



## SECTION FIVE – CCS APPROACH TO BEHAVIORAL HEALTH SERVICES

The CCS Behavioral Health Program is fully NCCHC-compliant and designed to meet the needs of the incarcerated population. Our Program emphasizes identification, referral and treatment. The CCS program is based on documented policies and procedures addressing the provision of behavioral health services to include offender assessment and evaluation, suicide prevention, special needs treatment plans, referrals for care, on-going care and discharge planning. CCS' Behavioral Health Program falls under the direction of Dr. Charlene Donovan, Ph.D. and the on-site Behavioral Health Administrator (Psychiatrist). Behavioral health referrals can occur at any time during the offender's incarceration. Additionally, referrals may come from a variety of sources to include:

- ▲ The receiving screening process;
- ▲ The health appraisal process;
- ▲ Sick call encounters;
- ▲ Individuals such as correctional personnel, legal representation, friends and family members.

CCS Behavioral Health staff assigned to DDOC will be available to discuss our performance, contract details or any other issues pertaining to the Behavioral Health Program with the Bureau Chief.

Offenders identified as being prescribed psychotropic medications, those currently receiving behavioral health treatment and those identified as having a history of mental illness or chronic inebriation are referred for care. Behavioral Health personnel will evaluate each patient referred to the behavioral health program after a psychiatric or behavioral health referral is made; immediately if needed and within 48 hours otherwise. Urgent referrals will be managed by Behavioral Health staff immediately; health care staff will address urgent referrals received after hours and contact the on-call psychiatrist as necessary to manage these cases. Offenders requiring the services of the psychiatrist will be referred appropriately. If it is determined that on-going care and evaluation is required, a treatment plan will be established and the offender will be scheduled for his or her next evaluation.

### A CCS TURNAROUND SUCCESS - BEHAVIORAL HEALTHCARE IN RICHLAND COUNTY JAIL

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

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

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

When it is determined that the offender received behavioral health care prior to



incarceration, efforts are made to obtain treatment information from community providers to facilitate continuity of care.

CCS has researched and evaluated the current level of behavioral health care being provided and our research results indicate improvements can be made. Our staffing plan includes:

- ▲ Local Psychiatrists;
- ▲ Licensed Master's level Behavioral Health Professionals;
- ▲ On-site behavioral health services seven days per week to improve continuity of behavioral health care.

### **Behavioral Health Program Features**

- ▲ **Psychiatric Services** – CCS will provide psychiatrists authorized to order commitments to an inpatient behavioral health facility. Crisis intervention will be available for any offender who requires it.
- ▲ **Special Observation/Housing** – Offenders with suicidal tendencies and other conditions are placed on special observation status. Behavioral Health personnel will perform scheduled rounds and evaluations when offenders are placed in observation or isolation.
- ▲ **Special Needs Program** – CCS will identify those offenders who present with serious behavioral health issues likely to impact their ability to function independently while at DDOC. These offenders will receive an individualized treatment plan and the level of behavioral health service required to enable them to function adequately while at the facility.
- ▲ **Individual and Group Counseling** CCS will utilize a program of group and individual counseling services designed to address the behavioral health needs of the DDOC population. As part of the intake and health assessment process, those offenders identified with significant behavioral health needs will be evaluated by a member of the behavioral health staff for appropriateness in enrollment in group or individual counseling services.
- ▲ **Multidisciplinary Communications** – CCS will implement a program to improve communication between nursing personnel, behavioral health workers and correctional personnel.
- ▲ **Psychotropic Medications** – The psychiatrist will perform a health record review prior to prescribing psychotropic medications and will provide offenders with education on treatment and psychotropic medications and obtain informed consent. Offenders are prescribed psychotropic therapy as clinically indicated. Offenders on psychotropic medications will be monitored for medication compliance and drug toxicity. CCS has an established Psychotropic Medications protocol for emergent and non-emergent use of psychotropic medications.
- ▲ **Reporting and Recordkeeping** – CCS will keep current and accurate health records, service delivery logs and other reports related to behavioral health services.
- ▲ **Administrative and CQIP Meetings** – CCS will participate in periodic, scheduled administrative and quality improvement program meetings regarding behavioral health services. Please see our CQI program details in **Section 10.11**.



Please see the article on the next two pages regarding CCS behavioral health care at Richland County, SC:

The State | 02/06/2009 | Kudos to Richland for improved service for mentally ill at jail



**The State.com**  
SOUTH CAROLINA'S HOME PAGE

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Posted on Fri, Feb. 06, 2009

Friday, Feb 6, 2009

## Kudos to Richland for improved service for mentally ill at jail

THREE YEARS AGO, mentally ill people taken to the Richland County jail didn't always get necessary treatment. Worse, some died in the county's custody.

