occur separately from other medication passes in the medical area or in another secure location away from the eyes of the general population. All participants have a mouth check prior to receiving medication, then a swish and a swallow of water. A buprenorphine tablet is then crushed and placed under the tongue. The patient must remain observed for 10 minutes while the medication dissolves. The patient then drinks a larger glass of water, has

another mouth check, and returns to the housing unit. Wellpath recommends the use of buprenorphine tablets because they are harder to divert, and they are more cost effective. However, if Jefferson Parish prefers to use Suboxone strips, we will support this process using the same methods of observation while the medication dissolves.

We realize our patient population is very smart and creative and we continually adapt our practices to meet new challenges. We have also found in our facilities where MAT is readily available through medical and patients who need treatment are receiving treatment, diversion attempts go down. This has been the case in our statewide MAT program for the Maine DOC, whose program has grown to the point that they are able to offer MAT to anyone who is eligible and interested. With diversion literally non-existent, they are now able to pass medications in the routine medication line without extra observation time or security.

Behavioral Therapies and Counseling

MAT research has focused on motivational and behavioral strategies that significantly increase the likelihood that patients will stay in treatment and remain abstinent. Non-pharmacological/psychosocial supportive services, such as individual and group counseling, have been shown to enhance program retention and positive outcomes. The results of numerous studies point to the effectiveness of enhanced counseling services in producing positive gains in treatment outcomes.

For clients who do provide counseling, Wellpath staff conduct biopsychosocial assessments and complete treatment plans and session notes. Counselors hold group counseling for patients, conduct individual counseling sessions, participate in aftercare planning, and assist in the transfer process, as needed. Wellpath offers cognitive behavioral therapy to help patients recognize, avoid, and cope with situations most likely to invite the use of drugs. We conduct motivational interviewing that focuses on readiness to change behavior and enter treatment. We also offer motivational incentives and positive reinforcement to encourage abstinence from drugs.

Time guidelines are tailored to meet the needs of the individual patient. These guidelines are site-specific, depending on what the facility can offer and any state-specific requirements. A patient typically needs more intensive/frequent counseling during the initial phase of treatment than in the latter phases of treatment. As the patient shows signs of positive social change and abstinence, individual counseling can be held on a less intensive (reduced frequency) basis.

Wellpath encourages multiple short sessions throughout the month (e.g., 30-minute sessions, four times per month) depending on the patient's needs. Sessions should be held in the most appropriate timeframe for the patient to experience the maximum positive effect from the clinical session. Patients are also expected to attend clinical groups assigned by the primary counselor. Group counseling sessions may be assigned based on the patient's individual needs or at the patient's request.

Wellpath offers a variety of individual and group treatment options, which are adjusted to meet unique population needs and take advantage of the strengths and experience of individual clinical staff members. Group topics may include:

- Alcohol and tobacco
- Sex, alcohol, and other drugs
- Negative emotions
- Relapse prevention basics
- Spirituality
- Stress and emotional well-being
- Anger and communication
- Introduction to self-help groups

- The 12 steps
- Focus on AIDS
- Physical wellness
- Attitudes and beliefs
- Family matters
- Child development and parenting skills
- Money management
- Sexual abuse
- Addiction and loss
- Spirituality and personality
- Chronic pain and opioids
- Older adults
- Sexually transmitted diseases
- Nutrition and exercise
- Problem solving
- Human needs and social relationships
- You and your parents
- Educational and vocational goals
- Insurance and consumer credit
- Compulsive sexual behavior
- Grief: Responding to loss
- Advanced relapse prevention
- Chronic diseases
- Seeking help for co-occurring disorders

Discharge Planning and Community Connectivity

Because addiction is typically a chronic disease, people cannot simply stop using drugs for a few days and be cured. Most patients require long-term or repeated episodes of care to achieve the goal of sustained abstinence and recovery of their lives. Attempting to navigate free world demands while also attempting to maintain sobriety in the absence of community treatment resources is not likely to be successful. Community connectivity is therefore an integral component to Wellpath's SUD programming.

Discharge planning begins when we start discussing treatment options with a patient to ensure patients begin a treatment plan they can sustain. When patients are pending release, Wellpath coordinates with local providers to arrange post-release treatment to enhance continuity of care and reduce recidivism.

Harm Reduction/Narcan

Wellpath supports the use of not only Narcan for our medical staff, but in getting Narcan kits into the hands of patients in our MAT program, as well as other patients who enter the correctional facility and are deemed at risk.

We help support our client partners in providing Narcan training and Narcan kits for discharging patients. Most of our clients are able to get Narcan kits for free through state-run programs or local county/parish health departments.

When previously opioid-addicted patients are discharged without treatment, they are 12 times more likely to overdose in the first 2 weeks following release from custody. Our hope is that putting Narcan kits in the right hands can save one of those lives—a life that can hopefully go on to get treatment.

2.16 Female Health Needs

NCCHC Standards J-B-03, J-E-02, J-E-04, J-F-05

Wellpath understands the special healthcare needs of female patients and has established a program that addresses these needs following NCCHC and ACA standards. We train medical staff working with the female population on the specialized aspects of care required. The Wellpath female health program at the JPCC will include:

- Determining menstrual and gynecological problems at intake
- Determining pregnancy status by history and/or pregnancy testing, as appropriate

Care of pregnant patients will include but will not be limited to:

- Routine and high-risk care, including monitoring fetal growth and heart tones
- Appropriate counseling and assistance
- Identification and management of chemically dependent pregnant female patients, including education and counseling
- Appropriate housing
- Counseling on appropriate levels of activity and safety precautions
- Prenatal vitamins
- Nutritional counseling and diet plan (diet and vitamins are planned following recommendations from ACOG and Registered Dietitians)
- Laboratory and diagnostic tests, including testing for gestational diabetes, HIV, and testing recommended by ACOG
- Observation for signs of toxemia, including urine testing for proteins and ketones
- Coordination of counseling and assistance to pregnant patients planning to keep their child, considering adoption, or seeking termination services
- On-site obstetrical care when it can reasonably be provided
- Postpartum care, including but not limited to lactation, monitoring for postpartum depression, contraception, and education
- Education on infant care
- Counseling regarding future pregnancies
- Family planning services before release

When a pregnant patient requires the services of an off-site OB provider, Wellpath staff will coordinate with Correctional Center staff for transport to off-site scheduled appointments. Wellpath will provide designated Correctional Center staff with an up-to-date listing of pregnant patients, anticipated delivery dates, and high-risk pregnancies to help them plan for required off-site travel.

High-Risk Pregnancies

An obstetrical specialist will manage high-risk pregnancies and pregnancies past 24 weeks. Wellpath staff will facilitate testing that can be performed on-site, monitor patients with high-risk pregnancies, and refer patients for hospitalization when needed. A pregnancy is considered high risk if the patient:

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

Perinatal Care

Perinatal care (before, during, and after delivery) will take place in a hospital, per the obstetrical specialist's recommendations and the Emergency Medical Treatment and Labor Act (EMTALA). Wellpath will provide appropriate postpartum care, including accommodation for lactation. When a patient returns to the facility, she will be seen by healthcare staff and placed under medical observation for at least 23 hours. Mental health staff will also evaluate the patient's emotional status, as separation from a child can trigger self-harming behavior. Wellpath staff will monitor patients for perinatal mood and anxiety disorders and refer patients to licensed mental health staff as indicated.

2.17 Infectious Disease Prevention and Control

NCCHC Standard J-B-02

Wellpath has a written infection control policy to ensure a safe and healthy environment for patients, staff, and visitors at each facility. The policy includes recommendations from the Centers for Disease Control (CDC) for infectious disease diagnosis and treatment. Oversight includes medical care, monitoring, and case management of patients with HIV/AIDS, hepatitis C (HCV), and other infectious diseases.

The primary drivers of effective infection control policies, procedures, and guidelines are **Identification**, **Prevention**, **Diagnosis**, and **Treatment**. The Wellpath infection control program aims to effectively control the occurrence and spread of communicable diseases by maintaining compliance with universal precaution procedures. We ensure employees have access to appropriate cleaning and personal protective equipment and we train them on general sanitation issues and preventing the transmission of bloodborne pathogens.

The goals of the Wellpath infection control program are to:

- Identify individuals at risk for infectious diseases
- Monitor and report infectious diseases among patients and staff
- Promote a safe and healthy environment through regular inspections, education, communication, and role modeling
- Survey patients from their entry into the facility
- Provide timely, effective treatment when an infectious disease is identified
- Administer vaccinations to minimize the spread of infectious diseases
- Protect the health and safety of patients and staff through appropriate isolation precautions
- Establish effective decontamination techniques for cleaning of medical equipment and contaminated reusable items
- Provide safe means of disposal for biohazardous waste and used needles and sharps
- Implement standard precautions to minimize the risk of exposure to blood and bodily fluids
- File required reports in a manner consistent with local, state, and federal laws and regulations
- Establish and maintain a good working relationship with the local health department, the community, and the facility in matters related to preventing infectious diseases
- Train staff on all facets of the infection control program
- Monitor the effectiveness of the infection control program through ongoing quality improvement data collection and statistical reporting

We expect to reach these goals through our commitment to early identification from surveillance of potential and actual occurrences of infectious disease. Intake staff will ask arrestees about their history related to infectious or communicable diseases and ensure complete clearance before their assignment to general population. Those at risk for spreading a communicable disease will be segregated from the general population.

The Wellpath clinical team addresses the control of all infectious diseases. For specific diseases, Wellpath staff will consult the UpToDate® clinical knowledgebase and CDC guidelines for the latest protocols and will coordinate with the local health department as needed. Wellpath will provide training and education to healthcare and Correctional Center staff on the latest precautions for handling patients with communicable diseases.

We will use our Care Management system to customize a monthly report of patients diagnosed with an infectious disease. The report will include the patient's name and identification number, the date of service, the patient's disposition, and the infectious disease diagnosis. Clinic logs and statistical data will be maintained by the designated infection control coordinator, who will also schedule and complete appointments using the Care Management system.

Tuberculosis

NCCHC Standards J-B-02, J-B-03

Intake staff will ask arrestees tuberculosis symptom screening questions and whether they have a history of tuberculosis. We typically administer a Tuberculin Skin Test (TST) during the 14-day health assessment. If documentation of a positive test is in the record or if the patient indicates such, we will follow CDC guidelines for annual symptom screening and perform a chest X-ray if symptoms indicate the clinical necessity. Nurses will read and document the results of tests within 48-72 hours.

Sexually Transmitted Diseases

Wellpath will screen for sexually transmitted diseases (STDs) as indicated. Intake staff will ask arrestees about their history related to infectious or communicable diseases and ensure complete clearance before their assignment to general population. We will evaluate patients identified as having HIV or hepatitis and ensure they have access to infectious disease specialists, as well as necessary treatment and medications. We will screen patients with a history of intravenous drug use annually during their incarceration, following CDC recommendations.

HIV/AIDS

Wellpath will provide confidential, case-by-case Human Immunodeficiency Virus (HIV) testing and counseling to patients who request it. We will report confirmed cases of HIV to the local health department.

Medical staff will evaluate patients identified as having HIV and ensure they have access to practitioners trained in the care of HIV disease and HIV medications. Housing for HIV-positive patients is determined by the physician's evaluation of acuity of symptoms, the patient's behavior to prevent the risk of transmission, or the risk of physical harm to the patient by others.

Wellpath Center of Excellence for HIV

Wellpath Centers of Excellence (COEs) provide best practice chronic care management (e.g., HIV, Hepatitis C) powered by academic medicine-affiliated expertise. Wellpath COEs leverage telehealth to optimize best practice clinical outcomes, implement evidence-based protocols, increase access to subspecialty care, and achieve the highest community standards of care for chronic conditions. Wellpath chronic care COEs deliver best practice clinical management for chronic conditions through telehealth visits, addressing quality, access, the patient experience, and total cost of care.



Wellpath's HIV COE incorporates best practice care delivery and best pricing for specialty pharmaceuticals in collaboration with provider specialists from our academic medical center partner. Therapeutic optimization addresses quality and total cost of care by choosing the correct drug regimens to suppress viral load and improve medication adherence. Specifically, we are able to use both generic and higher-cost specialty drugs to maximize outcomes, with HIV care being performed by infectious disease experts who specialize in corrections.

Outcome measures include suppression of circulating virus, preserving immunologic function, reduction in morbidity and mortality, and prevention of transmission. These outcome measures are made possible by procedures to optimize screening, laboratory testing, continuity of care, and therapeutic optimization. **Wellpath's HIV COE program has achieved viral suppression rates 30% higher than the national average.**

Pharmacy Consultation for HIV

Specialized HIV consultation is also available through our pharmacy provider, Diamond Pharmacy Services. Diamond has pharmacists who are certified by the American Academy of HIV Medicine (AAHIVM) as HIV Experts™ (AAHIVE) and are specially trained to provide HIV services. Diamond has invested significant resources to have AAHIVE pharmacists on staff, which is imperative in the correctional environment and a benefit not likely available from your current model.



Diamond's AAHIVE pharmacists are involved in providing daily education and training regarding HIV, hepatitis B virus (HBV), and hepatitis C virus (HCV) to our staff of nurses and prescribers. These experts will be available to answer questions related to the treatment of HIV, HBV, and HCV-infected patients and HIV/HBV/HCV co-infected patients. They also can answer questions relating to drug-drug and drug-disease state interactions. With the substantial volume of HIV medications ordered by most correctional facilities, Diamond's AAHIVE pharmacists are a valuable resource for expert HIV guidance, recommendations, and disease management protocols designed specifically for the incarcerated population.

Sharps and Supplies

NCCHC Standards J-B-02, J-B-09, J-C-05, J-D-03

Wellpath will instruct new employees on handling sharp instruments, utensils, and supplies. Needles, syringes, and other high-risk items will be secured in locked areas and signed out when used. Sharps will be inventoried at each change of shift. Each employee will be responsible for ensuring count accuracy and cannot take a coworker's word when conducting sharps counts. Used sharps are considered biomedical waste and will be discarded in a leak-proof, puncture resistant container designed for this purpose.

Example of a Sharps Inventory Sheet

Date	Patient Name	Nurse Signature	Time	Insulin Syringe	TB Syringe	21g Butterfly	23g Butterfly	21g Vacudraw	22g Vacudraw	18g Intracath	20g Intracath	22g Intracath	24g Intracath	Huber Needle	3cc syringe 25g X 5/8"	3cc syringe 22g X 1-1/2"	18g 1" Needle	20g 1" Needle	23g 1"Needle	Razors	#10 Scalpel	#11 Scalpel	#12 Scalpel	Suture Removal Kit	Stable Removal Kit

Biohazardous Waste Removal

Wellpath will collect, store, and remove infectious waste and sharps containers following state and federal regulations. Biohazardous waste disposal is governed by policy and procedure and includes proper containment, housing, and disposal. Wellpath staff follow standard precautions to minimize the risk of exposure to blood and body fluids of potentially infected patients.



Wellpath controls the proper disposal of sharps using disposal containers. Through the services of Stericycle, we provide red biohazard bags for waste disposal and biohazard boxes for



bundling and disposal. Wellpath has a national contract with Stericycle for the disposal of biohazardous and infectious waste. Stericycle is a leader in the medical waste industry and specializes in biohazardous waste disposal.

Wellpath will work with Stericycle and Jefferson Parish to maintain a regular pickup schedule. Pickup frequency is typically based on volume and storage space availability. The HSA will maintain pickup tracking forms on site.

2.18 Wellpath Healthcare Cloud / Telehealth

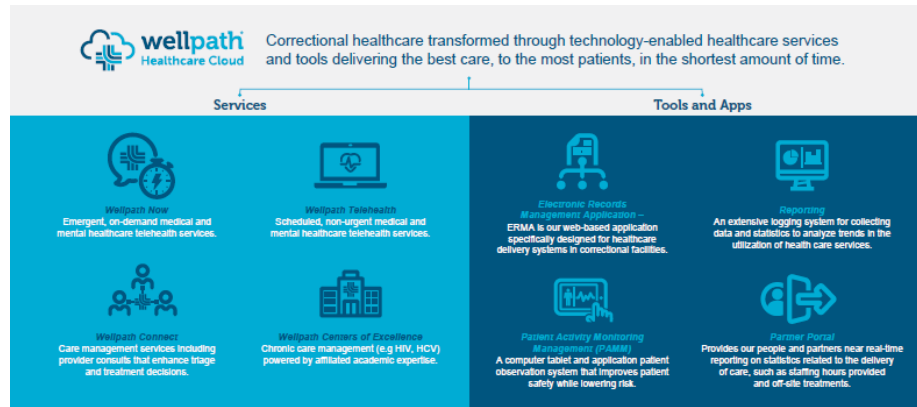


Wellpath has been delivering reliable, cost-effective, high-quality telehealth services in correctional facilities for many years, meeting community standards of care by using the best people, technology, and practices available.

In 2020, we revolutionized correctional healthcare with the launch of the **Wellpath Healthcare Cloud**, a suite of technology-enabled, remote healthcare services and tools designed to enable the delivery of the best care, to the most patients, in the shortest amount of time.



The Wellpath Healthcare Cloud, leveraging the use of telehealth and digital health applications, is a **suite of cloud-based clinical delivery models** that is driving quality and care efficiency improvements across the country through an innovative redesign of correctional healthcare. Our proprietary, technologically enabled remote healthcare ecosystem is specifically designed to **optimize on-site care by providing patients specialized clinical expertise as quickly and efficiently as possible**.



The Wellpath Healthcare Cloud combines videoconferencing with dynamic workflows to deliver real-time emergent care, scheduled care, care management, eConsults, and specialty chronic care through a secure platform. With a simple click of a button, on-site staff have access to expert resources for treatment planning, decision-making, referrals, and long-term care.

Wellpath Healthcare Cloud Services

The Wellpath Healthcare Cloud includes these key services:



Wellpath Now – Emergent and Urgent, On-Demand Telehealth Services for Patients & Providers

Wellpath Now, a URAC-accredited telehealth service, brings on-demand clinical expertise directly to the on-site caregiver and patient at the touch of a button. Wellpath Now is staffed by emergency medicine physicians and advanced practice providers (APPs), specifically trained to bring emergency evaluation expertise directly to our patients. These acute care consultations for patients in need of emergency evaluation can be accessed **in an average of less than five minutes**. With immediate video-enabled access to seasoned providers, on-site nurses, custody staff, and providers can reduce their reliance on the hospital emergency department and provide better care on site. **Our client partners have experienced a significant reduction in emergency room transfers by using Wellpath Now, and we expect to see this pattern continue in Jefferson Parish.**



Wellpath Telehealth – Scheduled, Non-Emergent Telehealth for Patients and Providers

Our proprietary correctional telehealth platform is easy to use and supercharged with Wellpath clinical expertise. This tool automatically identifies and schedules a licensed Wellpath network specialist, including automating access to information contained in Wellpath’s Electronic Record Management Application (ERMA). It coordinates scheduled patient visits with a broad variety of primary care and specialty providers, including psychiatry, mental health, and APPs to remote rural sites or for after-hour on-call services. Wellpath Telehealth is a force multiplier that provides a drastic increase in healthcare options, experience, and efficiencies to patients, partners, and providers. Our multi-specialty telehealth solution can deliver the following care through an established infrastructure of licensed providers:

- Wound care
- Infectious disease
- Rheumatology
- Hematology/Oncology
- Pulmonology
- Orthopedics

- Dermatology
- Psychiatry
- Neurology
- Emergency services
- Cardiology
- Endocrinology
- Nephrology
- Urology
- Gastroenterology



Wellpath Telehealth – Virtual Nursing

In addition to clinician expertise, Wellpath is implementing new innovative telehealth models for delivering nursing expertise to support local care teams in improving clinical outcomes, compliance, and adherence to time metrics. Wellpath’s virtual nursing solutions are designed to: improve staffing ratios while decreasing need for agency and travel nurses; enhance the on-site care team who are subject matter experts and focus on adherence to NCCHC standards, Wellpath policies and nursing protocols; improve recruitment and retention through the creation of flexible scheduling and supporting on-site staff with access to experienced correctional nurses; and significantly reduce missed shifts and backlogs. Our sites have access to experienced correctional nurses with focused attention on specific duties that can be delivered virtually.



Wellpath Connect – Care Management and Off-site Consults for On-site Providers & Staff

Wellpath Connect offers centralized care management and off-site management services that enhance healthcare triage and treatment decisions. Wellpath Connect gives on-site providers timely access to specialty care through enhanced remote care coordination, while additionally supporting on-site providers with expert clinical consultations via eConsults. **At sites using Wellpath Connect, the percentage of potential off-site specialty referrals able to be managed on site more than doubled, resulting in the near elimination of unnecessary off-site specialty consults and reduced use of agency transport staff.** Simultaneously, our centralized Wellpath Connect care management service is maintaining, or exceeding, quality metrics compared to the traditional model.



Wellpath Centers of Excellence – Long-term, Chronic Patient Care and Management

Wellpath Centers of Excellence (COEs) provide best practice chronic care management (e.g., HIV, Hepatitis C) powered by academic medicine-affiliated expertise. Wellpath COEs leverage telehealth to optimize best practice clinical outcomes, implement evidence-based protocols, increase access to subspecialty care, and achieve the highest community standards of care for chronic conditions. Wellpath chronic care COEs deliver best practice clinical management for chronic conditions through telehealth visits, addressing quality, access, the patient experience, and total cost of care. Wellpath’s HIV Population Health Program is the only National Committee for Quality Assurance (NCQA)-accredited correctional healthcare program.

Telehealth

Wellpath delivers high-quality telehealth services that maintain the community standard of care within correctional facilities. We deliver reliable and cost-effective services using the best people, technologies, and practices available. Wellpath’s telehealth services within **the Wellpath Healthcare Cloud** comply with NCCHC and ACA standards and include medical, mental health, and dental services.

We strive to provide as many on-site medical services as possible to limit the number of patients requiring off-site transport, while ensuring patients receive medically necessary healthcare services in

the most appropriate setting. The Wellpath telehealth program offers customized, optimized medical and mental health services on site regardless of location. Telehealth reduces the expense and risk of transporting patients to off-site specialists.

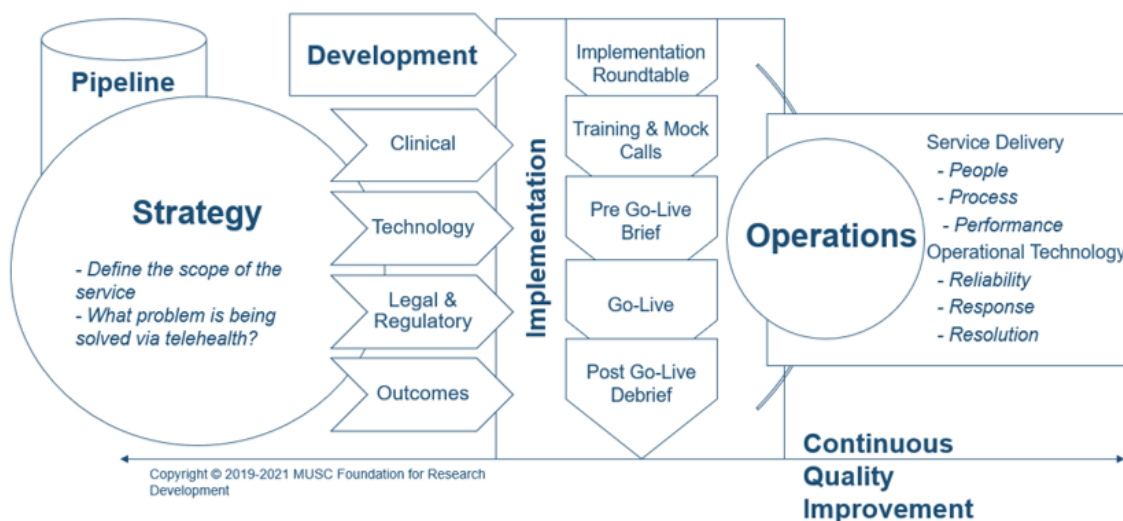
Wellpath has implemented telehealth clinics for many local detention facilities, as well as state departments of corrections in Massachusetts, Arkansas, Kentucky, Maine, Pennsylvania, Michigan, and Georgia. We routinely deliver medical and mental health services to State, County/Parish, FBOP, ICE, and USMS detainees in jails, prisons, and forensic hospitals. Our telehealth services have been well-received by clients, clinicians, and patients alike.

In 2021, utilizing both synchronous and asynchronous technologies, we conducted more than 400,000 telehealth interactions across the country.



Our delivery of telehealth services is based on patient volume and need, technological accessibility, and facility workflow. Our organization excels in the use of telehealth at correctional facilities and leverages the logic of TSIM™ (Telehealth Service Implementation Model), a globally published, best practice framework, to support the development, implementation, and sustainability of telehealth services.

TSIM™: Telehealth Service Implementation Model



COVID-19 and Telehealth

One of the most important ways to slow the spread of COVID-19 is to increase social distancing for high-risk staff. Because social distancing is challenging in a correctional environment, Wellpath uses telehealth to provide care to patients with minimal physical contact. It also reduces the number of people who may come into contact with infected patients and take that infection home.

Telehealth allows for the provision of care to patients with minimal physical contact. It also reduces the number of people who may take the infection home.

Wellpath announced an accelerated Telehealth Jumpstart Program in April 2020 to ensure continued critical healthcare services to facilities on the frontline of a nationwide battle against COVID-19. It included training nurses and practitioners to offer and enable a telehealth program at client facilities interested in taking advantage of this delivery method.

Telepsychiatry

Wellpath will supplement the on-site behavioral health coverage by using telepsychiatry for assessments and consultations. Telepsychiatry allows patients access to remote specialists and removes potential barriers to accessing psychiatric services. It can also be used during off-hours for consultation purposes to prevent off-site transportation.

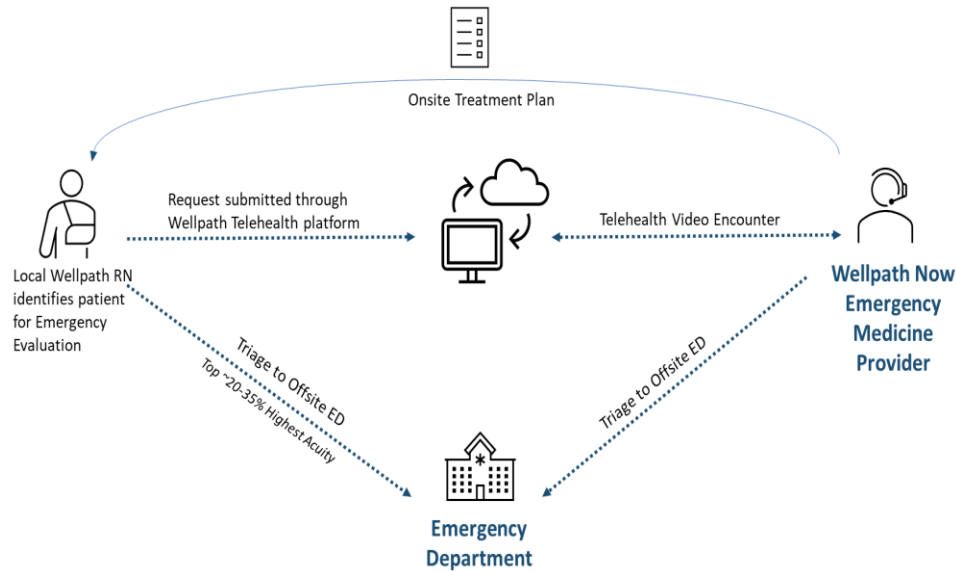
The significant and sustained shortage of available qualified psychiatrists continues to drive the demand for telepsychiatry services across the United States. According to *U.S. News and World Report*, the number of total physicians in the United States increased by 45% over the last 19 years, while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

Wellpath uses telepsychiatry as an effective solution to the nationwide shortage of behavioral health professionals. The provision of telepsychiatry does not replace face-to-face patient encounters but acts as an adjunct service to reduce off-site transportation and security costs. Wellpath provides appropriate personnel for telepsychiatry sessions. We offer a broad range of telepsychiatry services and specialties, including but not limited to:

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

Wellpath Now – Emergency Medicine Via Telehealth

Wellpath Now, initiated in April 2021, brings on-demand clinical expertise directly to the on-site caregiver and patient at the touch of a button. Staffed by emergency medicine physicians and advanced practice providers (APPs), Wellpath Now also includes specialty consultations by emergency medicine-trained providers for non-life-threatening consults regarding the need for emergency evaluation.



On-site staff can access a Wellpath Now provider for an acute care consultation **in an average of less than five minutes**. With immediate video-enabled access to seasoned providers, on-site nurses, correctional center staff, and providers can reduce their reliance on the hospital emergency department and provide better care on-site.

As of October 2022, we have implemented Wellpath now in 248 partner sites across 18 states. These sites have experienced no mortalities within 24 hours of on-site treatment and only 3% of patients receiving Wellpath Now consults are transported to the ER withing 48 hours of on-site treatment.

More than 13,000 consults have been provided since the program's inception. Wellpath Now has steadily achieved a Net Promoter Score greater than 70 as evidence of its "best in class" user experience for the nurses we support.



Wellpath Telehealth – Virtual Nursing Solution

The national nursing shortage is impacting all aspects of the healthcare continuum and is expected to continue through 2030. In response, Wellpath is implementing new innovative telehealth models for delivering nursing expertise to support local care teams in improving clinical outcomes, compliance, and adherence to time metrics.



This year Wellpath launched a new service to provide our contracted facilities with best-in-class compliance with completing health assessments, addressing sick calls, and responding to patient intakes through our Wellpath Telehealth Nursing. This initiative is led by our **Telehealth Director of Nursing Ellen Debenham, BSHA, RN, CCRC, CCRE**. Ms. Debenham has developed dozens of telehealth specialty services for jails and prisons and has been presented numerous awards for innovation in the field of telehealth. We have provided more information on our Virtual Nursing Program in **Tabbed Attachment C**.

Wellpath's virtual nursing solutions are designed to:

- Improve staffing ratios while decreasing the need for agency and travel nurses
- Enhance the on-site care team who are subject matter experts and focus on adherence to NCCHC standards, Wellpath policies and nursing protocols
- Improve recruitment and retention through the creation of flexible scheduling and supporting on-site staff with access to experienced correctional nurses
- Significantly reduce missed shifts and backlogs

Our sites have access to experienced correctional nurses with focused attention on specific duties that can be delivered virtually. Wellpath's telehealth nursing services include:

- **Receiving Screening** – With the assistance of a tele-presenter, the tele-RN will provide a real-time, face-to-face video encounter with the patient as soon as possible upon acceptance into custody (<4hrs). The tele-RN will also complete a medication review, initiate and update the problem list, and make any needed referrals or appointments for continuity of care. This will also allow for early enrollment in 340b and MAT programs where available. At one of our larger sites, virtual RN review of receiving screenings decreased outstanding reviews almost 40% in three weeks.
- **Initial and Ongoing Health Assessment** – With the assistance of a tele-presenter, the tele-RN will provide a real-time, face-to-face video encounter with the patient to complete an initial health assessment within 14 days of acceptance into custody. This will include a review of the receiving screening. Annual assessments can also be completed via telehealth.
- **Sick Call Triage** – The tele-RN will remotely access the EMR and review the patient's past medical history and current complaint to inform triage to the appropriate clinic and timeframe. Appointments and referrals will be completed by the tele-RN. At many sites, backlog has been eliminated and triage occurs within 24 hours of receipt.
- **Nursing Sick Call Clinic** – With the assistance of a tele-presenter, the tele-RN will provide a scheduled, real-time, face-to-face video encounter for the nurse clinic visit.

- **Triage/Roaming RN and Provider Support** – The on-site RN will see patients in the housing unit with the support of a telehealth provider, allowing for real-time visits with less patient transport to the clinic. This service requires widespread internet access.
- **Patient Education**
 - Medication compliance
 - Chronic care disease specific
 - Individual treatment planning
- **Clinical Administrative Support**
 - Grievance Review – Review medical grievances and provide follow-up scheduling, documentation, and summary to local leadership
 - Continuous Quality Improvement (CQI) – Perform chart reviews and provide targeted feedback for education and process improvement planning
 - Performance Measures – Perform chart reviews and provide performance feedback
 - Training new medical and support staff

In spring of 2022, we introduced telehealth receiving screenings at the Arapahoe County Detention Facility, a 1,200 ADP jail in Colorado. In the first three days using the new system, Wellpath nurses were able to see as many as 14 patients in 3 hours, an **average of just 13 minutes per receiving screening**. Our client has been extremely pleased with the implementation and the seamless transition to this new way of handling intake.

“When an idea comes to fruition, it is an awesome feeling, but when it is launched in a manner that allows for a near seamless transition, it is truly special. Thank you all for your effort here and allowing it to become reality. It will certainly enhance our efficiencies!”

Carl Anderson, Administrative Manager
Arapahoe County, CO

2.19 Ancillary Healthcare Services

2.19.1 Clinic Space, Equipment, and Supplies

NCCHC Standard J-D-03

Equipment

Wellpath will be responsible for medical, dental, and office equipment required to operate Jefferson Parish healthcare program. We will work with Jefferson Parish to ensure necessary equipment is available for start-up and will maintain the equipment to perform all contracted services. Materials and equipment will comply with American National Standards Institute (ANSI) standards or with the rules of the Food and Drug Administration under the Safe Medical Devices Act.

Repair and Maintenance

Wellpath will coordinate the timely maintenance, repair, and replacement of necessary equipment due to reasonable and expected wear and tear. We will provide general scheduled maintenance and

inspections for X-ray and other medical equipment under the manufacturer's suggested maintenance schedule. Should equipment become non-serviceable due to routine use, we will replace it.

Wellpath personnel will only use the property and equipment made available under the contract. We will train medical personnel to use the equipment before operating it. Wellpath will be responsible for loss or damage to any property or equipment resulting from negligence or carelessness by our employees or subcontractors.

Network and Telephone Requirements

Wellpath staff will have full use of the JPCC's medical unit. Jefferson Parish will provide utilities and general structural maintenance for this area, as well as any special wiring, outlets, or other electrical work needed to provide the contracted services. Wellpath will be responsible for any modifications requiring structural changes and for any long-distance phone charges. We will also provide computers or copying equipment with the approval of Jefferson Parish.

Supplies

Wellpath will provide supplies for on-site care and treatment, including laboratory, radiology, medical, and dental supplies. Our supplier, McKesson Medical-Surgical, is the nation's largest distributor of wholesale medical supplies and equipment. **Our purchasing volume gives us the best pricing in the industry for goods and services.**



Wellpath has a dedicated Procurement Team working with our vendor partners on a daily basis to ensure we have the right products, at the right time, for the right price available to care for our patients. They also work cross-functionally with the Wellpath Clinical Team to better understand the needs of our patients.

Wellpath uses strict formulary management for medical supplies. We analyze each facility's needs based on acuity and ensure competitive pricing on needed items. For any equipment purchases that are non-formulary, Wellpath uses a "three bids and buy" strategy to competitively price the items.

By leveraging Wellpath's size and scale, the Procurement Team constantly evaluates our vendor contracts based on utilization, SKU rationalization, and supply chain optimization. **Wellpath is the largest customer in the government space of both McKesson and LabCorp, and we analyze our spend by looking at price per patient day and on/off-formulary reporting.** In addition to our strong national contracts, we also leverage group purchasing organization (GPO) relationships specifically for branded medical supplies to ensure competitive pricing.



2.20 On-Site Diagnostic Services and Waived Testing

NCCHC Standard J-D-04

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

Consistent with the Wellpath care philosophy, we will provide diagnostic services on site when possible. We will provide the necessary staff and supplies for on-site care and treatment of our patients, including medical, radiology, laboratory, dental, and other supplies.

2.20.1 Laboratory Services



Wellpath will provide on-site laboratory services through our national contract with Laboratory Corporation of America (LabCorp). With more than 35 years of experience serving physicians and their patients, LabCorp operates a sophisticated laboratory network, performing more than one million tests on more than 370,000 specimens daily. *Please find Wellpath's Letter of Intent with LabCorp immediately following this page.*



Our laboratory program will include supplies and a dedicated printer, timely pickup and delivery, and accurate reporting within 24 hours on most labs. We will ensure that qualified healthcare personnel are trained to collect and prepare laboratory specimens. All point-of-care lab services will be processed on site, including but not limited to:

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

A medical provider will review and sign off on laboratory results, which we will receive on a dedicated printer (until an ERMA interface is established). If test results indicate a critical value, the lab will alert the provider by telephone. The provider will review laboratory results within 24-48 hours (72 hours for weekends and holidays). The provider will immediately review the STAT lab report and any abnormal test results. Preliminary results, when available, receive a medical review.

We will train on-site staff on laboratory policies and provide them with a diagnostic procedure manual that includes reporting on STAT and critical values. We will document diagnostic laboratory reports and follow-up care in the patient's medical record.

Wellpath will perform on-site services per the Clinical Laboratories Inspection Act (CLIA) and in compliance with the Clinical Laboratory Improvement Amendments of 1988. The laboratory program for the JPCC will also comply with standards set forth by the American College of Pathology and state requirements for medical pathology, specimen handling, testing, and reporting.

Lab Formulary

Wellpath will implement a lab formulary to manage laboratory costs at the JPCC. The lab formulary will include the most commonly required tests, which will allow us to expedite the ordering process by easily selecting the appropriate tests. We receive discounted pricing for lab tests that we renegotiate regularly to ensure savings for our clients.



Non-formulary requests require pre-approval through our Care Management system. The Regional Medical Director will review non-formulary requests and approve them or suggest an alternative plan.



January 3, 2023

Wellpath, Inc.
3340 Perimeter Hill Drive
Nashville, TN 37211

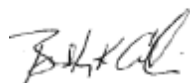
This letter of intent confirms that Laboratory Corporation of America Holdings® (Labcorp) would provide laboratory services to Jefferson Parish Correctional Center, Gretna, Louisiana, should Wellpath, Inc. be successful in its bid. Said services would be provided under the contract currently in place between Wellpath and Labcorp. In the event of a successful bid, Labcorp understands that any performance by Labcorp would be done in accordance with all applicable requirements and provisions that become part of any contract.

Labcorp is a clinical reference laboratory with over 50 years in business and annual revenues of approximately \$16.1 billion in 2021. Headquartered in Burlington, North Carolina, Labcorp has approximately 75,000 employees worldwide and offers a broad range of genomic/esoteric tests. Labcorp tests more than 3 million patient specimens per week for over 220,000 clients nationwide.

Labcorp operates a national network of 47 testing locations, more than 2,000 Patient Service Centers, and offers specialized disciplines of esoteric testing expertise through the Labcorp Specialty Testing Group.

Labcorp's clients include physicians, patients and consumers, biopharmaceutical companies, state and federal governments, managed care organizations, hospitals, clinics, correctional facilities, government agencies, and many Fortune 1000 companies, and other clinical laboratories.

Sincerely,



Brad Collier
Vice President, National Accounts
615-210-7018
Collieb@labcorp.com

358 South Main Street
Burlington, NC 27215

Tel: +1 336.229.1127
Fax: +1 336.436.4048

[labcorp.com](https://www.labcorp.com)

2.20.2 X-Ray Services



Wellpath will identify the most cost-effective and comprehensive radiology program in consultation with Jefferson Parish. We propose on-site radiology services through our contract with Xpress

Ray, Inc. Xpress Ray, Inc. is an independently and locally owned and operated, state-of-the-art mobile x-ray business that has served the New Orleans area for more than 30 years. We will work with Xpress Ray, Inc. and Jefferson Parish to establish a routine schedule for on-site radiology services, including:

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

Results can be received electronically, via fax, or on paper. Wellpath staff will log the type and number of X-rays completed and the results received. Medical personnel will review the log daily to ensure timely reporting.

A board-certified radiologist will read X-rays and radiology special studies and provide a typed and/or automated report within 24 hours. The radiologist will call the JPCC for immediate intervention if needed. If notified of abnormal results, the site Medical Director or physician/mid-level designee will review, initial, and date X-ray reports within five working days.

Wellpath staff will document and store digital images and radiology reports in the patient's electronic medical record. The site Medical Director or physician/mid-level designee will meet with the patient to discuss results and establish a plan of care, documenting this follow up in the patient's medical record.

2.21 Emergency Services and Response Plan

2.21.1 Emergency Services

NCCHC Standards J-D-07, J-D-08

Wellpath will provide emergency medical services 24 hours a day for individuals in custody of Jefferson Parish. Correctional healthcare personnel are trained to respond to emergencies within four minutes. A Wellpath staff member will report to the area of the emergency with necessary equipment and supplies. By training our nurses in emergency response and offering on-call physician services, we can often reduce off-site/ER trips and hospital stays.

Healthcare staff will determine if a patient needs to be transported to a local emergency room for treatment. They will stabilize the patient on-site, then transfer the patient to an appropriate medical facility if necessary. We will coordinate with local hospitals in emergencies and communicate with Correctional Center for emergency transport and ambulance services.

On-site healthcare staff may make emergency off-site referrals based on established guidelines and their professional interpretation of a patient's need. The on-call physician will be notified as soon as possible. The site Medical Director will conduct a retrospective review following an ER referral to ensure that the action was appropriate and to identify any additional staff training needed.

Retrospective Review Form for Emergency Services – Care Management System

Wellpath will customize monthly reports of emergency room visits. Data will include the patient's name and identification number, the date of emergency service, the patient's disposition, and the emergency treatment received.