The chance of that happening today is greatly reduced, thanks to an aggressive approach by the county to improve services for mentally ill people jailed at the Alvin S. Glenn Detention Center.

Richland's efforts haven't gone unnoticed. The jail has been accredited by the National Commission on Correctional Health Care. Only four other jails in South Carolina, including Lexington County's, have been accredited. We commend Richland for its achievement. County officials took decisive action — although belatedly — to ensure proper treatment of the mentally ill and to protect taxpayers from possible lawsuits due to inmates being harmed while under the county's supervision.

Three years ago, the county faced well-deserved criticism — and unwelcome lawsuits — after three mentally ill inmates died in the county's custody. Two men hanged themselves. A third died from complications from hypothermia. This finally signaled the end for a private health contractor, which had already encountered other problems at the jail. County Council wisely dropped Prison Health Services, and struck a new deal with Correct Care Solutions.

While the new provider came at a higher cost, new standards of care implemented at the jail have brought improvements that are well worth it. Among other things, the changes included evaluating inmates for needed mental health services when they arrive at the jail. Nearly one in five inmates gets help and continues to be monitored after their release.

Two hundred or more inmates are treated each month for problems that range from substance abuse to schizophrenia. Prior to the changes, those people didn't get needed treatment.

In addition to improved mental health services, the jail's standards call for inmates to be screened for health problems within two weeks of being jailed. A nurse is always on site. Inmates who complain they're ill are expected to see a doctor within two days. In the past three years, the number of full-time medical staff more than doubled, going from 16 to 34.

It shouldn't have taken tragedies such as inmate deaths to prompt the county to act. But, fortunately, something positive has come out of it all that will make things better for others. The county's efforts could help keep some seriously mentally ill homeless people from going in and out of jail.

Richland's jail and others across the state must treat more mentally ill inmates than they should

<http://www.thestate.com/opinion/v-print/story/676013.html> (1 of 2) [2/6/2009 9:57:57 AM]



The State | 02/06/2009 | Kudos to Richland for improved service for mentally ill at jail

because of the lack of support from the state, which hasn't sufficiently funded the Department of Mental Health for years. The agency struggles to support jails and hospitals as the number of mentally ill inmates in those facilities rises.

But the lack of state support or poor service on a provider's part doesn't relieve the county of the duty to ensure inmates are properly treated and stay alive.

Richland County Council eventually realized that and took necessary steps that have enhanced service and treatment to mentally ill inmates. Inmates, the county and its taxpayers are better off for it.

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### 5.1 Supervisor Role

CCS accepts the responsibility for the efficiency, quality and cost-effectiveness of mental/behavioral health services in the DDOC system and will be accountable to the Bureau Chief for administrative and clinical performance under this contract. CCS will appoint a clinical and administrative supervisor to manage behavioral health staff as well as coordinate DDOC on-site operations. The position will liaise with the DDOC facilities administrators, staff and DDOC Mental Health Administrator.

### 5.2 Behavioral Health Assessments

Unless identified as emergent, health care personnel will complete a Behavioral Health assessment at the time of the comprehensive health assessment (within 7 of intake).

This assessment is in addition to the behavioral health screening completed at intake as a part of the initial assessment. Offenders will also be assessed to determine competency to make medical decisions. All referrals generated from these assessments will be provided to mental health staff for necessary follow-up assessment. A licensed psychiatrist will be on-call 24/7, and a Behavioral Health professional will provide on-site assessments of patients with clinical symptoms on a daily basis. Patients will be referred for care as determined appropriate. Behavioral Health Evaluations will include:

**CHARLENE L. DONOVAN, PH.D.**  
*CCS Corporate Director of Behavioral Health Services*

**Ph.D. - 1997**    **The University of Memphis**  
 Field: Clinical Psychology - Adult Clinical Track  
 Dissertation: Teaching Clients About Their Rights:  
 The Role of Counselor Expertness and Method of Education

**M.S. - 1994**    **The University of Memphis**  
 Degree: Master of Science in Psychology

**B.A. - 1989**    **Rockhurst College**  
 Major: Psychology  
 Degree: Bachelor of Arts in Psychology

Licensed Psychologist, State of Kansas, Tennessee, Wisconsin & Indiana  
 National Register of Health Service Providers in Psychology  
 ASPPB CPQ



- ▲ History of psychiatric treatment and outpatient treatment;
- ▲ Current psychotropic medication;
- ▲ Suicidal indication and history of suicide behavior/self-harm;
- ▲ Drug and alcohol usage;
- ▲ History of sex offenses;
- ▲ History of expressively violent behavior;
- ▲ History of victimization due to criminal violence;
- ▲ History of cerebral trauma or seizures;
- ▲ Emotional response to incarceration, adjustment issues, or decompensation;
- ▲ Dementia
- ▲ Significant cognitive or emotional impairment;
- ▲ Documentation of informed consent.

### **5.3 DACS**

CCS is aware of the requirement to use the DACS medical module and all components as a part of any aspect of this RFP and its components. CCS will provide any follow-up training for our personnel after initial training has been provided by DDOC staff.

### **5.4 Case Management**

CCS will provide behavioral health case management for offenders presenting with psychiatric histories or symptoms, including those listed above in 5.2.

CCS Behavioral Health Professionals are also trained to work with offenders entering the system who present as naïve to the correctional environment or particularly vulnerable based on stature, mental illness or developmental disability. These offenders are generally included in the Behavioral Health Special Needs program to ensure they have ongoing contact with behavioral health staff as they learn to negotiate the correctional setting. CCS has also utilized a peer mentoring program in certain facilities as an added component of proactive programming for this subgroup of clients. Additionally, we have found it useful to work directly with security team members regarding their interactions with offenders – not just those at risk for possible victimization in corrections, but also those with past trauma issues involved in behavioral health services to address these issues – about most effective methods for interacting, directing and de-escalating these offenders.

CCS is also experienced in providing gender specific services to female offenders, who present their own unique set of factors that require special attention. The extensive trauma experience of female offenders is well documented, and on-going losses while incarcerated, usually involving child custody issues, present events that at times seem overwhelming to female offenders. CCS recognizes the need for enhanced staffing levels at facilities managing female offenders, given the higher levels of serious mental illness noted among female offenders and this is reflected in our staffing plan. We find it essential that an underlying component of interactions with female offenders must include both a message of empowerment and encouragement toward a belief in self-sufficiency – messages of diminishment, abuse, demeaning work environments, substance use – all factors that often



contribute to current behavior choices and internal self-assessments must be countered in order for female offenders to develop a sense of self-efficacy about their ability to face challenges and new tasks. CCS offers a variety of treatment opportunities for female offenders, and has found that group processes to be a valuable modality as it makes use of group cohesion and social support factors that are particularly important for women. As resources allow, CCS attempts to make some group offerings “open-ended” so that new members may be incorporated into a group at any time.

Treatment referrals can originate as early as the Intake process, but are more often made as part of the behavioral health evaluation process, which allows for a more in-depth assessment of offender needs across the length of incarceration. CCS utilizes treatment plans for group, individual and special needs programming to ensure that treatment remains focused on goal attainment and that resources are effectively utilized to meet the needs of the offender population.

## 5.5 Behavioral Health Availability to Offenders and Staffs

CCS Behavioral Health staff will participate in all appropriate review committees as well as provide behavioral health education for the DDOC and other health services partners staff at the discretion or request of the BCHS Director. For details about our educational programs for facilities staff, please see **Section 10.6**.

## 5.6 Suicide Prevention

CCS' Suicide Prevention Program is based on written, defined policies and procedures, and will be in compliance with DDOC Policy G-05. The policies address education, screening, on-site intervention, special needs treatment plans, and scheduled on-going care.

The CCS intake screening and health assessment processes include a suicide prevention screening component.

As part of the Program, a suicide assessment questionnaire will **be completed by health care staff** on offenders booked into the facilities. Referral to behavioral health will be performed when indicated. An in-depth suicide evaluation is completed by behavioral health staff on all offenders exhibiting abnormal behavior.

The CCS Suicide Prevention Program includes the following elements:

**Identification** – The receiving screening and health assessment processes include an assessment for suicide risk.

**Training** – Health and correctional personnel are trained in suicide prevention during the initial new employee orientation and annually.

**Assessment and Housing** – Immediately following recognition that an offender is at risk for suicide, the offender will be assessed and placed in the medical housing area where they can be monitored.