ER Trips Report – Care Management System

Event Detail Report											
Page 1 of 2											
Date of Service	Discharge	Provider	Dept	Facility	Patient Number	Patient Last Name	Patient First Name	Pre-Book	Pre-Exist	No Chrg	Eligibility Description
AMBULANCE # EVENT(S)											
Jails											
10/03/2019	10/04/2019	VALLEY CARE	6001					Y		Y	Medicaid
10/03/2019	10/03/2019	HIGHLAND HOSPITAL	6001							Y	Not Financially Liable
10/18/2019	12/09/2019	VALLEY CARE	6001							Y	Medicaid
10/18/2019	10/18/2019	VALLEY CARE	6001								
10/18/2019	10/18/2019	HOSPITAL	6001							Y	Not Financially Liable
10/19/2019	10/20/2019	HIGHLAND	6001								
10/20/2019	11/03/2019	EDEN HOSPITAL	6001							Y	Medicaid
10/21/2019	10/25/2019	VALLEY CARE ROOM 2902	6001								Medicaid
10/21/2019	11/03/2019	JOHN GEORGE	6001							Y	Not Financially Liable
10/22/2019	10/23/2019	HIGHLAND HOSPITAL	6001								
10/23/2019	10/23/2019	VALLEY CARE ER	6001								
10/23/2019	10/23/2019	VALLEY	6001					Y		Y	Not Financially Liable

Emergency Transportation

Wellpath staff will coordinate emergency transport and ambulance services with Correctional Center. Healthcare staff will work cooperatively with Correctional Center to ensure that transportation services are provided in a safe and timely manner.



Emergency Treatment for Visitors and Staff

Wellpath will provide emergency medical treatment and first aid to stabilize staff, visitors, employees, or subcontractors who become ill or injured and require emergency care while on the premises. Once the individual's condition is stabilized, healthcare staff will direct the patient to a personal physician or local hospital as appropriate and document the services provided.

Emergency Equipment

Wellpath will maintain adequate emergency equipment and mass disaster supplies on site. The Wellpath Emergency Preparedness Plan ensures the presence and proper use of emergency equipment and supplies, including crash cart equipment and disaster bag/mobile equipment, as well as a disaster kit for needs encompassing the entire facility. We will train all healthcare staff on the proper use of emergency equipment and supplies.

Wellpath staff will use an Emergency Response Bag Contents List and Verification Log to ensure the constant availability of emergency response bag supplies. If unopened, the tags/locks on the emergency response bag will be checked daily. The bag will also be checked and restocked when opened. The emergency response bag will contain doses of Narcan for known or suspected opioid overdose. For additional information regarding Narcan, please see [Section 2.15.4](#).

2.21.2 Emergency Response Plan

NCCHC Standard J-D-07

Wellpath has an effective emergency plan with detailed procedures to ensure continuity of care during unexpected events, disruptions, and natural or man-made disasters. Our emergency preparedness plan defines the roles of healthcare staff in a disaster. It also ensures proper staff recall and allocation, patient movement to designated safe areas, and availability of emergency equipment and supplies. Our plan covers the four major phases of emergency preparedness management—**Mitigation, Preparedness, Response, and Recovery**—as illustrated in the following figure.



The Wellpath emergency preparedness plan for JPCC will follow NCCHC and ACA standards. It will be outlined in our Policies and Procedures manual, which will be reviewed and approved by Jefferson Parish. We will work collaboratively with the designee to incorporate our plan into the overall emergency procedures for the JPCC. The emergency preparedness plan will be subject to approval by the designee and will minimally include:

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

Wellpath will train healthcare staff on the emergency preparedness plan, which includes "man down" incidents, fires, and hostage situations. We will train new employees on the health aspects of the plan during orientation, and we will require healthcare staff to review the plan annually. A health emergency "man down" drill will be practiced annually on each shift where healthcare staff are regularly assigned. We will participate in disaster drill planning programs as requested and will perform an annual critique of the drills.

Wellpath trains healthcare personnel to respond to emergencies within four minutes. We conduct periodic proficiency training on emergency response and other integral components of our program using established core competency checklists. We will assess core competency annually or more frequently depending on an individual's needs or responsibilities.

We will train healthcare staff on managing multi-casualties using the **Simple Triage and Rapid Treatment (START)** system, developed by Hoag Hospital and the Newport Beach Fire Department in California. The triage portion of START, which is the focus of our training program, allows for rapid assessment of every patient, identifying those who have life-threatening injuries, and assigns each patient to one of four categories: minor, deceased, immediate, or delayed. This allows first responders to focus on those with the best chance of surviving.

Disaster Plan

NCCHC Standard J-D-07

START Triage	
Assess, Treat, (use bystanders)	
When you have a color, STOP - TAG - MOVE ON	
DECEASED	-- Move Walking Wounded
	-- No RESPIRATIONS after head tilt
	-- Breathing but UNCONSCIOUS
	-- Respirations - over 30
	-- Perfusion Capillary refill > 2 or NO RADIAL PULSE
IMMEDIATE	Control bleeding
	-- Mental Status Unable to follow simple commands
DELAYED	-- Otherwise
REMEMBER:	
Respirations - 30	
Perfusion - 2	
Mental Status - Can Do	

Wellpath is a solutions-oriented company that considers all aspects of our client's needs, including during a crisis. Our team members are trained and prepared to take meaningful action before, during, and after a disaster.

We are experienced and understand the daily potential hazards that expose coastal regions. We may hope for the best, but we also are prepared for the worst. Wellpath has 213 Louisiana-based employees ready to respond rapidly and efficiently during an emergency.

We continually strengthen our emergency plan to address potential disasters faced by our client facilities.

In August 2021, in spite of the dire projections, our team members helped lead an incredible effort to evacuate 865 patients from the Orleans Parish Detention Center to the relative safety of the Louisiana Angola State Prison, while at the same time juvenile patients from Bridge City Center for Youth were sent to Monroe. Several amazing team members remained in the original facilities to care for patients who could not travel, while others went with our patients. They remained safe, although understandably weary.

2.22 Hospital and Specialty Care

2.22.1 Network Development

NCCHC Standard J-D-08

The Wellpath Network Development Department will establish a provider network for Jefferson Parish through **partnerships with local hospital systems and specialty physicians**. Our contract specialists will negotiate competitive rates with hospitals, physicians, ambulance companies, and other local providers of ancillary services.



Wellpath will establish a strong provider network to ensure the best possible programs for the JPCC. At the direction of Jefferson Parish, we will contact on-site and off-site subcontractors and specialists to

develop and finalize agreements on your behalf. We will provide copies of clearly defined written agreements of understanding for Jefferson Parish's approval.

2.22.2 Hospital Care

NCCHC Standard J-D-08

Wellpath will authorize, schedule, and coordinate inpatient services when a patient requires hospitalization. We will work with local hospitals when an acute care setting is required, communicating frequently with hospital administrations. Healthcare staff will make referrals for inpatient care through our Care Management system. The site Medical Director must authorize hospitalizations.



Emergency Room and Inpatient Referral Form – Care Management System

The screenshot displays the 'Emergency Room and Inpatient Referral Form' within the 'Care Management System'. The interface is divided into several sections:

- Referrals:** A sidebar on the left shows a tree view with 'New Referral' at the top, followed by 'Off Site Services', 'ER/Direct Admit' (selected), and 'Transport Only'.
- Patient Eligibility:** This section includes a 'Requesting Provider' field, radio buttons for 'Pre-Sentenced' (selected) and 'Sentenced', and checkboxes for various insurance and payment types: 'Pre-Booking', 'Pre-Existing', 'Tribe Pays', 'Probable Inmate Violence', 'Confirmed Inmate Violence', 'Other Insurance', 'Worker's Compensation', 'Not Financially Liable', 'Safekeeper', and 'Medicaid'.
- Bed Type:** Radio buttons for 'Inpatient Stay' (selected) and 'Observation'.
- Referral Type:** A dropdown menu labeled 'Select Referral Type' with 'ER/Direct Admit' selected.
- Service Details:** A section with a red box around the 'Service Details' label.
- Treatment Type:** Radio buttons for 'EMERGENCY ROOM' (selected) and 'DIRECT ADMIT'.
- Means of Transportation:** Radio buttons for 'Custody Car' (selected), 'Ambulance', and 'Air Ambulance'.
- Hospital Name:** A text input field.
- ER Admit Date:** A date and time selector with a red box around the label, showing '12:00 AM'.
- Discharge Date:** A date and time selector showing '12:00 AM'.
- Presenting Problem:** A section with a 'Diagnosis' field and a '+ ' button. Below it, it says 'No records to display.'.
- Reason for Visit:** A large text area for notes.
- Buttons:** At the bottom, there are 'Pend', 'Submit', 'Cancel', and 'View Chart' buttons.

Wellpath will communicate frequently with Jefferson Parish to provide the most complete evaluation and treatment of the patient population. When inmates are hospitalized, we will provide the designee with a daily inpatient census report, which can also be accessed directly through the Care Management system.

Inpatient Census Report – Care Management System

Inpatient Census Report															
Patient Types: N=None, S=State, FED=Federal, CMP=Interstate Compact, ICE=ICE/INS, SMCP, USMS															
Report Description: This report displays all inpatients between the Start Date and End Date and reflects the inpatient days for the date range chosen.															
Site Name	Site Department	Patient Name	Patient Type	Patient Number	Booking Number	DOB	Auth Code	Req Create Date	Custody Date	Days From Custody	Admit Date	Disch Date	Hospital Name	Diagnosis	Total IP Days
							12044183	3/22/2020	2/26/2020	3	2/25/2020	3/5/2020		E13.10 Oth diabetes mellitus with ketonuria without coma;T10.N17.9 Acute kidney failure unspecified;T18.221 Alcohol dependence with withdrawal delirium;T15.121 Other standard abuse with intoxication delirium;T10	5
							12171312	3/18/2020	3/6/2020	11	3/17/2020	3/18/2020		K40.91 Unilateral suppurative tonsillitis without abscess or gangrene recurrent;T10	1
							12171277	3/18/2020	3/15/2020	2	3/17/2020	3/23/2020		.980 Pleural effusion not elsewhere classified;T10	6
							12171293	3/18/2020	8/5/2019	225	3/17/2020	4/12/2020		T81.4xx0 Infection following a procedure on respiratory tract;S82.815A Non displaced osteochondral fracture of left patella not Time	15

Prospective Review (Prior Authorization)

Wellpath will require prior review and authorization of non-urgent or non-emergent care. Our clinicians will follow NCCHC standards and correctional guidelines to review and approve services. The site Medical Director will initiate a second review if standards are not clearly met. Alternative treatment will be at the discretion and direction of a physician.

Emergency Services

Wellpath does not require prior authorization for emergent services. Medical personnel may make emergency off-site referrals based on established guidelines and their professional interpretation of a patient's need. Off-site medical services exceeding the scope of the initial emergent episode are not covered. Unrelated, non-emergent diagnostic services or treatment initiated in conjunction with an emergent event require prior authorization.

Length of Stay Management

Wellpath will assign a Wellpath Connect Regional Care Manager to manage all off-site, inpatient care on a daily basis through contact with the hospital. Our Care Management team will be notified of inpatient admissions at the time of admission. The Wellpath Connect Regional Care Manager and Regional Medical Director will review inpatient services daily based on InterQual Criteria, correctional guidelines, and NCCHC standards.

Concurrent Review

Wellpath's Medical Director of Care Management will conduct telephonic clinical rounds twice weekly to ensure inpatient stays are appropriate and meet national guidelines, such as InterQual Criteria, for continued inpatient stay. InterQual Criteria are evidence-based clinical decision support guidelines used to determine the appropriate care setting based on severity of illness and level of care required.

The site Medical Director, Regional Medical Director, and Wellpath Connect Regional Care Manager will attend clinical rounds discussions. This multidisciplinary approach will ensure inpatient stays are well-managed, and appropriate transitions of care are completed with improved accuracy.

Retrospective Review

The Wellpath Care Management Department and site leaders will retrospectively review emergency care to resolve claims issues, determine appropriateness of care post-delivery, and perform focused reviews. The Care Management Department can also perform focused reviews at the request of the provider.

Discharge Planning

Wellpath manages a robust hospital discharge planning process that begins at inpatient admission. Our Wellpath Connect Regional Care Manager will work collaboratively with our on-site staff and hospital staff to ensure appropriate transitions of care. This partnership will help us ensure that excellent care continues from hospital discharge through return to the facility.

Documentation and Follow-up

NCCHC Standards J-A-08, J-D-06, J-D-08, J-E-09

Medical staff will see patients returning from a hospital stay for follow-up during the next provider sick call clinic and will document the follow-up in the patient's medical record. Detailed information and documentation returned with the patient, such as discharge summary, disposition and instruction sheet describing actions taken, orders written, and treatments performed, will become part of the patient's medical record.

2.22.3 Specialty Care

NCCHC Standard J-D-08

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

Wellpath staff will schedule appointments for specialty services through our powerful **Care Management system**, which allows staff to prioritize and track specialty appointments to ensure they take place within the required timeframe. If a patient needs specialty services that are not available on-site, Wellpath staff will authorize, schedule, and coordinate the provision of services with local providers.

On-Site Specialty Services

NCCHC Standard J-D-08

Wellpath will provide as many on-site medical services as possible to limit the number of patients requiring off-site transport, while ensuring that patients receive medically necessary healthcare services in the most appropriate setting. We understand our role as a steward of the taxpayers' dollars and will work to reduce unnecessary costs and community risk associated with off-site care when appropriate.

Wellpath has successfully established many on-site programs and specialty care clinics across the country. Upon contract award, we will evaluate statistics regarding off-site specialist consultations to determine what services could be more cost-effectively provided on site. Services brought on-site typically result in cost savings as a result of clinic (rather than per patient) rates and decreased officer transportation expenditures.

Wellpath will continuously evaluate the potential benefits of establishing the following on-site clinics and will implement them as appropriate:

- Dialysis
- OB/GYN
- Orthopedics
- Optometry/Ophthalmology
- Oral Surgery
- Physical Therapy
- Podiatry
- General Surgery
- Other services as needed

In addition to maximizing on-site medical services, Wellpath also prevents the unnecessary use of outpatient/off-site care and inpatient hospitalizations by using our advanced utilization management techniques. Our Care Management system (described in [Section 3.2.1](#)) creates more clinical control and cost efficiencies for both on- and off-site healthcare services.

Optometry Services

Wellpath will provide eye care to patients when necessary for their health and well-being. Healthcare staff will assess each patient's vision during the 14-day health assessment. They will refer patients who are unable to read printed material due to presbyopia or hyperopia, or those with visual acuity of 20/60 or less, to an optometrist for a more in-depth visual screening.

Routine optometry visits will be based on American Optometric Association guidelines on frequency of reevaluation of eyesight. Wellpath will facilitate annual examinations of the patient's fundus through a dilated pupil exam for those incarcerated more than a year, who are diabetic, or who have homozygous sickle cell disease. Patients with hypertension and those with HIV infection will receive an annual funduscopic examination. When diseases of the eye occur that cannot be handled by an optometrist, we will refer the patient to an outpatient provider, coordinating transportation with the Correctional Center.

Wellpath will provide basic optometry services on site at the JPCC using a licensed optometrist. Services will include assessment, treatment, and consultation, including examination of eyes for health and vision problems, prescriptions for glasses, and diagnosis and treatment of eye diseases such as glaucoma, cataracts, and retinal disorders. We typically partner with Institutional Eye Care (IEC) to provide on-site optometry services and eyeglasses.

Audiology Services

AUDICUS

Wellpath has a national contract with Audicus to provide hearing aid and audiology services, including audiology services via telehealth. They offer an innovative online hearing test that allows their audiologists to quickly develop accurate hearing loss profiles, which they use to program custom hearing aids. Audicus provides detention facilities with the equipment and training to perform digital hearing tests via telehealth that provide results equivalent to an in-person test. Nursing staff are trained to administer the hearing test and upload the results. A licensed audiologist reviews the results and determines whether the patient needs a hearing aid. If a hearing aid is required and approved, Audicus customizes one based on the patient's hearing test and ships it directly to the facility.

Dialysis Services

If volume warrants and appropriate space can be identified, Wellpath can explore providing on-site dialysis services at the JPCC. Typically, 80 treatments monthly are required for on-site dialysis services to be cost-effective. We have established on-site dialysis clinics at many of our client detention facilities, including Marion County (Indianapolis), Indiana and the Kentucky DOC.

Wellpath has a national contract with CharDonnay Dialysis, Inc. to provide on-site hemodialysis services. CharDonnay specializes in providing dialysis services to correctional institutions throughout the country. By incorporating their nephrologists, nurses, dialysis technicians, biomedical technicians, and administrative support into our team, Wellpath can provide a comprehensive and cost-effective dialysis solution for the JPCC.

If Jefferson Parish can attract other jurisdictions to use the on-site dialysis equipment, there may be enough volume to justify the development of an on-site clinic; in doing so, Jefferson Parish could defer some of the cost of these services. We have established jurisdictional cost-sharing in Alexandria, Virginia, where we brought dialysis services on-site to help decrease the cost of transport and correctional officer overtime when it was evident that a convicted patient would require long-term service. To mitigate costs, other local jurisdictions were invited to use Alexandria's secure services. The cost for this program would be reduced, should the volume be too low, by offering services to other area jurisdictions.

Off-site Specialty Services

NCCHC Standards J-D-06, J-D-08

Wellpath will arrange with local providers and hospitals to treat patients with healthcare needs beyond the scope of care provided on site. We will authorize, schedule, and coordinate off-site services, such as specialist appointments, outpatient surgery, and diagnostic testing (e.g., MRI, CT scan, etc.).

Wellpath staff will initiate referrals for off-site treatment through our Care Management system (described in [Section 3.2.1](#)). Referrals will be limited to the chief complaint(s) indicated through a referral form and/or medical consultation. Approvals will be based on appropriateness and necessity. The following screenshots show the form used to refer patients for off-site treatment and a view of submitted requests.

Off-site Service Referral Form – Care Management System

Patient Eligibility

Requesting Provider:

☒ Pre-Sentenced
 ☐ Sentenced

☐ Pre-Booking
 ☐ Probable Inmate Violence
 ☐ Worker's Compensation
 ☐ Safekeeper

☐ Pre-Existing
 ☐ Confirmed Inmate Violence
 ☐ Not Financially Liable
 ☐ Medicaid

☐ Other Insurance

Referral Type

Select Referral Type:

Off Site Services

Reviewer Type

Select Reviewer Type:

Service Details

Treatment Type:

Specialty Type:

Place of Service:

Hospital

Related Diagnosis:

Diagnosis

No records to display.

Transport To:

Previous Treatment and Response (Include Meds):

History of Illness/Injury with Date of Onset:

Results of Complaint Directed Physical Exam with Findings:

Type of Procedure Requested:

Current Functional Ability / ADLS:

Other:

Pend

Submit

Cancel

View Chart

Submitted Requests View – Care Management System

Multiple Sites Selected

Work Queue

Available Queues

Patient

UM

Submitted Requests (178)

Information Requests (2)

Pending Requests (4)

Approved Requests (516)

Alternate Treatment (3)

Scheduled Requests (149)

My Forwarded (8)

Forwarded to Me (0)

Scheduled Appts (7 days) (4)

Current IP (35)

Scheduled Appointments (2478)

Ref Inmate Appointments (629)

Requests (Last 30 Days) (15)

Open Non-Formularies (1895)

SR Requests (7 days) (8)

Medical Review Requests (284)

Non-Formulary Referrals - Federal &

ARDOC Appointments (14 days) (0)

Pharmacy Review Requests (20)

Submitted Requests (178)

Service Date	Service Type	Specialty	Patient #	Name	Status	User
✓	CM	Outpatient			Submitted	
✓	CM	Outpatient			Submitted	
✓	CM	Outpatient	Pulmonary		Submitted	
✓	CM	Outpatient	Neurology		Submitted	
✓	CM	Outpatient	General Surgery		Submitted	
✓	CM	Outpatient	Interventional Radiology		Submitted	
✓	CM	Outpatient			Submitted	
✓	CM	Outpatient			Submitted	
✓	CM	Outpatient			Submitted	
✓	CM	Outpatient	Pain Clinic		Submitted	
✓	CM	Outpatient	Physical Therapy		Submitted	
✓	CM	Outpatient			Submitted	
✓	CM	Outpatient			Submitted	

Preferred Provider Steerage

When a user creates an off-site referral in the Care Management system for an office visit or office visit with a procedure and selects a specialty, the user is prompted to click a link to select a provider from a list of preferred providers. This enables Wellpath to **contain off-site costs** and ensure that patients are seen by specialists who are established within our preferred provider network.



2.23 Personnel and Training

2.23.1 Credentials / Licenses

NCCHC Standard J-C-01

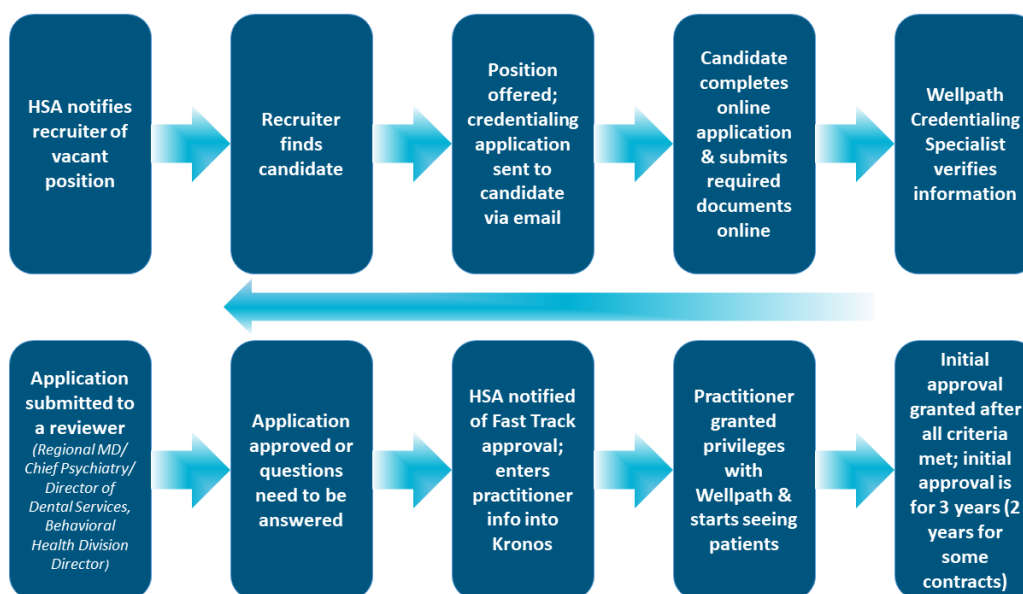
Medical and mental health services will be provided by professionals fully qualified and appropriately licensed, certified, or registered in Louisiana. Wellpath will ensure employees and contractors are properly licensed or certified for their positions. We will maintain proof of malpractice insurance for applicable employees.

Applicable employees will be required to attest to completion of annual training necessary to maintain licenses and/or certifications. Healthcare personnel will maintain current first aid and CPR/AED certification and attend appropriate workshops to maintain licensure.

Credentialing and Privileging

Wellpath's credentialing process ensures that medical personnel remain current with state licensure requirements. Medical and mental health providers must complete the Wellpath credentialing process before starting work. The credentialing process (described in the following graphic) will begin as soon as we have decided to make an offer of employment to the candidate. The Wellpath credentialing department oversees credentialing activities.

The Wellpath Credentialing Process



Interim Privileges (Fast Track)

Wellpath refers to the process of granting interim privileges as “fast tracking.” To initiate fast tracking, the healthcare practitioner (HCP) must submit the following forms:

- Completed credential application
- Copy of current state license (verified)
- Copy of current malpractice certificate of insurance (if not covered by Wellpath)
- Copy of DEA
- Copy of diploma
- Copy of certifications (if applicable)
- Copy of CPR
- Copy of resume

Wellpath credentialing specialists will verify the information listed in the following table. Once verifications are completed and files have been submitted, a review committee will review the HCP’s credentialing file and deny or grant interim privileges. Final initial approval will be given after references and other required documentation are submitted and verified. Wellpath requires re-credentialing every three years on the anniversary date of the original fast track credentialing.

Credentialing Criteria and Verification	
Criteria	Verification Method
Valid, current, and unrestricted state professional license	Primary source verification through issuing state
No recorded revocation or limitation of professional license	Primary source verification and National Practitioner Data Bank
Current DEA privileges with no involuntary restrictions	Primary Source verification with Federal DEA
Current state Controlled Substance Registration with no involuntary restrictions (if applicable)	Primary Source verification with the appropriate state agency
Acceptable malpractice claims history	National Practitioner Data Bank
Graduation from accredited medical school (or other professional programs for non-physician professionals)	National Student Clearinghouse (NSC) for Primary Source Verifications or direct verification through the institution if not available through NSC; for Physicians and Physician Associates, a second verification occurs with the American Medical Association (AMA) report
Acceptable completion of an accredited residency program	American Medical Association (AMA) report
Never been subject to medical staff monitoring or special review activity of public record (or reasonably discoverable upon proper inquiry)	National Practitioner Data Bank
No recorded expulsion or suspension from receiving payment under Medicare or Medicaid programs	National Practitioner Data Bank and verification of no reports from the Office of Inspector General (OIG)
No recorded conviction or charge of a criminal offense	National Practitioner Data Bank
No record of disciplinary actions in prior states in which the provider practiced	National Practitioner Data Bank
Board certification in a listed specialty (where certification is applicable)	American Medical Association (AMA) report

2.23.2 Personnel Files

Once on-site personnel are selected, Wellpath will provide facility administration with applicable certification and licensing information. Before employment, Wellpath will provide copies of background and credentialing information for professional staff, including appropriate licenses, proof of professional certification, Drug Enforcement Administration (DEA) numbers, malpractice insurance coverage, evaluations, position responsibilities, and current resumes.

We will maintain personnel files of Wellpath and contract employees assigned to the JPCC at the Home Office and on site. Facility administration will have access to these files, which include copies of current registration or verification certificates for licensed practitioners. Wellpath will provide updated data and other relevant information on request.

2.24 Professional Development

NCCHC Standard J-C-03

A successful operation begins with motivated employees who have the tools they need to succeed. Caring for and respecting patients in correctional facilities requires hiring ethical and competent professionals and building upon their skills through continued training initiatives.

Wellpath has a dedicated organizational development department offering a full range of professional development opportunities that include training programs, continuing education, clinical exposure, promotion preparation, succession planning, and peer reviews. We are dedicated to our employees' continued development and long-term professional satisfaction, which yields lower turnover, reduced costs of replacement and training, and strengthened team spirit through mutual respect and recognition of each individual's contributions.

We encourage employees to take advantage of advancement and professional growth opportunities. We offer tuition assistance to employees to advance their skills and their career. Additionally, Wellpath employees and their children who have graduated high school can apply for Wellpath-sponsored college scholarships each year. We awarded seven \$2,500 scholarships in 2022.

Employee Survey Responses

"Working for and with Wellpath has been a great opportunity for me. I enjoy everything the company does for the sites as a whole as well as on an individual basis. They continue to help us grow and develop as a group through effective communication, patience, and understanding."

"When I started in corrections, I worked for [a competitor]...I know Wellpath has a vested interest in my success and personal well-being. I have the tools needed to do my job, and through CORE and startups I have been able to expand my knowledge and believe my opinion and talents are important. **This is the company I want to retire from.**"

2.24.1 Continuing Education

NCCHC Standard J-C-03

Wellpath offers ongoing professional development and training opportunities and will work with Jefferson Parish to ensure on-site personnel receive corrections-specific training opportunities. We offer both in-house and community opportunities for continuing education programs specific to correctional healthcare. By encouraging our employees to take advantage of these opportunities, we are building a strong, professional staff equipped to meet our clients' diverse needs.

While employees are ultimately responsible for their development, we provide our team members the proper tools to build on their knowledge and further their success. We maintain a Continuing Nurse Education (CNE) provider license that allows us to offer continuing education credits to nursing personnel as an employee benefit. Employees can complete a variety of CNE modules focused on topics commonly seen in the corrections environment.

ANCC Accreditation

The Wellpath Nursing Education Unit is accredited as a nursing continuing professional development provider by the American Nurses Credentialing Center's (ANCC) Commission on Accreditation. The ANCC accreditation program identifies organizations worldwide that show excellence in nursing continuing professional development. To be accredited, the Wellpath Nursing Education Unit had to pass a systematic, comprehensive peer review, meet the ANCC standards, and be confirmed by the Commission on Accreditation.



Accredited organizations use evidence-based criteria to plan, implement, and evaluate the highest quality nursing continuing professional development, improving nursing practice and patient outcomes. Nurses can apply training developed by the Wellpath Nursing Education Unit using ANCC criteria to meet certification or licensure requirements.



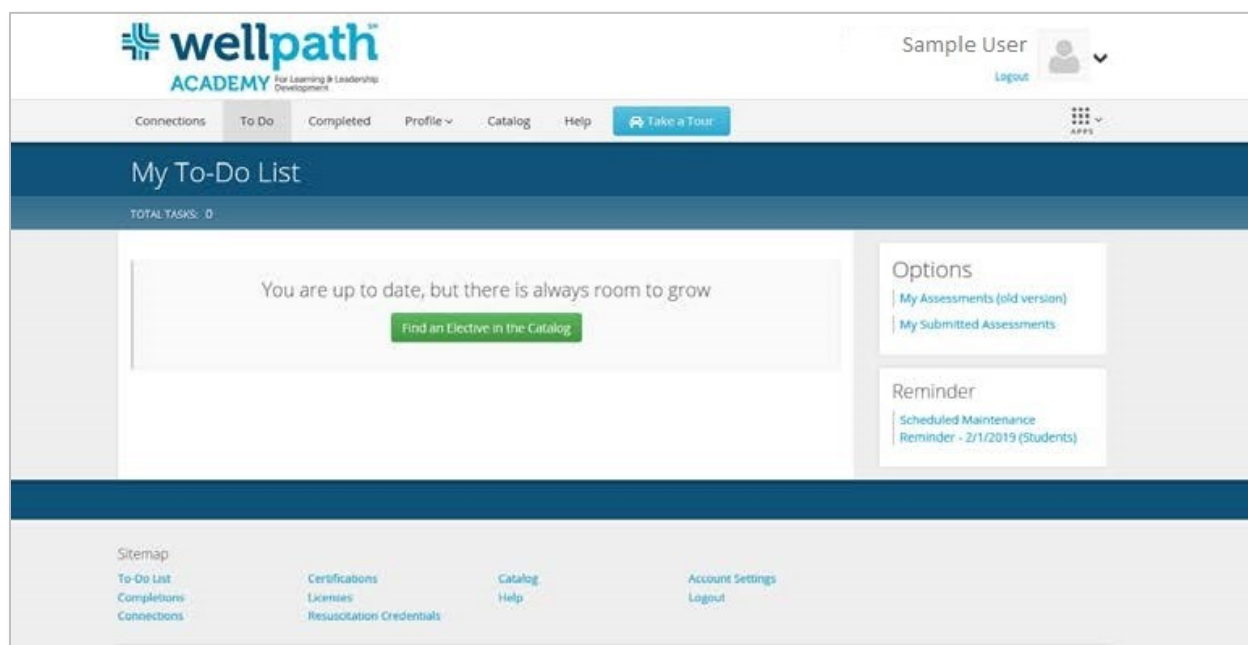
Wellpath Academy Learning Center

Wellpath partners with Skillsoft to provide the Wellpath Academy Learning Center. We use Wellpath Academy to deliver, track, and manage training content, including E-learning courses, classroom courses, other learning events, certifications and licenses, and more.



When employees sign in to Wellpath Academy, they see assigned training courses with due dates. When new training is added to an individual's To-Do list, they receive an email notifying them of the new required training and the due date for completion. Mandatory courses for all Wellpath employees include HIPAA, sexual harassment, bloodborne pathogens, and hazard communication. We can add site-specific courses to the learning center.

Once employees have completed their assigned courses, they can complete elective courses for further professional development. They can add courses completed outside of Wellpath to their transcript. Employees can also add information regarding certifications, licenses, resuscitation cards, and more to their profile.



2.24.2 In-Service Training

NCCHC Standard J-C-03

Wellpath maintains a video library and other reference materials that facilities can use to build site-specific training programs. The Wellpath Organizational Development Department also offers self-study continuing education and training programs, which can be tailored to meet the specific needs of each facility. The self-study programs are available electronically and the Organizational Development Team is available for assistance as needed.

The self-study training programs build on the foundation established during the orientation process and meet professional and legal standards. For example, Wellpath ensures that all staff members are trained on PREA standards by providing education, testing their knowledge, and providing certification based on demonstrated competency. Suicide Prevention training is mandatory for Wellpath new employees during orientation and is required twice annually for all Wellpath employees and subcontractors.

The HSA will ensure that healthcare personnel receive regular training on topics specific to the JPCC. Wellpath will identify new topics regularly through the CQI program. Additional training may be requested through a clinical training request submitted to the Regional Director of Operations. The HSA will maintain documentation of completed training in an individualized training record for each employee.

CLINICAL TRAINING REQUEST	
(Please complete BOLD items and submit to your Regional Manager)	
Requested by: _____	Date Submitted: _____
Timeline: Specific date(s) requested: _____	
Target audience: (check all applicable) <input type="checkbox"/> RN/LPN <input type="checkbox"/> MD <input type="checkbox"/> MHP <input type="checkbox"/> NP/PA <input type="checkbox"/> Dental <input type="checkbox"/> Other _____	
Type of Request: <input type="checkbox"/> Initial training <input type="checkbox"/> Repeat training - list previous date(s) _____	
Requested topic for training: _____	
Please describe any precipitating incident(s) that prompted this request: _____	

This section to be completed by Regional Manager	
Review: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Priority: <input type="checkbox"/> Expedited (within 30 days) <input type="checkbox"/> 31-60 days <input type="checkbox"/> 61-90 days <input type="checkbox"/> 91-120 days <input type="checkbox"/> Not Time Specific	
Comments: _____	
Regional Manager Signature: _____ Date: _____	
Upon completion submit to Nursing Department via email (preferred) clinicaltraining@correctionalcenter.com or FAX to 815-324-5725.	
This section to be completed by Nursing Services Team Member	
Method: <input type="checkbox"/> Skills (Onsite) <input type="checkbox"/> Distance/Webinar <input type="checkbox"/> Self-Study (slides/handouts) <input type="checkbox"/> Other _____	
Date(s) scheduled: _____ <input type="checkbox"/> Clinical Training Calendar	
Assigned To: _____ Date Notified of Assignment: _____	
Date site notified: _____ Site contact person/notification given to: _____	
Nursing Approval: _____ Date: _____	

7 Minutes to Save

NCCHC Standard J-B-05

Wellpath is mindful of the need to provide timely guidance and education to both healthcare and Correctional Center staff. We developed our *7 Minutes to Save* campaign to present topics vital to the management of urgent and emergent issues encountered within a correctional setting, in **short, easy-to-comprehend training sessions**.



7 Minutes to Save is a Rapid Response Series designed to standardize our approach to trauma evaluation. The program addresses many topics, including suicide prevention, pregnancy, trauma, and optimized care for patients experiencing alcohol and drug withdrawal. Training topics for healthcare staff include:

- Alcohol & benzodiazepine withdrawal
- Altered mental status
- Chest pain
- Choking
- Head trauma
- Opioid overdose
- Opioid withdrawal
- Primary & secondary trauma survey
- Respiratory distress
- Seizures
- Serious abdominal pain
- Suicide risk reduction
- Triaging the surgical abdomen
- Use of force

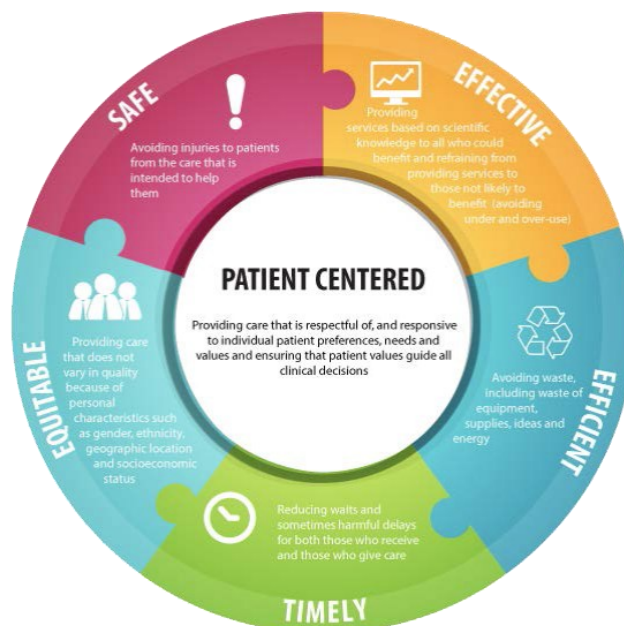


The Wellpath clinical department has also developed a *7 Minutes to Save* rapid response series focused on patient care. The goal of the Patient Care Series is to equip clinicians with up-to-date information to guide their recommendations for diagnostic and therapeutic interventions. The training series

emphasizes intentional concern for patient needs based on the **STEEEP** principle, which dictates that patient care should be **Safe**, **Timely**, **Effective**, **Efficient**, **Equitable**, and **Patient-Centered**:

Safe – Avoids injuries to patients from the care that is intended to help them

- **Timely** – Reduces waits and delays for both those who receive care and those who give care
- **Effective** – Based on scientific knowledge, extended to all likely to benefit, while avoiding underuse and overuse
- **Efficient** – Avoids waste, including waste of equipment, supplies, ideas, and energy
- **Equitable** – Provides consistent quality, without regard to personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status
- **Patient-centered** – Respects and responds to individual patient preferences, needs, and values, ensuring that patient values guide all clinical decisions



Specialized Nurse Education

The Wellpath Nursing Services Department promotes correctional nursing care focused on patients, formed in a collaborative and supportive environment, and grounded in evidence-based competencies and practice. This department is leading the charge in making Wellpath the leader in healthcare delivery through excellence in nursing practice.



Nursing Services' primary focus is the development and delivery of nursing education through an assortment of training initiatives, including Continuing Nurse Education (CNE), independent/self-study, in-person clinical education, distance education (webinars, conference calls, etc.), and corrections-specific video training.

In addition to our cutting-edge training programs, we have developed educational materials that can be placed conspicuously in our sites to remind nurses of basic protocols, like **SBAR** communication (**S**ituation, **B**ackground, **A**pplicable nursing data, **R**quest/Recommendation).

Regional Directors of Nursing hold virtual office hours twice a week so DONs and other nurses can call and ask questions related to nursing practice, training questions, or resource needs. Additionally, our Vice President of Nursing Initiatives, Karina Purcell, RN, holds virtual office hours twice a week for our nurse leaders.

 SBAR	
SITUATION	I am calling because.....
BACKGROUND	The patient's clinical background is..... (chronic conditions, allergies, etc.)
APPLICABLE NURSING DATA	I am concerned because..... (data to support concern, including vital signs)
REQUEST/RECOMMENDATION	What needs to be done for the patient? Discuss and decide.

Core Competency Training and Evaluation

Wellpath offers regular training opportunities for nurses to keep their skills sharp on the latest clinical developments. The Wellpath Nursing Services Department distributes an annual clinical training calendar with monthly training assignments focused on a variety of core knowledge topics, such as patient evaluation, emergency response, suicide prevention, and withdrawal management.

Each monthly training assignment includes a Clinical Skill Competency (CSC) component designed to provide technique refreshers and verification of clinical skills. The Clinical Skill Competency modules are part of the Clinical Skill Competency Evaluation Manual developed by the Wellpath Nursing Services Department to ensure that our nurses are well equipped to care for our patients.

The purpose of the Clinical Skill Competency Evaluation Manual is to identify competent clinical practice, areas requiring additional training, and opportunities to improve skill sets through practice and re-evaluation. The manual presents nursing professionals with a variety of scenarios to assess their clinical competency and decision-making ability. Wellpath nurses must demonstrate the clinical skill covered in each CSC module to pass their evaluation.

Nurses are trained and evaluated on clinical skills essential for the effective and efficient delivery of healthcare in the correctional environment, including but not limited to conducting intake screenings, health assessments, and sick call. CSC evaluations are developed by the Corporate Director of Nursing in collaboration with the Patient Safety Officer, based on current evidence and peer-reviewed nursing resources. The manual is reviewed and approved annually and updated as needed.

2.24.3 Health Training for Correctional Officers

NCCHC Standard J-C-04

Wellpath will train Correctional Center staff in medical issues as requested by Jefferson Parish. We routinely educate Correctional Center staff on the importance of recognizing and responding to specific medical and mental health concerns.



Correctional staff play a vital role in healthcare delivery, especially since they are often the first to respond to problems. Wellpath offers training for Correctional Center staff on responding to potential emergencies, handling life-threatening situations, and their responsibility for the early detection of illness and injury.

Wellpath has developed a *Health Training for Correctional Officers Manual* that complies with the requirements of NCCHC Standard J-C-04. The manual is offered as a supplement to facility-provided education. It comprises 16 training modules addressing the essential information that Correctional Center staff must understand when presented with potentially urgent or emergent situations.

Each training module includes a topic-specific slideshow presentation, a curriculum outline for the presenter/trainer, and handouts for participants. Wellpath staff present training topics, which are based on our *7 Minutes to Save* Rapid Response Series and are designed to be presented in an average of 7-15 minutes.

Training topics for Correctional Center staff include:

- Alcohol & benzodiazepine withdrawal
- Altered mental status
- Basic first aid
- Chest pain
- Diabetes
- Head trauma
- Health-associated infections
- Heat-related illness
- Ingestions
- Opioid withdrawal
- Recognizing signs of mental illness
- Respiratory distress
- Rhabdomyolysis
- Seizures
- Serious medication reactions
- Suicide prevention

What Do You See

Patients in alcohol/benzodiazepine withdrawal may exhibit:

- Seizures
- Nausea/vomiting
- Anxiety/nervousness
- Hallucinations (may see, hear, and/or feel things that aren't there)
- Altered mental status
- Abdominal pain
- Agitation
- Tremors
- Sweating
- Headache

What Do You Do – Take Action!