**Monitoring** – CCS suggests the following options for security observation of suicide/special observation watch:

- ▶ Continuous Watch - Constant observation of the offender
- ▶ Staggered Observation – Visual monitoring on an irregular schedule with a frequency of no more than 15 minutes between checks

**Referrals and Follow-Up** – Offenders identified with suicide potential will be referred to Behavioral Health personnel for evaluation. Offenders demonstrating self-injurious behaviors and those identified with suicide potential will be placed under constant observation until the behavioral health evaluation can be completed and an appropriate disposition determined.

**Community Referral** – The Facility Administrator or his designee will be notified if an offender identified with suicide potential is scheduled for release from the Facility.

**Communication** – An offender may report suicidal ideation to health care, behavioral health or correctional personnel.

**Intervention** – Suicide gestures and attempts are taken seriously and personnel respond appropriately.

**Notification** – The Health Services Administrator will be informed when there has been a suicide attempt or if an offender has been placed on suicide watch.

**Reporting** – The Health Services Administrator, Medical Director and DOC Facilities Administration will be informed of suicide attempts.

**Review** – Suicide attempts are considered a significant event and therefore a retrospective review is completed.

**Critical Incident Debriefing** – Behavioral health personnel will be available to support anyone who may have been affected by a suicide and who may need help in adjusting to the situation.

The CCS Behavioral Health Program Director, Charlene Donovan, Ph.D., will work closely with the on-site behavioral health staff in outreach and the development of a comprehensive program. Because of our belief that community agencies are integral in the continued care of our patients, we start our linkage process by approaching the Department of Mental Health and local community providers to explore options for joint initiatives and develop methods for communicating effectively regarding shared client caseloads. CCS believes that discharge planning must start on day one of an offender's incarceration and that valuable community resources can be maximized to help improve outcomes.

## **5.7 Behavioral Health Programming**

CCS will provide information regarding services available to the offender during the intake and assessment process as well as upon referral or offender request for behavioral health services. Offenders presenting with behavioral health needs will be informed of the availability for assignment to a behavioral health professional for one-on-one treatment, case management and discharge planning, group treatment activities as deemed



appropriate, additional services and therapies for those offenders in segregation.

CCS utilizes an identification, referral and treatment system to deliver behavioral health care to offenders in need. Any patient who requests behavioral health services will be referred.

Referrals are collected by health care staff at all facilities on at least a daily basis from all housing units. Health care staff triages all referrals for emergent needs and take any necessary action; any referrals requesting behavioral health services are forwarded on to behavioral health staff. Additionally, behavioral health staff responds to referrals from medical, security, jail administrative and family members. CCS utilizes a tracking system for referrals in order to ensure that no referral “falls through a crack” and to ensure that all referrals are addressed in a timely manner. The tracking system allows for quality improvement measures to be utilized to assess response timeliness.

The CCS psychiatrist will perform a health record review prior to prescribing psychotropic medications and will provide offenders with educational materials on all prescribed psychotropic medications. The CCS Behavioral Health Program at DDOC will include psychotropic therapy as clinically indicated. Offenders on psychotropic medications will sign an informed consent and will be monitored for medication compliance and drug toxicity.

CCS is aware of and will closely follow NCCHC guidelines and policies developed by law governing emergency use of forced psychotropic medications. Forced psychotropic medication should be utilized only in extreme cases in which all other attempts to de-escalate a client have been unsuccessful, and the client remains at imminently high risk for harm to self or others. CCS’ policy and procedure covering forced psychotropic medications is detailed, providing all health and behavioral health care staff with clear guidance regarding the procedures to be followed at each point in the intervention. The policy and procedure is revised to incorporate any specific local legal requirements for utilization of forced psychotropic medications. CCS also considers use of emergency psychotropic medication to be a sentinel event, and each occurrence is reviewed under the auspices of the CCS Quality Improvement program.

## **5.8 Behavioral Health Receiving Screening**

At DDOC, offenders will be screened at intake for behavioral health issues and illness by CCS Medical and answers to questions are noted on the intake screening form. Offenders identified with suicide potential will be referred to behavioral health personnel for evaluation through DACS and noted in the offender health record. Offenders demonstrating self-injurious behaviors and those identified with suicide potential will be placed under constant observation until the behavioral health evaluation can be completed (within 24 hours) and an appropriate disposition determined. The CCS policy and procedure regarding suicide prevention and risk management identifies the steps to be taken when a client is placed in psychiatric observation, including notification of the psychiatric provider, daily rounds by behavioral health staff, development of a treatment plan, the evaluation and consultation that must occur between behavioral health and psychiatric staff prior to releasing a client from psychiatric observation, as well as the follow-up services that will be provided by behavioral health staff to ensure that the client is adjusting adequately to a general population setting.