<p><u>If you suspect withdrawal:</u></p> <ul style="list-style-type: none"> Having seizures Having tremors Having vomiting and/or diarrhea Experiencing hallucinations 	<p><u>You should:</u></p> <ul style="list-style-type: none"> Notify medical for urgent assistance Do not leave medical alone with the patient Prepare to activate EMS and do not leave the patient until they leave with EMS
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Wellpath will schedule training sessions in coordination with Jefferson Parish and the HSA or designee will maintain documentation of completed training sessions. The frequency of training is typically based on accreditation standards and/or facility policy; however, we recommend a minimum of monthly training. We will collaborate with Jefferson Parish to develop additional training topics specific to the JPCC as needed.

2.25 Staffing

NCCHC Standard J-C-07

Professionals fully qualified and appropriately licensed, certified, or registered in the State of Louisiana will provide medical and mental health services. All positions in our staffing plan will work within their scope of practice, directed by job descriptions that include qualifications and specific duties and responsibilities.

2.25.1 Job Descriptions

NCCHC Standard J-C-07

All positions in our staffing plan will work within their scope of practice, directed by job descriptions that include qualifications and specific duties and responsibilities. We will provide written job descriptions and protocols for all assignments in the staffing plan. New employees will receive a copy of their job description, which will be subsequently used for performance evaluations.

2.25.2 Staffing Levels

NCCHC Standard J-C-07

Wellpath has a successful record of ensuring appropriate staffing levels. We feel strongly that the financial and clinical risk of *not* staffing a position is significant, and our strong litigation history validates this approach. Wellpath will staff the JPCC appropriately to ensure the timely provision of healthcare as required by the RFP. We will continuously track medical services workloads to determine whether a revised staffing plan would improve patient care efficiencies while creating cost savings for Jefferson Parish. Staffing schedules may be modified with mutual agreement and written consent between Wellpath and Jefferson Parish.

Staffing Coverage

NCCHC Standard J-C-07

Wellpath will ensure the same staff category coverage during periods of planned or unplanned absence. The Wellpath staffing plan and relief factor calculations will ensure adequate coverage for holidays, weekends, vacation and sick days, emergencies, and any other extenuating circumstances that may arise. We will use part-time and per diem personnel to provide coverage for scheduled absences and to supplement full-time staffing needs.

Wellpath will maintain a PRN (per diem) pool to ensure the availability of backfill and relief coverage when needed. PRN pool employees are staff members committed to several shifts per month and open to working when full-time staff members are absent. Our PRN staff will complete orientation and ongoing training consistent with our full-time team members to ensure they are capable and ready to provide continuity of services. We select PRN employees based on the requirement that they work a sufficient number of shifts to be familiar with the current policies and procedures.

Travel Nurse Program

Wellpath has a travel nurse program to provide coverage for vacancies, reduce overtime hours, and avoid the use of agency nurses. Travel nurses are Wellpath-employed RNs and LPNs who travel to required sites to provide coverage and are available to work multiple shifts and weekends. They are thoroughly screened based on their clinical skills assessment, knowledge of Wellpath policies and procedures and our Care Management system, and their level of computer literacy. Wellpath travel nurses obtain licensure in states that are not compact. We currently have 29 travel nurses with 27 actively deployed.

Louisiana is an Enhanced Nurse Licensure Compact (eNLC) state, which means Wellpath can easily bring in travel nurses from reciprocating states in case of emergency at the JPCC. Wellpath has client facilities in the following compact licensure states:

- Arizona
- Iowa
- Nebraska
- Tennessee
- Arkansas
- Kansas
- New Mexico
- Texas
- Colorado
- Kentucky
- North Carolina
- Virginia
- Florida
- Louisiana
- Oklahoma
- Wisconsin
- Georgia
- Maine
- South Carolina
- Wyoming
- Indiana
- Maryland

Documentation of Staffing

Wellpath will track and report to Jefferson Parish all staff hours worked, as well as hours not provided. We realize the importance of delivering what we promise, especially regarding on-site staffing, and we will work to keep these costs as low as possible. To demonstrate compliance with the contracted staffing plan, we will provide Jefferson Parish with a monthly statistical report showing staffing fill rates.

Each month, Wellpath will provide an accounting of actual days/hours worked by the entire medical staff to Jefferson Parish in the form of an FTE report. These reports, which are compiled by pay period, provide true transparency and allow for auditing down to the individual and shift. Because these reports are automatic, historical reports can be searched, queried, and drilled down in moments. Our automated FTE reporting system allows for **100% auditable reporting** of hours contracted versus hours worked.

Sample FTE Report

Staffing Report - Position Level (FTE)															
For Period: 05/06/2017 - 05/27/2017															
* = Backfill Position															
Position	#	Contract Totals			Productive Hours					Non-Productive Hours				Total Paid FTE	
		Actual FTE	Contracted FTE	Variance	Regular Hourly	Overtime Hourly	Overtime Salary	Holiday Worked	Total Productive	Vacation, Sick, & PTO	Holiday	Training	Other		Total Non-Productive
Administrative Assistant Clinical Site		1.041	1.000	0.041	1.000	0.041	0.000	0.000	1.041	0.000	0.000	0.000	0.000	0.000	1.041
Certified Medical Assistant	*	8.438	11.900	-3.462	7.905	0.533	0.000	0.000	8.438	0.542	0.000	0.000	0.150	0.000	9.129
Dental Assistant	*	0.881	1.200	-0.319	0.881	0.000	0.000	0.000	0.881	0.072	0.050	0.000	0.000	0.122	1.003
Dentist	*	0.914	1.000	-0.086	0.909	0.000	0.011	0.000	0.914	0.100	0.000	0.000	0.000	0.100	1.014
Dentist Hourly		0.000	0.200	-0.200	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Director of Nursing		1.219	1.000	0.219	0.969	0.000	0.200	0.000	1.169	0.050	0.000	0.000	0.000	0.050	1.219
Health Services Administrator		1.072	1.000	0.072	0.992	0.000	0.080	0.000	1.072	0.000	0.000	0.000	0.000	0.000	1.072
Limited License Psychologist		0.000	2.000	-2.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
LPN	*	22.776	32.100	-9.324	21.428	1.347	0.000	0.000	22.776	1.079	0.050	0.000	0.100	1.229	24.004
MD1400 0574 Job Code NOT in the		0.817	0.000	0.817	0.817	0.000	0.000	0.000	0.817	0.000	0.000	0.000	0.000	0.000	0.817
Medical Director	*	1.034	1.200	-0.166	0.963	0.000	0.072	0.000	1.034	0.000	0.000	0.000	0.000	0.000	1.034
Medical Records Clerk		4.961	5.800	-0.839	4.447	0.512	0.000	0.000	4.961	0.375	0.017	0.000	0.000	0.392	4.961
Mental Health ARNP	*	0.164	2.500	-2.336	0.164	0.000	0.000	0.000	0.164	0.000	0.000	0.000	0.000	0.000	0.164
Mental Health Director	*	1.069	1.000	0.069	1.000	0.000	0.069	0.000	1.069	0.019	0.000	0.000	0.000	0.019	1.088
Mental Health Professional	*	8.987	7.800	1.187	8.622	0.366	0.000	0.000	8.987	0.452	0.050	0.000	0.000	0.502	9.489
Nurse Educator	*	1.028	1.000	0.028	0.995	0.000	0.033	0.000	1.028	0.000	0.000	0.000	0.000	0.000	1.028
Nurse Practitioner	*	2.078	1.700	0.378	1.854	0.000	0.214	0.000	2.078	0.050	0.000	0.000	0.000	0.050	2.128
Nurse Practitioner Hourly		0.000	0.800	-0.800	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Pharmacy Technician	*	5.731	5.600	0.131	5.484	0.247	0.000	0.000	5.731	0.100	0.150	0.000	0.000	0.250	5.981
Physician Hourly		0.000	1.200	-1.200	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Psychiatrist		0.000	0.700	-0.700	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Psychiatrist Hourly	*	0.963	0.400	0.563	0.963	0.000	0.000	0.000	0.963	0.000	0.000	0.000	0.000	0.000	0.963
Psychologist Hourly		0.000	2.000	-2.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000	0.000
Quality Improvement Coordinator	*	0.753	1.000	-0.247	0.734	0.000	0.017	0.000	0.753	0.250	0.000	0.000	0.000	0.250	1.003
RN	*	20.066	33.900	-13.834	18.883	1.183	0.000	0.000	20.066	0.434	0.000	0.000	0.000	0.434	20.500
RN Charge Nurse	*	0.798	0.000	0.798	0.781	0.017	0.000	0.798	0.798	0.200	0.000	0.000	0.000	0.200	0.998
RN2500 0573 Job Code NOT in the		0.795	0.000	0.795	0.750	0.045	0.000	0.795	0.795	0.000	0.000	0.000	0.000	0.795	0.795
X ray & Lab Technician	*	1.000	1.000	0.000	0.998	0.002	0.000	0.000	1.000	0.000	0.006	0.000	0.000	0.006	1.006
Grand Total		86.584	119.000	-32.416	81.544	3.902	0.695	0.000	86.142	3.721	0.323	0.000	0.230	4.250	90.437
* = Backfill Position															

2.25.3 Human Capital Management Platform

In 2021, Wellpath completed a best-practices evaluation process that helped us discern the many benefits a Human Capital Management (HCM) platform can provide our field employees and leaders. We know our continued growth requires a streamlined employee Human Resources (HR) experience and improved efficiency. The platform's modules meet and frequently exceed our expectations for Wellpath HR, Payroll, and Operations functions while improving employee experience. The platform will be used to improve employees' experience with Wellpath and will allow them to spend more time on critical patient care, thereby delivering hope and healing.



Benefits of the HCM platform, coming in 2023, include:

- **Smooth Pre-Boarding** – All employee information is collected and stored in one place and becomes part of the employee record automatically
- **Guided Onboarding** – Pre-built onboarding checklist available immediately with no manual steps required
- **Self-Scheduling** – Shifts are available for self-scheduling
- **Single Platform** – All employment information and activities are centralized, increasing efficiency of administrative tasks
- **Skills and Career** – Employees manage their own skills and career progression and communicate their goals to their manager
- **Targeted Communications** – Populations are segmented so employees only receive communications relevant to them
- **Recognition** – Employees are automatically recognized at times of personal and professional milestones
- **Guided Benefits Changes** – When life events qualify the employee for benefits changes, they are automatically notified and guided through the process
- **Career Ownership** – Progress to their career milestones is transparent to the employee and they can take greater ownership of their growth and milestones
- **Financial and Career Control** – Employees have access to their pay information, remaining PTO, skills information, etc. during the off-boarding process so they can be confident they are in control of their financials and career future

2.25.4 Recruitment and Retention

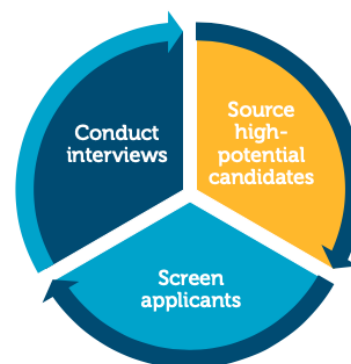
Wellpath uses industry-leading talent acquisition and employee retention techniques to consistently recruit and retain highly qualified employees. Our initiatives include strategic talent acquisition plans, competitive benefits programs, opportunities for professional development, and structured onboarding programs to educate new employees and welcome them to the Wellpath team. Our skilled and responsive Human Resources professionals facilitate the recruitment, development, and retention of healthcare professionals for our clients.

Talent Acquisition

At Wellpath, we have the opportunity every day to improve the health of many of society's most vulnerable and at-risk patient populations. Most healthcare professionals choose this profession to help others and give back to society. We provide them with one of the most meaningful ways to do that.

Wellpath's dedicated Talent Acquisition team of physician recruiters, nurse recruiters, managers, and coordinators source high-potential candidates, screen applicants, and conduct interviews. They use competency-based behavioral interview questions and collaborate with our clinical and operational specialists to make informed hiring decisions.

Wellpath has a dedicated talent acquisition team of Physician Recruiters, Nurse Recruiters, Managers, and Coordinators



Wellpath performs primary source verification of credentials and licensure concurrently during the interviewing and screening process. We then select the best candidates based on qualifications and credentials, experience, references, interview results, and other information.

Recruiting Success Story – Massachusetts DOC

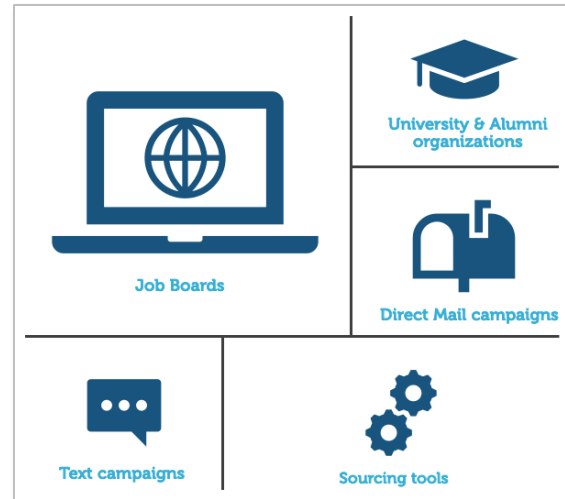
In 2018, Wellpath was awarded the Massachusetts DOC comprehensive medical and mental health contract with 569 FTEs. The previous medical provider had 400+ team members in the Massachusetts market. Following contract award, we learned that they had only about 350 full-time staff who planned to come onboard and of that 350, there were 62.25 FTEs of provider-level vacancies in the previous provider's contract. Prior to the go-live date, we hired five contract recruiters to assist in the recruiting efforts and two full-time recruiters who would stay with the contract once the transition was over. Over the course of six months, we were able to meet the client's expectations of provider vacancies and stabilize the provider staffing.

National Recruiting & Sourcing Tools

Wellpath recruiters are vigilant in their search strategies for talent, especially in a time of low unemployment rates for healthcare professionals. We keep our pipeline full by using effective tools to identify and communicate with candidates. We use strategic media partnerships to evaluate and rotate our posting needs daily. A few of those partnerships include TextRecruit; App Feeder; Indeed; and Connect, a Contact Relationship Management (CRM) program for engaging passive talent.

Wellpath also uses resources that share job postings and information across dozens of recruiting databases and job sites through a single source. Our strategic use of various databases ensures a continuous feed of the newest resumes and candidates into an Applicant Tracking System our recruiters use to find the best candidates in the shortest amount of time.

We invest in technology to promote our open positions and provide industry-leading people analytics. This helps us understand the growing needs in staffing, as well as the outcomes of our efforts. Our Talent Acquisition Team has a full candidate marketing plan using a multitude of resources, including:



- **LinkedIn, Facebook, Instagram** – We use the LinkedIn Employer Page and Career Profile Pages on Facebook and Instagram to organically promote events, hiring incentives, and the benefits of becoming a Wellpath team member. We also run sponsored Custom Audience campaigns via Facebook, which enables us to reach a more refined target audience specific to providers. We are constantly optimizing our social channels to further enhance our online presence.
- **Indeed Hiring Events and Targeted Ads** – Indeed Hiring Events and Targeted Ads are some of our most powerful tools for start-up facilities as we see great ROI when running for various audiences.
- **Google and YouTube** – Google and YouTube are the two largest search engines in the world. We advertise with them on a large scale, ensuring that our efforts work together to yield the largest ROI. YouTube ads amplify our Google search performance as shown in this figure.



We implement search campaigns to drive targeted traffic to our career site and display campaigns to raise branding awareness. Google Remarketing is used to re-engage candidates who visited our site but did not apply. We run YouTube campaigns to take advantage of behavioral learning capabilities. A candidate does not have to search for us or our jobs to see our YouTube ad.

Google Remarketing is used to re-engage candidates who visited our site but did not apply. We run YouTube campaigns to take advantage of behavioral learning capabilities. A candidate does not have to search for us or our jobs to see our YouTube ad.

- **Text and Radio** – We launch text message campaigns to relevant audience pools to reach candidates on their most used device, their phone. We leverage internet radio via Spotify as opposed to local radio stations, which has proven far more powerful due to machine-learning and tracking capabilities. Spotify has yielded some of our highest performing campaigns.
- **Digital Advertising Tools** – We maintain a large and always-growing Talent Community to keep candidates who have expressed interest engaged with our brand, using the leads to deploy email and text blasts. We currently have nearly 200,000 candidates in our Talent Community. We also direct candidates to landing pages to minimize candidate drop-off. Candidates convert at a 3X higher rate when directed to a short form as opposed to a full career site. Finally, we use

Bayard Advertising to report on all campaign metrics, allowing us to evaluate successful vs. unsuccessful campaigns, and manipulate those campaigns based on what has proven successful.

Salary and Wage Analytics

Wellpath has invested in economic modeling data that allows us to evaluate each market based on real-time salary and market analytics. We rely on a multidisciplinary team of experts across disciplines—including clinical, compensation, and recruiting—to analyze and agree on our wage rates. This team examines market supply, validates compensation data, and reviews the competition from companies advertising for the same positions in the market. These tools give us better insight to know where people live versus where they work, and how many actual jobs are being filled every month.

Employee Benefits Program

Wellpath offers a comprehensive, flexible benefits program that focuses on health and well-being. New hires, transitioning employees, and current staff can sign up for Wellpath benefits through our online and mobile enrollment system, which streamlines communications, education, forms, and all other benefit-related options. They also have the option of calling our Benefits Service Center to speak with someone who can answer questions and help them enroll.

Wellpath offers three medical plan options with a robust pharmacy program, two dental plan options, vision, and company-paid life insurance, as well as additional insurance options for employees, spouses, and children. We also offer short-term and long-term disability plans to offset income loss in case of an emergency, as well as various supplemental insurance programs that pay staff directly for illness or accidental injury. Additionally, we offer a wellness program that encourages employees to take steps toward healthier lifestyles.

Wellpath's medical plans include a telehealth program offering 24/7 access to a physician via phone, tablet, or computer. Services such as mental health, nutrition, lactation support, and psychiatry are also available with a nominal co-pay.

Affordability is a top priority for all Wellpath benefit programs. We work closely with our vendors to ensure that we provide competitive benefits at affordable rates, and **we subsidize a larger portion of the total cost of healthcare** for staff with lower income. We also offer a health savings account option with an annual employer contribution that allows employees to make pre-tax contributions to pay for doctor's visits, medications, and other health services.

Financial wellness is another important aspect of retention. Wellpath offers a traditional 401k with a discretionary company match, a Roth IRA, and a college tuition reimbursement program.

Wellpath offers a competitive paid-time-off program based on years of service, as well as paid holidays throughout the year

Employee Retention

Wellpath understands the importance, for continuity of care, of providing full-time staff members. Consistent staffing improves the quality of patient care and minimizes issues that can lead to grievances and lawsuits. We focus on prudent staff deployment to promote high efficiency, fewer mistakes, and improved morale. As a result, we have an excellent retention rate with low turnover.

Wellpath offers benefit-related incentives to entice those who may be considering a slightly higher rate of pay as per diem staff to commit to full-time employment. We attribute retention success and low turnover to maintaining competitive salary and benefits packages, embracing diversity, rewarding superior performance, and providing meaningful work in a friendly environment.

Professional Development and Tuition Assistance

Wellpath has a dedicated Organizational Development Department offering a full range of professional development opportunities. We are dedicated to our employees' continued development and long-term professional satisfaction to create lower turnover, reduced costs of replacement and training, and strengthened team spirit through mutual respect and recognition of each individual's contributions.

Wellpath also offers tuition assistance to employees to advance their skills and their career. Additionally, Wellpath employees and their children who have graduated high school can apply for Wellpath-sponsored college scholarships each year. We awarded seven \$2,500 scholarships in 2022.

Employee Survey Responses

"Working for and with Wellpath has been a great opportunity for me. I enjoy everything the company does for the sites as a whole as well as on an individual basis. They continue to help us grow and develop as a group through effective communication, patience, and understanding."

"When I started in corrections, I worked for [a competitor]...I know Wellpath has a vested interest in my success and personal well-being. I have the tools needed to do my job, and through CORE and startups I have been able to expand my knowledge and believe my opinion and talents are important. **This is the company I want to retire from.**"

Nurse Outreach and Support

Wellpath has adopted several outreach techniques for our nursing professionals, including advanced training opportunities and open communication through the Nurse Channel, an online resource for Wellpath nurses. In addition to providing useful information, the Nurse Channel also recognizes Wellpath nurses with a record of outstanding job performance upholding our high standards for patient care.

Employee Recognition

Wellpath attracts and retains skilled and competent personnel through several employee incentives, but incentives alone do not build loyalty. Friendly company culture also affects the long-term satisfaction of our employees. The primary reason for dissatisfaction in the healthcare field is feeling undervalued. At Wellpath, each person is treated with respect, incentivized and rewarded for dedication and performance, and viewed as a valuable asset of our team.

The Wellpath employee recognition program enhances our ability to retain healthcare professionals throughout the life of a contract. Our program encourages positive behavior and builds a sense of pride in each team member. By recognizing our top-performing employees, we can influence employee morale, which positively impacts the quality of care we provide.

Each Wellpath location incorporates employee recognition into its local operations. The primary program is the 5H Award, which represents the values by which Wellpath strives to exist: **H**unger, **H**onesty, **H**ard Work, **H**umility, and **H**umor. We encourage the recognition of employees whose contributions echo these values. Each Wellpath location or territory creates its committee to recognize employees monthly and quarterly.

Wellpath presents monthly and quarterly recognition awards based on attendance, customer service, teamwork, and overall performance. Each year, the leadership team of each Wellpath business unit chooses one individual from each of the quarterly winners to be nominated for the President's Award. All quarterly award winners and nominees, and President's Award winners, are recognized on the Wellpath website and eligible for a monetary award, certificate of recognition, and a gift.

Flexible Scheduling

When possible, Wellpath allows flexible scheduling to meet employees' needs. We employ part-time and per diem personnel to provide coverage for scheduled absences and to supplement full-time staffing needs.

Wellness Program

Wellpath appreciates the importance of health and well-being for our employees. We encourage our team members to participate in a Wellpath wellness program that includes exercise programs, healthy eating tips, and other initiatives that promote a healthy lifestyle. Various Wellpath sites offer incentives or contests to encourage employee participation in programs that create a healthier staff, including smoking cessation and weight control programs.

Employee Assistance Program

Wellpath offers an Employee Assistance Program (EAP) through Cigna. All Wellpath employees and their household dependents have 24/7 access to a range of free services and educational materials to help with a variety of life/work challenges and crisis management. Assistance is available through a confidential phone call or referral to a specialist for up to three sessions of in-person support. The Cigna EAP also provides discounted services and programs that promote health and wellness.

Dare to Care

Wellpath established the Dare to Care Employee Assistance Fund to support our valued team members when they need it most. Employees and eligible dependents can apply for economic assistance during unexpected economic hardship. Employees may be eligible for assistance if they experience extreme or catastrophic circumstances beyond their control, including loss of property due to natural disaster life-threatening illness or injury, or loss of a family member.



We started Dare to Care in 2010 in response to the flooding that devastated the City of Nashville. Since its inception, **the Dare to Care fund has provided \$1.3 million in financial assistance** to more than 800 employees and their families in their time of need. In 2020, Wellpath team members contributed \$390,000 to the Dare to Care fund. In 2021, Wellpath team members contributed \$322,000 and Wellpath paid out \$202,000 in grants.



Wellpath partners with the Community Foundation of Middle Tennessee to manage all funds and award gifts. The application process is confidential, and requests are reviewed by an impartial and experienced third party. Dare to Care is funded through employee donations and matching contributions from Wellpath.

Hurricane Assistance

In 2017, Wellpath employees in Florida and Texas were significantly impacted by Hurricanes Irma and Harvey. Many were displaced from flooding and required immediate assistance. In addition to continuing to pay impacted employees while their facilities were closed, **Dare to Care issued more than 95 grants to these employees, totaling approximately \$200,000.**

2.26 Orientation for Health Staff

NCCHC Standard J-C-09

Wellpath provides appropriate orientation and training for all healthcare personnel. The lives and health of our patients depend on the knowledge, practical skills, and competencies of the professionals who care for them. We begin with the identification, validation, and recruitment of the very best people, then we orient them to our company culture and operations through an established onboarding process. We also train Correctional Center staff in medical issues as requested.

2.26.1 Wellpath Orientation

Wellpath provides a thorough orientation program for all healthcare staff. The program includes comprehensive orientation curricula, schedules, appropriate forms, tracking and recordkeeping, and required documentation to support evidence of orientation of personnel. Each new employee has online access to the Wellpath *New Employee Orientation (NEO) Curriculum*, which outlines required onboarding steps for all healthcare staff, as well as additional required onboarding steps for specific positions.

Wellpath's orientation program is presented in three phases. New staff members complete our onboarding process and then receive ongoing skills/knowledge assessment through our Performance Enhancement and Leadership Development programs. All new employees participate in each of the three phases. The frequency and focus of each training phase are determined by the position and learning capacity of individual employees.

Phase 1: Onboarding

Critical to the future success of each new employee is his or her initial experience with the organization. To ensure a smooth transition, we will offer a three-part onboarding process: orientation, on-the-job training, and follow-up.

Virtual onboarding is available to all Wellpath nursing staff. Available weekly, modules are completed in the first 30 days of employment. This Zoom training is led by a Regional Director of Nursing (RDON) and allows for extension to on-site orientation shadowing. In addition to specific training topics, RDONs hold office hour calls each week that are open to any nurse. Wellpath advises new employees to join at least one call during their first three months.

The primary goal of virtual onboarding (which does not replace required training for new employees) is to promote consistency, connections, and confidence. New Wellpath nurses are introduced to correctional nursing and common workflows. They also review nursing assessment skills using Wellpath's Professional Nursing Protocols.

Onboarding Step 1: Orientation

Each new hire participates in an eight-hour learning experience, where they are introduced to our company culture and our policies and procedures. Physicians have additional requirements. The program establishes clear expectations and involves new employees in the success of the company

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

On-the-job training is guided by standards, detailed checklists, and a qualified preceptor. While there are time schedules with expected milestones, the preceptors work with the new employees to ensure appropriate knowledge transfer. This step is not considered complete until the new employee feels capable of performing the job.

Onboarding Step 3: Follow-up

During this last step of the onboarding process, the new employee can provide feedback about his or her experience with the HSA. The HSA also shares information about his or her leadership style and performance expectations.

Phase 2: Performance Enhancement

Performance enhancement training includes skills labs and webinars. Medical personnel participate in scheduled online training and in-service learning opportunities, such as "lunch and learn" sessions. We also offer webinars with a variety of Subject Matter Experts (SMEs) to staff members as applicable for their roles.

Phase 3: Leadership Development

Leadership development training invests in the continued growth of our employees to develop leaders from within. Each training session varies in delivery and duration and is designed to strengthen the leadership competencies of our employees. Leadership development training is a collaborative effort between Wellpath's Home Office and leaders at the site.

3 Administrative and Financial Management Ability

3.1 Administrative Ability

Wellpath will provide a full range of professional management services, from executive to site level, to support Jefferson Parish's medical program and ensure the quality of our services. We take pride in being a large company able to offer volume-based buying power and resources to our partners while maintaining a homegrown family culture and hands-on approach to client service. Our clients feel supported and can access our corporate management team easily.

Our program for Jefferson Parish will be directly supported by our Regional Management Team and our Home Office in Nashville, Tennessee. **Regional Vice President, Andrew Small**, and/or **Senior Regional Director of Operations, Janice Staggs-Webb, RN, CCHP**, will visit the Jefferson Parish Correctional Center (JPCC) regularly to evaluate medical processes and meet with facility administration.

Director of Partnership Development, C.J. Whitfield, and **Group Vice President of Partnership Development, Patrick Turner**, will work with **Director of Partner Services** and **Vice President of Partner Services, Kelly Pribble, RN, CCHP, MSM, MOL**, during transition and implementation as Wellpath liaisons to Jefferson Parish for all aspects of the contract to ensure your continued satisfaction with our service. **This is our corporate pledge to you.**

"The procedures, standards, and relationship with Wellpath is truly professional and the management team is always readily available for my team. **We have a true partner in Wellpath.**"

Sheriff John W. Hanlin
Douglas County, OR

3.1.1 Communication and Client Satisfaction

Wellpath site and regional leadership will communicate frequently and transparently with Jefferson Parish and JPCC administration. Our philosophy of proactively communicating potential issues with our clients helps ensure resolution before an issue becomes a major problem. We expect our site and regional leadership to have an "open door" policy when it comes to communicating with our clients.

We also rely on our Partner Services Department, led by **Vice President of Partner Services, Kelly Pribble**, to ensure that lines of communication stay open, and any concern of Jefferson Parish's is quickly addressed. The **Director of Partner Services** will regularly attend MAC meetings and will be available for ad hoc meetings upon request.

3.1.2 Leadership Team

Our experienced Regional Management Team will strengthen communication and operational workflows in the Wellpath program at the JPCC. This team is familiar with Louisiana-specific requirements and will ensure a compliant program that meets or exceeds your needs and expectations. Our leadership team will ensure that our programming follows the tenets of the contract between Jefferson Parish and Wellpath, as well as Wellpath protocols and industry standards.

Clinical oversight will be provided by the site Medical Director, who will report directly to **Executive Medical Director - Southeast, Karla Dunbar, MD. Regional Director of Mental Health, Donna Carter, LPC, NCC, CCHP**, will oversee our mental health program.

Operational oversight will be the responsibility of **Senior Regional Director of Operations, Janice Staggs-Webb, RN, CCHP**, and **Regional Vice President, Andrew Small**, who reports directly to **President of Local Government Healthcare, Cindy Watson**.

“Wellpath leadership is always visiting our facility and auditing their own staff to ensure they provide superior service to the client. Our level and quality of communication with Wellpath is extremely high and instills confidence in our partnership... In my opinion, **Wellpath is the pinnacle provider available** and we are happy to have them as part of our team.”

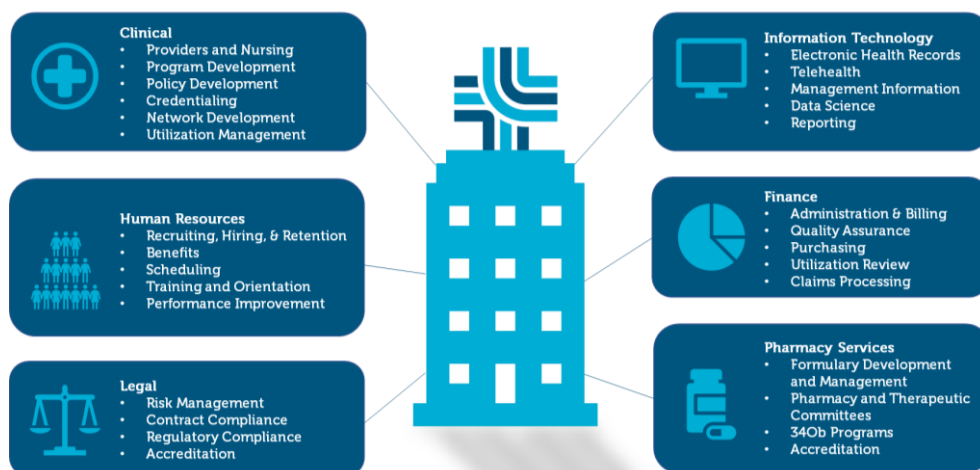
Dave Adams, Deputy Chief of Support Services
Will County Sheriff's Office, IL

The key leaders listed above will be involved with the implementation of Wellpath services at the Jefferson Parish Correctional Center and the subsequent management of operations. These are more than just names in a proposal, but rather faces you will see walking the hallways of the JPCC, supporting our program. To demonstrate the qualifications of our staff, we have provided detailed information and resumes for these key support personnel, including the Wellpath Executive Team and Regional Management Team, in our completed **Statement of Qualifications (General Professional Services Questionnaire)**.

3.1.3 Home Office Support

The Wellpath Home Office in Nashville, Tennessee, will directly support our on-site medical and administrative staff at the JPCC. Our Home Office support includes a staff of HR professionals to guide all recruiting and hiring, as well as leadership development and clinical education teams to train new and retained staff members. Our finance and accounting teams will provide regular and thorough reporting, and our IT department will ensure that our technology meets the JPCC's needs and requires minimal resources.

ROBUST HOME OFFICE SUPPORT



3.1.4 Administrative Meetings and Reports

NCCHC Standard J-A-04

Wellpath will facilitate monthly administrative meetings with Jefferson Parish to evaluate statistics, program needs, problems, and coordination between correctional, medical, and mental health staff. We will continually communicate with Jefferson Parish administration on contract matters, such as project coordination, status meetings, and status reports.

Active, open, and honest communication is essential to sustaining a successful healthcare program and a strong partnership. The HSA for the JPCC will maintain open communication and effective working relationships with facility administration, Wellpath employees, Correctional Center staff, contracted providers, and outside agencies. The HSA, as the liaison between healthcare and Correctional Center staff, will lead multidisciplinary meetings to promote continued communication and cooperation between custody and care providers.

Medical Administration Committee

NCCHC Standard J-A-04

Wellpath will establish a Medical Administration Committee (MAC) to oversee healthcare functions at the JPCC. The MAC will meet monthly to assess the healthcare program, ensuring the continued availability of high-quality medical, dental, and mental health services. Wellpath will work closely with Jefferson Parish administration to coordinate MAC meetings, which will typically include:

- Health Services Administrator (HSA)
- Director of Nursing (DON)
- Medical Director
- Dentist
- Psychiatrist and/or mental health representative
- Designated Jefferson Parish representative(s)

Discussions will include monthly health services statistics by category of care, the current status of the healthcare program, costs of services, coordination between security and health services, and identified issues and program needs. The MAC will also review and categorize grievances to identify potential issues and to determine whether patterns exist or are developing. We will document meeting minutes, distribute them to attendees and Jefferson Parish administration, and maintain a copy for reference.

Wellpath will also provide monthly and quarterly reports on the clinical operation of the healthcare program, following NCCHC and ACA standards. We will regularly confer with Jefferson Parish on issues deemed appropriate, such as existing procedures and proposed procedural changes.

Reporting and Accountability

NCCHC Standard J-A-04

Wellpath seeks to provide the best on-site care possible while being fully accountable to our clients. We expect to be measured by our performance, including reduced medical grievances; accountability as evidenced by operational and financial reporting; reduced staff turnover; and fewer off-site referrals. These are our goals, and we will share the details of our performance by providing regular operational and financial reports on these criteria.

"The record keeping by Wellpath staff has always been complete and thorough and responses to questions or concerns are always quick and efficient. The reports generated by their electronic records system (ERMA) are specific to our needs and are highly useful and effective."

Mark Rockovich, Director
Luzerne County, PA

Wellpath typically provides more clinical and operational reports than any other company in the industry. We will provide a full set of operational reports customized to meet your specific

needs. We will deliver detailed monthly statistical reports for your review and daily operational reports to continually review the effectiveness of our program and improve overall program quality and efficiencies.



Wellpath maintains an extensive logging system for collecting data and statistics to analyze trends in the utilization of healthcare services. Demonstrating accountability through transparent reporting is a Wellpath core competency. In all medical operations, but especially in the corrections environment, it is essential to keep detailed accurate records that are readily available and easily accessed.

As stewards of Jefferson Parish, we will be responsible and accountable for the success of your program. Wellpath's clinical and operational leadership teams use powerful business intelligence software, such as Tableau®, to ensure efficient delivery of services. Tableau tracks key indicators such as off-site referrals, inpatient/ER utilization, claim details, pharmacy utilization, labs, filled/vacant FTEs, and overtime. These tools allow us to **identify trends as they emerge**.



Daily Reports

Wellpath will provide a daily narrative report to the designee covering the previous 24 hours (Saturday and Sunday reports may be submitted Monday morning). Daily reports outline important events of day and night shifts, such as:

- Transfers to off-site hospital emergency departments
- Communicable disease reporting
- Suicide data (i.e., attempts and precautions taken)
- Report of status of inmates in local hospitals
- Report of status of inmates in the infirmary
- Staffing roster changes
- Completed medical incident report copies
- Completed medical grievance report copies
- Receiving screenings performed
- Health assessment status report

Monthly Reports

Wellpath will provide monthly statistical reports regarding the operation of the healthcare program, staffing fill rates to demonstrate compliance with the contracted staffing plan, and financial reports to aid Jefferson Parish with future budgeting efforts. Monthly reports will delineate the status of the healthcare program, including potential problems and suggested resolutions. We can also provide reports on monthly paid and projected costs, as well as monthly aggregate and projected aggregate costs.

Wellpath will submit a customized report package to the designee on a mutually agreed-upon day each month. Monthly reports reflect the previous month/term workload, with data such as:

- Patient requests for various services
- Patients seen at sick call
- Patients seen by a physician
- Patients seen by a dentist
- Patients seen by a psychiatrist
- Infirmiry admissions, patient days, and average length of stay
- Off-site hospital and emergency room admissions and cost
- Medical specialty consultation referrals and cost
- Intake medical screenings
- 14-day history and physical examinations
- Diagnostic studies
- Report of third-party reimbursement, pursuit, and recovery
- Percentage of inmate population administered medication
- Inmates testing positive for TB, STDs, HIV, or HIV antibodies
- Inmate mortality
- Number of hours worked by entire medical staff and compliance with contract staffing levels
- Other data deemed appropriate by Jefferson Parish

Wellpath Partner Portal

Wellpath continues to innovate and deploy meaningful correctional healthcare technology. One of our most recent innovations, the **Wellpath Partner Portal**, gives our clients near **real-time reporting** on statistics related to the delivery of care, such as staffing hours provided and off-site treatments. For sites using Wellpath's ERMA system, medical compliance statistics such as receiving screenings, health assessments, and medication passes are also available.

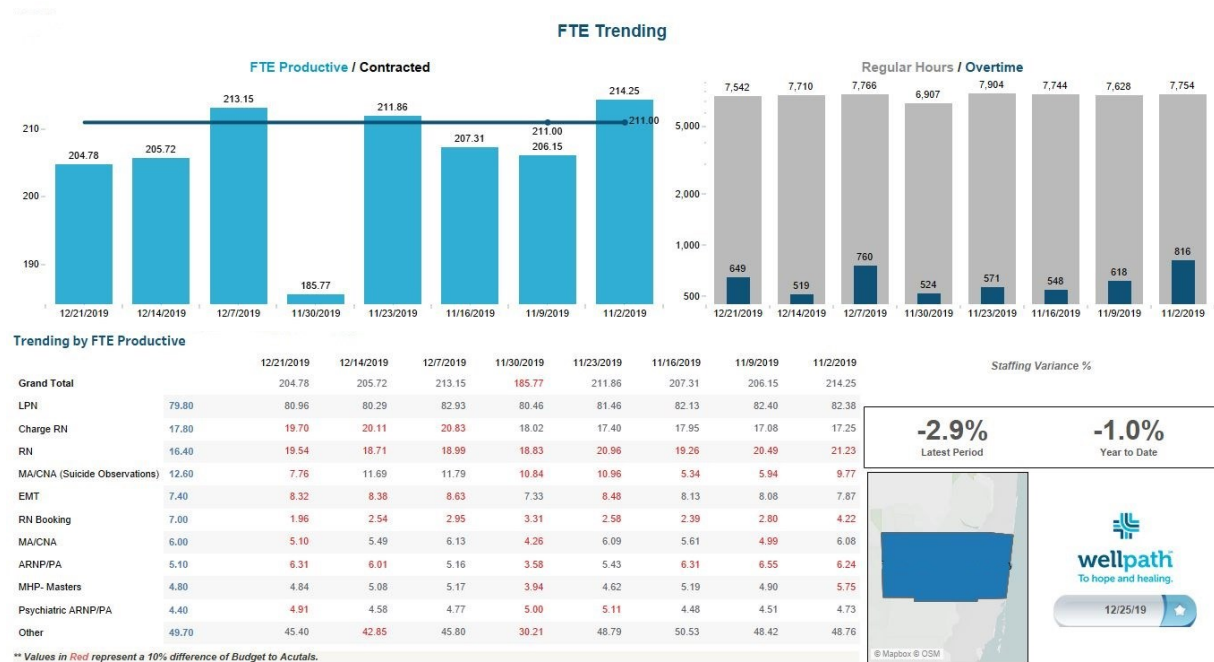


The Partner Portal is a secure digital gateway for shared communication and information that can be accessed via web browser by Wellpath clients, giving them confidential, secure online access to key information, such as:

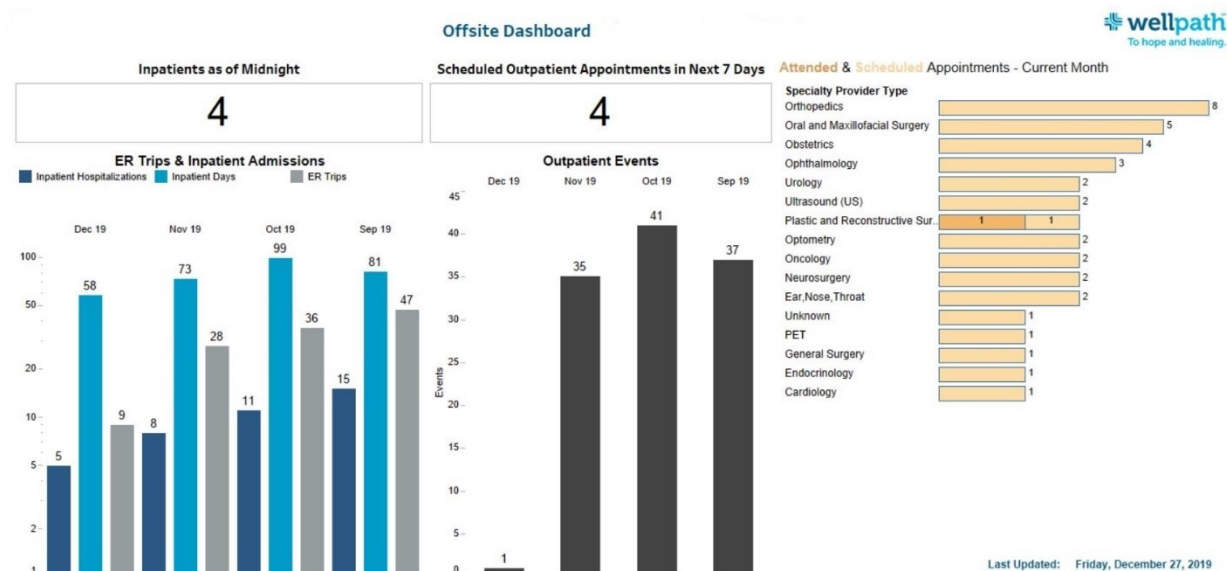
- Current performance reporting
- Major contract deliverables, such as health services reports and other required data
- Wellpath contact information

The following screenshots illustrate the type of data you can easily access through our Partner Portal. We look forward to demonstrating and bringing this advanced technology to Jefferson Parish.

Partner Portal – FTE Trending



Partner Portal – Off-Site Dashboard



Partner Portal – Compliance Dashboard



3.1.5 Policies and Procedures

NCCHC Standard J-A-05

Wellpath will develop a site-specific Policies and Procedures manual within 60 days of start-up and following a discovery period. Content will meet or exceed NCCHC and ACA standards. The manual will be subject to Jefferson Parish’s approval and will be reviewed and revised as Wellpath and/or Jefferson Parish policies are modified, and at least once a year. Certain policies may require revision within the first 120 days of the contract.

We have provided a sample Table of Contents from our standard Wellpath Policies and Procedures Manual in **Tabbed Attachment D**. *Please note that this information is confidential and proprietary.*

3.1.6 Continuous Quality Improvement Program

NCCHC Standard J-A-06

Wellpath is dedicated to continuously improving our services and program offerings for our clients. Our policies and procedures, based on NCCHC and ACA standards, will ensure that patients receive quality, compliant healthcare. We will use proven performance monitoring techniques like our Continuous Quality Improvement (CQI) program, Medical Administration Committee (MAC), and peer reviews to evaluate our healthcare programs at the JPCC.

Wellpath CQI Program

The Wellpath CQI program operates under the authority of Chief Clinical Officer, Thomas Pangburn, MD, and Vice President of CQI and Risk. The program ensures systems and programs provide superior healthcare services. The CQI program will ensure that clinical care delivery at the JPCC meets or exceeds our high expectations and NCCHC and ACA standards.

Within 90 days of contract implementation, Wellpath will develop a site-specific CQI plan based on the scope of care required at the JPCC. The CQI plan will assess on-site and off-site healthcare services for quality, appropriateness, and continuity. We will coordinate with Jefferson Parish to integrate our program with any quality assurance initiatives currently in place.

Upon transitioning the contract, our Home Office CQI team will conduct a series of one-hour monthly onboarding calls for on-site team members. On-site staff follow the Wellpath CQI calendar for program auditing and review. The CQI team is available to help on-site staff implement and coordinate the CQI plan.

Scope of CQI Program

Wellpath's data-driven CQI program includes audits and medical chart reviews to ensure compliance with contract requirements and established performance measures. We will conduct CQI studies to ensure services at the JPCC meet established minimum thresholds. We will monitor relevant areas for quality improvement, including accreditations, credentialing, environmental inspections, emergency drills, nursing, intake, medication management, special housing, and ancillary services.

Routine CQI Studies

Routine CQI studies examine areas where overlap or hand-off occurs, as well as other problem-prone, high frequency/volume, and risk management processes, including but not limited to receiving screenings, screening and evaluation at health assessment, special needs, segregation, treatment planning, suicide prevention, medication administration, initiating medication at intake, as well as processes exclusive to the facility.

The following sample CQI Calendar shows monthly CQI screens broken out by the responsible party.

Sample CQI Calendar			
Month	Nursing	Site Medical Director	Mental Health
Jan.	<ul style="list-style-type: none"> Chronic Care Services 		
Feb.	<ul style="list-style-type: none"> Site-specific Study CQI Meeting 	<ul style="list-style-type: none"> Scheduled & Unscheduled Off-site Care 	<ul style="list-style-type: none"> Suicide Prevention
March	<ul style="list-style-type: none"> Alcohol/Benzodiazepine Withdrawal Opiate Withdrawal 		
April	<ul style="list-style-type: none"> Medication Administration Pregnancy Care 		<ul style="list-style-type: none"> Restrictive Housing
May	<ul style="list-style-type: none"> CQI Meeting Initial Health Assessment MAT 	<ul style="list-style-type: none"> Physician Chart Review 	<ul style="list-style-type: none"> Suicide Prevention II
June	<ul style="list-style-type: none"> Dental Care Dietary Services 		
July	<ul style="list-style-type: none"> Receiving Screen & Med Verification 	<ul style="list-style-type: none"> HIV 	<ul style="list-style-type: none"> Psychiatric Services – HEDIS
Aug.	<ul style="list-style-type: none"> Site-specific Study CQI Meeting 		
Sept.	<ul style="list-style-type: none"> Ancillary Services Emergency Services Diabetes – HEDIS 		<ul style="list-style-type: none"> Suicide Prevention
Oct.	<ul style="list-style-type: none"> Alcohol/Benzodiazepine Withdrawal Sick Call 		<ul style="list-style-type: none"> MH Special Needs & Treatment Planning
Nov.	<ul style="list-style-type: none"> CQI Meeting Patient Safety (review YTD) MAT 	<ul style="list-style-type: none"> Infirmity Level Care 	
Dec.	<ul style="list-style-type: none"> Annual Review of CQI Program 		<ul style="list-style-type: none"> Suicide Prevention II

Site-specific Studies

Wellpath will complete monthly CQI screens outlined in the CQI Calendar, plus at least one ad hoc screen each quarter to evaluate a site-specific issue presenting challenges. Examples of ad hoc screens include:

- Missed medication (investigative study)
- TB screening
- Health assessment (periodic)
- Grievances
- Communication with custody
- Initiating essential medications (return from the hospital)
- Prenatal and postpartum care (HEDIS and outcome study)
- Asthma outcome study

Site-specific studies examine a site-specific problem. Examples of how these studies can be accomplished include:

- Completing an existing study in DataTrak Web (DTW) out of order (in a month or quarter when it is not due)
- Modifying the Excel version of a study to meet specific site concerns or issues
- Create a new study to address a novel concern or issue
 - Complete the “Site-Specific Study” in DTW
 - Email or fax the study to your CQI program manager (if the original study is not entered in DTW)

Requirements are adjusted if a site requires more frequent CQI meetings or additional studies.

Quality Improvement Committee

A multidisciplinary Quality Improvement (QI) Committee will direct CQI activities at the JPCC. The site Medical Director will lead the QI Committee, which will also include the HSA, site Safety Coordinator, Dentist, designated mental health representative, and appropriate Jefferson Parish representative(s). The QI Committee will be responsible for performing monitoring activities, discussing the results, and implementing corrective actions if needed.

The QI Committee will meet quarterly to review significant issues and changes and discuss plans to improve processes or correct deficiencies. CQI activity records are confidential. Discussions, data collection, meeting minutes, problem monitoring, peer review, and information collected as a result of the CQI program are not for duplication or outside review.

High-Risk Items

NCCHC Standards J-A-06, J-A-09, J-B-08

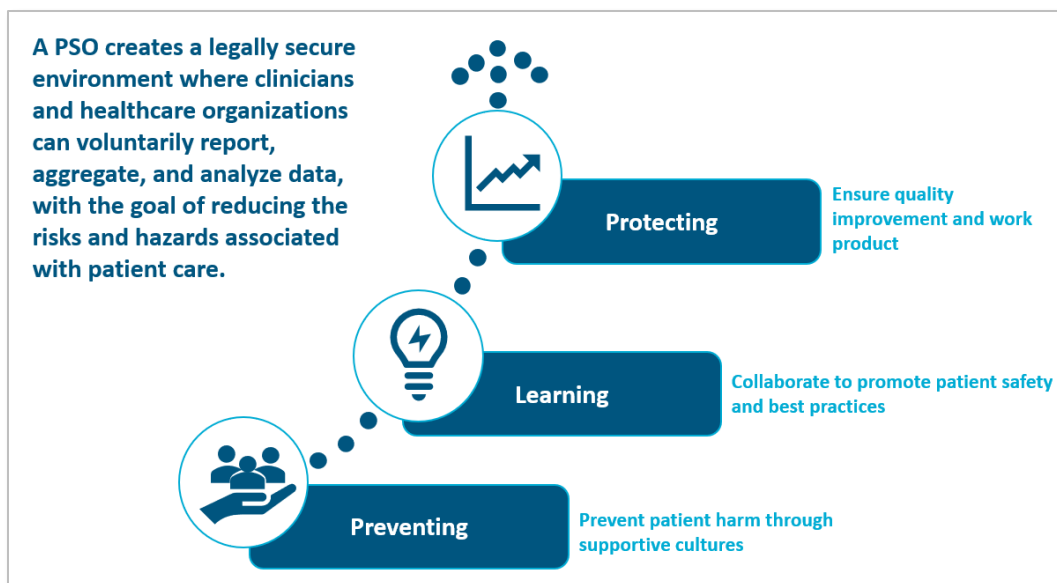
Wellpath's CQI program addresses many forms of risk management, including clinical and environmental risk management tools to identify and reduce variability and liability when adverse events occur. The QI Committee will address the following risk management items:

- **Critical Clinical Event (CCE) Reviews** – The QI Committee will monitor, review, and report on the healthcare staff's response to critical clinical events. The QI Committee will use the root cause analysis problem solving methodology to review the CCE.
- **Emergency Drill Reviews** – The QI Committee will monitor, review, and report on the healthcare staff's response to emergency drills.
- **Environmental Inspection Reports** – Wellpath will participate in monthly facility environmental inspections to ensure that inmates live, work, recreate, and eat in a safe and healthy environment.
- **Resolution Tracking** – The QI Committee will track deficiencies identified during routine environmental inspections through resolution.
- **Utilization Management** – Wellpath will monitor the provision of care to ensure that medically necessary healthcare services are provided in the most appropriate setting.
- **Grievances** – The Wellpath grievance process is consistent with national standards and internal client policies. The QI Committee will review and categorize grievances to identify potential issues and determine if patterns exist or develop. Patient satisfaction surveys will be administered on topics relevant to the patient population.
- **Pharmacy** – Wellpath will ensure quality pharmacy programming through regularly scheduled on-site inspections performed by a consulting state-licensed pharmacist. We will document inspection reports and maintain them on file, and the consulting pharmacist will provide a summary of these discussions and actions to the QI Committee.
- **Pharmacy Reports** – Wellpath will use pharmacy reports to identify outliers and trends, then evaluate and address any outliers. The Regional Medical Director will review pharmacy utilization data regularly.

Patient Safety Organization

Wellpath became part of a Patient Safety Organization (PSO) in 2016 as part of our commitment to improved patient care and safety. The Patient Safety and Quality Improvement Act of 2005 established PSOs to create a legally secure environment where clinicians and healthcare organizations can voluntarily report, aggregate, and analyze data to reduce the risks and hazards associated with patient care. To support these efforts, Wellpath has implemented a patient safety evaluation system to collect, manage, and analyze information for quality improvement and patient safety.

Due to our legally binding PSO agreement, such analyses are considered patient safety work products and are reported to the PSO to enhance learning and to prevent adverse events in the future through that learning. This also allows both Wellpath and our clients to maintain the confidentiality of these analyses, while also providing some protection from discovery.



3.2 Financial Management

3.2.1 Utilization Management

NCCHC Standard J-D-08

Wellpath has the **strongest utilization management program** in the industry for managing patient care. Our Care Management program uses evidence-based guidelines to determine medical necessity as part of our approval process.

The Wellpath Care Management program is clinically overseen by **Medical Director of Care Management Donald Rhodes, MD**, and is operationally managed by **Vice President of Care Management Pablo Viteri, MS, MHP**. Dr. Rhodes and the Care Management team will work together with **Executive Medical Director - Southeast, Karla Dunbar, MD**, and on-site medical personnel to ensure patients receive medically necessary healthcare services in the most appropriate setting.

Wellpath Care Management System

Wellpath will implement our web-based Care Management system at the JPCC to be **operational on Day One** of the contract **at no additional cost**. Our Care Management system enhances clinical control and cost efficiencies for off-site care by allowing us to track off-site services, ensure timely return from off-site visits, manage claims, and provide reports that assist our clients with cost containment and budget preparation.



The Care Management system will function alongside the JPCC's JMS, ARMS, to ensure accurate reporting. The designee will have access to the Care Management system to view management information and monitor off-site scheduling and inpatient status. With our robust Care Management system, **Wellpath offers a level of automation and accuracy in reporting that no competitor can match.**

Wellpath will coordinate, validate, and track off-site care and invoicing through the Care Management system. Our established review process will ensure that off-site referrals are medically necessary, and payments are appropriate. Following is a summary of the Wellpath Care Management process:



1. When an on-site provider determines that a patient may need community-based services, the provider will use the Care Management system to document and communicate the Consultation Request.
2. Our Chief Clinical Officer and/or Regional Medical Director will access the Care Management system daily to review requests and take one of the following actions:
 - Authorize a specific diagnostic or therapeutic modality
 - Recommend an alternative treatment plan
 - Request additional information
3. If the requested service is medically necessary, it will be approved. An authorization number will be established in the Care Management system, which will automatically send the authorization number to the site and the Wellpath Claims Department.
4. Once the site receives an authorization number, Wellpath staff can schedule an appointment within the system. Authorization numbers are only valid for a specific period. Wellpath will communicate service approval to the community provider and will require pre-approval to assume financial responsibility for services rendered. We will also verify that all invoiced charges are appropriate. Since the system sends the authorization number to our Claims Department, they can review every invoice to ensure that Jefferson Parish is billed only for the approved services.
5. If a patient is released from custody before a scheduled appointment, Wellpath will notify the community provider that Jefferson Parish is no longer financially responsible and will remove the pending appointment from the system.
6. The site Medical Director will review and address discharge summaries and medical recommendations made by the community provide.


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

Utilization Review

The Wellpath Care Management system will generate reports that will allow us to analyze the utilization of off-site services on behalf of Jefferson Parish. We will use this data to assess the need for additional on-site and off-site services, as well as the potential impact that systems such as telehealth may have. We will continuously evaluate the number of cases and the costs associated with transporting patients to determine which clinics are held on site. Constant evaluation of specialty services will ensure the most cost-effective solution for clinics.

Following is an example of Wellpath's Event Detail Report, which provides a snapshot of off-site visits.

Sample Event Detail Report



Event Detail Report

Page 1 of 2

489 Day(s)		INPATIENT HOSPITALIZATION Totals										
489 Day(s)		INPATIENT HOSPITALIZATION Totals										
OBSERVATION 4 EVENT(S)												
Jails												
10/03/2019	10/04/2019		6001						Y		Y	Medicaid
11/30/2019	12/02/2019		6001									
11/30/2019	12/02/2019		6001									
12/05/2019	12/06/2019		6001									
4		OBSERVATION Totals										
4		OBSERVATION Totals										
OFFICE VISITS 32 EVENT(S)												
Jails												
10/08/2019			6001									
10/09/2019		CARDIOLOGY	6001									
		ORAL AND MAXILLOFACIAL SURGERY	6001									
10/10/2019		ORAL AND MAXILLOFACIAL SURGERY	6001									
10/21/2019		OPHTHALMOLOGY	6001									
11/15/2019		UROLOGY	6001								Y	Not Financially Liable
11/18/2019		ORAL AND MAXILLOFACIAL SURGERY	6001							Y		Pre-Existing
11/20/2019		OBSTETRICS	6001								Y	Not Financially Liable

Wellpath offers numerous reports to help clients track and manage off-site services. The most important is the Event and Expense Detail Report, which itemizes each off-site referral entered into the Care Management system and tracks important cost data. Each Wellpath site is required to review the Event and Expense Detail Report at least monthly and confirm the report is correct by the third business day of each month. This report is used to establish the monthly off-site cost accrual in the facility's financial statements. Wellpath staff are trained to review this report for accuracy on a weekly basis to identify:

- Events are showing up on the report (compare the events on the report to any internal tracking process)
- Dates of service are accurate, especially ER dates
- All provider information is showing up on the report
- No duplicate records
- All referrals are in the correct category (e.g., ambulance, off-site, dialysis, radiology)

- Inmate type is correct (e.g., State, Federal, ICE)
- All dialysis appointment dates are listed
- Discharge dates are entered and accurate
- Custody release dates are entered when appropriate

Following is a sample Event and Expense Detail Report, which can be exported to Excel and sorted by hospital, service, or patient, offering full transparency into off-site costs.

Sample Monthly Event & Expense Detail Report

wellpath

Event & Expense Detail Report

Regions: Jails

AMBULANCE 22 EVENT(S)

Jails

REDACTED

REDACTED County Detention Facility

Date of Service	Discharge	Day	Provider	Dept	Patient Number	Patient Last Name	Patient First Name	DOB	Type	Pre-Book	Pre-Exist	No Charge	Referral #	Auth/Appmt ID	Standard Cost	Paid To Date	Expense	Denied Claim
03/02/2020	03/02/2020			7660					S				12174080	17667892	\$85.59	\$208.17	\$208.17	0
03/03/2020	03/04/2020			7660					S				12064768	17505913	\$85.59	\$0.00	\$85.59	0
03/17/2020	03/23/2020			7660					S				12171277	17664214	\$85.59	\$0.00	\$85.59	0
03/19/2020	03/19/2020			7660					S				12199023	17703680	\$85.59	\$0.00	\$85.59	0
03/19/2020	03/19/2020			7660					S				12199050	17703691	\$85.59	\$0.00	\$85.59	0
03/22/2020	03/22/2020			7660					S				12199003	17703641	\$85.59	\$0.00	\$85.59	0
AMBULANCE Totals															\$1,882.98	\$1,595.96	\$2,794.22	
AMBULANCE Totals															\$1,882.98	\$1,595.96	\$2,794.22	
AMBULANCE Totals															\$1,882.98	\$1,595.96	\$2,794.22	
AMBULANCE Totals															\$1,882.98	\$1,595.96	\$2,794.22	

EMERGENCY ROOM 122 EVENT(S)

Jails

REDACTED

REDACTED County Detention Facility

Date of Service	Discharge	Day	Provider	Dept	Patient Number	Patient Last Name	Patient First Name	DOB	Type	Pre-Book	Pre-Exist	No Charge	Referral #	Auth/Appmt ID	Standard Cost	Paid To Date	Expense	Denied Claim
03/01/2020	03/01/2020			7660					S	Y		Y	12077880	17522950	\$0.00	\$0.00	\$0.00	0
03/01/2020	03/01/2020			7660					S	Y		Y	12168841	17659914	\$0.00	\$0.00	\$0.00	0
03/03/2020	03/03/2020			7660					S	Y		Y	12253633	17776753	\$0.00	\$0.00	\$0.00	0
03/03/2020	03/03/2020			7660					S	Y		Y	12253647	17776789	\$0.00	\$0.00	\$0.00	0
03/03/2020	03/03/2020			7660					S	Y		Y	12253667	17776791	\$0.00	\$0.00	\$0.00	0
EMERGENCY ROOM Totals															\$19,693.50	\$7,262.86	\$21,594.13	
EMERGENCY ROOM Totals															\$19,693.50	\$7,262.86	\$21,594.13	
EMERGENCY ROOM Totals															\$19,693.50	\$7,262.86	\$21,594.13	
EMERGENCY ROOM Totals															\$19,693.50	\$7,262.86	\$21,594.13	

OBSERVATION 1 EVENT(S)

Jails

REDACTED

REDACTED County Detention Facility

Date of Service	Discharge	Day	Provider	Dept	Patient Number	Patient Last Name	Patient First Name	DOB	Type	Pre-Book	Pre-Exist	No Charge	Referral #	Auth/Appmt ID	Standard Cost	Paid To Date	Expense	Denied Claim
03/03/2020	03/04/2020			7660					S			Y	12064768	17505913	\$0.00	\$0.00	\$0.00	0
OBSERVATION Totals															\$0.00	\$0.00	\$0.00	
OBSERVATION Totals															\$0.00	\$0.00	\$0.00	
OBSERVATION Totals															\$0.00	\$0.00	\$0.00	
OBSERVATION Totals															\$0.00	\$0.00	\$0.00	

INPATIENT HOSPITALIZATION 9 EVENT(S)

Jails

REDACTED

REDACTED County Detention Facility

Date of Service	Discharge	Day	Provider	Dept	Patient Number	Patient Last Name	Patient First Name	DOB	Type	Pre-Book	Pre-Exist	No Charge	Referral #	Auth/Appmt ID	Standard Cost	Paid To Date	Expense	Denied Claim
02/28/2020	03/05/2020	5		7660					S			Y	12044103	17477526	\$0.00	\$0.00	\$0.00	0
03/05/2020	03/12/2020	7		7660					S			Y	12085720	17545239	\$0.00	\$0.00	\$0.00	0
03/17/2020	03/23/2020	6		7660					S			Y	12171277	17664214	\$0.00	\$0.00	\$0.00	0
03/17/2020	04/01/2020	15		7660					S			Y	12171293	17664229	\$0.00	\$0.00	\$0.00	0
45 Day(s) INPATIENT HOSPITALIZATION Totals															\$968.00	\$0.00	\$968.00	
45 Day(s) INPATIENT HOSPITALIZATION Totals															\$968.00	\$0.00	\$968.00	
45 Day(s) INPATIENT HOSPITALIZATION Totals															\$968.00	\$0.00	\$968.00	
45 Day(s) INPATIENT HOSPITALIZATION Totals															\$968.00	\$0.00	\$968.00	

OFFICE VISITS 14 EVENT(S)

Jails

REDACTED																		
REDACTED County Detention Facility																		
Date of Service	Discharge	Day	Provider	Dept	Patient Number	Patient Last Name	Patient First Name	DOB	Type	Pre-Book	Pre-Exist	No Charge	Referral #	Auth/Appt ID	Standard Cost	Paid To Date	Expense	Denied Claim
03/02/2020				7660					S				11850602	1729616	\$85.53	\$87.13	\$85.53	0
03/03/2020				7660					S				11903620	17346704	\$85.53	\$139.49	\$139.49	0
03/25/2020				7660					S				12140453	17655742	\$85.53	\$0.00	\$85.53	0
03/27/2020				7660					S				12209614	17733131	\$85.53	\$0.00	\$85.53	0
OFFICE VISITS Totals															\$1,197.42	\$658.52	\$1,377.95	
OFFICE VISITS Totals															\$1,197.42	\$658.52	\$1,377.95	
OFFICE VISITS Totals															\$1,197.42	\$658.52	\$1,377.95	
OFFICE VISITS Totals															\$1,197.42	\$658.52	\$1,377.95	
OFFICE VISITS WITH PROCEDURES				5 EVENT(S)														
Jails																		
REDACTED County																		
REDACTED County Detention Facility																		
Date of Service	Discharge	Day	Provider	Dept	Patient Number	Patient Last Name	Patient First Name	DOB	Type	Pre-Book	Pre-Exist	No Charge	Referral #	Auth/Appt ID	Standard Cost	Paid To Date	Expense	Denied Claim
03/06/2020				7660					S				11950215	17356836	\$161.99	\$0.00	\$161.99	0
03/30/2020				7660					S				12108193	17596270	\$161.99	\$0.00	\$161.99	0
OFFICE VISITS WITH PROCEDURES Totals															\$647.96	\$0.00	\$647.96	
OFFICE VISITS WITH PROCEDURES Totals															\$647.96	\$0.00	\$647.96	
OFFICE VISITS WITH PROCEDURES Totals															\$647.96	\$0.00	\$647.96	
OFFICE VISITS WITH PROCEDURES Totals															\$647.96	\$0.00	\$647.96	
RADIOLOGY				3 EVENT(S)														
Jails																		
REDACTED County																		
REDACTED County Detention Facility																		

Sample Event & Expense Detail Report – YTD Summary



Event & Expense Detail Report

Regions: Jails

RECAP BY DEPARTMENT: REDACTED Detention Facility		Event Count	Standard Cost	Paid To Date	Expense
AMBULANCE		22	\$1,882.98	\$1,595.96	\$2,794.22
EMERGENCY ROOM		122	\$19,693.50	\$7,262.86	\$21,594.13
OBSERVATION		1	\$0.00	\$0.00	\$0.00
INPATIENT HOSPITALIZATION	45 Day(s)	9	\$968.00	\$0.00	\$968.00
OFFICE VISITS		14	\$1,197.42	\$658.52	\$1,377.95
OFFICE VISITS WITH PROCEDURES		5	\$647.96	\$0.00	\$647.96
RADIOLOGY		3	\$806.79	\$2,434.09	\$2,703.02
45 Day(s)		176	\$25,196.65	\$11,951.43	\$30,085.28

RECAP: Totals		Event Count	Standard Cost	Paid To Date	Expense
AMBULANCE		22	\$1,882.98	\$1,595.96	\$2,794.22
EMERGENCY ROOM		122	\$19,693.50	\$7,262.86	\$21,594.13
OBSERVATION		1	\$0.00	\$0.00	\$0.00
INPATIENT HOSPITALIZATION	45 Day(s)	9	\$968.00	\$0.00	\$968.00
OFFICE VISITS		14	\$1,197.42	\$658.52	\$1,377.95
OFFICE VISITS WITH PROCEDURES		5	\$647.96	\$0.00	\$647.96
RADIOLOGY		3	\$806.79	\$2,434.09	\$2,703.02
45 Day(s)		176	\$25,196.65	\$11,951.43	\$30,085.28

RECAP: By Month		Standard Cost	Paid To Date	Est. Outstanding	Expense
February		\$0.00	\$0.00	\$0.00	\$0.00
March		\$25,196.65	\$11,951.43	\$18,133.85	\$30,085.28
		\$25,196.65	\$11,951.43	\$18,133.85	\$30,085.28

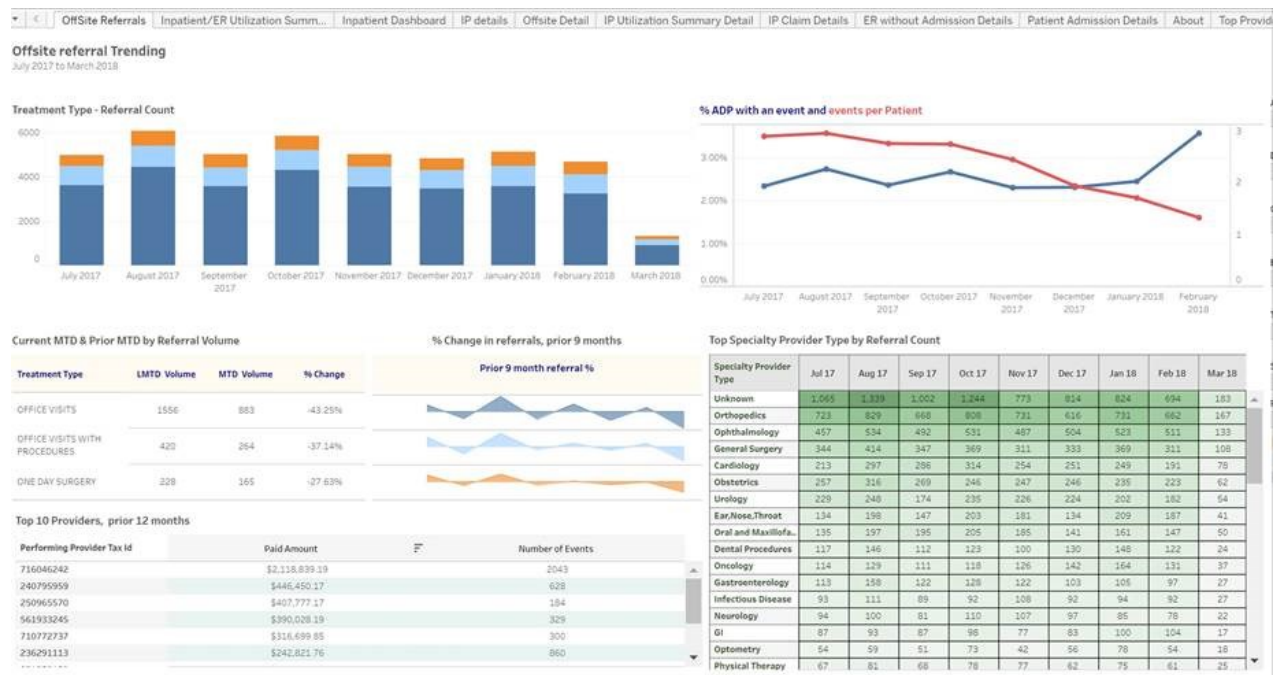
Utilization Statistics

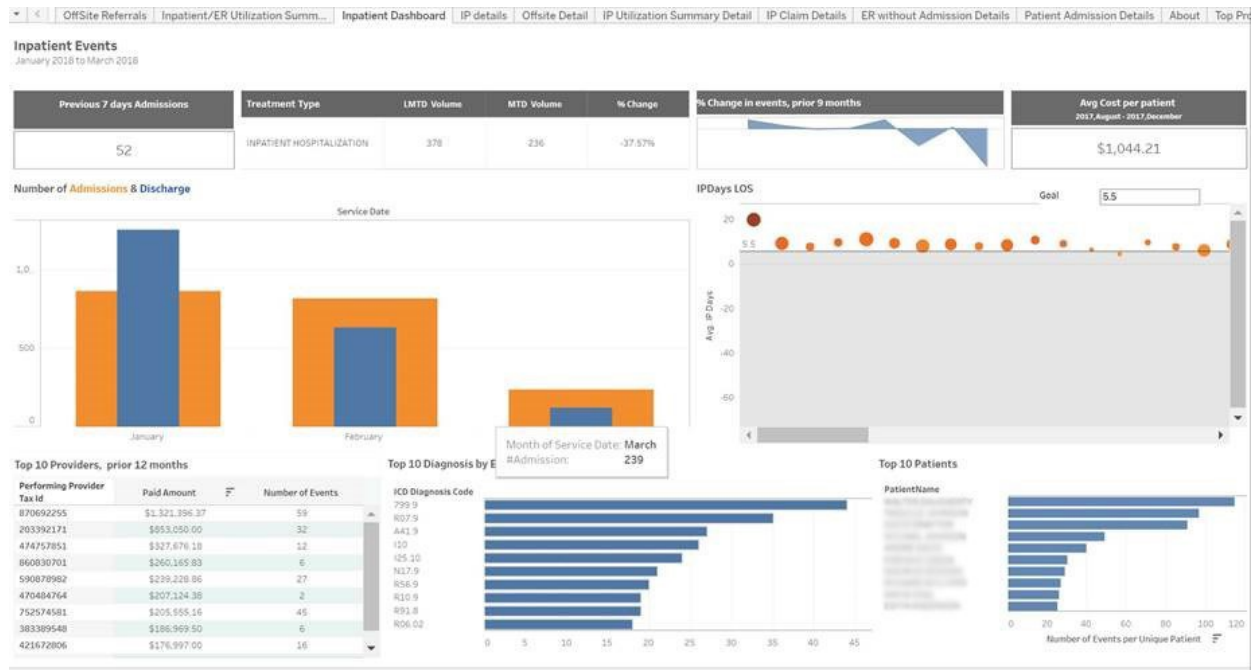
Our Care Management system can produce reports for Jefferson Parish containing detailed data for cost analysis and containment. These reports include information on all medical, dental, and mental health services and associated costs, including laboratory, radiology, and other ancillary services; specialty services; pharmaceuticals; and medical supplies. We will analyze utilization statistics and continuously evaluate the potential benefits of establishing on-site clinics.

Wellpath has successfully reduced off-site medical and security costs for our clients by providing cost-effective, medically necessary healthcare services to our contracted populations. The Care Management system is a powerful tool for tracking and analyzing utilization data. The system's visual dashboards allow for the comparison of historical data and patient care trends. Operational and outcome trending can be provided on:

- Admits per 100/1000
- Admits by diagnosis
- Re-admission rates
- ER visits per 100/1000
- ER visits by diagnosis
- ER conversion rates
- Infection rates
- Non-formulary utilization trends
- Non-formulary lab trends
- Prior authorization turnaround times
- Prior authorization outcome rates
- Standard vs. expedited authorization requests

Sample Care Management Dashboards – Off-site Referrals & Inpatient Events





ERMA can also generate reports showing the average length of stay for that month's inpatient admissions.

Sample Inpatient Average Length of Stay Report in ERMA

Inpatient Average Length of Stay									
<div> <div>Report Description: Patient length of stay in month and Patient total length of stay. The calculation used for this report is the total number of inpatient days within the month / total number of admissions within the month. If discharges are included the calculation used for this report is the total number of inpatient days within the month + total number of discharges within the month / total number of admissions within the month.</div> <div> <div>Page 1 of 1</div> <div>Include Safekeeper: Yes</div> <div>Include Discharges: No</div> <div>Report View: Historical</div> </div> </div>									
Patient Number	Patient Name	Hospital Name	Diagnosis	Site Department Name	Admit Date	Discharge Date	Incarceration Date	Release Date	LOS by Date Range
Patients = 7 Average Length of Stay = 2.86									
Patients = 6 Average Length of Stay = 3									
			787.0 Nausea and Vomiting True		12/4/2017	12/8/2017	9/12/2016 6:59 PM		4 4
			345.9 Epilepsy Not Otherwise Specified True		12/6/2017	12/10/2017	7/22/2017 2:47 PM		4 4
			787.0 Nausea and Vomiting True		12/11/2017	12/14/2017	11/20/2017 9:18 PM		3 3
			305.9 Drug Abuse Not Elsewhere Classified and Not Otherwise Specified True; 401.9 Hypertensi on Not Otherwise Specified True		12/26/2017	12/27/2017	5/26/2017 1:12 AM		1 1
			578.1 Blood in Stool True		12/28/2017	1/1/2018	12/20/2017 3:28 AM	1/4/2018 2:03 AM	4 4
			682.6 Cellulitis and Abscess of Leg True		12/30/2017	1/3/2018	12/23/2017 12:10 PM	1/7/2018 5:33 AM	2 4
Total					6	4			18 20
Patients = 1 Average Length of Stay = 2									
			802 Fracture of Face Bones True		12/18/2017	12/20/2017	12/9/2017 1:11 PM	12/28/2017 6:33 PM	2 2
Total					1	1			2 2

3.2.2 Third-Party Billing

When off-site care is required, Wellpath will ensure that Jefferson Parish is billed appropriately. When a Wellpath team member initiates an off-site referral and schedules an appointment in our Care Management system, the system will determine who is financially responsible for the requested off-site treatment—Wellpath, Jefferson Parish, Medicaid, or another payer. When Wellpath or Jefferson Parish is liable:

- Wellpath will query our private insurance eligibility partner, with a network of nearly 1,000 payers.
- The Care Management system will update the patient record with start and end dates of coverage.
- Insurance information will be transmitted to a third-party administrator.
- Wellpath will set the claim for coordination of benefits.



Since January 2020, we have saved our clients unnecessary off-site expenses by completing more than 1,000 authorizations for third party coverage.



Claims Management



Through our subsidiary third-party administrator (TPA), Health Cost Solutions (HCS), Wellpath has more than 30 years of experience saving money for clients by preventing claims payment on non-compliant billing practices. As an industry leader and full-service TPA, HCS handles all aspects of claims adjudication, including patient eligibility verification, authorization management, claims editing, payment determination, and remittance/explanation of payment to providers. HCS provides a state-of-the-art claims payment system that includes:



- Dedicated program lead team and backup support teams
- Insurance standard auto adjudication rate
- Medicaid and Medicare rates, as applicable
- Customized monthly, quarterly, and annual reporting
- Dedicated customer service call tracking for clients
- HIPAA administration
- Utilization review and large claim management
- Electronic invoicing
- Claim cost management technology
- Internal daily claims audits of 10% of all claims (industry standard is 2%)
- Medical management on staff to negotiate directly with providers
- Claim edits, with fraud/abuse detection system used on 100% of off-site provider and outpatient facility claims
- Repricing and negotiation of out-of-network claims to obtain maximum benefits

Third-Party Insurance Eligibility

Wellpath will provide medically necessary healthcare services while also being proper stewards of limited taxpayer resources. We will assist in deferring eligible inpatient hospitalization expenses by:

- Accounting for adjustments and reimbursements from applicable sources
- Ensuring that hospitals are aware of third-party payer options
- Obtaining prior authorizations and making co-pay arrangements with hospitals and providers

Intake staff will ask arrestees about insurance coverage and document the response. Private insurance carriers have financial responsibility when a patient leaves a correctional facility for outpatient or inpatient services, provided the patient's insurance premium is paid and current. Coverage typically includes services provided by physicians, hospitals, or other freestanding facilities.

When an insured patient requires off-site services, Wellpath will notify the service provider of the appropriate agency to invoice. Providers that obtain authorization from the insurer are responsible for billing the insurance carrier. The patient is responsible for co-pays or deductibles.

When directed by Jefferson Parish, Wellpath will assist in the completion of inmate co-pay arrangements with service providers. If a patient is uninsured, we will work with Jefferson Parish to identify a willing service provider and negotiate rates.

The Wellpath Care Management system contains information on payment responsibility for off-site services. The system interfaces with our claims system, so if a service provider inadvertently sends us an invoice, we advise them of the appropriate location to resubmit their invoice for payment.

3.2.3 Cost Containment Program

In all programs we design and operate, our objective is to uncover any possible areas of economy without sacrificing quality. We demonstrate value through our cost-saving initiatives, timely reporting, and overall improved quality of people, programs, and processes. By applying our **Savings through Value-Added Efficiency (SAVE)** initiative, we continually review best practices at our sites to share success with our clients.



Three areas of significant cost in any program are goods and services, staffing, and off-site trips for care. Wellpath generates efficiencies and savings in these areas through contract negotiations with providers, staffing level management, and utilization management. We are highly confident that we can work with Jefferson Parish to reduce and contain costs for both on- and off-site services, based on **our record of cost savings success for our clients**. We commit to using public agencies, when possible, to reduce costs to the Parish.

As your partner, Wellpath will negotiate contracts for goods and services to benefit your healthcare program. Our vendor contracts commonly offer an economy of scale to generate savings that we pass on to our clients. Because we care for more than 300,000 patients nationwide, we have significant buying power and can secure the best possible rates with on-site and off-site providers.



Our passion for doing things the right way has led to phenomenal success not only in the quality of our care programs but also in cost containment for our clients. By reviewing the specifics of each client's inmate healthcare needs and maximizing facility and staff capabilities, we create efficiencies and cost savings. We form successful partnerships that help our clients contain costs and improve the quality of healthcare in correctional facilities throughout the country. We have provided just a few examples of our **proven success** for your consideration.

"I, my Chief Deputy and my Jail Commander all feel fully justified in our trust and confidence in Wellpath. That trust and confidence is based upon a working partnership that **prioritizes quality care, and keen attention to financial detail.**"

Sheriff John R. Layton
Marion County (Indianapolis), IN

Wellpath Cost Containment Success Stories	
Davidson County Sheriff's Office (Nashville, TN)	With our Care Management system in place, the Davidson County Sheriff's Office cut off-site trips in half in the first six months of contract implementation. This reduced hospital and community provider costs, as well as transportation costs and officer overtime.
Mecklenburg County Sheriff's Office (Charlotte, NC)	During the course of our partnership with the Mecklenburg County Sheriff's Office, we have reviewed and updated staffing based on facility openings and closings, security input, decreased ADP, and the development of new programs. We estimate this has saved our client more than \$1.5 million dollars over the past four years. We also implemented a successful telepsychiatry program and an on-site infirmary that has significantly reduced hospital days .
Oakland County Sheriff's Office (Pontiac, MI)	During the first year of our management fee contract in Oakland County, we saved the County more than \$1 million in total direct expenses compared to their budgeted costs, including 40% of their off-site budget and 25% of their direct expenses budget. We reduced outside dental appointments by over 80% by performing routine extractions (which the previous dentist referred to outside providers) on site. We also stabilized staffing and significantly reduced turnover.
Lexington County Sheriff's Dept. (Lexington, SC)	Upon transition of services in Lexington County, we implemented an ongoing quality improvement study regarding off-site emergency transports and evaluated each case for efficacy of care provided on site. In just three months, we dramatically decreased the number of emergency trips while ensuring total accountability regarding efficacy of care.
Will County Sheriff's Office (Joliet, IL)	Upon transition, we immediately made a positive impact on the County's bottom line with efficient staffing adjustments. We saved more than \$120,000 in staffing costs after the first 90 days, which we reimbursed directly to the client. Our operating efficiencies have resulted in the refund of budgeted dollars for each year of the contract. After year three, we were under the off-site cap by \$1.4 million, which we refunded to the County.

Wellpath Cost Containment Success Stories	
Durham County Health Dept. (Durham, NC)	We helped stabilize healthcare costs in Durham County by reducing off-site trips and overall program costs. We brought additional services on site by expanding nursing services and opening an infirmary, significantly decreasing off-site trips and hospital stays. We were also able to improve by 50% the discount the County had with the local hospital provider . We reduced per inmate per day (PIPD) costs below what the County was paying previously, and they have stayed that way under our management.
Mahoning County Sheriff's Office (Youngstown, OH)	We have significantly reduced pharmacy costs in Mahoning County through our partnership with the Ohio Department of Health, which allows us to obtain HIV medications through state funding. We are able to manage most healthcare needs on site through effective management of the Justice Center's infirmary, which reduces the need for off-site trips . We also made improvements in staffing coverage and retention, with 100% of positions in the staffing plan filled by permanent employees , many of whom are long-term employees.

3.2.4 Vendor Contracts

Wellpath receives cost-effective and competitive pricing for various ancillary services through our national agreements with the following service providers:



- **Diamond Pharmacy Services** – Diamond is the country's largest provider of pharmaceuticals to correctional institutions. Wellpath and Diamond work together to provide medication for tens of thousands of patients in jail, prison, and detention facilities nationwide.
- **Laboratory Corporation of America** – Wellpath has a national contract with Laboratory Corporation of America to provide on-site laboratory services. Our laboratory program includes necessary supplies, timely pickup and delivery, and accurate reporting.
- **Xpress Ray, Inc.** – Wellpath has a contract with Express Ray, Inc. to provide on-site radiology services. Xpress Ray, Inc. is an independently and locally owned and operated, state-of-the-art mobile x-ray business that has served the New Orleans area for more than 30 years.
- **Institutional Eye Care** – Wellpath has a national contract with Institutional Eye Care (IEC) to provide on-site optometry services and eyeglasses. We provide eye care to patients when necessary for their health and well-being and refer patients with vision worse than 20/50 for a consultation with an optometrist.
- **CharDonnay Dialysis, Inc.** – Wellpath has a national contract with CharDonnay Dialysis, Inc., to provide a full range of on-site hemodialysis services. CharDonnay specializes in providing dialysis services to correctional institutions throughout the country.
- **Stericycle** – Wellpath has a national contract with Stericycle to ensure the safe disposal of used needles, sharps, and biohazardous waste following state and federal regulations.

4 Electronic Medical Records System Implementation

NCCHC Standard J-A-08

Wellpath will maintain up-to-date medical records consistent with NCCHC and ACA standards, facility policies and procedures, community standards of practice, and federal, state, and local law. Healthcare staff will be responsible for entering patient information in the individual medical record.

Following the receiving screening, Wellpath staff will initiate a comprehensive medical record that becomes the single source of medical, dental, and mental health information for the patient. Each record will provide an accurate account of the patient's health status from admission to discharge, including on-site and off-site care. Medical records will minimally contain:

- Patient demographic information (name, number, date of birth, sex, etc.)
- A problem list containing medical and mental health diagnoses
- Patient allergies
- Immunization records, if applicable
- Referral queues to track patient referrals
- Action items to ensure provider orders and documents requiring additional sign-off are addressed
- Date and time of each clinical encounter
- Signature and title of each documenter

Confidentiality of Medical Records

Wellpath will adhere to laws regarding confidentiality of medical information. We will secure medical records as required by law and other applicable state or federal statutes and regulations. We will maintain records in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health (HITECH) amendment to HIPAA. We will train all employees on HIPAA and HITECH during orientation and each year thereafter.

Access to Medical Records

Wellpath will manage the security and accessibility of patient medical records in compliance with state and federal privacy regulations. The site Medical Director will approve medical record policies and procedures and define the format and handling of medical records. The HSA will control access to medical records to ensure patient confidentiality. We will maintain each patient's medical record separate from the confinement record and will give facility administration access to information needed to determine a patient's security rating, housing assignment, job suitability, etc.

Release of Medical Information

Wellpath will treat patient medical information as confidential and will not share it with outside entities, except as permitted by law. During criminal or civil litigation where the patient's physical or mental condition is at issue, Wellpath will provide access to the patient's medical record upon written request.

4.1 Electronic Medical Records (ERMA)

Wellpath is prepared to implement our Electronic Record Management Application (ERMA®), a web-based application specifically designed to operate as part of the healthcare delivery system inside correctional facilities. More than 150 Wellpath clients use ERMA as their complete electronic medical record solution, including:



- Massachusetts DOC (ADP 6,400)
- Broward County, FL (ADP 3,700)
- DeKalb County, GA (ADP 3,400)
- Clark County, NV (ADP 3,000)
- Davidson County, TN (ADP 2,800)
- Mecklenburg County, NC (ADP 2,800)
- Maine DOC (ADP 2,300)
- City of New Orleans, LA (ADP 2,100)
- Palm Beach County, FL
- Louisville Metro, KY (ADP 2,000)
- Pasco County, FL (ADP 1,575)
- Oakland County, MI (ADP 1,520)
- Westchester County, NY (ADP 1,400)
- Marion County, IN (ADP 1,280)
- Douglas County, NE (ADP 1,250)

ERMA will interface with your Jail Management System, ARRMS, to give medical and mental health staff instant access to important healthcare information for each patient. Our advanced technology will create operational efficiencies by giving facility administration the information needed to better manage care. Wellpath developed, owns, and supports ERMA, which gives us the flexibility to make enhancements to the system and upgrade our client facilities with new features as they become available, **at no additional cost**.

Since ERMA is a hosted application, Jefferson Parish will not have the added cost and responsibility of housing a server. Non-hosted solutions require a Windows Server on site and additional steps for daily data backups, the burden of which falls on the facility.



ERMA's features and benefits are summarized in the following table.

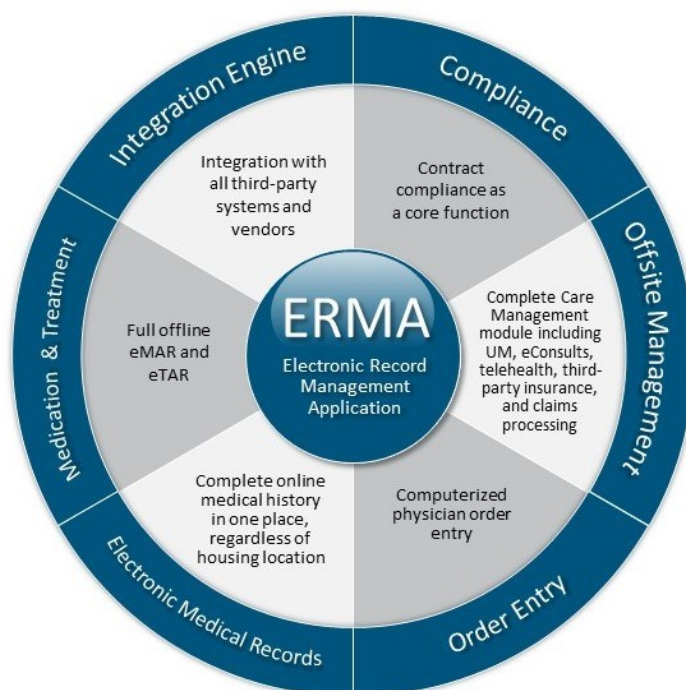
ERMA Features and Benefits	
Our Feature	Your Benefit
Ease of implementation	Web-based system with no software to install, making implementation easy
Increased efficiency and improved patient care	Instant access to patient records; immediate availability of health data for re-admitted patients; Problem lists are retained across all incarcerations within the facility
Remote hosted solution	Hosted on Wellpath servers, which removes the burden of on-site hosting; ensures continuous access to records, even during a disaster
High-availability platform	Highly available and scalable; uses Microsoft technology, including SQL Server Enterprise and C#.net; load balanced across many web servers and replicated to a redundant data center in a different state; client systems only need the Microsoft Net Framework and Google Chrome to access system
Enterprise architecture	Functions as part of the overall healthcare delivery platform to increase productivity and efficiency among all disciplines; end-to-end encryption provides secure access to patient data

ERMA Features and Benefits	
Our Feature	Your Benefit
Dynamic and static document capabilities	Flexibility to use both electronic input and scanned paper entry to integrate workflows into a single patient chart; dynamic documents allow for capture and reporting capabilities
Physician order entry	Supports the integration of medication order entry and HL7 transmission to the pharmacy provider, providing real-time prompting of contraindications and/or duplicate therapies
Customizable Queues	Customized queues give single-click access to manage patient referrals (e.g., patients needing receiving screenings, health assessments, and chronic care follow-up)
Automated problem tracking	Master problem list tracks chronic and acute, active and inactive problems via ICD codes; problems may be reported (as entered by a nurse), or confirmed (as entered by a provider)
Patient fee tracking	Site-configurable to allow capture and reporting of pre-determined sick call and prescriptions fees; easily creates list of approved charges for processing
Integrated Care Management for off-site services	Distinctive scheduling capability gives utilization management teams a comprehensive view of the patient's medical history, including on-site and off-site care; Wellpath care management team provides integrated case notes, allowing on-site providers to continue directing patient care even when the patient is off site
Unique reporting capabilities	Designed exclusively for the correctional environment, with reporting features that support daily activities in correctional facilities
More efficient use of nursing resources	Designed specifically for correctional workflows, allowing our staff to perform their jobs more efficiently; other EMR systems necessitate increased staffing to accommodate longer process flows
UpToDate provider reference and patient education materials	Integrated with the UpToDate® Clinical Knowledge-base and Tools set, providing single-click access to valuable medical resource materials; supports integration of site-specific patient education materials

A Premiere System

ERMA is a multifunctional medical record developed and configured with accreditation standards in mind, making it the ideal EMR system for the correctional setting. We pride ourselves on enabling standardized configurations in each facility that have been vetted by our internal Steering Committee for best practice. Any additions or changes to the system are presented to the committee, which is comprised of clinicians, HSAs, IT personnel, and Wellpath executives, to ensure continued best practice in all sites companywide. In the event of contractual or Parish-specific obligations, ERMA may be customized at the discretion of the committee.

The Separate Modules of ERMA



Implementation

Because ERMA is a web-based system, Wellpath only requires the following:

- High-speed internet connectivity and access to wireless service (if available) or electrical outlets in areas where medical services occur
- A simple data extraction from the client JMS so we can build the interface between the two systems; this allows us to initiate the medical record at intake



We begin by implementing our Care Management system on day one of the contract for enhanced utilization management. We then complete implementation of the full ERMA system on a mutually agreed upon schedule. We divide the full ERMA implementation into the five phases described in the following graphic, managed by an IT Project Manager.

Initiating	Planning	Executing	Delivering	Closing
<ul style="list-style-type: none"> • Complete the charter • Project kick-off • Review and confirm scope and timeline • Identify stakeholders • Schedule weekly status calls with team 	<ul style="list-style-type: none"> • Identify JMS/ERMA interface design • Conduct EMR discovery • Identify other interfaces needed (e.g., pharmacy, lab, photo) • Identify IT network, equipment needs 	<ul style="list-style-type: none"> • Develop and deploy JMS/ERMA interface • Develop all other interfaces in scope • Implement infrastructure upgrades as required • Set up network white listing for ERMA 	<ul style="list-style-type: none"> • Install equipment for ERMA • Perform testing and training • Conduct transitional support • Complete the active patient data migration activities • Deploy interfaces 	<ul style="list-style-type: none"> • Validate ERMA deliverables are complete • Confirm all deployed ERMA features are in production • Gather lessons learned • Close project

	<ul style="list-style-type: none"> Identify site-specific work flows Identify site-specific reporting Determine data migration activities and requirements (if applicable) 	<ul style="list-style-type: none"> Perform ERMA application configurations Data migration automation plan defined and in progress (if applicable) 	<ul style="list-style-type: none"> Go live with ERMA features Provide go-live and post go-live support Complete the historical import of data (if applicable) 	
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Upon award, a full EMR implementation scheduled will be developed with the Parish's approval.

Implementation Successes

Wellpath's ERMA implementation record is outstanding. While some of our competitors fail to meet promised timelines for EMR implementation, we *consistently* deliver on our promises:

- For the past three years, on average, we have delivered ERMA within four days of the promised date, often early (unless otherwise requested by the site and/or Operations).
- Wellpath has completed more than 150 successful ERMA implementations.
- Wellpath has completed more than 150 successful JMS interfaces with nearly 40 different JMS vendors. We can develop interfaces in as little as two weeks from receipt of clean data.
- No one in the industry has implemented more EMR systems than Wellpath. We have more ERMA implementations than most of our competitors have total customers.

Training

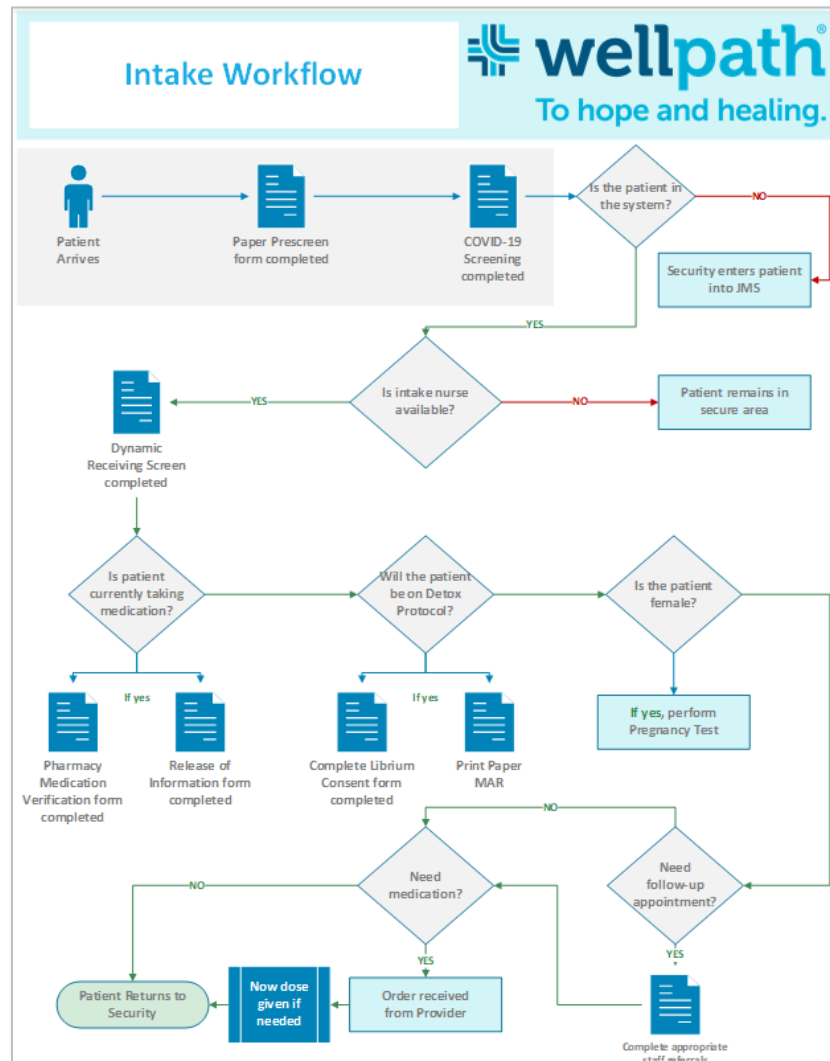
Other EMR systems require intense training sessions that leave staff feeling overwhelmed and unsure of how to work the system into their everyday processes. ERMA's user-friendliness allows medical personnel to become competent beginner users in a fraction of the time. Prior to completing a traditional ERMA training course, staff are asked to complete online training videos in order to familiarize themselves with certain features of the program. The following graphic shows examples of ERMA training curriculum for nursing staff.

Sample Online Training Curriculum for ERMA



Following the successful completion of the online training videos, staff members receive a certificate of completion, which they can present to our Implementation Specialists to complete their formal ERMA training. Formal training is completed either in person and/or remotely, depending on size of the site and site-specific training needs. Our Implementation Specialists train medical personnel to integrate ERMA into their current workflows by providing easy-to-follow workflow diagrams.

Sample ERMA Workflow Diagram



In addition to our Implementation Specialists, we have selected a specialized group of Wellpath Warriors to assist in the successful transition to ERMA. Wellpath Warriors are operational and process experts who assist in the ongoing support of the on-site staff. Most Wellpath Warriors are correctional nurses who easily relate to and build rapport with the on-site staff. This rapport is key as we launch the ERMA system. The Wellpath Warriors stay at the facility and provide support and on-the-job training for an agreed upon time period following the go-live date.

Following successful training and implementation, the site is transitioned to the support of our Wellpath Helpdesk. Helpdesk employees are trained to support our clinical technology platforms and can provide basic training to solve most issues remotely. Site leaders are encouraged to escalate all EMR needs to

our helpdesk team to ensure proper triaging and escalation. These support measures allow us to successfully deliver effective EMR technology to our client facilities.

Patient Management Capabilities

ERMA organizes patient records to allow record indexing and retrieval by patient name, patient number, date of birth, admission date, or other identifiable data elements.

ERMA								
<div> <div>Action Items</div> <div>Patient</div> <div>Documents</div> <div>Views</div> <div>Reporting</div> <div>Tools</div> <div>Admin</div> </div> <div>wellpath</div>								
<div> <div>Patient Search:</div> <div>test</div> <div>×</div> <div><input type="checkbox"/> Include Released</div> </div>								
Last Name	First Name	Patient #	Birth Date	Location	Booking #	Admission	Discharge	Site Department
Test	Test	00-00000				05/15/2019		Joseph V. Conte Facility

Patient Profile

Patient Profile provides a snapshot of the patient's essential information, including but not limited to problems, medications, allergies, diets, appliances, etc. Data flows seamlessly between other areas of the patient chart back to the Patient Profile.

Patient Search:

Q

Name: John Jacob Jingle

DOB: 03/30/1960

Allergies: Aspirin

Precautions:

Classifications: GENERAL - Repeat Offender

Patient ID: 12345678

Age: 57

Housing: QBLK

Gender: M

Type: State

Admission: 08/16/2017

Site: Training Facility - Section 1

Patient Flags

Medical (4)

Behavioral Health (1)

Physical (1)

Misc (3)

HIV	Suicide Watch	Amputee	Bottom Bunk
Hepatitis			Assault on Staff
TB			Assault on Inmate/Resident

Chart

Section

Patient Profile

Allergies

Appliances

Problems

Orders

Classifications

Diets

PPDs

Special Needs

Vitals

Quick Documents

8/16/2017

Behavioral Health

Chronic Care

CM Referral Documents

Dental

Health Assessments

Hospital/ Emergency

Intakes and Transfers

Medication

Orders

Progress Notes

Treatment

7/13/2017 - 8/15/2017

8/3/2016 - 7/12/2017

6/13/2016 - 7/14/2016

10/8/2015 - 12/15/2015

1/21/2015 - 10/7/2015

Active Patient Profile Items

Allergies

Type	Allergy	Reaction	Added Date
Allergy Items	Aspirin	Hives	1/18/2016

Appliances

Medical Appliance	Added Date	Start Date	End Date	Associated Problem
CPAP Machines	10/28/2016	10/28/2016	N/A	Resp: 496 - Chronic Airway Obstruction Not Elsewhere Classified
Eye Glasses	7/28/2015	7/28/2015	N/A	META: DM: 250 - Diabetes Mellitus
Walker	12/30/2014	12/30/2014	N/A	Operations on Musculoskeletal System: 84.10 - Lower Limb Amputation Not Otherwise Specified

Problems

Type	Category	Problem	Code	Added Date	Confirmed
Chronic	Infectious Disease	Human immunodeficiency virus (HIV) disease	820	10/17/2017	Yes
Chronic	Psych	Bipolar Disorder, Unspecified	296.80	10/12/2017	Yes
Acute	Supplementary	Carrier or Suspected carrier of Methicillin Resistant Staphylococcus Aureus (MRSA)	V02.54	6/2/2017	Yes
Chronic	Infectious Disease	Pulmonary Tuberculosis Not Otherwise Specified	011.9	11/7/2016	Yes
Chronic	Infectious Disease	Acute Hepatitis C without mention of Hepatic Coma	070.51	10/28/2016	Yes
Acute	Psych	Alcohol Abuse Unspecified	305.00	10/20/2016	Yes
Acute	Operations on Musculoskeletal System	Lower Limb Amputation Not Otherwise Specified	84.10	7/28/2015	Yes
Chronic	CARDIO: Hypertension	Hypertension Not Otherwise Specified	401.9	12/1/2014	Yes
Chronic	PSYCH: Substance Abuse	Drug Withdrawal	292.0	12/1/2014	Yes

Orders

Order Date	Item Type	Instructions	Start Date	End Date
11/9/2017 10:12 AM EST	Medication	Insulin regular human 100 unit/mL injection solution: give 20 unit SC Diabetic AM for 90 days.	11/02/2017 05:00 AM EST	01/31/2018 04:59 AM EST
10/11/2017 07:05 PM EST	Medication	Tylenol (Acetaminophen) 325 mg tablet: give 3 tablet PO BID AM & HS for 90 days.	10/11/2017 08:00 PM EST	01/09/2018 07:59 PM EST

Problem List

ERMA complies with the problem-oriented medical record format and standards. The Problem List contains both acute and chronic care problems via a list of ICD codes. Problems may be identified by nursing staff in a “rule-out” status, which can later be confirmed by a provider, or entered by the provider themselves. Problems may be added from the Patient Profile screen or from a dynamic form.

Patient Profile - Test, Test #00-00000 [Click here for icd10 Codes](#) Problems

Quick List: Added Date: 2/28/2021 Associated Chart: 05/15/2019

Problem Type: Problem: B20: Human immunodeficiency virus [HIV] c Problem Status: Confirmed Added By: Vaz, Jamie (Supervisory Staf)

☒ Medical Notes ☐ System Notes

Added Date	Added By	Note
Click the "+" button to add a new note		

Associated Items

Cancel Submit

Problems						
Type	Category	Problem	Code	Added Date	Confirmed	
Chronic	Infectious Disease	Human immunodeficiency virus [HIV] disease	B20	2/28/2021	Yes	details
Acute	COVID-19, confirmed	COVID-19, confirmed	U07.1	9/2/2020	No	details
Chronic	Resp	Mild intermittent asthma, uncomplicated	J45.20	9/2/2020	No	details
Chronic	Circulatory	Essential (primary) hypertension	I10	8/26/2020	No	details
Chronic	Endocrine	Type 1 diabetes mellitus without complications	E10.9	8/26/2020	No	details

Documents

ERMA supports dynamic (interactive data entry) and static (scanned) documentation. Following form creation by the Wellpath Forms Committee, forms are then passed on to our EMR Administration Specialists for implementation in both static and dynamic format in ERMA. All future changes and/or site-specific changes to forms must be approved by the Wellpath Forms Committee prior to implementation in ERMA. This allows for consistency among all sites companywide.


ERMA contains Wellpath’s standard form set, which includes:

- Chronic Care / Provider Care
- Clinic Forms
- Communicable Disease / Infection Control
- Consents and Refusals
- Dental
- Detox / MAT
- Diagnostic
- Infirmary / Outpatient Housing Unit
- Intake
- Mental Health
- Monitoring
- Nursing Documentation Tools
- Outside Records
- Pharmacy

- Discharge Forms
- Health Histories and Physical Exams
- Health Service Request Forms
- Hospital / Emergency
- PREA
- Referrals
- Suicide Watch

Dynamic Documents

Healthcare professionals can document patient encounters quickly and easily through ERMA's dynamic documents feature. Dynamic documents are built, implemented, and maintained by our Administration Specialists.



Abbreviated Receiving Screening

<i>Patient Name</i>	<i>Patient Number</i>	<i>Booking Number</i>	<i>Birth Date</i>	<i>Date Of Service</i>
Test Test	00-00000	n.a.	1/1/1900	2/28/2021

For patients who were discharged and readmitted in less than 7 days

Patient Allergies: ▼

Admissions / Screening

Arrest Date: Input Date

Date of last Incarceration at this facility: Input Date

Prior Receiving Screening Form/Patient History Reviewed ☐ Yes ☐ No

Translation need and provided? ☐ Yes ☐ No

☐ Patient refused admission until medically cleared
 ☐ Patient refused screening

Level of Consciousness - AVPU

Select the most appropriate for patient:

☐ Alert
 ☐ Responds to Voice
 ☐ Responds to Pain*
 ☐ Unresponsive*

Static Documents

Static documents located in the ERMA system may be printed for handwritten documentation. Each document is barcoded for ease of indexing upon scanning back into the ERMA system.

Abbreviated Receiving Screening				Status: <input type="checkbox"/> Adult <input type="checkbox"/> Juvenile			
Patient Name Test, Test	Patient Number 00-00000	Booking Number	Date of Birth 1/1/1900	Today's Date: 2/28/2021			
For patients who were discharged and readmitted in less than 7 days							
Admissions/ Screening							
Arrest Date: _____		Date of last Incarceration at this facility: _____					
Prior Receiving Screening Form/Patient History Reviewed <input type="checkbox"/> Yes <input type="checkbox"/> No, if no explain: _____							
Translation need and provided? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, language: <input type="checkbox"/> Spanish <input type="checkbox"/> Sign Language <input type="checkbox"/> _____							
If yes, language line used? <input type="checkbox"/> Yes <input type="checkbox"/> No							
<input type="checkbox"/> Patient refused admission until medically cleared Reason: _____							
<input type="checkbox"/> Patient refused screening *If patient refused screening, refer to "refusal monitoring process" *							
Level of Consciousness - AVPU – Select the most appropriate for patient:							
<input type="checkbox"/> Alert <input type="checkbox"/> Responds to Voice <input type="checkbox"/> Responds to Pain* <input type="checkbox"/> Unresponsive*							
*If responds to pain only, or is unresponsive notify health care provider and/or activate EMS							
Vital Signs - *Contact health care provider if vital signs are outside of parameters							
B / P	Pulse	Resp	Temp	O2 Sat	Height	Weight	Blood Sugar
*SBP ≥ 180 or ≤ 90	*remains ≥ 110 or ≤ 60	*persistently ≤ 10 or ≥ 20	* > 101°F	* < 90%	<input type="checkbox"/> Reported <input type="checkbox"/> Actual	<input type="checkbox"/> Reported <input type="checkbox"/> Actual	* If indicated
*DBP ≥ 110 or ≤ 60							
Observation							
Appearance: <input type="checkbox"/> Unremarkable <input type="checkbox"/> Dirty/Disheveled <input type="checkbox"/> Sweating <input type="checkbox"/> Tremors <input type="checkbox"/> Other: _____							
Movement: <input type="checkbox"/> Unremarkable <input type="checkbox"/> Unsteady gait <input type="checkbox"/> Deformity <input type="checkbox"/> Other: _____							
<input type="checkbox"/> Cast /Splint- location: <input type="checkbox"/> Arm <input type="checkbox"/> Back <input type="checkbox"/> Leg <input type="checkbox"/> Neck							
Respirations <input type="checkbox"/> Unremarkable <input type="checkbox"/> Persistent cough <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Rapid deep breaths/hyperventilation							
<input type="checkbox"/> Other: _____							
Skin: <input type="checkbox"/> Unremarkable <input type="checkbox"/> Bruises <input type="checkbox"/> Redness <input type="checkbox"/> Edema <input type="checkbox"/> Scars <input type="checkbox"/> Rash <input type="checkbox"/> Lice/Scabies							
<input type="checkbox"/> Jaundice <input type="checkbox"/> Needle marks <input type="checkbox"/> Recent Tattoo <input type="checkbox"/> Lesions- Describe: _____							
<input type="checkbox"/> Other: _____							
Behavior: <input type="checkbox"/> Appropriate <input type="checkbox"/> Inappropriate <input type="checkbox"/> Uncooperative <input type="checkbox"/> Insensible <input type="checkbox"/> Other: _____							
<input type="checkbox"/> Appears under the influence/intoxicated/withdrawing from substance							
Speech: <input type="checkbox"/> Clear/coherent <input type="checkbox"/> Rapid/Pressured <input type="checkbox"/> Slurred <input type="checkbox"/> Incoherent <input type="checkbox"/> Other: _____							
Mood: <input type="checkbox"/> Unremarkable <input type="checkbox"/> Anxious <input type="checkbox"/> Angry <input type="checkbox"/> Visibly Depressed <input type="checkbox"/> Euthymic <input type="checkbox"/> Tearful							
<input type="checkbox"/> Other: _____							
Comments and Additional Observations: _____							
Form Folder and Number: Intake IN16.0		Form Owner: Bazzel MD, K. Purcell		Accreditation: ALL		Active / Last Revision Date: August 4, 2020	

Document Signatures

The capturing of electronic signatures is a feature of all dynamic forms. In addition, ERMA also offers a signature hierarchy feature. For example, specific documents can be routed to nurses, medical providers, and/or mental health providers for review, capturing electronic signatures at each step.

Signature Hierarchy Requirements

First - Nurse Practitioner

Order Entry

ERMA Order Entry is a state-of-the-art medication and treatment ordering system used by clinicians. Medication orders are sent via HL7 interface to the contracted pharmacy to be filled. Orders also immediately flow to the patient's eMAR for administration by nursing staff.

Scheduler

The ERMA scheduling feature allows staff to schedule future patient appointments within the EMR system. Appointments may be marked as scheduled, attended, refused, etc. and may be viewed by patient or by facility.

Scheduling For Patient : Test, Johnny B #0000000

Site Department: Multiple Departments Selected

Appointments: Today or 3/1/2021 to 5/28/2021

View	Off Site	Date	Site Department	First Name	Last Name	DOB	Patient #	Referral	Status
		3/2/2021 8:00:00 AM	Suffolk County House of Correc	Johnny	Test	05/03/1988	00000000	Chronic C	Scheduled
		3/10/2021 8:00:00 AM	Suffolk County House of Correc	Johnny	Test	05/03/1988	00000000	Mental H	Scheduled

Queues

ERMA queues allow tracking of key events in the patient care lifecycle, such as receiving screenings, health assessments, chronic care visits, patient referrals, etc. ERMA allows customization of the queues to organize only the queues applicable to the user's job duties. For example, patients needing receiving screenings or health assessments can be viewed by the clinician in a list view.


Sample Health Assessment Queue in ERMA

City of Las Vegas	Health Assessment (349)						
Work Queue	First Name	Last Name	Patient #	Custody Date	Site	Date of Service	Days
Available Queues							2
Patient							2
Health Assessment (349)							2
Intakes (last 3 days) (203)							2
Discharges (last 3 days) (275)							2
Chronic Care + (155)							2
Pending Orders (201)							2
Pended By User (13)							2
Not Screened Past 7 Days (31)							2
Diabetic Med-Pass Patients (21)							2
UM							2
Submitted Requests (0)							2
Information Requested (1)							2
Pending Requests (0)							2
Approved Requests (2)							2
Alternate Treatment (0)							2
Scheduled Requests (2)							2
My Forwarded (0)							2
Forwarded to Me (0)							2
Psychotropic Requests (0)							2
Scheduled Appts (7 days) (0)							2
Current IP (0)							2
Scheduled Appointments (8)							2
Rel Inmate Appointments (0)							2
Requests (Last 30 Days) (29)							2
Open Non-Formularies (268)							2

Results Capturing and Reporting

ERMA can generate statistical reports and identify outliers beyond agreed-upon periods. The ERMA report library contains more than 100 standard reports that can be customized to meet specific requirements. The following sample reports show receiving screening statistics, the number of health assessments completed within the required timeframe, and chronic care clinic compliance. We have included a list of reports that can be generated through ERMA in [Tabbed Attachment E](#).

Sample Receiving Screening Statistics Report



Receiving Screening Due Statistics Report By Site

Report Execution Date:
2/28/2021 9:04:02 PM CST

01/01/2021 00:00AM - 12/31/2021 11:59PM

Compliance Duration: 24 Hrs.

Page 1 of 2

Report Description: This report displays compliance-related statistics for patients who were due to complete the Receiving Screening process. Detailed line items represent patients who fall outside the statistical boundary for the chosen compliance duration. Results may include released patients.

Number of Patients Who Were Due a Screening: 3725

Number of Patients Who Completed Screening Within 24 Hours: 3685

Number of Screenings With a Wait Time More than 24 Hours: 20

Number of Screenings Not Complete: 20

Percentage of Screenings Within 24 Hours: 98.93%

Screenings Completed with a Wait Time More than 24 Hours

Patient Number	Booking Number	Custody Date	DOS Receiving Screening	Release Date	Booking to Screening (in hours)
669648	592100059	01/29/2021 03:24:45	02/11/2021 16:03:09		324.65
924886	232100317	02/12/2021 16:00:09	02/14/2021 16:20:02		48.33
158383	162100003	01/02/2021 02:35:45	01/03/2021 19:07:07		40.53
935978	382100017	02/04/2021 11:11:50	02/05/2021 16:57:12		29.77
76205	572100373	02/15/2021 19:35:29	02/16/2021 21:16:42		25.68

Sample Health Assessment Statistics Report

wellpath

Initial Health Assessment Statistics Report By Site

01/01/2021 00:00AM - 12/31/2021 11:59PM

Report Execution Date:
2/28/2021 5:12:40 PM CST

Compliance Duration: 14
Days

Page 1 of 1

HA Type: Initial


Result Type: Summary

Report Description: This report displays compliance-related statistics for patients who have completed the Initial Health Assessment process. The detailed line items display the patients whose assessment fell outside the boundary for the chosen compliance duration. Results may include released patients.

Selected Site Department(s): Training Facility - Section 1

Eligible Population:	311
Number of Initial Health Assessments Completed Within 14 Days:	278
Health Assessments not required due to Recidivism:	9
Health Assessments Refused:	11
Number of Assessments With a Wait Time More than 14 Days or Not Completed:	13
Avg. Length of Time (in days) from Booking to Health Assessment:	4.59
Percentage of Assessments Within 14 Days:	95.82%
Number of Assessments Marked Unable to Complete:	

Sample Chronic Care Clinic Compliance Report



Chronic Care Clinic Compliance Registry

Visit Due Within: 02/01/2021 00:00AM - 02/28/2021 11:59PM

Report Description: A list of patients, grouped by Site Department, who have an active Chronic Care Problem and calculated compliance information based on scheduled and attended appointments.

	Total Visits Due: 54	
Total Visits Due - Attended - Compliant: 50	Total Visits Due - Attended - Non Compliant: 0	
Total Visits Due - Refused - Compliant: 4	Total Visits Due - Not Attended - Non Compliant: 0	

Training Facility

Training Facility 1

Patient Name	Age	Patient	Booking		Custody Date	Release Date	
Problem Category	Problem	Observed/ Renewed Date	Status	Visit Due	Visit Scheduled	Visit Attended	Initial/Follow-up
Duck, Donald	68	1489904	202004586		12/21/2020		
Psych	F43.10 Post-traumatic	1/8/2021	Confirmed	2/7/2021	2/7/2021	2/7/2021	Initial
Mouse, Mickey	29	1010553	202100044		1/8/2021		
Circulatory	I10 Essential (primary)	1/19/2021	Confirmed	2/18/2021	2/18/2021	2/18/2021	Initial
Psych	F43.10 Post-traumatic	1/8/2021	Rule Out	2/7/2021	2/7/2021	2/7/2021	Initial
Psych	F31.10 Bipolar disord,	1/8/2021	Rule Out	2/7/2021	2/7/2021	2/7/2021	Initial
Mouse, Minnie	37	1488364	202002838		7/25/2020		
Endocrine	E11.9 Type 2 diabetes	7/25/2020	Confirmed	2/14/2021	1/18/2021	1/18/2021	Follow-up

Technical Support and Customer Service

Wellpath offers the highest level of technical support programs in the industry. We will work closely with Jefferson Parish from implementation throughout the contract to provide uninterrupted support of ERMA. The Wellpath Helpdesk is available from 6 a.m. to 6 p.m. CT Monday through Friday with an after-hours service taking calls outside of normal business hours.

5 Electronic Pharmaceutical Management System Implementation

5.1 Pharmaceutical Operations

NCCHC Standard J-D-01

Wellpath will provide pharmaceutical services in accordance with all applicable laws, guidelines, policies and procedures, and accepted community standards. Our pharmaceutical management program will include formulary and non-formulary oversight; prescribing, filling, and administering of medications; record keeping; appropriate licensure; Drug Enforcement Agency (DEA) management; and the secure and proper storage of all medications.

5.1.1 Pharmacy Provider

Wellpath intends to utilize Diamond Pharmacy Services to provide pharmaceutical services to Jefferson Parish Correctional Center. As our pharmacy vendor, Diamond maintains all necessary pharmaceutical licenses in accordance with state and federal regulations.



Diamond is the nation's largest correctional pharmacy provider, efficiently and accurately filling prescriptions for approximately 700,000 inmates (or 38% of U.S. inmates). With 47 years of experience, Diamond currently provides services in more than 1,700 correctional facilities in 47 states, giving them a comprehensive understanding of federal, state, and local laws and statutes, as well as state Board of Pharmacy rules and regulations.

Diamond offers professional comprehensive pharmaceutical services for all prescription, non-prescription, and intravenous solutions as ordered by all prescribers, as well as clinical management and technology solutions. They offer reliable delivery to ensure continuity of patient care, and their technicians and support personnel establish working relationships with on-site staff.

Pharmacy Savings

Wellpath and Diamond work together to deliver medication to tens of thousands of patients in jails, prisons, and detention facilities nationwide. **As Diamond's largest client, Wellpath receives the industry's most cost-effective and competitive pricing** for pharmaceutical services. Other bidders may propose using Diamond Pharmacy Services; however, our national buying power allows us to receive the deepest discounts in the industry from Diamond—savings we pass on to our clients.



5.1.2 Formulary Management

Wellpath will customize a formulary for the JPCC to optimize efficacy and total cost of care. We will review the formulary regularly for updates. Immediate formulary changes, with the approval of the site Medical Director and facility administration, will be incorporated with the release of new medications, when clinical information identifies new safety concerns, and when generic products become available.



Utilization is important for formulary management and development. Diamond reviews and provides evidence-based literature review articles specific to areas that may affect utilization and the cost-effectiveness of medications. Diamond also monitors pricing fluctuations daily. Diamond pharmacists receive daily price change reports for review, as well as weekly information from their wholesaler when new medications are expected to receive generic approval and pricing. The site Medical Director will review this information when assessing a medication's formulary status.

Wellpath can provide a monthly Formulary Management Report (FMR) that illustrates monthly expenditures, usage, prescribing habits, and trends. We can also provide a formulary exception report listing all non-formulary medications prescribed over a period and sorted by prescriber, medication name, and patient. The report includes the medication's name and strength, dispense date, inmate name and number, prescriber, cost per prescription, order stop date, primary therapeutic class, secondary therapeutic class, formulary status indicator, and total cost per medication dispensed.

Formulary Exceptions

Intake staff will ask arrestees whether they were undergoing medical, dental, or mental health treatment before arrest. If so, Wellpath staff will ask for the names of the arrestee's current medical providers and contact them to obtain information about current treatment and medications to facilitate continuity of care.

Wellpath staff will ask individuals who report medication use at intake to complete a Release of Information (ROI) form, allowing the medication verification process to begin. A prescribing clinician (physician or mid-level provider) will review verified medications and continue them as clinically indicated. We will expedite medications for life-threatening or serious chronic diseases by obtaining them from a local backup pharmacy.

Wellpath will bridge non-formulary medications for up to 30 days to prevent a break in care and allow the clinician time to review the necessity of the medication. Given the nature of jails as short-stay facilities, we typically continue verified medications (formulary or not) throughout the duration of a patient's stay, unless the patient reports side effects, poor response to the regimen, or a different medication is deemed more clinically appropriate.

To continue a non-formulary medication after the initial bridge order, the prescribing clinician will request continuation of the medication (to include a brief clinical rationale for the medication) through the Wellpath non-formulary medication request process. The Regional Medical Director will review non-formulary requests daily. The HSA will be notified if a non-formulary medication is ordered without the non-formulary request form.

The image shows a 'Formulary Exception Request' form. It includes fields for Inmate Number, Site, Location, Inmate Type (Home, State, Interstate Compact, Federal, SC/MD), Patient Name (First, Middle, Last), Birth date, Social Security #, Alias, Custody Date, Anticipated Release Date, Requesting Provider, and Provider Signature. It also has checkboxes for Formulary Exception Type (Bridge for continuity of care, Routine, Immediate emergency), Psychotropic Drug (Yes/No), Request Date, Drug Allergies, and a section for Drug and dose req / probable duration of therapy. A large text area is provided for Pertinent history and clinical justification for this drug exception. At the bottom, there is a section for Verbal Order with fields for Taken by, Given by, Date, Time, and Nurse Signature.

Sample Open Non-Formulary Requests List

Sample Non-Formulary Detail Report in ERMA

Non-Formulary Detail									
Page 1 of 1									
Site:									
Region: Jails									
Date Entered	Request Date	Requesting Provider	Last Name	First Name	Patient Number	Birth Date	Inmate Type	Drug & Dose Required	Auth #
Bridge									
1/12/2018	1/12/2018						None	**PROFILE** Benadryl (Diphenhydramine HCl) 25 mg capsule; give 2 capsule PO One	7051784
1/12/2018	1/12/2018						State	Keflex (Cephalexin) 500 mg capsule; give 1 capsule PO QID AM, Noon, PM, HS for 2 days.	7055748
1/12/2018	1/12/2018						None	**PROFILE** Advair Diskus (Fluticasone-Salmeterol) 250 mcg-50 mcg/dose powder	7055771
1/14/2018	1/14/2018						None	**PROFILE** valsartan 750 mg capsule; give 3 capsule PO TID AM PM & HS for 30	7060417
1/15/2018	1/15/2018						None	enoxaparin 30 mg/0.3 mL subcutaneous syringe; give 1 milliliter SC BID AM & HS for	7067046
1/18/2018	1/18/2018						None	famotidine 20 mg tablet; give 1 tablet PO BID AM & HS for 30 days.	7085586
1/18/2018	1/18/2018						None	Vitamin D3 (Cholecalciferol (Vitamin D3)) 2,000 unit capsule; give 2 capsule PO Q HS	7085587
1/18/2018	1/18/2018						None	sitagliptin 50 mg tablet; give 1 tablet PO Q AM for 30 days.	7085588
1/18/2018	1/18/2018						None	Lantus (Insulin Glargine) 100 unit/mL subcutaneous solution; give 28 unit SC Q HS	7085589
1/18/2018	1/18/2018						None	Diovan (Valsartan) 160 mg tablet; give 1 tablet PO Q HS for 30 days.	7085590
1/18/2018	1/18/2018						None	pantoprazole 40 mg tablet, delayed release; give 1 tablet PO Q AM for 30 days.	7085591
Routine									
1/12/2018	1/12/2018						Federal	omeprazole 20 mg capsule, delayed release; give 1 capsule PO Q AM for 90 days.	7050691
1/12/2018	1/12/2018						None	**PROFILE** Prilosec OTC (Omeprazole Magnesium) 20	7050529
1/12/2018	1/12/2018						None	**PROFILE** omeprazole 20 mg capsule, delayed release;	7050852
1/12/2018	1/12/2018						None	**PROFILE** omeprazole 20 mg capsule, delayed release;	7051864

Non-Formulary Reviews

Diamond enforces Wellpath formulary compliance by providing pharmacist reviews of non-formulary medication requests. They screen orders for formulary compliance daily and provide consultation on

formulary alternatives that best meet our clinical and cost containment goals. The program works as follows:

- The pharmacy receives an electronic order for a non-formulary medication.
- A clinical formulary specialist reviews the patient's profile and determines if formulary alternatives can be substituted without compromising patient care.
- The pharmacist's review is sent to the Wellpath clinician with a recommendation for a formulary alternative, a request for additional information, or a recommendation to submit the non-formulary request in accordance with our policy.

Generics, Narcotics, and Off-Label Use

Wellpath clinicians will prescribe generic medications whenever possible unless they provide justification for a brand name request. We will track the percentage of generic versus non-generic use and provide statistical reports on all areas of pharmaceutical management.

Wellpath will only administer non-narcotic medications to patients in general population. Patients requiring narcotic medications will be housed in the appropriate non-general population for the period the medications are prescribed for appropriate medical oversight. In keeping with Wellpath policy, providers will use sleep and pain medications only when clinically indicated.

Wellpath policy discourages the dispensing of medication (prescription or OTC) for any off-label use.

Pharmacy and Therapeutics (P&T) Committee

Wellpath's Corporate Pharmacy and Therapeutics (P&T) Committee will oversee the Formulary and Medication Utilization practices at the JPCC. The P&T Committee will manage the formulary and balance efficacy, safety, and cost by requiring prior approval of certain medications. Wellpath's Chief Clinical Office and VP of Pharmacy co-chair this multidisciplinary P&T Committee which includes representation from your region's medical director. The P&T Committee meets at a minimum of annually and as frequently as needed. Wellpath will provide facility administration with copies of P&T Committee meeting minutes and related reports, as requested.

In addition to the Corporate P&T Committee, site level Medical Administration Committee Meetings will be held to review any updates from the corporate P&T committee as well as facility level medication utilization and medication administration issues. These meetings may include corporate, regional, and site staff, the consultant pharmacist, and the correctional facility's administration. This meeting is scheduled in conjunction with local facility administration.

Pharmacy Reports

Wellpath offers the most dynamic and complete reporting capabilities in the correctional industry, including customized pharmaceutical reports for each facility. Analysis of monthly utilization data, formulary management data, expenditures, clinical metrics, poly-pharmacy prescribing data, and overall prescribing habits of clinicians is crucial for properly managing budgetary dollars, ensuring proper care, and optimizing patient outcomes. Statistical data is accompanied by graphs illustrating usage and trends.

Wellpath offers statistical reports for pharmaceutical management that simplify analysis of monthly usage, expenditures, prescribing habits, and trends. Basic, ad hoc, requested, and customized reports are available if requested.

5.1.3 Ordering of Medications

Wellpath will document all prescription orders in the patient's medical record. Healthcare staff can order medications electronically or by phone. Emergency prescriptions can be submitted through Diamond's STAT line, which is staffed and available 24/7/365. Diamond contacts the backup pharmacy and arranges for the emergency prescription.

Pharmacy Interface with ERMA

Wellpath ensures seamless and secure communication between our Electronic Record Management Application (ERMA) and Diamond through a bi-directional interface. ERMA is the sole repository for information regarding all patient services, including medication orders, which allows practitioners to initiate, review, and manage orders quickly and efficiently. Diamond electronically notifies the site if a new or refill order cannot be filled (e.g., because it is too soon to fill, there are no more refills, blood work is needed, a non-formulary authorization is needed, or a provider signature is needed).

ERMA supports the integration of medication order entry and HL7 transmission to Diamond. This integration gives Diamond immediate access to medication orders to provide medication substitutions to the on-site staff. ERMA is also integrated with First Databank, a national provider of drug interactions and warnings. This integration gives ordering providers real-time prompting of contra-indications, duplicate therapies, allergies, interactions, and dosage warnings.

Formulary compliance is also integrated into ERMA. If orders are placed for off-formulary medications, an off-formulary request is automatically generated and sent to the site Medical Director for approval. Approved orders are expedited through electronic transmission to the pharmacy.

Medication Order Entry

Wellpath supports online pharmaceutical order entry through ERMA. All prescription orders are logged in the patient's record in ERMA, where medical staff can check order status. Medication Order Entry is a key portion of the ERMA patient profile. Authorized users can place new orders, renewal orders, and discharge orders from the patient's profile screen. Relevant information is available at a glance without scrolling.

Medication Order Entry in ERMA – Patient Profile

ERMA is updated to include the medication, administration orders, and stop date after a patient's medication order is entered. Active patient orders are shown in the patient profile.

Medication Orders in ERMA – Patient Profile

Order Number	Order Type	Order Date	Order Description	KOP	KOP State
2226832	Medications	10/2/2014 9:48 AM EST	Cardura (Doxazosin) 1 mg tablet		-
2226833	Medications	10/2/2014 9:48 AM EST	Vitamin B-1 (Thiamine HCl) 50 mg tablet		-
2226831	Medications	10/2/2014 9:48 AM EST	acetaminophen 500 mg tablet		-
2219014	Medications	9/29/2014 2:54 PM EST	lisinopril 20 mg tablet		-

Immediate access to a full list of active medication orders is available through a one-click drill-down in the patient profile.

Active Medication Orders in ERMA – Patient Profile

The screenshot displays the ERMA Patient Profile interface. On the left, a sidebar contains patient information and a navigation menu. The main area shows a table of active medication orders.

Patient Information:

- Name: [Redacted]
- Inmate#: 464046-P.A
- SSN: 000-00-0000
- DOB: 8/3/1962
- Site: Demonstration Facility
- Sex: M
- Custody: 1/25/2013 3:57:41 PM
- Housing: CJC-1-A-1-87
- Type: State

Navigation Menu:

- Chart
- DOS
- Doc Type
- Patient Profile
- Allergies
- Appliances
- Diets
- Orders**
- PPDs
- Problems
- Special Needs
- Vitals
- 1/25/2013
- Medication
- EMAR
- Physician Orders
- Short Order
- 11/18/2011 - 11/21/2011

Active Medication Orders Table:

Order #	Instructions	Start Date	End Date	KOP	Order Status	RE	H	D
2226863	Hem-Prep (PE-Shark Liver Oil-Cocoa Butter) 0.25 % -3 % Suppository	10/03/2014	10/10/2014		Submitted			
2226862	Calcium 500 + D (Calcium Carbonate-Vitamin D3) 500 mg (1,250 mg)-200 unit tablet	10/03/2014	11/02/2014		Submitted			
2226861	bentropine 1 mg tablet	10/03/2014	11/02/2014		Submitted			
2226860	Nasal Moisturizing (Sodium Chloride) 0.65 % Spray Aerosol	10/03/2014	10/17/2014		Submitted			
2226832	Cardura (Doxazosin) 1 mg tablet	10/02/2014	10/16/2014		Submitted			
2226832	Vitamin B-1 (Thiamine HCl) 50 mg tablet	10/03/2014	11/02/2014		Submitted			
2226831	acetaminophen 500 mg tablet	10/03/2014	10/10/2014		Submitted			
2219014	lisinopril 20 mg tablet	09/30/2014	10/30/2014		Submitted			

8 items in 1 pages

Order Sets

ERMA supports site-specific medication order sets that allow providers to place complex medication orders such as CIWA or COWS with just a few clicks. Order sets increase efficiency, minimize errors, and provide treatment consistency.

Order Sets in ERMA

The screenshot shows the "Select Order Set(s)" dialog box. It contains a search bar and a list of available order sets.

Select Order Set(s)

Select your Order Set(s) from the list below. You may select one or multiple Order Sets from the list. To use the search option, begin typing your search in the box and then select the desired Order Set.

Search for an Order Set: [Search Box]

Order Set List:

- Chest Pain - Musculoskeletal Pain/Dyspepsia
- CIWA**
- COWS
- Dental Pain
- Fever - Low grade
- Headache
- HIV Exchange-Atripla
- HIV Exchange-Complera
- HIV Exchange-Epizicom
- HIV Exchange-Truvada
- Menstrual Pain
- Musculoskeletal

Submit Cancel

Medication Renewals

Wellpath has a system for renewals that ensures continuous availability of medications for patients who require them. A clinician will evaluate the need for continued medication, documenting the evaluation and re-order in the patient’s medical record. A psychiatric provider will evaluate patients needing psychotropic medications before renewal.

5.1.4 Receipt and Availability of Medications

Wellpath will provide pharmacy services seven days a week, with scheduled shipment of medications six days a week and local backup pharmacy services available on Sundays, holidays, and in urgent or emergent situations.

Emergency Medications

Wellpath will not delay medications for life-threatening conditions, mental illness, or serious chronic conditions. Our list of “no-miss” medications facilitates this process following intake. We will make every effort to verify and administer these medications before the next scheduled dose. We will obtain and administer other medications within 24 hours.

Wellpath will expedite orders for emergency medications. We will use a local pharmacy to supply emergency prescription medications and as a backup for pharmacy services. Diamond has national contracts with most chain pharmacies and negotiates with pharmacies outside their network. If there is an immediate need to initiate medication, we will obtain it from the backup pharmacy as quickly as possible.

Diamond is the only correctional pharmaceutical supplier with Joint Commission and Verified-Accredited Wholesale Distributor (VAWD) accreditation in the provision of stock medication. This allows Wellpath and Diamond to provide the highest levels of service that meet the standards of these accrediting bodies. These accreditations are available to others in the correctional pharmacy industry, but only Diamond has voluntarily gained accreditation.

Over-the-Counter Medications

Wellpath will establish a protocol to provide over-the-counter (OTC) medications to patients upon consultation with the site Medical Director and facility administration, who will jointly approve patient access to non-prescription medications. Approved OTC medications will be reviewed annually.

KOP Medications

A Keep on Person (KOP) program gives patients immediate access to medications for an urgent medical need. It also helps reduce the amount of time healthcare staff spend administering medications. Wellpath has established a spectrum of KOP programs that educate patients about their medications and promote their responsibility for maintaining their state of health.

KOP medications are limited to those that may be safely self-administered with the proper education, such as inhalers or nitroglycerine. The list of allowable KOP medications requires approval by facility administration. We only give KOP medications to patients who need immediate access to them, based on their chronic care treatment plan (e.g., inhalers for those with severe COPD or severe, persistent asthma).

Healthcare staff will instruct patients on the proper use of KOP medications. Patients must sign an informed consent statement acknowledging that the medication is only to be used as clinically directed, must be kept on person at all times, and must be presented for inspection to any officer or healthcare employee who requests to see it. Patients found to be using KOP medications improperly or abusing the privilege may have their KOP privileges limited or rescinded, based on a physician's review.

5.1.5 Storage and Security of Medications

Wellpath will store medications and pharmaceutical supplies in a secure, locked area approved by facility administration. The medication room and all cabinets will be locked at all times when healthcare staff are not present. Patients will not have access to any medication other than those administered by a qualified staff member.

Wellpath will store bulk supplies separately, taking inventory weekly and when they are accessed. We will maintain inventory records to ensure adequate control.

Controlled Substances Accountability

Wellpath will store a limited supply of controlled drugs on site under the control of the responsible physician. The HSA or designee will monitor and account for these medications. Controlled substances must be signed out to the patient at the time they are administered. As an additional level of control, Wellpath treats certain medications that are not controlled, but have the potential for misuse or abuse, as controlled substances.

Wellpath will train nursing staff on the proper procedures for administering, storing, counting, and logging controlled substances. Class II, III, and IV drugs will be counted at the end of each shift by one staff member going off duty and one coming on duty. Any count discrepancies must be reported immediately and resolved before the outgoing staff member leaves.

Wellpath will maintain a clear “paper trail” to comply with DEA guidelines for accountability and record-keeping. Counts will be tracked in a Controlled Substance Log Book with an index and numbered pages to ensure a perpetual inventory and usage record. Controlled Substance Log Books must be retained on site for five years.

The image shows a 'Controlled Substance Usage Log' form. It includes fields for Patient Name / Block, Date Received / Transferred, Quantity Received / Transferred, Received By, and Received At. There are also sections for Medication, Strength, and Directions. A large table with columns for Date, Time, Patient (Last Name, First Name), Dose, and Provider is provided for logging. At the bottom, there are sections for Medication removed from stock, Quantity destroyed / sent back, Primary Witness Verification, and Pharmacist.

5.2 Medication Services

NCCHC Standard J-D-02

Wellpath will provide written systems and processes for the delivery and administration of medications based on the JPCC’s layout and procedures. We will tailor medication passes to ensure the timeliness and accuracy of the process, including coordination with security staffing and mealtimes to ensure accurate and effective medication administration.

Appropriately state-licensed personnel will administer medications, including over-the-counter medications. Our proposed staffing plan provides nursing coverage for medication pass at least twice a day in general population and more frequently as needed for patients in medical housing or observation, per physician’s orders.

Trained healthcare personnel will administer medications within 24 hours of physician’s order, with urgent medication provided as required and ordered. Wellpath staff will educate patients on prescribed pharmacotherapy when it is ordered and document the education in the patient’s medical record.

Wellpath provides orientation training and mandatory continuing education regarding medication administration and preventing medication errors. We do not permit the pre-pouring of medications and we monitor the medication delivery process to ensure it does not occur.

Nursing staff will observe patients taking medications, especially when Direct Observation Therapy (DOT) is required by physician’s order. We also train staff to provide DOT for medications subject to abuse, psychotropic medications, and those related to the treatment of communicable and infectious diseases.

5.2.1 Medication Administration Record

Healthcare staff will document medication administration and missed doses in a patient-specific Medication Administration Record (MAR). These records will become a permanent part of the patient’s medical record. All information relative to a patient’s prescription will be recorded in the MAR, which

will include instructions, injection site codes, result codes, and non-administered medication reason codes. If a patient misses or refuses doses on three consecutive days, or if a pattern is noted, healthcare staff will document the refusal and refer the patient to the clinician.

Sample Scheduled But Not Documented Medication Orders Report in ERMA

24 Hours Scheduled But Not Documented Medication Orders

Page 1 of 1

Site Name: [REDACTED]

Room Group: [REDACTED]

User: [REDACTED]

Report Description: A listing of medication orders for which the scheduled administration was not documented in the past 24 hours.

Number Of Scheduled Administrations: 863
Number Documented: 854
% Documented: 98.96%

Order No	Instructions	Schedule Date	Overdue Days	Start Date	End Date	Order Status
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	chlordiazepoxide 25 mg capsule: give 2 capsule PO Q 8 Hours for 3 days.	1/18/2018 4:00 PM	0.7	1/17/2018 8:00 AM	1/20/2018 7:59 AM	Submitted
[REDACTED]	chlordiazepoxide 25 mg capsule: give 2 capsule PO Q 8 Hours for 3 days.	1/19/2018 8:00 AM	0.1	1/17/2018 8:00 AM	1/20/2018 7:59 AM	Submitted
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	chlordiazepoxide 25 mg capsule: give 2 capsule PO Q 8 Hours for 3 days.	1/19/2018 8:00 AM	0.1	1/18/2018 12:00 AM	1/20/2018 11:59 PM	Submitted
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	chlordiazepoxide 25 mg capsule: give 2 capsule PO Q 8 Hours for 3 days.	1/19/2018 8:00 AM	0.1	1/17/2018 12:00 AM	1/19/2018 11:59 PM	Submitted
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	chlordiazepoxide 25 mg capsule: give 2 capsule PO Q 8 Hours for 3 days.	1/18/2018 4:00 PM	0.7	1/17/2018 8:00 AM	1/20/2018 7:59 AM	Submitted
[REDACTED]	chlordiazepoxide 25 mg capsule: give 2 capsule PO Q 8 Hours for 3 days.	1/19/2018 8:00 AM	0.1	1/17/2018 8:00 AM	1/20/2018 7:59 AM	Submitted
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	chlordiazepoxide 25 mg capsule: give 2 capsule PO Q 8 Hours for 3 days.	1/19/2018 8:00 AM	0.1	1/17/2018 8:00 AM	1/20/2018 7:59 AM	Submitted
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	bupropion 18 (bupropion) 200 mg tablet: give 3 tablet PO Q 8 Hours for 30 days.	1/19/2018 8:00 AM	0.1	12/30/2017 12:00 AM	1/28/2018 11:59 PM	Submitted
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	acetaminophen 325 mg tablet: give 2 tablet PO TID AM PM & HS for 10 days.	1/18/2018 4:00 PM	0.7	1/16/2018 10:00 PM	1/26/2018 9:59 PM	Submitted

Sample Medications Administered Summary in ERMA

Medications Administered Summary

Page 1 of 1

Report Description: This report displays a count of distinct patients with medications administered within the time period. Both currently incarcerated and released patients may be included in the counts. "Total minus Mental Health" is a count of patients with only non-Mental Health medications administered. "Pct Non-Formulary" is the count of patients with at least one Non-Formulary medication divided by the "Total Patients with Medications".

Site Department	Total Patients with Medications	Mental Health	Total minus Mental Health	Non-Formulary	Pct Non-Formulary
[REDACTED]	877	408	469	154	17.56%
[REDACTED]	115	72	43	18	15.65%
Other	9	3	6	3	33.33%

Electronic Medication Administration Record

Wellpath recognizes the importance of pharmacy controls within the correctional environment. We are proud to offer the Wellpath electronic medication administration record (eMAR), which provides an additional level of performance and the delivery of a progressive healthcare and medication management system.

The Wellpath eMAR is a professional, easy-to-use medication system that tracks pharmaceutical provisions from order placement to patient administration per the state boards of pharmacy and nursing. It gives healthcare staff the benefit of a completely paperless medication administration system and allows users to work online and offline.

The Wellpath eMAR has an advanced administration feature that allows the user to easily track vitals, administer OTC/KOP/PRN medications, and document injection sites and quantities through a customized interface.

The Wellpath eMAR in ERMA

The screenshot displays the Wellpath eMAR interface within the ERMA system. On the left, a sidebar shows a search bar with 'smith' entered and a list of menu items including Patient Profile, Medication, Big Background, 471 DEMO, EMAR, Medication Order, QA Test Docs, PPD Trigger, QA Allergy Check Snippet Trigger, Vitals Trigger, and Vitals Trigger 2. The main window is titled 'EMAR 10/1/2011 (1 / 1)' and contains a patient profile for 'Howard R. Young Correctional Institution' with fields for Patient Name, Patient ID, Med Record #, Admission Date, Discharge Date, Sex, and Physician Name. Below this is a 'Medication Orders' section with a table listing various medications and their administration schedules. The table includes columns for Date, Time, Dose, Status, and Administered. The bottom of the screen shows a 'Discontinued Medication Orders' section and a footer with 'Page 1 of 6' and a timestamp '11/07/2011 18:21'.

The eMAR module is part of our ERMA system and will be implemented during the EMR transition. Because the system is web-based, there is no software to install. All data is maintained in a secure and redundant environment to ensure accessibility and continuous maintenance of all patient information, despite natural or man-made catastrophes.

The Wellpath eMAR system offers the following features and benefits:

- Efficiently orders and reorders medications for initiation/continuation
- Reduces paperwork
- Updates and provides instant access to patient profiles and medication histories
- Creates change orders in real-time
- Monitors self-medication programs (e.g., Keep on Person)
- Controls costs through instant notification of non-formulary orders
- Prints utilization data and other administrative and management reports for easy analysis of statistics for review and planning purposes
- Prints paper copies of prescriptions and activities for patient charts to allow transfer of patient information to hard copy if necessary

Point of Care Companion

When administering medications, Wellpath nurses can use an off-network laptop—the Point of Care Companion (POCC) system—with their medication cart, marking and electronically signing off on the administration of medications.

During medication pass, nurses note in the system if a patient does not receive needed medication for any reason. Once the nurse returns to the medical unit, the laptop is docked and the information from the medication pass is synchronized within ERMA, so administration records are immediately up to date.

This ability to synchronize data provides increased flexibility for nursing staff by allowing them to use the system in facilities where Wi-Fi or mobile internet connectivity is unavailable. This also allows medication passes to continue even if the facility loses internet connectivity. Since the laptop is battery-powered, loss of power does not affect its use.



Point of Care Companion

The features and benefits of ordering through this user-friendly software include:

- The ability to order (or reorder) prescriptions or stock orders quickly, through the use of drop-down screens or order refill buttons
- Increased accuracy by reducing transcribing errors and clarity issues that may result from faxed order sheets
- Improved formulary compliance; If a medication is not on the approved list, a non-formulary alert is automatically sent to the prescribing clinician's queue, where the clinician can easily complete the non-formulary request process online; once the non-formulary request is approved, the order is automatically forwarded to the pharmaceutical provider to facilitate expedited ordering
- Over the counter (OTC), stock, and emergency medications are easily initiated and documented as profile medications on the electronic medication administration record
- Time savings through the elimination of paper physician's order sheets, which are no longer needed
- The ability to view patient profiles and determine when a medication was last filled before transmitting the order
- Password-protected access for approved staff to patient profiles, medication orders, and history from any web-based computer located on-site or off-site
- Tracking and documentation of patient allergies and drug interactions
- Immediate notation of exceptions in the patient's medical record, including missed doses, refusals, and complications

6 Conclusion

Wellpath commits to operating your health care services program as a true partnership. We will take full responsibility for maintaining the quality of patient care, the efficiency of operations, and the reporting of real-time results. Choosing Wellpath guarantees a National Commission on Correctional Health Care standards-compliant program and the best possible care for the inmates in your custody.

We know you want to provide the best possible program for the individuals in your care, and cutting corners is not an option. Wellpath is the right partner to provide Jefferson Parish and the Jefferson Parish Correctional Center with a scalable healthcare program that will ensure quality care for your patients, while producing the desired operational and financial outcomes for the Parish. We are confident we can offer an appropriately budgeted program that will meet your needs and exceed your expectations. We look forward to discussing our program with you in person, and we would be honored to begin a successful partnership with Jefferson Parish.

Attachment A

Current Client List

***CONFIDENTIAL AND PROPRIETARY ATTACHMENTS**

The attachments labeled CONFIDENTIAL contain confidential proprietary information, or trade secret information as defined by the Louisiana Uniform Trade Secrets Act (LSA-R.S. 51:1431 et seq.). In accordance with LSA-R.S. 44:3.2(C) concerning trade secret and proprietary information protection, Wellpath respectfully requests that the attachments labeled CONFIDENTIAL be redacted from any distribution of this proposal pursuant to requests under the Louisiana Public Records Law (LSA-R.S. 44:1 et seq.), or for any other reason.



Current Clients* – CONFIDENTIAL

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Client	Site/Facility	Address	Contact	Phone	Email	Adult ADP	Juv. ADP	Accreditation	Original Contract Start Date
ARIZONA									
Coconino County Sheriff's Office	Coconino County Detention Facility (Flagstaff Jail); Page Jail	911 E Sawmill Rd. Flagstaff, AZ 86001	Lt. Tom Hover	928-853-7231	thover@coconino.az.gov	325	N/A	N/A	7/15/22
Yuma County Juvenile Court	Yuma County Juvenile Justice Center	2440 W 28 th St. Yuma, AZ 85364	Tim D. Hardy, Dir.	928-314-1813	thardy@courts.az.gov	N/A	44	N/A	7/1/09
Yuma County Sheriff's Office (RTC Program)	Yuma County Detention Center - Restoration to Competency Program	145 S 2nd Ave. Yuma, AZ 85364	Shannon J. Gunderman, Admin. Services Dir.	928-373-1137	Shannon.Gunderman@yumacountyaz.gov	12	N/A	N/A	4/1/21
ARKANSAS									
Arkansas Dept. of Correction & Dept. of Community Correction	BEU; BU; CU; DRU; EARU; GU; MSU; MU; MCWRC; NCU; NAWRC; ORCU; ORCU-SNU; PBU; RWCF; TRCC; TU; VU; W/HU; CACCC; ECACCC; NEACCC; NWACCC; OSSC; SACCC	6814 Princeton Pike Pine Bluff, AR 71602	Rory Griffin, Dep. Dir.	870-267-6892	rory.griffin@arkansas.gov	17,968	N/A	ACA	1/1/14
CALIFORNIA									
Alameda County	Santa Rita Jail	5325 Broder Blvd. Dublin, CA 94568	Sheriff Greg Ahern	510-272-6866	gahern@acgov.org	2534	N/A	NCCHC, ACA, CALEA (Triple Crown)	10/1/16
Amador County	Amador County Jail	700 Court St. Jackson, CA 95642	Capt. Bryan Middleton	209-223-6500	bmiddleton@amadorgov.org	82	N/A	N/A	6/1/99
Butte County	Butte County Jail; Butte County Juvenile Hall	5 Gillick Way Oroville, CA 95965	Sheriff Kory Honea	530-538-6759	khonea@buttecounty.net	574	26	N/A	5/1/02
Calaveras County	Calaveras County Jail	1045 Jeff Tuttle Dr. San Andreas, CA 95249	Sheriff Rick DiBasilio	209-754-6500	Rdibasilio@co.calaveras.ca.us	96	N/A	N/A	6/1/99
California Dept. of State Hospitals	Jails in 54 of California's 58 counties (all but Los Angeles, Riverside, San Bernadino, and San Diego)	1215 O St. Sacramento, CA 95814	Dr. Melanie Scott, Asst. Chief Psychologist	916-616-5703	Melanie.scott@dsh.ca.gov	1000	N/A	N/A	4/1/22
Colusa County	Colusa County Jail	929 Bridge St. Colusa, CA 95932	Lt. Miguel Villasenor	530-458-0203	mvillasenor@colusasheriff.com	80	N/A	N/A	6/1/00
Del Norte County	Del Norte County Jail; Del Norte County Juvenile Hall	650 5th St. Crescent City, CA 95531	Sheriff Garrett Scott	707-464-4191	garrett.scott@co.del-norte.ca.us	90	10	N/A	9/1/21
El Dorado County	Placerville Jail; South Lake Tahoe Jail; Juvenile Treatment Center	300 Fair Ln. Placerville, CA 95667	Undersheriff Randy Peshon	530-621-6576	peshonr@edso.org	320	90	BSCC	6/1/96

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Current Clients* – CONFIDENTIAL

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Client	Site/Facility	Address	Contact	Phone	Email	Adult ADP	Juv. ADP	Accreditation	Original Contract Start Date
Fresno County	Main Jail; North Annex Jail; South Annex Jail; Juvenile Justice Campus	1225 M St. Fresno, CA 93721	Assistant Sheriff Steve McComas	559-600-8145	stephen.mccomas@fresnosheriff.org	3024	209	NCCHC	7/1/18
Glenn County	Glenn County Jail	141 S Lassen St. Willows, CA 95988	Sheriff Rich Warren	530-934-6441	gcsoadmin@countyofglenn.net	110	N/A	N/A	11/1/09
Humboldt County	Humboldt County Correctional Facility; Humboldt County Juvenile Hall; Northern California Regional Facility	826 4th St. Eureka, CA 95501	Sheriff William Honsal	707-268-3618	whonsal@co.humboldt.ca.us	444	6	N/A	12/1/99
Imperial County	Regional Adult Detention Facility; Herbert Hughes Correctional Center; Oren R. Fox Medium Security Detention Center; Imperial County Juvenile Hall	328 W Applestill Rd. El Centro, CA 92244	Undersheriff Fred Miramontes	442-265-2005	fmiramontes@icso.org	487	20	N/A	1/1/95
Kern County Sheriff's Office	Kern County Admission, Evaluation, and Stabilization (AES) Center	17635 Industrial Farm Rd., Bldg. #46 Bakersfield, CA 93308	Sheriff Donnie Youngblood	661-391-7771	youngblood@kernsheriff.org	60	N/A	N/A	4/23/18
Kings County	Kings County Jail; Kings County Juvenile Center	1570 Kings County Dr. Hanford, CA 93232	Assistant Sheriff Dave Putnam	559-582-3211	dave.putnam@co.kings.ca.us	432	20	NCCHC	7/1/20
Lake County	Hill Road Correctional Facility	4913 Helbush Dr. Lakeport, CA 95453	Sheriff Brian Martin	707-262-4200	brian.martin@lakecountycal.gov	296	N/A	N/A	1/1/96
Lassen County	Lassen County Jail; Lassen County Juvenile Detention Center	1405 Sheriff Cady Rd. Susanville, CA 96130	Sheriff Dean Growdon	530-257-6121	sheriff@co.lassen.ca.us	83	6	N/A	2/1/15
Los Angeles County	Harborview Center	490 W 14th St. Long Beach, CA 90813	Amanda Ruiz, Dep. Dir.	213-738-4775	amaruiz@dmh.lacounty.gov	90	N/A	CARF	2019
Madera County	Madera County Jail; Madera County Juvenile Detention Facility; Madera County Juvenile Boot Camp	14191 Rd. 28 Madera, CA 93638	Chief Manuel Perez	559-675-7951	MaPerez@co.madera.ca.gov	466	45	N/A	4/1/06
Merced County	Merced County Main Jail; John Latorraca Correctional Facility; Juvenile Justice Correctional Complex	700 W 22nd St. Merced, CA 95340	Sheriff Vern Warnke	209-385-7444	Vern.wamke@countyofmerced.com	573	48	N/A	7/1/97
Monterey County	Monterey County Jail	1414 Natividad Rd. Salinas, CA 93906	Sheriff Steve Bernal	831-755-3750	bernalst@co.monterey.ca.us	947	N/A	N/A	1/1/84
Napa County	Napa County Jail; Napa County Juvenile Hall	1125 3rd St. Napa, CA 94559	Sheriff Oscar Ortiz	707-253-4501	oscar.ortiz@countyofnapa.org	228	12	N/A	7/1/00

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Current Clients* – CONFIDENTIAL

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Client	Site/Facility	Address	Contact	Phone	Email	Adult ADP	Juv. ADP	Accreditation	Original Contract Start Date
Nevada County	Wayne Brown Correctional Facility; Carl F. Bryan II Juvenile Hall	925 Maidu Ave. Nevada City, CA 95959	Sheriff Shannon Moon	530-265-1471	shannon.moon@co.nevada.ca.us	224	25	N/A	2/1/92
Placer County	Auburn Main Jail; South Placer Jail; Juvenile Detention Facility	2775 Richardson Dr. Auburn, CA 95603	Sheriff Wayne Woo	530-308-1386	WWoo@placer.ca.gov	740	19	N/A	10/1/88
San Benito County	San Benito County Jail; San Benito County Juvenile Hall	710 Flynn Rd. Hollister, CA 95024	Sheriff Eric Taylor	831-636-4080	info@sbcsheriff.org	129	4	N/A	7/1/04
San Diego County	Alpine Special Treatment Center	2120 Alpine Blvd. Alpine, CA 91901	Nilanie Ramos, Chief of Agency Operations	619-584-5022	nilanie.ramos@sdcounty.ca.gov	128	N/A	CARF	1996
San Diego County Probation Department	East Mesa Juvenile Detention Facility; Youth Transition Center	2801 Meadow Lark Dr. San Diego, CA 92123	Adolfo Gonzales, Chief Probation Officer	858-514-3200	adolfo.gonzales@sdcounty.ca.gov	N/A	199	N/A	3/1/99
San Luis Obispo County	San Luis Obispo County Jail	1585 Kansas Ave. San Luis Obispo, CA 93405	Sheriff Ian Parkinson	805-781-4540	iparkinson@co.slo.ca.us	525	N/A	NCCHC	2/1/19
Santa Ana Police Department	Santa Ana City Jail	62 Civic Center Plaza, P.O. Box 1981 Santa Ana, CA 92701	Kenneth Willard, Correctional Supervisor	714-245-8128	kwillard@santa-ana.org	400	N/A	N/A	10/1/22
Santa Barbara County	Santa Barbara County Jail; North Branch Jail; Santa Barbara Juvenile Hall; Los Prietos Boys' Camp	4436 Calle Real Santa Barbara, CA 93110	Sheriff Bill Brown	805-681-4290	wfb4029@sbsheriff.org	1052	66	NCCHC	4/1/17
Santa Cruz County	Santa Cruz Main Jail; Blaine Street Women's Facility; Rountree Men's Medium Facility	259 Water St. Santa Cruz, CA 95060	Sheriff Jim Hart	831-454-7619	shf177@santacruzcounty.us	443	N/A	N/A	10/1/12
Shasta County	Shasta County Jail	1655 W St. Reddin, CA 96001	Sheriff Michael Johnson	530-245-6167	mljohnson@co.shasta.ca.us	351	N/A	N/A	6/1/08
Solano County	Solano County Justice Center; Stanton Correctional Facility; Claybank Detention Facility; Solano County Juvenile Hall	500 Union Ave. Fairfield, CA 94533	Sheriff Tom Ferrara	707-784-7000	tferrara@solanocounty.com	774	37	N/A	3/1/04
Sonoma County	Main Adult Detention Facility; North County Detention Facility	2777 Ventura Ave. Santa Rosa, CA 95403	Sheriff Mark Essick	707-565-2781	mark.essick@sonoma-county.org	1064	N/A	N/A	1/1/00
Stanislaus County	Stanislaus County Men's Jail; Stanislaus County Public Safety Center; Stanislaus County Honor Farm; Stanislaus County Juvenile Hall	805 12th St. Modesto, CA 95354	Undersheriff Mickey LaBarbera	209-567-4442	mlabarbera@stansheriff.com	1194	38	N/A	7/1/93
Sutter County	Sutter County Jail	1077 Civic Center Blvd. Yuba City, CA 95993	Sheriff Brandon Barnes	530-822-7312	bbarnes@co.sutter.ca.us	232	N/A	N/A	5/1/17

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Current Clients* – CONFIDENTIAL

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Client	Site/Facility	Address	Contact	Phone	Email	Adult ADP	Juv. ADP	Accreditation	Original Contract Start Date
Tulare County	Bob Wiley Detention Facility; Adult Pre-Trial Facility; South County Detention Facility; Juvenile Detention Facility	2404 W Burrel Ave. Visalia, CA 93291	Jason Britt, County Admin. Officer	559-636-5005	jbritt@co.tulare.ca.us	1600	100	N/A	7/1/18
Tuolumne County	Tuolumne County Jail; Mother Lode Regional Juvenile Detention Facility	175 Yaney Ave. Sonora, CA 95370	Lt. Tamara McCaig	209-605-6253	tmmccaig@co.tuolumne.ca.us	146	7	N/A	11/1/01
Ventura County (Adult)	East County Jail; Todd Road Jail; Pre-Trial Detention Facility	2101 E Olsen Rd. Thousand Oaks, CA 91360	Sheriff Bill Ayub	805-654-2381	william.ayub@ventura.org	1620	N/A	N/A	11/1/87
Ventura County (Juvenile)	Ventura County Juvenile Justice Center	4333 E Vineyard Ave. Oxnard, CA 93036	Shirley Scott, Facility Coordinator	805-981-5626	Shirley.Scott@wellpath.us	N/A	65	N/A	7/1/22
Yolo County	Monroe Detention Center; Walter J. Leinberger Memorial Center; Juvenile Detention Facility	140 Tony Diaz Dr. Woodland, CA 95776	Sheriff Tom Lopez	530-668-5283	tlopez@yolocounty.org	343	31	N/A	7/1/90
Yuba County	Yuba County Jail	215 5th St., Ste. 150 Marysville, CA 95901	Sheriff Wendell Anderson	530-749-7777	wanderson@co.yuba.ca.us	369	N/A	N/A	9/1/17
COLORADO									
Adams County Sheriff's Office	Adams County Detention Facility	150 N 19th Avenue Brighton, CO 80601	Chris Laws, Division Chief	303-655-3303	CLaws@adcogov.org	1050	N/A	NCCHC	4/01/16
Arapahoe County	Arapahoe County Detention Facility	7375 S Potomac St. Centennial, CO 80112	Carl Anderson, Contract Monitor	720-874-3598	canderson@arapahoe.gov	1256	N/A	NCCHC, ACA, CALEA (Triple Crown)	3/24/04
Boulder County Sheriff's Office and Colorado Office of Behavioral Health	Boulder County RISE Program	5600 Flatiron Pkwy. Boulder, CO 80301	Chief Jeff Goetz	303-441-3600	jgoetz@bouldercounty.org	18	N/A	N/A	6/1/19
Colorado Dept. of Human Services	Arapahoe County Detention Facility (RISE Program)	7375 S Potomac St. Centennial, CO 80112	Sabina Genesio, CFO	719-546-4976	Sabina.genesio@state.co.us	95	N/A	NCCHC, ACA, CALEA (Triple Crown)	11/1/13
Eagle County	Eagle County Detention Facility	885 E Chambers Ave. Eagle, CO 81631	Capt. Greg VanWyk	970-328-8518	Gregory.vanwyk@eaglecounty.us	75	N/A	N/A	9/1/09
El Paso County Sheriff's Office	El Paso County Criminal Justice Center	2739 E Las Vegas Colorado Springs, CO 80906	Cdr. Cy Gillespie	719-339-4408	cygillespie@elpasoco.com	1550	N/A	NCCHC, ACA, CALEA (Triple Crown)	1/1/20
Elbert County	Elbert County Jail	751 Ute Ave. Kiowa, CO 80117	Lt. Chad Church	303-805-6120	chad.church@elbertcounty-co.gov	35	N/A	N/A	5/15/08

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Current Clients* – CONFIDENTIAL

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Client	Site/Facility	Address	Contact	Phone	Email	Adult ADP	Juv. ADP	Accreditation	Original Contract Start Date
Federal Bureau of Prisons (FBOP)	Federal Correctional Institution (FCI) Englewood	9595 W Quincy Ave. Littleton, CO 80123	Mason Lacy, Supervisory Contracting Specialist	303-763-4300 x2530	mlacy@bop.gov	1018	N/A	N/A	9/19/13
Routt County	Routt County Detention Center	2025 Shield Dr. Steamboat Springs, CO 80487	Lt. Joseph Boyle	970-870-5507	jboyle@co.routt.co.us	30	N/A	N/A	9/13/99
CONNECTICUT									
Connecticut Judicial Branch	Juvenile Detention Center at Bridgeport; Juvenile Detention Center at Hartford; Community Partners in Action Hamden; Community Partners in Action Hartford; Connecticut Junior Republic Waterbury	50 Field St. Torrington, CT 06790	Jeffrey Davis	860-626-2654	Jeffrey.Davis@jud.ct.gov	N/A	75	N/A	8/1/22
FLORIDA									
Alachua County Sheriff's Office	Alachua County Jail	3333 NE 39th Ave. Gainesville, FL 32609	Maj. Robert Stafford	352-491-4452	rstafford@acso.us	850	N/A	NCCHC, FCAC	2/1/22
Broward Sheriff's Office	Main Jail Bureau; Joseph V. Conte Facility; Paul Rein Detention Facility; North Broward Bureau; Pompano Beach Satellite	555 SE 1st Ave. Ft. Lauderdale, FL 33310	Darren Sieger, Asst. Dir.	954-831-6020	Darren_Sieger@sheriff.org	3700	20	NCCHC, ACA, CALEA (Triple Crown), FCAC	9/1/18
Federal Bureau of Prisons (FBOP)	Federal Correctional Complex (FCC) Coleman	846 NE Terrace Coleman, FL 33521	Brian Douthit, Complex Health Services Admin./COTR	352-689-7000 x7033	bdouthit@bop.gov	6432	N/A	N/A	1/1/16
Florida Dept. of Children & Families	Florida Civil Commitment Center	13619 SE Hwy. 70 Arcadia, FL 34266	Tarha Selvidge, Contract Mgr.	850-717-4346	Tarha_selvidge@dcf.state.fl.us	720	N/A	CARF	6/6/06
Florida Dept. of Children & Families	South Florida Evaluation & Treatment Center	18680 SW 376 th St., P.O. Box 344220 Florida City, FL 33034	Tarha Selvidge, Contract Mgr.	850-717-4346	Tarha_selvidge@dcf.state.fl.us	249	N/A	Joint Comm.	4/19/05
Florida Dept. of Children & Families	South Florida State Hospital	800 E Cypress Dr. Pembroke Pines, FL 33025	Tarha Selvidge, Contract Mgr.	850-717-4346	Tarha_selvidge@dcf.state.fl.us	341	N/A	Joint Comm.	8/6/98
Florida Dept. of Children & Families	Treasure Coast Forensic Treatment Center	96 SW Allapattah Rd. Indiantown, FL 34956	Tarha Selvidge, Contract Mgr.	850-717-4346	Tarha_selvidge@dcf.state.fl.us	224	N/A	Joint Comm.	4/1/07
Lake County Sheriff's Office	Lake County Detention Center	551 W Main St. Tavares, FL 32778	Maj. Skott Jensen	352-742-4040	skott.jensen@lcsso.org	925	N/A	NCCHC, FCAC	7/1/19

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Current Clients* – CONFIDENTIAL

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Client	Site/Facility	Address	Contact	Phone	Email	Adult ADP	Juv. ADP	Accreditation	Original Contract Start Date
Monroe County Sheriff's Office	Monroe County Detention Center; Marathon Detention Center; Plantation Key Detention Center	5525 College Rd. Key West, FL 33040	Sheriff Rick Ramsay	305-292-7001	RRamsay@keysso.net	458	N/A	NCCHC, ACA, CALEA (Triple Crown), FCAC	10/1/17
Nassau County	Nassau County Jail & Detention Center	76001 Bobby Moore Cir. Yulee, FL 32097	Sheriff Bill Leeper	904-548-4069	bleeper@nassauso.com	260	N/A	FCAC	4/1/10
Palm Beach County Sheriff's Office	Palm Beach County Main Detention Center; Palm Beach County West Detention Center	3228 Gun Club Rd. West Palm Beach, FL 33406	Sheriff Ric Bradshaw	561-688-3021	BradshawR@PBSO.org	2080	20	NCCHC, ACA, FCAC	6/10/19
Pasco Sheriff's Office	Pasco Sheriff's Office Detention Center	20101 Central Blvd. Land O'Lakes, FL 34637	Maj. Stacey Jenkins	813-235-6000	sjenkins@pascosheriff.org	1700	N/A	NCCHC, FCAC	10/1/13
Santa Rosa County Sheriff's Office	Santa Rosa County Jail	5755 E Milton Rd. Milton, FL 32583	Col. Randy Tift	850-490-0636	rtift@srso.net	725	N/A	NCCHC, FCAC	2/1/19
St. Lucie Sheriff's Office	St. Lucie County Jail	900 N Rock Rd. Fort Pierce, FL 34945	Maj. Petri Hayes	772-462-3432	hayesp@stluciesheriff.com	1300	N/A	NCCHC, FCAC	3/31/21
GEORGIA									
Augusta-Richmond County	Charles B. Webster Detention Center; Richmond County Correctional Institution	1941 Phinizy Rd. Augusta, GA 30901	Capt. Bill Reeves	706-821-1000	breeves@augustaga.gov	1100	N/A	NCCHC, ACA, CALEA (Triple Crown), MAG	1/1/11
Barrow County Sheriff's Office	Barrow County Detention Center	652 Barrow Park Dr. Winder, GA 30680	Capt. Bruce Bley	770-307-3090	bruce.bley@barrowsheriff.com	300	N/A	N/A	5/1/21
Bulloch County	Bulloch County Jail	17257 Hwy. 301 N Statesboro, GA 30458	Capt. Kenny Thompson	912-764-1737	kenny.thompson@bullochsheriff.com	337	N/A	N/A	9/1/17
Cobb County Sheriff's Office	Cobb County Adult Detention Center	Building A-84 Facility, 1825 County Services Pkwy. Marietta, GA 30008	Col. David Sanders	404-665-7581	david.sanders@cobbcounty.org	2100	N/A	NCCHC	5/15/20
Cook County	Cook County Jail	1000 County Farm Rd. Adel, GA 31620	Capt. Jessica Crosby	229-896-7471	j.crosby@cookcogasheriff.com	96	N/A	N/A	4/1/13
DeKalb County Sheriff's Office	DeKalb County Jail	4415 Memorial Dr. Decatur, GA 30032	Sheriff Melody Maddox	404-298-8111	mmaddox@dekalbcountyga.gov	3400	N/A	NCCHC, ACA, CALEA (Triple Crown)	1/1/11
Effingham County	Effingham County Jail; Effingham County Correctional Institution	130 1st St. Extension Springfield, GA 31329	Capt. Brian Barrs	912-754-9715	bbarrs@effinghamcounty.org	351	N/A	N/A	3/4/03

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Current Clients* – CONFIDENTIAL

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Client	Site/Facility	Address	Contact	Phone	Email	Adult ADP	Juv. ADP	Accreditation	Original Contract Start Date
Georgia Department of Corrections	ArSP; ASMP; AuSP; BSP; BCTC; CaSP; CeSP; CoSP; DodSP; DooSP; EWF; GDCP; GSP; HanSP; HaySP; HF; JSP; LSP; LU; MaSP; MRF; MoSP; PhSP; PuSP; RoSP; RuSP; SSP; SMU; TSP; VSP; WalSP; WarSP; WasSP; WWF; WiSP; ArTC; AtTC; AuTC; BTC; CITC; CoTC; HTC; MaTC; MeTC; PTC; STC; VTC; BPDC; BIPDC; CPDC; EPDC; MPDC; PPDC; TPDC; WPDC; AITF; WCITF; BPSATC; PRSATC; TRSATC	300 Patrol Rd. Forsyth, GA 31209	Sallie Barker, Dir. of Health Services	404-319-8344	sallie.barker@gdc.ga.gov	38,000	N/A	ACA	9/1/21
Henry County	Henry County Jail	120 Henry Pkwy. McDonough, GA 30253	Col. J. Harrison	770-288-7100	jharrison@co.henry.ga.us	650	N/A	N/A	1/1/22
Lee County	Lee County Jail	119 Pinewood Rd. Leesburg, GA 31763	Maj. Joe Clark	229-759-3328 x7231	jclark@lee.ga.us	78	N/A	N/A	3/1/10
Lowndes County	Lowndes County Jail	120 Prison Farm Rd. Valdosta, GA 31601	Capt. Janet Culpepper	229-671-2914	jculpepper@lowndescounty.com	600	N/A	N/A	1/1/22
Muscogee County Sheriff's Office	Muscogee County Jail	100 10th St. Columbus, GA 31901	Lt. Col. John Darr	706-225-3393	jdarr@columbusga.org	975	N/A	N/A	4/1/22
Sumter County	Sumter County Jail; Sumter County Correctional Institute	352 McMath Mill Rd. Americus, GA 31719	Sheriff Eric Bryant	229-924-4094	ebryant@sumtercountyga.us	492	N/A	N/A	3/1/13
Wayne County	Wayne County Jail	1892 S Macon St. Jesup, GA 31545	Sheriff John Carter	912-427-5975	majorjgc@yahoo.com	123	N/A	N/A	6/1/09
ILLINOIS									
Federal Bureau of Prisons (FBOP)	Metropolitan Correctional Complex (MCC) Chicago	71 W Van Buren St. Chicago, IL 60605	Zaida Ndife, Health Services Admin.	312-322-0567 x1401	zndife@bop.gov	604	N/A	N/A	6/1/13
Illinois Dept. of Juvenile Justice	Illinois Youth Center Chicago	136 N Western Ave., 3 rd Fl. Chicago, IL 60612	Heidi Mueller, Dir.	312-814-3057	Heidi.E.Mueller@doc.illinois.gov	N/A	39	N/A	11/1/01
Illinois Dept. of Juvenile Justice	Illinois Youth Center Harrisburg	1201 W Poplar, P.O. Box 300 Harrisburg, IL 62946	Heidi Mueller, Dir.	312-814-3057	Heidi.E.Mueller@doc.illinois.gov	N/A	83	N/A	1/16/00
Illinois Dept. of Juvenile Justice	Illinois Youth Center St. Charles	4450 Lincoln Hwy. St. Charles, IL 60175	Heidi Mueller, Dir.	312-814-3057	Heidi.E.Mueller@doc.illinois.gov	N/A	30	N/A	9/20/00

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Illinois Dept. of Juvenile Justice	Illinois Youth Center Warrenville	30 W 200 Ferry Rd., P.O. Box 828 Warrenville, IL 60555	Heidi Mueller, Dir.	312-814-3057	Heidi.E.Mueller@doc.illinois.gov	N/A	56	N/A	9/20/00
Illinois Dept. of Juvenile Justice	Illinois Youth Center Pere Marquette	17808 State Hwy. 100 W Grafton, IL 62039	Heidi Mueller, Dir.	312-814-3057	Heidi.E.Mueller@doc.illinois.gov	N/A	17	N/A	3/29/13
Kane County Sheriff's Office	Kane County Adult Detention Center	37W755 IL Rt. 38 Saint Charles, IL 60175	Cdr. Perparim Osmani	630-444-1130	Osmaniperparim@co.kane.il.us	300	N/A	N/A	12/1/22
Lake County	Lake County Adult Corrections Facility; Robert W. Depke Juvenile Complex Center	29 South Martin Luther King, Jr. Ave. Waukegan, IL 60085	Dep. Chief Nicholas Kalfas	847-377-4135	nkalfas@lakecountyil.gov	620	30	NCCHC, ACA, CALEA (Triple Crown); IDOC	12/1/20
LaSalle County (Adult)	LaSalle County Jail	707 E Etna Rd. Ottawa, IL 61350	Jason Edgcomb, Jail Superintendent	815-434-8383	jedgcomb@lasallecounty.org	180	N/A	ACA	12/1/02
LaSalle County (Juvenile)	LaSalle Juvenile Detention Center	707 E Etna Rd. Ottawa, IL 61350	Patrick Sweeney, Juvenile Superintendent	815-434-8383	psweeney@lasallecounty.org	N/A	11	N/A	12/1/02
McHenry County Sheriff's Office	McHenry County Jail	2200 N Seminary Ave. Woodstock, IL 60098	Chief Michael Clesceri	815-334-4090	mrclesceri@mchenrycountyil.gov	520	N/A	NCCHC, ACA, CALEA (Triple Crown)	9/1/05
Stephenson County	Stephenson County Jail	1680 Singer Dr. Freeport, IL 61032	Steve Stovall, Jail Superintendent	815-235-8252	sstovall@co.stephenson.il.us	135	N/A	N/A	9/2/02
Tazewell County	Tazewell County Jail	101 S Capitol Pekin, IL 61554	Stacey Kempf, Jail Admin.	309-478-5600	skempf@tazewell.com	170	N/A	N/A	12/1/99
Will County Sheriff's Office	Will County Adult Detention Facility; River Valley Juvenile Detention Center	95 S Chicago St. Joliet, IL 60436	Dale Santerelli, Warden	815-740-5570	dsanterelli@willcosheriff.org	775	40	NCCHC, ACA	11/1/06
Williamson County	Williamson County Jail	200 W Jefferson St. Marion, IL 62959	Sheriff Bernie Vick	618-997-6541	bvick@wcsheriff.com	140	N/A	N/A	1/1/01
INDIANA									
Elkhart County Sheriff's Dept.	Elkhart County Corrections Center ;Elkhart County Jail; Elkhart County Juvenile Detention Center	26861 CR 26 Elkhart, IN 46517	Chief Dep. Sean Holmes	574-891-2100	sholmes@elkhartcountysheriff.com	750	17	NCCHC, ACA, CALEA (Triple Crown)	1/1/09
Marion County Sheriff's Office (Adult)	Marion County Jail	40 S Alabama St. Indianapolis, IN 46204	Kevin Murray, Sheriff's Atty.	317-237-3855	Kevin.Murray@indy.gov	2400	N/A	NCCHC, ACA, CALEA (Triple Crown)	1/1/10
Marion County Superior Court (Juvenile)	Marion County Juvenile Detention Center	2451 N Keystone Ave. Indianapolis, IN 46218	Terrance Asante-Doyle, Superintendent	317-327-8300	Terrance.Asante-Doyle@indy.gov	N/A	96	N/A	1/1/14

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St. Joseph County Police Department	St. Joseph County Jail	401 W Sample St. South Bend, IN 46601	Russ Olmstead, Warden	574-245-6514	RDOlmstead@sjcpd.org	670	N/A	N/A	12/1/21
KANSAS									
Federal Bureau of Prisons (FBOP)	United States Penitentiary (USP) Leavenworth	1300 Metropolitan Ave. Leavenworth, KS 66048	Brad Tenpenny, Supervisory Contract Specialist	913-578-1303	btenpenny@bop.gov	1934	N/A	N/A	4/1/09
Wyandotte County Sheriff's Office	Wyandotte County Adult Detention Center; Wyandotte County Juvenile Detention Center	710 N 7th St. Kansas City, KS 66101	Linda Hendrix, Sheriff's Admin. Mgr.	913-573-2952	lhendrix@wycosheriff.org	400	50	NCCHC	1/1/06
KENTUCKY									
Kentucky Dept. of Corrections	BCFC; BCC; EKCC; GRCC; KCIW; KSP; KSR; LAC; LSCC; LLCC; NTC; RCC; SSCC; WKCC	3001 W Hwy. 146 La Grange, KY 40032	Cookie Crews, Statewide Health Services Admin.	502-222-7808	cookie.crews@ky.gov	20,000	N/A	ACA	3/1/14
Louisville Metro Dept. of Corrections	Louisville Metro Jail Complex; Community Correctional Center	400 S 6th St. Louisville, KY 40202	Dwanye Clark, Dir.	502-574-2181	Dwayne.Clark@louisvilleky.gov	2000	N/A	NCCHC, ACA	12/1/13
LOUISIANA									
Federal Bureau of Prisons (FBOP)	Federal Correctional Complex (FCC) Pollock	1000 Airbase Rd. Pollock, LA 71467	Cdr. Will Vasquez, Health Services Admin.	318-561-5546	wvasquez@bop.gov	2550	N/A	N/A	4/1/13
Louisiana Office of Juvenile Justice	Bridge City Center for Youth; Swanson Center for Youth at Monroe; Swanson Center for Youth at Columbia; Acadiana Center for Youth	7919 Independence Blvd. Baton Rouge, LA 70806	Denise Dandridge, Dir. of Health Services	225-287-7995	Denise.L.Dandridge@la.gov	N/A	330	N/A	9/1/10
New Orleans, City of	Templeman; Temporary Detention Center; Conchetta; Intake; Hunt; Tents; Orleans Parish Prison	1300 Perdido St., Ste. 5E03 New Orleans, LA 70112	Sunni J. LeBeouf, City Atty.	504-658-9920	Sunni.LeBeouf@nola.gov	950	N/A	NCCHC	11/1/14
MAINE									
Maine Dept. of Corrections	BCF; DCF; MCC; MSP; MVCF; SMWRC; LCYDC	111 State House Station Augusta, ME 04333	Randall Liberty, Comm.	207-287-4360	Randall.Liberty@maine.gov	2442	45	ACA	7/1/12
MARYLAND									
Allegany County Sheriff's Office	Allegany County Detention Center	14300 McMullen Hwy. SW Cumberland, MD 21502	Capt. Dan Lasher	301-268-2907	Dan.Lasher@alleganygov.org	140	N/A	MCCS	7/1/98

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Anne Arundel County	Jennifer Road Detention Center; Ordnance Road Correctional Center	131 Jennifer Rd. Annapolis, MD 21401	Patricia Moore, Director	410-222-7096	dcmoor47@aacounty.org	900	N/A	NCCHC, MCCS	10/1/17
Calvert County Sheriff's Office	Calvert County Detention Center	325 Stafford Rd., P.O. Box 9 Barstow, MD 20610	Maj. T.D. Reece, Admin.	410-535-4300 x8902	reecetd@co.cal.md.us	220	N/A	MCCS	7/1/90
Caroline County	Caroline County Detention Center	101 Gay St. Denton, MD 21629	Charles Scott, Warden	410-479-4127	cscott@carolineMD.org	100	N/A	N/A	4/1/20
Dorchester County Sheriff's Office	Dorchester County Detention Center	829 Fieldcrest Rd. Cambridge, MD 21613	Kenneth Rodgers, Warden	410-228-8101	kr Rodgers@docogonet.com	130	N/A	MCCS	7/1/93
Harford County Sheriff's Office	Harford County Detention Center	1030 Rockspring Rd. Bel Air, MD 21014	Warden Dan Galbraith	410-836-5454	galbraithd@harfordsheriff.org	250	N/A	MCCS	2/21/22
Howard County Dept. of Corrections	Howard County Detention Center	7301 Waterloo Rd. Jessup, MD 20794	Jama Acuff, Dir.	410-313-5237	jacuff@howardcountymd.gov	350	N/A	MCCS	7/1/05
Kent County Sheriff's Office	Kent County Detention Center	104 Vickers Dr., Unit A Chestertown, MD 21620	Herb Dennis, Warden	410-810-2257	hdennis@kentgov.org	60	N/A	MCCS	10/26/93
Montgomery County Dept. of Correction & Rehab.	Montgomery County Detention Center; Montgomery County Correctional Facility; Pre-Release Center	1307 Seven Locks Rd. Rockville, MD 20854	Angela Talley, Dir.	240-773-9747	angela.talley@montgomerycountymd.gov	1080	N/A	MCCS	7/1/12
Queen Anne's County Dept. of Corrections	Queen Anne's County Detention Center	500 Little Hut Dr. Centreville, MD 21617	LaMonte Cooke, Warden	410-758-3817	lcooke@qac.org	130	N/A	MCCS	10/25/93
Somerset County	Somerset County Detention Center	30474 Revells Neck Rd. Westover, MD 21871	Keith Muir, Warden	410-651-9223	kmuir@somersetmd.us	70	N/A	MCCS	6/1/00
Talbot County Dept. of Corrections	Talbot County Detention Center	115 West Dover St. Easton, MD 21601	Terri Kokolis, Director	410-770-8120	tkokolis@talbgov.org	80	N/A	MCCS	7/1/94
Wicomico County Dept. of Corrections	Wicomico County Detention Center	411 Naylor Mill Rd. Salisbury, MD 21801	Ruth Colbourne, Warden	410-548-4970	rcolbourne@wicomicocounty.org	370	N/A	MCCS	10/1/07
Worcester County	Worcester County Jail	5022 Joyner Rd. Snow Hill, MD 21863	Fulton Holland, Warden	410-632-1300	fholland@co.worcester.md.us	330	N/A	MCCS	7/1/11
MASSACHUSETTS									
Barnstable County Sheriff's Office	Barnstable County Correctional Facility	6000 Sheriff's Pl. Bourne, MA 02532	Superintendent Ross Alper	508-563-4302	ralper@bsheriff.net	200	N/A	N/A	11/5/20

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Essex County Sheriff's Department	Essex County Correctional Facility (Middleton Jail and House of Corrections); Essex County Pre-Release Center; Essex County Women-in-Transition Facility	20 Manning Ave. Middleton, MA 01949	William Gerke, Special Sheriff	978-750-1900 x3371	WGerke@essexsheriffma.org	1552	N/A	NCCHC, ACA	12/10/18
Massachusetts Dept. of Correction	BPRC; LSHCU; MASACP; MCICJ; MCIC; MCIF; MCIN; MCIS; MTC; NCC; NCC; OCCC; PCC; SMCC; SBCC	50 Maple St., Ste. 3 Milford, MA 01757	Stephanie Collins, Asst. Dep. Comm. Of Clinical Services	508-422-3479	Stephanie.Collins@MassMail.State.MA.US	8900	N/A	ACA, Joint Comm., CARF	7/1/18
Massachusetts Dept. of Correction	Bridgewater State Hospital	50 Maple St., Ste. 3 Milford, MA 01757	Stephanie Collins, Asst. Dep. Comm. Of Clinical Services	508-422-3479	Stephanie.Collins@MassMail.State.MA.US	275	N/A	ACA, Joint Comm.	4/9/17
Worcester County Sheriff's Office	Worcester County Jail and House of Corrections	5 Paul X Tivnan Dr. Worcester, MA 01583	David Tuttle, Superintendent	508-854-1801	davidt@sdw.state.ma.us	1240	N/A	NCCHC, ACA	10/5/15
MICHIGAN									
Bay County	Bay County Law Enforcement Center	501 3 rd St. Bay City, MI 48708	Sheriff Troy Stewart	989-895-4050	stewartt@baycounty.net	263	N/A	N/A	11/1/98
Berrien County (Adult)	Berrien County Jail	919 Port St. St. St. Joseph, MI 49085	Undersheriff Charles Heit	269-983-7111 x7219	cheit@berriencounty.org	365	N/A	N/A	1/1/13
Berrien County (Juvenile)	Berrien County Juvenile Center	6414 Deans Hill Rd. Berrien Center, MI 49102	Elvin Gonzalez, Family Division Admin.	269-982-8615	egonzale@berriencounty.org	N/A	40	N/A	1/1/13
Clare County	Clare County Correctional Facility	255 W Main St. Harrison, MI 48625	Lt. Bryan Dunn	989-539-7166	DunnB@clareco.net	175	N/A	N/A	11/15/08
Federal Bureau of Prisons (FBOP)	Federal Correctional Institution (FCI) Milan	4004 E Arkona Rd. Milan, MI 48160	Jimmy Zestos, Health Services Admin.	734-439-5418	jzestos@bop.gov	1454	N/A	N/A	3/1/93
Isabella County (Adult)	Isabella County Correctional Facility	207 N Court St. Mount Pleasant, MI 48858	Lt. Scott Welch, Jail Admin.	989-772-5911	swelch@isabellacounty.org	210	N/A	N/A	5/15/07
Isabella County Trial Court (Juvenile)	Isabella County Non-Secure Detention Home	300 N Main St. Mount Pleasant, MI 48858	Kerri Curtiss, Court Admin.	989-772-0911 x213	kcurtiss@isabellacounty.org	N/A	10	N/A	12/1/07
Lenawee County	Lenawee County Jail	549 N Winter St. Adrian, MI 49221	Capt. James Craig, Jail Comm.	517-264-5390	jim.craig@lenawee.mi.us	247	N/A	N/A	6/1/07
Macomb County Sheriff's Office	Macomb County Jail; Macomb County Juvenile Justice Center	43565 Elizabeth Rd. Mt. Clemens, MI 48043	Capt. Lori Misch, Jail Admin.	586-307-9348	Lori.Misch@macombcountymi.gov	1400	100	NCCHC	9/12/11

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Michigan Dept. of Community Health	Center for Forensic Psychiatry	8303 Platt Rd. Saline, MI 48175	Bethann Duffy, Purchasing Dir.	734-295-4531	duffybe@michigan.gov	228	N/A	N/A	8/1/02
Michigan Dept. of Corrections	ACF; BCF; BCCF; CCCF; CMCF; CERGC; CCF; CSCF; DDC; DWHC; EBCF; GRCCF; GHCF; ICF; KCF; LCF; MaCF; MBP; MR; MuCF; NCF; OCF; PCF; RHCF; SCF; SAI; SLCF; TCF; WHVCF; WCCF	260 E Michigan Ave. Lansing, MI 48933	Marti Kay Sherry	517-335-2252	SHERRYM@michigan.gov	32500	N/A	N/A	9/29/21
Oakland County Sheriff's Office	Oakland County Jail & Annex; Oakland County East Annex	1201 N Telegraph Rd. Pontiac, MI 48341	Undersheriff Curtis Childs	248-858-5017	ChildsC@oakgov.com	1520	N/A	NCCHC	3/1/12
Saginaw County Family Court	Saginaw County Juvenile Detention Center	3360 Hospital Rd. Saginaw, MI 48602	Diedre Tyler, Asst. Dir.	989-799-2821	dtyler@saginawcounty.com	N/A	56	N/A	12/1/02
Tuscola County	Tuscola County Jail	420 Court St. Caro, MI 48723	Lt. Brian Harris	989-673-8161	bharris@tuscolacounty.org	78	N/A	N/A	7/1/09
Washtenaw County (Adult)	Washtenaw County Jail	2201 Hogback Rd. Ann Arbor, MI 48107	Cdr. Kurt Schiappacasse	734-973-4748	schiappacassek@ewashtenaw.org	360	N/A	N/A	1/1/93
Washtenaw County (Juvenile)	Washtenaw County Juvenile Detention Center	4125 Washtenaw Ave. Ann Arbor, MI 48108	Kevin Mitchell, Dir.	734-973-4367	mitchellk@washtenaw.org	N/A	40	N/A	6/1/02
MINNESOTA									
Sherburne County Sheriff's Office	Sherburne County Jail	13880 Business Center Dr., Ste. 200 Elk River, MN 55330	Brian Frank, Jail Cdr.	763-765-3801	Brian.Frank@co.sherburne.mn.us	450	N/A	NCCHC, ACA	9/1/22
MONTANA									
Missoula County Sheriff's Office	Missoula County Detention Facility	2349 Mullan Rd. Missoula, MT 59808	Jason Kowalski, Jail Cdr.	406-258-4498	jkowalski@missoulacounty.us	350	10	N/A	7/1/21
NEBRASKA									
Douglas County Dept. of Corrections	Douglas County Correctional Center	710 S 17th St. Omaha, NE 68102	Michael Myers, Dir.	402-599-2278	michael.myers@douglascounty-ne.gov	1250	N/A	NCCHC, ACA	3/1/08
Lancaster County (Juvenile)	Lancaster County Youth Services Center	1200 Radcliff St. Lincoln, NE 68512	Michelle Schindler, Dir.	402-441-7093	mschindler@lancaster.ne.gov	N/A	62	N/A	7/1/10
Lancaster County Corrections Dept. (Adult)	Lancaster County Correctional Facility	3801 W "O" St. Lincoln, NE 68508	Bradley L. Johnson, Dir.	402-441-1902	bjohnson@lancaster.ne.gov	625	N/A	N/A	6/2/11

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Sarpy County	Sarpy County Jail	1208 Golden Gate Dr. Papillion, NE 68046	Beth Garber, Contract Admin.	402-593-4476	bcunard@sarpy.com	125	N/A	N/A	7/1/13
NEVADA									
Clark County Juvenile Justice Services	Juvenile Detention Center; Spring Mountain Residential Center; Spring Mountain Youth Camp	601 N Pecos Rd. Las Vegas, NV 89101	John Martin, Dir.	702-455-5200	john.martin@clarkcountynv.gov	N/A	240	N/A	8/1/16
Las Vegas Metropolitan Police Department	Clark County Detention Center; North Valley Center	330 S Casino Center Blvd. Las Vegas, NV 89101	Capt. Scott Zavsza	702-671-3862	S6673z@LVMPD.com	4500	N/A	NCCHC, ACA, CALEA (Triple Crown)	7/1/19
NEW HAMPSHIRE									
New Hampshire Dept. of Health and Human Services	Hampstead Hospital and Residential Treatment Facility	218 East Rd. Hampstead, NH 03841	Morissa Henn, Associate Comm.	603-271-0444	Morissa.s.henn@dhhs.nh.gov	N/A	65	Joint Comm.	6/8/22
NEW JERSEY									
Cape May County Sheriff's Office	Cape May County Correctional Center	125 Crest Haven Rd. Cape May, NJ 08210	Donald J. Lombardo, Warden	609-465-1256	dlombardo@cmcsheiff.net	150	N/A	NCCHC	12/1/22
Hudson County	Hudson County Correctional and Rehabilitation Center	30-35 S Hackensack Ave. Kearny, NJ 07032	Oscar Aviles, Interim Dir.	201-795-6100	oaviles@hcnj.us	1200	N/A	NCCHC, ACA	10/1/18
Morris County	Morris County Correctional Facility	43 John St. Morristown, NJ 07960	Christopher Klein, Warden	973-631-5403	cklein@co.morris.nj.us	220	N/A	NCCHC, ACA	10/1/22
NEW MEXICO									
Chaves County	Chaves County Adult Detention Center	3701 S Atkinson Ave. Roswell, NM 88203	Justin Porter, Detention Admin.	575-624-6517	justin.porter@chavescounty.gov	280	N/A	NMAC	7/1/22
Curry County	Curry County Detention Center	801 Mitchell St. Clovis, NM 88101	Lance Pyle, County Mgr.	575-763-6016	lpyle@currycounty.org	250	N/A	NMAC	8/1/09
New Mexico Military Institute	New Mexico Military Institute	101 W College Blvd. Roswell, NM 88201	Cole Collins, Procurement Officer	575-624-8046	collinsc@nmimi.edu	N/A	900	N/A	8/1/09
Roosevelt County	Roosevelt County Adult Detention Center	1700 N Boston Ave. Portales, NM 88130	Shayla Ramsey, Warden	575-693-0960	sramsey@rooseveltcounty.com	85	N/A	N/A	3/27/09
San Juan County	San Juan County Adult Detention Center; Juvenile Services Facility; Alternative Sentencing Facility	871 Andrea Dr. Farmington, NM 87401	Daniel Webb, Warden	505-566-4500	dwebb@sjcounty.net	698	27	N/A	7/1/17

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Current Clients* – CONFIDENTIAL

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Client	Site/Facility	Address	Contact	Phone	Email	Adult ADP	Juv. ADP	Accreditation	Original Contract Start Date
NEW YORK									
Federal Bureau of Prisons (FBOP)	Federal Correctional Institution (FCI) Ray Brook	128 Ray Brook Rd. Ray Brook, NY 12977	Bradford Malcolm, Health Services Admin./COR	518-897-4000 x4101	bmalcolm@bop.gov	845	N/A	N/A	1/15/22
Orange County	Orange County Correctional Facility	110 Wells Farm Rd. Goshen, NY 10924	Col. Anthony Mele, Correctional Admin.	845-291-2728	amele@orangecountygov.com	600	N/A	NCCHC, ACA, CALEA (Triple Crown), NYSCOC	2/19/16
Rensselaer County Sheriff's Dept.	Rensselaer County Correctional Facility	4000 Main St. Troy, NY 12180	Chief David Hetman	518-270-1601	dhetman@rensco.com	310	N/A	NYSSA	3/1/18
Rockland County	Rockland County Correctional Facility	53 New Hempstead Rd. New City, NY 10956	Chief Karl Mueller	845-638-5621	karl.mueller@rcpin.net	200	N/A	NCCHC, NYSSA	12/31/15
Westchester County Dept. of Correction	Westchester County Correctional Facility	10 Woods Rd. Valhalla, NY 10595	Leandro Diaz, Dep. Comm. of Correction	914-231-1326	lidd@westchestergov.com	1400	N/A	NCCHC, ACA, NYSCOC	6/26/10
NORTH CAROLINA									
Brunswick County Sheriff's Office	Brunswick County Detention Center	70 Stamp Act Dr. Bolivia, NC 28422	Chief Dep. Charlie Miller	910-880-4901	chiefdeputymiller@gmail.com	365	N/A	N/A	7/1/10
Durham County Health Dept. and Durham County Office of the Sheriff	Durham County Detention Facility; Durham County Youth Home	414 E Main St. Durham, NC 27701	Sheriff Clarence F. Birkhead	919-560-0897	cfbirkhead@durhamsheriff.org	659	14	NCCHC, ACA, CALEA (Triple Crown)	9/1/04
Guilford County Sheriff's Dept.	Greensboro Detention Center; High Point Detention Center; Juvenile Detention Center	201 S Edgeworth St. Greensboro, NC 27401	Maj. George Moore	336-641-5329	GMOORE0@guilfordcountync.gov	1100	40	NCCHC	7/1/14
Mecklenburg County Sheriff's Office	Mecklenburg County Jail-Central; Mecklenburg County Jail-North; Work Release & Restitution Center	801 E 4th St. Charlotte, NC 28202	Sheriff Garry McFadden	980-314-5010	gary.mcfadden@mecklenburgcountync.gov	2800	N/A	NCCHC, ACA	10/1/08
New Hanover County Sheriff's Office	New Hanover County Detention Facility	3950 Juvenile Center Rd. Castle Hayne, NC 28429	Chief Kenneth Sarvis	910-297-9268	ksarvis@nhcgov.com	650	N/A	NCCHC, ACA, CALEA (Triple Crown)	7/1/07
Pitt County Sheriff's Office	Pitt County Detention Center	124 New Hope Rd. Greenville, NC 27834	Serenity Norman, Staff Atty.	252-901-2800	serenity.norman@pittcountync.gov	300	N/A	N/A	7/1/21
Rowan County	Rowan County Detention Center	225 N Main St. Salisbury, NC 28144	Capt. Greg Hannold	704-216-8670	Gregory.hannold@rowancountync.gov	300	N/A	N/A	6/1/21

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Current Clients* – CONFIDENTIAL

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Client	Site/Facility	Address	Contact	Phone	Email	Adult ADP	Juv. ADP	Accreditation	Original Contract Start Date
OHIO									
Crawford County	Crawford County Jail	3613 Stetzer Rd. Bucyrus, OH 44820	Sheriff Scott Kent	419-562-7906	scott.kent@crawfordcountysheriffohio.com	90	N/A	N/A	8/1/06
Cuyahoga County	Cuyahoga County Juvenile Court Detention Center	9300 Quincy Ave. Cleveland, OH 44106	Brandon M. Winarchick, Superintendent	216-443-3489	BWinarchick@cuyahogacounty.us	N/A	125	N/A	1/1/21
Hancock County	Hancock County Justice Center	200 W Crawford St. Findlay, OH 45840	Capt. Ryan Kidwell	419-424-7098	rckidwell@co.hancock.oh.us	106	N/A	N/A	1/15/07
Mahoning County	Mahoning County Justice Center	110 5 th Ave. Youngstown, OH 44503	Capt. Kenny Kountz	330-480-5020	kkountz@sheriff.mahoning.oh.us	500	N/A	NCCHC	1/1/07
OKLAHOMA									
Federal Bureau of Prisons (FBOP)	Federal Correctional Institution (FCI) El Reno	4205 Hwy. 66 W El Reno, OK 73036	Debra Aynes, Health Services Admin.	405-319-7424	daynes@bop.gov	1220	N/A	N/A	7/1/15
Federal Bureau of Prisons (FBOP)	Federal Transfer Center (FTC) Oklahoma City	7410 S MacArthur Blvd. Oklahoma City, OK 73189	Dan Wagoner, Health Services Admin.	405-680-4209	dwagoner@bop.gov	1325	N/A	N/A	7/1/15
OREGON									
Columbia County	Columbia County Jail	901 Port Ave. St. Helens, OR 97051	Sheriff Brian Pixley	503-366-4610	brian.pixley@co.columbia.or.us	150	N/A	N/A	7/31/06
Coos County Sheriff's Office	Coos County Jail	200 E 2nd St. Coquille, OR 97423	Capt. Darius Mede	541-396-3121 x412	dmede@co.coos.or.us	80	N/A	N/A	7/1/09
Douglas County Sheriff's Office	Douglas County Jail; Douglas County Juvenile Detention Facility	1036 SE Douglas Ave. Roseburg, OR 97470	Sheriff John Hanlin	541-440-4450	jwhanlin@co.douglas.or.us	210	30	N/A	5/1/08
Jackson County Sheriff's Office	Jackson County Jail; Jackson County Community Transitions Center; Jackson County Juvenile Services Center	787 W 8th St. Medford, OR 97501	Capt. Josh Aldrich	541-774-6850	AldricJM@jacksoncounty.org	270	32	N/A	5/15/07
Josephine County Sheriff's Office	Josephine County Jail	1901 NE F St. Grants Pass, OR 97526	Lt. Edward Vincent	541-474-5119	evincent@co.josephine.or.us	90	N/A	N/A	7/1/12
Lane County	Lane County Jail	101 W 5th Ave. Eugene, OR 97401	Capt. Clint Riley	541-682-2242	clint.riley@lanecountyor.gov	376	N/A	N/A	7/1/15
Springfield Police Department	Springfield Municipal Jail	230 4th St. Springfield, OR 97477	Lt. Matthew Neiwert	541-726-3691	mneiwert@springfield-or.gov	40	N/A	N/A	9/1/22

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Current Clients* – CONFIDENTIAL

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Client	Site/Facility	Address	Contact	Phone	Email	Adult ADP	Juv. ADP	Accreditation	Original Contract Start Date
Umatilla County	Umatilla County Correctional Facility	4700 NW Pioneer Pl. Pendleton, OR 97801	Capt. Kenny Franks	541-966-3637	kenny.franks@umatillacounty.net	124	N/A	N/A	7/10/01
Yamhill County	Yamhill County Jail; Yamhill County Juvenile Detention	535 NE 5th St. McMinnville, OR 97128	Sheriff Tim Svenson	503-434-7440	svensont@co.yamhill.or.us	230	10	N/A	2/1/17
PENNSYLVANIA									
Delaware County	George W. Hill Correctional Facility	500 Cheyney Rd. Thornton, PA 19373	Laura Williams, Warden	610-361-3200 x256	williamsL@co.delaware.pa.us	1600	N/A	NCCHC	3/6/22
Lackawanna County	Lackawanna County Prison	1371 N. Washington Ave. Scranton, PA 18509	Warden Timothy Betti	570-963-6639	bettit@lackawannacounty.org	659	N/A	N/A	1/15/21
Luzerne County Division of Corrections	Luzerne County Correctional Facility	99 Water St. Wilkes-Barre, PA 18702	Mark Rockovich, Dir. of Correctional Services	570-829-7742 x4602	Mark.Rockovich@luzernecounty.org	650	N/A	N/A	5/15/20
Pennsylvania Dept. of Corrections	ALB; BEN; CBS; CAM; CHS; COA; DAL; FYT; FRS; FRA; GRN; HOU; HUN; LAU; MAH; MER; MUN; PHO; PNG; QUE; ROC; SMI; SMR; WAM; PCCC; WCCC	1920 Technology Pkwy. Mechanicsburg, PA 17050	Christopher Oppman, Dep. Secretary of Admin., Bureau of Health Care Services	717-728-5309	coppman@pa.gov	48,000	N/A	ACA	9/1/14
SOUTH CAROLINA									
Charleston County	Sheriff Al Cannon Detention Center; Juvenile Detention Center	3841 Leeds Ave. North Charleston, SC 29405	Chief Deputy Abigail Duffy	843-529-7300	aduffy@charlestoncounty.org	1300	40	NCCHC, ACA, CALEA (Triple Crown)	7/1/20
Lexington County Sheriff's Dept.	Lexington County Detention Center	521 Gibson Rd. Lexington, SC 29072	Maj. Kevin Jones	803-785-2497	kjones@lcsd.sc.gov	1100	N/A	NCCHC	2/1/08
South Carolina Dept. of Mental Health	Columbia Regional Care Center	7901 Farrow Rd. Columbia, SC 29203	Doug Glover, Procurement Mgr.	803-898-8472	Dog64@scdmh.org	354	N/A	NCCHC, Joint Comm.	7/1/05
South Carolina Dept. of Mental Health	SC SVPTP	2414 Bull St., P.O. Box 485 Columbia, SC 29202	Mark Binkley, General Counsel & Dep. Dir.	803-898-8392	mwb86@scdmh.org	200	N/A	N/A	12/1/16
TENNESSEE									
Metropolitan Government of Nashville and Davidson County	Correctional Development Center Male; Hill Detention Center; Maximum Correctional Center; Metro-Davidson County Detention Facility	506 2nd Ave. N Nashville, TN 37201	Chief John Ford	615-862-8955	jford@dcso.nashville.org	1965	N/A	ACA, TCI	10/1/05
Shelby County Division of Corrections	Shelby County Correctional Center	1045 Mullins Station Rd. Memphis, TN 38134	Anthony Alexander, Dir.	901-222-8675	anthony.alexander@shelbycountyttn.gov	2300	N/A	TCI	7/1/06

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Current Clients* – CONFIDENTIAL

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Client	Site/Facility	Address	Contact	Phone	Email	Adult ADP	Juv. ADP	Accreditation	Original Contract Start Date
Shelby County Sheriff's Office	Shelby County Jail; Shelby County Jail East; Shelby County Juvenile Detention Services	201 Poplar Ave. Memphis, TN 38103	Kirk Fields, Chief Jailer	901-222-4753	kirk.fields@shelby-sheriff.org	2500	50	NCCCHC, ACA, CALEA (Triple Crown), TCI	7/1/06
TEXAS									
Collin County	Collin County Detention Center; Collin County Minimum Security Facility; John R. Roach Juvenile Detention Center	4300 Community Ave. McKinney, TX 75071	Asst. Chief Johnny Jaquess	972-547-5249	jjacquess@co.collin.tx.us	1012	89	NCCCHC, TJCS	10/1/08
Ellis County	Wayne McCollum Detention Center	300 S Jackson Waxahachie, TX 75165	Chief Terry Ogden	972-877-2298	terry.ogden@co.ellis.tx.us	400	N/A	N/A	2/1/07
Federal Bureau of Prisons (FBOP)	Federal Correctional Complex (FCC) Beaumont	5980 Knauth Rd. Beaumont, TX 77705	Dennis Sherrill, Admin. Contracting Officer	409-727-8187 x4043	dsherrill@bop.gov	5650	N/A	ACA, AAAHC	4/1/13
Federal Bureau of Prisons (FBOP)	Federal Correctional Institution (FCI) Big Spring	1900 Simler Ave. Big Spring, TX 79720	Teleisa Crnkovich, Health Services Admin.	432-466-2438	tcrnkovich@bop.gov	1254	N/A	N/A	10/1/16
Federal Bureau of Prisons (FBOP)	Federal Detention Center (FDC) Houston	1200 Texas Ave. Houston, TX 77002	Thomas Powell, Health Services Admin.	713-221-5400 x2340	tpowell@bop.gov	543	N/A	N/A	3/1/21
Federal Bureau of Prisons (FBOP)	Federal Prison Camp (FPC) Bryan	1100 Ursuline Ave. Bryan, TX 77803	Heather Buck, Contract Specialist	979-823-1879	hbuck@bop.gov	490	N/A	N/A	9/1/21
Hays County Juvenile	Hays County Juvenile Detention Center	2250 Clovis Barker Rd. San Marcos, TX 78666	Brett Littlejohn, Admin.	512-393-5220	brett.littlejohn@co.hays.tx.us	N/A	35	N/A	8/1/19
Hays County Sheriff's Office	Hays County Jail	1307 Uhland Rd. San Marcos, TX 78666	Capt. Julie Villalpando	512-393-7831	julie@co.hays.tx.us	310	N/A	N/A	6/1/13
Kerr County	Kerr County Detention Center	400 Clearwater Paseo Kerrville, TX 78028	Sheriff L.L. Leitha	830-896-1257	sheriff@co.kerr.tx.us	180	N/A	N/A	10/1/08
Lubbock County Community Supervision & Corrections Dept.	Lubbock County Court Residential Treatment Center	3501 N Holly Ave. Lubbock, TX 79403	Valerie Monteilh, Warden	806-765-3328	vmonteilh@co.lubbock.tx.us	225	N/A	N/A	9/1/98
Montgomery County	Montgomery County Jail	1 Criminal Justice Dr. Conroe, TX 77301	Sheriff Rand Henderson	936-760-5800	rand.henderson@mctx.org	1150	N/A	N/A	7/1/13
Texas Department of State Health Services	Montgomery County Mental Health Treatment Facility	700 Hilbig Rd. Conroe, TX 77301	BD Griffin, Asst. County Atty.	936-539-7955	Bd.griffin@mctx.org	100	N/A	Joint Comm.	3/1/11

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Current Clients* – CONFIDENTIAL

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University Medical Center (Lubbock)	Lubbock County Detention Center; Lubbock County Juvenile Justice Center	3502 N Holly Ave. Lubbock, TX 79403	Sheriff Kelly Rowe	806-775-1400	rowe@co.lubbock.tx.us	1512	128	N/A	10/1/94
VIRGINIA									
Alexandria Sheriff's Office	Alexandria Adult Detention Center	2001 Mill Rd. Alexandria, VA 22314	Capt. Quentin Wade	703-746-5047	quentin.wade@alexandriava.gov	390	N/A	NCCHC, ACA, CALEA (Triple Crown)	3/1/11
Chesapeake Sheriff's Office	Chesapeake Correctional Center	400 Albemarle Dr. Chesapeake, VA 23322	Undersheriff William C. Bennett	757-382-2887	Cbennett@cityofchesapeake.net	1120	N/A	ACA	4/16/08
Hampton Roads Regional Jail Authority	Hampton Roads Regional Jail	2690 Elmhurst Lane Portsmouth, VA 23701	Jeff Vergakis, Superintendent	757-488-9420	vergakisj@hrrj.biz	1075	N/A	NCCHC	12/1/15
Henry County	Henry County Adult Detention Center	800 DuPont Rd. Martinsville, VA 24112	Col. Steve Eanes	276-656-4210	SEANES@CO.HENRY.VA.US	300	N/A	N/A	3/15/22
Loudoun County Sheriff's Office	Loudoun County Adult Detention Center	42035 Loudoun Center Pl. Leesburg, VA 20175	Capt. Michael Cox	703-771-5212	michael.cox@loudoun.gov	370	N/A	N/A	7/1/05
Newport News Dept. of Juvenile Services	Newport News Juvenile Detention Center	350 25th St. Newport News, VA 23607	Jared Grimes, Dir.	757-926-1612	jgrimes@nnva.gov	N/A	70	N/A	7/2/12
Newport News Sheriff's Office	Newport News City Jail	224 26th St. Newport News, VA 23607	Col. Shonda Whitfield, Chief Dep.	757-926-3982	whitfieldsm@nnva.gov	490	N/A	NCCHC	8/1/11
Norfolk Sheriff's Office	Norfolk City Jail	811 E City Hall Ave. Norfolk, VA 23510	Lt. Richard Trevana	757-328-4174	richard.trevana@norfolk-sheriff.com	1800	N/A	NCCHC	7/1/04
Piedmont Regional Jail Authority	Piedmont Regional Jail	801 Industrial Park Rd. Farmville, VA 23901	James Davis, Superintendent	434-392-1601 x237	jhdavis@prja.org	700	N/A	N/A	12/1/18
Western Virginia Regional Jail Authority	Western Virginia Regional Jail	5885 W River Rd. Salem, VA 24153	David Cox, Dep. Superintendent	540-378-3701	David.cox@wvarj.org	850	N/A	ACA	2/1/09
WASHINGTON									
Clallam County	Clallam County Corrections Facility	223 E 4th St. Port Angeles, WA 98362	Chief Don Wenzl	360-417-2356	dwenzl@co.clallam.wa.us	120	N/A	WASPC	4/1/10
Nisqually Public Safety	Nisqually Corrections Center	11702 Yelm Hwy. SE Olympia, WA 98513	Lt. Jeff Smith, Dir.	360-459-9603	smith.jeff@nisqually-nsn.gov	250	N/A	N/A	1/29/18
South Correctional Entity (SCORE)	SCORE Regional Jail	20817 17th Ave. S Des Moines, WA 98198	Devon Schrum, Exec. Dir.	206-257-6200	dschrum@scorejail.org	400	N/A	NCCHC	9/1/21

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Client	Site/Facility	Address	Contact	Phone	Email	Adult ADP	Juv. ADP	Accreditation	Original Contract Start Date
Washington State Department of Social and Health Services	Maple Lane Competency Restoration Program	4500 10th Ave. SE, 2nd Fl. Lacey, WA 98503	Timothy Hunter, State Hospital Forensic Policy and Legislative Admin.	360-725-2265	huntetj@dshs.wa.gov	30	N/A	N/A	12/14/15
Yakima County Dept. of Corrections	Yakima County Detention Center	111 N Front St. Yakima, WA 98902	Jeremy Welch, Jail Dir.	509-574-1758	jeremy.welch@co.yakima.wa.us	730	N/A	N/A	9/5/06
Yakima County Juvenile Court	Yakima County Juvenile Detention Center	1728 Jerome Ave. Yakima, WA 98902	Candi Shute, Detention Mgr.	509-574-2110	candi.shute@co.yakima.wa.us	N/A	20	N/A	10/1/07
WISCONSIN									
Barron County	Barron County Jail	1420 State Hwy. 25 N Barron, WI 54812	Tim Evenson, Jail Admin.	715-537-6718	tim.evenson@co.barron.wi.us	142	N/A	N/A	1/1/12
Dane County Sheriff's Office	Dane County Jail	115 W Doty St. Madison, WI 53703	Capt. Kerry Porter	608-284-6143	Porter.kerry@danesherriff.org	950	N/A	NCCHC	1/1/08
Dodge County	Dodge County Detention Facility	216 W Center St. Juneau, WI 53039	Capt. Tony Brugger	920-386-3733	abrugger@co.dodge.wi.us	100	N/A	N/A	12/15/00
Door County	Door County Jail	1201 S Duluth Ave. Sturgeon Bay, WI 54235	Sheriff Tammy Sternard	920-746-5660	tsternard@co.door.wi.us	60	N/A	N/A	1/1/05
Eau Claire County (Adult)	Eau Claire County Jail	728 2nd Ave. Eau Claire, WI 54703	Dave Riewestahl, Security Services Capt.	715-839-4702	Dave.Riewestahl@co.eau-claire.wi.us	250	N/A	N/A	8/1/06
Eau Claire County (Juvenile)	Northwest Regional Juvenile Detention Center	728 2nd Ave. Eau Claire, WI 54703	Rob Fadness, Dir.	715-839-5128	rob.fadness@co.eau-claire.wi.us	N/A	15	N/A	1/1/08
Lincoln County	Lincoln County Jail	1104 E 1st St. Merrill, WI 54452	Lt. David Manninen	715-536-9244	dmanninen@co.lincoln.wi.us	75	N/A	N/A	11/1/02
Milwaukee County House of Correction & Office of the Sheriff	Milwaukee County Jail; Milwaukee County House of Correction	949 N 9th St. Milwaukee, WI 53233	Sheriff Earnell R. Lucas	414-278-4785	Rita.norwood@milwaukeecountywi.gov (for Sheriff Lucas)	2300	N/A	NCCHC	4/1/19
Oconto County	Oconto County Jail	301 Washington St. Oconto, WI 54153	Carol Kopp, Jail Admin.	920-834-6900	carol.kopp@co.oconto.wi.us	75	3	N/A	7/1/07
Shawano County	Shawano County Jail	405 N Main St. Shawano, WI 54166	Greg Nelson, Jail Admin.	715-526-7951	greg.nelson@co.shawano.wi.us	110	N/A	N/A	11/1/03
Waukesha County Sheriff's Dept.	Waukesha County Jail; Huber Facility	515 W Moreland Blvd. Waukesha, WI 53188	Capt. Angela Wollenhaupt	262-548-7177	AWollenhaupt@waukeshacounty.gov	460	N/A	NCCHC	1/1/05

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Current Clients* – **CONFIDENTIAL**

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Waupaca County	Waupaca County Jail	1402 E Royalton St. Waupaca, WI 54981	Capt. Adam Wogsland	715-256-4505	adam.wogsland@co.waupaca.wi.us	200	N/A	N/A	8/1/01
WYOMING									
Park County	Park County Detention Center	1402 Riverview Dr. Cody, WY 82414	Lt. Joe Torczon	307-527-8750	jtorczon@parkcountysheriff.net	70	N/A	N/A	9/1/10
Sheridan County	Sheridan County Detention Center	54 W 13 th St. Sheridan, WY 82801	Lt. Charlie Gibbons	307-672-3455	charles.gibbons@sheridancountysheriff.com	90	N/A	N/A	4/1/09
AUSTRALIA									
Justice Health Dept. of Victoria (Australia)	BP; BCC; DPFC; DP; HCC; JLTC; KP; LKKP; LP; MCC; MAP; MRC; MP; TP	GPO Box 123 Melbourne, VIC 3001	Tania Scally, Exec. Dir.		Tania.Scally@justice.vic.gov.au	5094	N/A	ACHS	7/1/12

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Attachment B

General Liability Certificate of Insurance





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/10/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION** IS **WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Chicago, IL-Hub International Midwest West 55 East Jackson Boulevard Suite 14th Floor Chicago IL 60604	CONTACT NAME: PHONE (A/C, No, Ext): 312-922-5000 FAX (A/C, No): 312-922-5358 E-MAIL ADDRESS: csuchicago@hubinternational.com
INSURED Wellpath Holdings, Inc. 3340 Perimeter Hill Drive Nashville TN 37211	INSURER(S) AFFORDING COVERAGE INSURER A: Zurich American Insurance Company INSURER B: American Zurich Insurance Company INSURER C: Texas Insurance Company INSURER D: INSURER E: INSURER F:

License#: 100290819
WELLPA0001**COVERAGES** **CERTIFICATE NUMBER:** 1448525450 **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
C	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			BUQSTRTTN011100_050001_02	3/15/2022	3/15/2023	EACH OCCURRENCE \$3,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$3,000,000 GENERAL AGGREGATE \$6,000,000 PRODUCTS - COMP/OP AGG \$Included \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			BAP 5252136-08	10/1/2022	10/1/2023	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	N/A	WC5252134-08 (AOS)	10/1/2022	10/1/2023	<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
C	MEDICAL PROF LIABILITY (CLAIMS MADE)			BUQSTRTTN011100-050001-02	3/15/2022	3/15/2023	PER LOSS EVENT: \$3,000,000 AGGREGATE: \$6,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The certificate holder, its officers, officials, employees and volunteers is/are included as additional insured (except workers compensation) where required by written contract. Waiver of subrogation is applicable where required by written contract and subject to policy terms and conditions. This insurance is primary and non-contributory over any existing insurance and limited to liability arising out of the operations of the named insured subject to policy terms and conditions.

CERTIFICATE HOLDER Wellpath Holdings, Inc. 3340 Perimeter Hill Drive Nashville TN 37211	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
-------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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THIS CERTIFICATE SUPERSEDES PREVIOUSLY ISSUED CERTIFICATE

AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

AGENCY HUB International Midwest Limited		
POLICY NUMBER		
CARRIER	NAIC CODE	
		EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** CERTIFICATE OF LIABILITY INSURANCE

ADDITIONAL NAMED INSURED INCLUDE:

- CCS-CMGC Parent Holdings, LP
- CCS-CMGC Intermediate Holdings2, Inc.
- CCS-CMGC Intermediate Holdings, Inc.
- Wellpath Holdings, Inc (fka CCS-CMGC Holdings, Inc.)
- Wellpath Community Care, LLC
- Wellpath CFMG, Inc. (fka CFMG Holdings Corp)
- Wellpath Management, Inc. (fka Correctional Medical Group Companies, Inc. fka California Forensic Management Group, Inc.)
- Southwest Correctional Medical Group, Inc.
- Wellpath Group Holdings, LLC (fka Correct Care Solutions Group Holdings, LLC)
- Wellpath Recovery Solutions of Alaska, Inc.
- Jessamine Healthcare, Inc.
- Wellpath LLC(fka CorrectCare Solutions, LLC (DE), fka Correct Care Solutions, LLC (KS)
- League Medical Concepts, LLC (fka League Medical Concepts, LP, fka League Medical Concepts, LLC)
- HCS Correctional Management, LLC (fka Health Cost Solutions, LLC changed 11/4/2021)
- Correct Care Holdings, LLC (fka GEO Care Holdings LLC)
- Wellpath Recovery Solutions, LLC (fka Correct Care, LLC fka GEO Care, LLC)
- Correct Care of South Carolina, LLC (fka GEO Care of South Carolina LLC)
- Conmed Healthcare Management, LLC (fka Conmed Healthcare Management, Inc.)
- Conmed, LLC (fka Conmed, Inc.)
- Correctional Mental Health Services, LLC
- Correctional Healthcare Holding Company, LLC (fka Jessamine-Peyton Purchaser, Inc, fka Correctional Healthcare Holdings Company, Inc., fka Correctional Healthcare Holdings, Inc.)
- CHC Companies, LLC (fka Correctional Healthcare Companies, Inc., fka CHC Companies, Inc.)
- CHC Pharmacy Services, LLC
- Physicians Network Association, Inc.
- Correctional Healthcare Companies, LLC (fka Correctional Healthcare Companies, Inc., fka CHC Companies, Ltd.)
- Healthcare Professional, LLC (fka Health Professionals, Ltd.)
- Correct Cate Australasia PTY, LLC (fka Geo Care Australia PTY, Ltd.)
- Correct Care UK Limited
- Wellpath Hospital Holdings Company, LLC
- 901 45th Street West Palm Beach Florida Behavioral Health Hospital Company, LLC
- Boynton Beach Florida Behavioral Health Hospital Company, LLC
- Wellpath Community Care Centers of Virginia, LLC
- Wellpath Community Care Holdings, LLC (DE)
- Wellpath Community Care Management, LLC (DE)
- Alpine Behavioral Health HoldCo, LLC (DE)
- Harborview Center, LLC
- Behavioral Health Management Systems, LLC
- California Forensic Medical Group, Incorporated (fka CFMG Holdings Corp.)
- California Health and Recovery Solutions, P.C. (fka California CCS, P.C.)
- CCS-Kastre Nevada, P.C.
- Emerald Healthcare Services, P.C.
- Grand Prairie Healthcare Services, P.C. (several PCs merged into Grand Prairie)
- Great Peak Dental, P.C.
- Great Peak Healthcare Services, P.C.
- Massachusetts Correctional Healthcare Services, P.C.
- Midwest Center, P.C.
- New Garden Healthcare Services, P.C.
- New York Correct Care Solutions Medical Services, P.C.
- Old Empire Dental, P.C.
- Old Empire Psychology, P.C.
- Southeast Correctional Medical Group, LLC
- Southwest Correctional Medical Group, PLLC
- Stringfellow Correctional Dental, P.A.
- California Community Care Clinics, PC
- Wellpath Community Care Centers of Indiana, P.C.
- Wellpath Community Care Centers of Michigan, P.C.
- Wellpath Community Care Centers of North Carolina, P.C.

Attachment C

Virtual Nursing Program Information





Introducing

Wellpath Virtual Nursing



Bringing Nursing Expertise Where it is Needed Most

The national nursing shortage is impacting all aspects of the healthcare continuum. In response, Wellpath created Virtual Nursing, a telehealth model of delivering nursing expertise to support local care teams in improving clinical outcomes, compliance, and adherence to time metrics. Now, our sites can access licensed correctional nurses with focused attention on specific duties, allowing for targeted adherence to NCCHC standards, Wellpath policies, and nursing protocols.

Wellpath Virtual Nursing is another innovation in the





WELLPATH VIRTUAL NURSING SERVICES

Our telehealth Virtual Nursing services deliver licensed Wellpath nurses that are trained on clinical workflows, local resources, and telehealth best practices to provide:

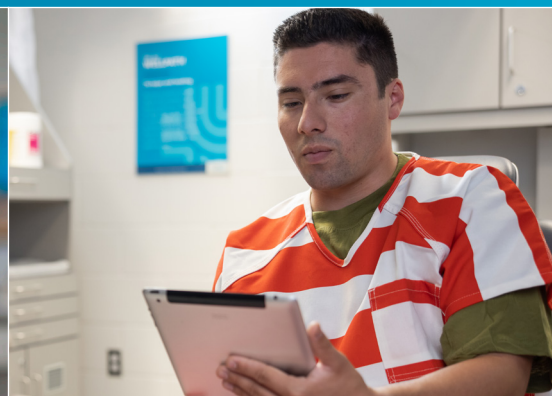
VIRTUAL INTAKE



REMOTE HEALTH ASSESSMENTS



ONLINE SICK CALL TRIAGE



BENEFITS

- Improve patient care
- Maximize intake throughput
- Increased health assessment compliance
- Bolster clinical capacity, morale and effectiveness

When an idea comes to fruition, it is an awesome feeling, but when it is launched in a manner that allows for a near seamless transition, it is truly special. Thank you all for your effort here and allowing Virtual Nursing to become reality. It will certainly enhance our efficiencies!"

Carl Anderson
Administrative Manager
Arapahoe County, CO



To learn more or schedule a demo contact:

Ellen Debenham, BSHA, RN, CCRC, CCRE

Wellpath Clinical Director of Telehealth // EDebenham@Wellpath.us // 843-580-1207

Attachment D

Wellpath Policies and Procedures Manual

Table of Contents - Sample

***CONFIDENTIAL AND PROPRIETARY ATTACHMENTS**

The attachments labeled CONFIDENTIAL contain confidential proprietary information, or trade secret information as defined by the Louisiana Uniform Trade Secrets Act (LSA-R.S. 51:1431 et seq.). In accordance with LSA-R.S. 44:3.2(C) concerning trade secret and proprietary information protection, Wellpath respectfully requests that the attachments labeled CONFIDENTIAL be redacted from any distribution of this proposal pursuant to requests under the Louisiana Public Records Law (LSA-R.S. 44:1 et seq.), or for any other reason.



Policy and Procedure Manual

Table of Contents

POLICY NUMBER	POLICY / PROCEDURE NAME	NCCHC STANDARD	ACA STANDARD
A-01	Access to Care	J-A-01	4-ALDF-4C-01, 03; 1-HC-1A-01
A-02	Responsible Health Authority	J-A-02	4-ALDF-4D-01; 1-HC-2A-01
A-03	Medical Autonomy	J-A-03	4-ALDF-4D-02; 1-HC-2A-02
A-04	Administrative Meetings and Reports	J-A-04	4-ALDF-7D-25 & 26; 1-HC-7A-06 & 07
A-05	Policies and Procedures	J-A-05	4-ALDF-7D-06, 07, 08, 09; 1-HC-7A-03
A-06	CQI Program	J-A-06	4-ALDF-4D-24; &D-01,02; 1-HC-4A-01,02,03
A-07	Privacy of Care	J-A-07	4-ALDF-4D-13, 19; 1-HC-3A-10
A-08	Health Records	J-A-08	4-ALDF-4D-13, 19, 26, 27, 28; 1-HC-3A-03; 1-HC-4A-06, 07, 08
A-08A	Written and Verbal Orders	N/A	4-ALDF-4D-26; 1-HC-4A-06
A-09	Procedure in the Event of a Patient Death	J-A-09	4-ALDF-4D-12, 23; 1-HC-7A-05
A-09A	Morbidity	N/A	N/A
A-09B	Critical Clinical Events	N/A	N/A
A-10	Grievance Mechanism for Health Complaints	J-A-10	4-ALDF-2A-27; 1-HC-1A-01; 3A-01
A-11	On-Call Provider Contact	N/A	N/A
B-01	Health Lifestyle Promotion	J-B-01	4-ALDF-4C-21; 1-HC-1A-18, 37; 4-ALDF-1A-21
B-02	Infectious Disease Prevention and Control	J-B-02	4-ALDF-4C-14, 15, 16, 17, 18; 1-HC-1A-11, 12, 15
B-03	Clinical Preventive Services	J-B-03	N/A
B-04	Medical Surveillance of Inmate Workers	J-B-04	N/A
B-05	Suicide Prevention and Intervention Program	J-B-05	4-ALDF-2A-52; 4C-29,32,33; 4D-08; 7B-10; 1-HC-1A-30; 5A-04
B-06	Contraception	J-B-06	4-ALDF-4C-13; 1-HC-1A-10, 19; 3A-13
B-07	Communication on Patients' Health Needs	J-B-07	4-ALDF-4C-40, 4D-14 4-ALDF-6B-04, 05, 06, 07, 08; 1-HC-3A-06
B-08	Patient Safety	J-B-08	4-ALDF-1A-01, 02, 03, 04, 05, 06, 07, 08; 1-HC-4A-03
B-08A	Hepatitis C (HCV) Committee	N/A	N/A
B-08B	Elder Abuse	N/A	N/A
B-09	Staff Safety	J-B-09	4-ALDF-1A-01, 02; 4-ALDF-4A-02, 03, 11, 12, 13, 14, 15, 16; 1-HC-6A-01
B-09A	Medical Management of Exposures: HIV, HBV, HCV, Human Bites and Sexual Assaults	N/A	N/A
C-01	Credentials	J-C-01	4-ALDF-4D-05; 1-HC-2A-05
C-02	Clinical Performance Enhancement	J-C-02	4-ALDF-4D-25; 1-HC-4A-04
C-03	Professional Development	J-C-03	4-ALDF-7B-08; 1-HC-2A-08
C-04	Health Training for Correctional Officers	J-C-04	4-ALDF-7B-10, 11, 15, 16; 1-HC-2A-04
C-05	Medication Administration Training	J-C-05	4-ALDF-4C-38; 1-HC-1A-35; 2A-37
C-06	Inmate Workers	J-C-06	4-ALDF-4D-11; 1-HC-2A-18
C-07	Staffing	J-C-07	4-ALDF-2A-15; 1-HC-4A-05; 4-ALDF-4D-03; 1-HC-2A-05; 4-ALDF-4D-10; 1-HC-2A-17
C-08	Healthcare Liaison	J-C-08	1-HC-2A-04
C-09	Orientation Training for Health Service Staff	J-C-09	4-ALDF-7B-05, 06, 07, 08, 09, 13; 1-HC-2A-06, 07, 08
D-01	Pharmaceutical Operations	J-D-01	4-ALDF-4C-38 & 39; 1-HC-1A-35 & 36
D-02	Medication Services	J-D-02	4-ALDF-4C-38; 1-HC-1A-35
D-03	Clinic Space, Equipment, and Supplies	J-D-03	4-ALDF-2D-03; 1-HC-7A-08 & 09
D-04	On-Site Diagnostic Services	J-D-04	1-HC-4A-02 & 06
D-05	Medical Diets	J-D-05	4-ALDF-4A-07, 09, 10; 1-HC-1A-37, 38
D-05A	Hunger Strikes	N/A	4-ALDF-1C-05; 1-HC-1A-08, 25
D-06	Patient Escort	J-D-06	4-ALDF-4C-06; 1-HC-1A-06

Policy and Procedure Manual

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POLICY NUMBER	POLICY / PROCEDURE NAME	NCCHC STANDARD	ACA STANDARD
D-07	Emergency Services	J-D-07	4-ALDF-4C-08; 1-HC-1A-08; 2A-13, 14, 15; 4-ALDF-1C-01, 05, 15; 4-ALDF-4C-08, 4D-09
D-07A	Emergency Response Plan	J-D-07	4-ALDF-1C-01; 4-ALDF-4C-08; 4-ALDF-4D-08; 1-HC-1A-08; 1-HC-2A-13; 1-HC-2A-14; 1-HC-2A-15
D-08	Hospitals and Specialty Care	J-D-08	4-ALDF-4C-05; 4-ALDF-4D-16, 20; 1-HC-1A-04 & 05; 4A-02 & 07
D-09	Telemedicine / Telepsychiatry	J-C-01; J-F-03	4-ALDF-4C-27; 4-ALDF-4C-28; 4-ALDF-4C-29; 4-ALDF-4D-20
E-01	Information on Health Services	J-E-01	4-ALDF-2A-27, 28, 29; 1-HC-1A-01
E-02	Receiving Screening	J-E-02	4-ALDF-4C-22, 29; 1-HC-1A-19, 20, 21
E-03	Transfer Screenings	J-E-03	4-ALDF-4C-23, 4-ALDF-4D-27; 1-HC-1A-20, 21
E-04	Initial Health Assessment	J-E-04	4-ALDF-4C-24, 25, 26; 1-HC-1A-22, 23
E-05	Mental Health Screening and Evaluation	J-E-05	4-ALDF-4D-20; 1-HC-1A-25, 27, 28, 29, 31; & 3A-11
E-06	Oral Care	J-E-06	4-ALDF-4C-20; 1-HC-1A-17
E-07	Non-Emergency Health Care Requests and Services	J-E-07	4-ALDF-4C-03; 1-HC-1A-03
E-08	Nursing Assessment Protocols and Procedures	J-E-08	1-HC-2A-03
E-09	Continuity and Coordination of Care During Incarceration	J-E-09	4-ALDF-4C-04; 4-ALDF-5B-18; 1-HC-1A-04, 07
E-09A	Medication Verification	J-E-09	4-ALDF-4C-04; 1-HC-1A-19, 20
E-09B	Timely Initiation of Medication Upon Arrival	J-E-09	4-ALDF-4C-04; 1-HC-1A-35
E-10	Discharge Planning and Release Medications	J-E-10	4-ALDF-4C-04; 4-ALDF-5B-13, 18; 1-HC-1A-04, 24
F-01	Patients with Chronic Disease and Other Special Needs	J-F-01	4-ALDF-4C-07; 19; 1-HC-1A-16, 3A-06; 4-ALDF-6B-07; 4-ALDF-4C-07
F-01A	Gender Dysphoria	N/A	N/A
F-02	Infirmary-Level Care	J-F-02	4-ALDF-4C-09, 10, 11, 12; 1-HC-1A-09, 30
F-03	Mental Health Services	J-F-03	4-ALDF-4D-20; 1-HC-1A-27, 28, 29, 31; 1-HC-3A-11
F-04	Medically Supervised Withdrawal and Treatment	J-F-04	4-ALDF-4C-22, 36, 37; 1-HC-1A-33, 34
F-04A	Narcan Use for OD Possible Opiate Overdose	J-F-04	N/A
F-04B	Medication-Assisted Treatment	N/A	N/A
F-05	Counseling and Care of the Pregnant Patient	J-F-05	4-ALDF-4C-13; 1-HC-1A-10, 19; 3A-13
F-06	Response to Sexual Abuse	J-F-06	4-ALDF-4D-22; 1-HC-3A-13
F-07	Care of the Terminally Ill	J-F-07	4-ALDF-4C-07; 1-HC-1A-07; 3A-06
F-08	Verification and Accommodation of Disability	J-F-01	4-ADLF-4C-07; 4-ALDF-4C-40; 4-ALDF-6B-04
F-09	Effective Communication	J-F-01	4-ALDF-4C-07; 4-ALDF-4C-40; 4-ALDF-6B-04
F-10	Durable Medical Equipment / Medical Supply	J-F-01	4-ALDF-4C-07; 4-ALDF-4C-40; 4-ALDF-6B-04
G-01	Restraints and Seclusion	J-G-01	4-ALDF-2B-03; 4-ALDF-4D-21; 1-HC-3A-12
G-02	Segregated Inmates	J-G-02	4-ALDF-2A-45, 53, 56; 1-HC-3A-07
G-03	Emergency Psychotropic Medication	J-G-03	4-ALDF-4D-17; 1-HC-3A-08
G-04	Therapeutic Relationship, Forensic Information, and Disciplinary Actions	J-G-04	4-ALDF-2C-05
G-05	Informed Consent and Right to Refuse	J-G-05	4-ALDF-4D-15; 1-HC-3A-04
G-06	Medical and Other Research	J-G-06	4-ALDF-4D-18; 1-HC-3A-09
G-07	Executions	P-G-07	N/A
G-08	Patient Safety Organization (PSO)	N/A	N/A

Attachment E

ERMA Reports Listing

***CONFIDENTIAL AND PROPRIETARY ATTACHMENTS**

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Reports Available Through ERMA

Care Management Reports

- All Referrals and Appointments
- Alternate Treatment
- Approved Offsite Consults without Appointments
- Authorization or Eligibility Errors_V1
- Care Management Appointment Priority Report
- Claims Paid Eligibility Issues
- Daily Discharge
- Daily IP Census
- eConsult Referral Request by Site
- Episode Eligibility Archive and Auth or Eligibility Errors Report
- ER Trips Report with Notes
- ER Trips Report
- Event Detail – “De-Identified”
- Event Detail with Entry Lag
- Event Detail with Notes
- Event Detail
- Information Requested
- Inmate Violence
- Inpatient Average Length of Stay
- Inpatient Care Management Report
- Inpatient Census Report
- Inpatient Census with Notes
- Inpatient ER Detail Summary
- Missed Events
- Observation Census Report
- Offsite Referral Detail Report
- Offsite Referral Tracker
- Offsite Referral Trends Charts
- Offsite Referral Trends
- Offsite Service Referrals
- Outpatient Report with Notes
- Patient Status Report
- Pending Episode Report
- Preferred Provider Detail Report
- Preferred Provider Directory Report by Treatment Type
- Pregnancy Test Results
- Provider Directory Report by Specialty
- Referral and Episode Report
- Request Status Report
- Site and Site Department Eligibility Report



Missed Events

01/01/2021 00:00AM - 03/31/2021 11:59PM

Report Execution Date:
5/14/2021 8:35:43 AM CST

Page 1 of 1

Report Description: List of events that were scheduled but did not occur and have not been rescheduled.

Jails

XXXXXXXXXXXXXXXXXXXX								
Patient Name	Patient Number	Date Created	Referral Treatment Type	Scheduled Date	Appointment Date	Authorization Number	Provider	Appointment Status
XXXXX Facility : Patients = 191								
		8/27/2019	Asthma	1/4/2021	3/29/2021	10627163	Generic Referral	Attended and Follow Up
		12/2/2019	Hypertension	1/4/2021	3/29/2021	11363792	Generic Referral	Attended and Follow Up
		11/6/2019	Hypertension	1/4/2021	3/29/2021	11177128	Generic Referral	Attended and Follow Up
		11/25/2019	Other Chronic Care	1/4/2021	3/29/2021	11323358	Generic Referral	Attended and Follow Up
		5/6/2020	Hep C	1/4/2021	4/8/2021	12407297	Generic Referral	Attended and Follow Up
		9/5/2019	Other Chronic Care	1/4/2021	4/8/2021	10693327	Generic Referral	Attended and Follow Up
		7/28/2020	Hypertension	1/4/2021	4/8/2021	12835897	Generic Referral	Attended and Follow Up
		9/16/2019	Other Chronic Care	1/4/2021	4/12/2021	10775639	Generic Referral	Attended and Follow Up
		8/28/2019	Other Chronic Care	1/4/2021	4/15/2021	10636167	Generic Referral	Attended and Follow Up
		10/9/2020	Initial Psychiatric Evaluation	1/4/2021	1/14/2021	13270071	Generic Referral	Attended and Follow Up
		1/4/2021	GERD	1/4/2021	3/30/2021	13756606	Generic Referral	Attended and Follow Up
		1/5/2021	Psychiatric Provider F/U	1/5/2021	2/4/2021	13762859	Generic Referral	Attended and Follow Up
		9/3/2020	30 Day Mental Status Follow Up	1/6/2021	2/4/2021	13051707	Generic Referral	Attended and Follow Up
		1/6/2021	Other Chronic Care	1/6/2021	1/6/2021	13768408	Generic Referral	Attended and Follow Up
		1/6/2021	Other Chronic Care	1/6/2021	4/2/2021	13768408	Generic Referral	Attended and Follow Up
		2/6/2020	Other Chronic Care	1/6/2021	4/14/2021	11862520	Generic Referral	Attended and Follow Up
		1/7/2021	30 Day Mental Status Follow Up	1/7/2021	2/8/2021	13773641	Generic Referral	Attended and Follow Up

Reports Available Through ERMA

Medication Reports

- 24 Hours Scheduled but Not Documented Medication Orders
- Active HIV Medication Orders per Room Group
- Active Orders on Inactive Charts
- Active Stock Medications with Order Submission
- Blood Glucose by Patient
- Bridge Report – Non-Formulary Orders
- Buprenorphine Report
- COWS Detox Protocol Report
- Detox Protocol Report
- Essential Medications Report
- HIV Rapid Test Report
- KOP Self Documentation
- List of Scheduled Medications
- Med Orders Summary Report
- Med Pass Roster Detail
- Med Pass Roster
- Medication Administration Outcome Report
- Medication Notes
- Medication Reconciliation for Discharge Transfer
- Medication Refill Requested Report
- Medications Administered Summary
- Medications Remaining
- Missed Medications Report
- Next Dose Due
- Non-Formulary Detail
- Non-Formulary Medication Order Detail
- Orders Active Injections per Room Group
- Orders Active Narcotics Per Room Group
- Orders Active on Hold for X Days
- Orders Active Pain Medications
- Orders Ending
- Orders Submitted and/or Discontinued in X Hours
- Orders with Overridden Warnings
- Patient List by Medication
- Patient Medication Orders by Status
- Patient Vaccinations Report
- Patients Indicating Medications at Intake
- Patients Started on MAT During Stay
- Patients Started on Medications
- Pharmacy Order Batch Report
- PPE Distribution Statistics Report
- PRN Med Orders Not Given for X Days
- Psychotherapeutic Medication Orders at Intake
- Psycho Therapeutic Orders
- Reorders by Room Group
- Scheduled but Not Documented Medication Orders by Med Pass
- Scheduled but Not Documented Medication Orders by Site
- Scheduled but Not Documented Medication Orders Report
- Scheduled but Not Documented Treatment Orders by Site
- Scheduled but Not Documented Treatment Orders Report
- Sliding Scale
- Specialty Medications Summary
- Treatment Outcome Report
- Treatment Pass Roster
- Treatment Roster Detail
- Vivitrol Administration Report
- Voided Medication Orders
- Warfarin INR Log

Reports Available Through ERMA

Patient Chart Reports

- Accident or Injury Report
- Active Patients in need of a Dental Exam Report
- Active Patients in need of a Health Assessment
- Allergy Listing
- Anticipated Release Date Report
- Appliance Listing
- Average BMI Report
- BMI Assessment Report
- Chronic Care at Intake Date by Patient
- Chronic Care by Patient
- Chronic Care by Problem
- Chronic Care Clinic Compliance Registry
- Chronic Care Clinic Registry
- Chronic Care Scheduling Compliance
- Chronic Offsite Treatment Report
- Classifications Report
- Completed and Outstanding Action Items Signatures
- Compliance Scorecard Report
- COVID-19 Statistics Report
- Current Documents and Chart Sections by Site
- DAST Report
- Diet Listing Sign Off
- Diet Listing Summary Report
- Diet Listing
- DSM-5 Report
- ERMA Indexed Documents
- Form Signature Hierarchy Report
- Health Insurance Status
- HIV HEP C Report
- Intake Pregnancy Report
- LabCorp Lab Ordering Report
- Mental Health Caseload Report
- Patient Chart Items Signed by User
- Patient Flag Report
- Patient Profile - Patients Re-planted within Same Incarceration Period
- Patient Profile - Planted PPDs to be Read
- Patient Profile - PPD Previous Positives
- Patient Profile - PPD Refused
- Patient Profile - PPD Statistics
- Patient Profile PPD Annual Plant Required
- Patient Profile PPD Plant and Read Statistics Report
- Patient Reported Substance Abuse
- Patient Roster
- Patient Summary
- Patients Admitted into the Infirmary
- Patients Indicating Infectious Disease at Intake
- Patients Placed on a MAT Continuation from Intake
- Patients Requiring Medical Clearance
- Patients with Assigned Electronic Chart Items by Date
- Patients with Assigned Electronic Chart Items by user by Date
- Patients WITHOUT Assigned Chart Items
- PPD Past Positive or Significant Results
- Pregnancy Indication Report
- Pregnancy Report
- Problem List
- Sick Call Interface Report
- Special Needs Listing
- Special Needs Listing by Type
- Staff Referral Form
- Staff Referral Status Report
- Suicide Watch Report

Reports Available Through ERMA

Site Management Reports

- Appointments Unattended
- Appointments
- Attended Appointments with a Changed DOS Report
- Average Daily Population by Month
- Average Daily Population Report
- Average Length of Stay
- Awaiting Receiving Screening
- Bi-Weekly Compliance Statistics Report
- Brief Jail MH Screening Report
- Chart Audit
- Compliance Checklist Report
- Detox Compliance Report
- eConsult Referral Status
- ERMA Security Report
- ERMA Security Sign Off Report
- ERMA Utilization
- Health Assessment Statistics Report by Site
- Health Services Statistical Report
- Healthcare Statistics Report
- Homeless Status - Receiving Screening
- Intake Screening Insurance Statistics
- Last Appointment by Type
- Manually Created Patient Charts
- Metrics Report
- Metrics Submission Compliance Report by Site by Month
- Patient Appointment List
- Patient Counts for a Month
- Patients Awaiting Receiving Screening
- Pending or Voided Dynamic Documents
- Positive PREA Questions Report
- Potential Duplicate Patients Scored
- Potential Duplicate Patients
- Previous Day Intake List
- Provider Detail Report
- Provider Outpatient Volume Report
- RDA Patient List
- Receiving Screening Due Statistics Report by Site
- Receiving Screenings Refusal Report
- RMD Queue Review
- Score Card Report
- User Access Attestation Report
- User Chart Access
- Veteran Status – Receiving Screening



Patient Appointment List
Operational View - Currently Incarcerated Patients Only
05/12/2021 00:00AM - 05/08/2021 11:59PM

Report Execution Date:
5/14/2021 9:43:00 AM CST
Page 1 of 1
Show Currently Incarcerated Only: Yes
Show Housing Location: Yes
Show Notes: No
Show Service Type/Treatment

Report Description: A list of patient appointments. If a report row is in RED, then the patient, the appointment date, and the treatment types are ALL DUPLICATED. If a report row is BLUE, then the patient and the appointment date are duplicated, but the treatment type is different. The intention is to find duplicated appointments AND/OR appointments that are scheduled at the same time for the same patient, but for a different reason.

Patient Number	Booking Number	Patient Name	DOB	Housing	Custody Date	Appt Date	Appt Created By	Appt Assigned To	Appt Status	Status Updated By	Status Updated Date and Time	Not Attended Reason	Service Type	Date of Service	Treatment Type
XXXXXXXXXXXX															
XXXXX Patients = XXXX															
	ALPHA-24-1				10/17/2020 02:34:00	05/05/2021 10:00:00		Mental Health Professional - Gordon, Blake	Attended and Follow Up		05/05/2021 16:06:14		Mental Health	12/14/2020	Follow-up MHP
	INDIA-14-2				12/30/2020 11:39:00	05/07/2021 10:30:00			Attended and Follow Up		05/07/2021 14:51:30		Mental Health	2/25/2021	Follow-up-Psychiatric
	KILO-48-2				04/13/2021 02:01:00	05/02/2021 08:30:00		Mental Health Professional - Saxon, Laurinda	Scheduled				Mental Health	4/15/2021	Follow-up MHP
	GOLF-27-2				07/19/2020 00:22:00	05/07/2021 10:00:00		Mental Health Professional	Attended and Follow Up		05/07/2021 14:41:07		Mental Health	7/19/2020	Follow-up MHP
	GOLF-27-2				07/19/2020 00:22:00	05/03/2021 09:00:00			Scheduled				Sick Call	4/29/2021	Sick Call Nurses
	PAPA-3-1				04/30/2021 11:46:00	05/06/2021 08:00:00			Scheduled				Sick Call	5/4/2021	Sick Call Nurses
	PAPA-3-1				04/30/2021 11:46:00	05/04/2021 11:00:00		Mental Health Professional - Lassiter, Judy	Attended and Follow Up		05/06/2021 15:10:38		Mental Health	5/3/2021	Initial MH Assessment - MHP
	INDIA-18-1				04/04/2019 15:03:00	05/04/2021 08:00:00			Attended		05/10/2021 18:47:48		Medical	4/28/2021	Follow Up
	ALPHA-11-1				06/10/2020 16:30:00	05/05/2021 10:00:00		Mental Health Professional - Gordon, Blake	Attended and Follow Up		05/05/2021 15:53:11		Mental Health	11/30/2020	Follow-up MHP
	PAPA-35-1				03/24/2021 15:09:00	05/07/2021 10:00:00		Mental Health Professional - Lassiter, Judy	Attended and Follow Up		05/07/2021 13:36:23		Mental Health	3/26/2021	Follow-up MHP
	ALPHA-26-1				04/25/2021 13:49:00	05/02/2021 09:00:00		Mental Health Professional - Russell, Crystal	Attended and Follow Up		05/02/2021 12:40:25		Mental Health	4/27/2021	Initial MH Assessment - MHP