CCS Behavioral Health staff will be available on-call 24x7 for any urgent or emergent needs.

## **5.9 Treatment Plans**

CCS will offer development of individualized treatment plans to all offenders who are receiving behavioral health treatment and will be incarcerated in the DDOC system for more than 72 hours. This approach will be managed through the Interdisciplinary Treatment Team (ITT), composed of DDOC facilities treatment and security staffs as well as medical and behavioral health services partners and ancillary vendors. Each offender who wishes to participate in the ITT treatment plans will be asked to sign a written agreement. CCS will also develop a basic behavioral health treatment plan for offenders who decline participation in the individualized program.

## **5.10 Psychiatric Nursing Services**

CCS Medical and Nursing staff will provide nursing support for assessment, monitoring and administering of psychotropic medications to offenders.

## **5.11 Behavioral Health ITT Participation**

CCS Behavioral Health staff will participate in the ITT meetings with other health care partners, medical, security, treatment and other DDOC staffs. CCS will also participate in additional assigned activities related to DDOC institutions as requested by the facility warden or designee, and the BCHS.

## **5.12 Monitoring of Offenders Undergoing Withdrawal**

CCS routinely provides evaluation of all offenders for substance abuse during intake screening. Many offenders are admitted to the correctional setting under the influence of drugs or alcohol, or with significant histories of substance abuse, increasing the possibility that they will experience some degree of withdrawal. CCS will provide medical supervision that is in compliance with all applicable standards of treatment and will work in collaboration with the Substance Abuse Treatment Provider in the referral process. Detoxification is managed by the Medical Services Provider utilizing Practitioner Clinical Guidelines for Alcohol or Substance abuse.

## **5.13 Sex Offender Treatment**

CCS will offer sex offender treatment as requested in the RFP. This program will be provided at the direction of the DDOC BCHS and as directed by the courts. All sex offender registration and community notification requirements shall be fulfilled.

### **Treatment Overview**

A comprehensive sex offender treatment program addresses components beyond the actual treatment program and involves thorough risk assessment and offender classification, as well as relapse preventative mastery. Programming will be grounded within a cognitive-behavioral framework, and eventually incorporate an emphasis on relapse prevention.

The expectation for a sex offender treatment program that through intervention, problem sexual behaviors will be reduced and community safety will be enhanced. Therefore, treatment is approached with the following taken into account:

- ▲ Availability, capacity, and accessibility of programs along a continuum of care;



- ▲ Guiding frameworks and goals;
- ▲ Modes, methods, and targets of intervention;
- ▲ Treatment planning, including documentation of progress and completion;
- ▲ Specialized knowledge and experience for treatment providers; and
- ▲ Support from key stakeholders throughout the system.

### **Treatment Providers**

Providing treatment sex offenders is a distinctive undertaking. Although some aspects of sex offender treatment are similar to other types of treatment, other components are quite different. These complexities underscore the need for staff with specialized knowledge and experience. CCS will utilize practitioners who have such qualifications.

### **Sex Offender Treatment**

CCS will focus on accurate assessment of risk and typology of offender to ensure the most effective treatment interventions are offered and utilized most efficiently.

Sex offender treatment programs often have capacity concerns, and these concerns, coupled with the ever-increasing numbers of convicted sex offenders entering prisons, mean that it can be a challenge to ensure that all of the sex offenders who can benefit from prison-based treatment will have access to it.

In attempt to meet the treatment needs of the sex offender population, policies will be established that:

- ▲ Define eligibility criteria and any mandates for participation; incorporating relevant state statutes
- ▲ Make available a range of sex offender treatment services that vary in intensity;
- ▲ Delineate a formal, assessment-driven process by which individual sex offenders are matched to intensity of services based on risk level (e.g., higher risk offenders receive more intensive services);
- ▲ Prioritize access into sex offender treatment based on release dates;
- ▲ Reassess the level of interest of those individuals who are not participating in any of the available services and encourage them to engage in treatment; and
- ▲ Define and develop sex offender aftercare services to assist offenders in maintaining treatment gains made in intensive treatment.

### **Guiding Frameworks and Goals**

At present, the cognitive-behavioral approach is the most widely employed model of treatment for both adult and juvenile sex offenders. Cognitive-behavioral treatment addresses the inter-relatedness of thoughts, emotions, and behaviors—specifically as they relate to sex offending and other problem behaviors. Through skill building, reinforcement, and practice, interventions focus on replacing maladaptive thoughts and unhealthy coping methods with positive strategies. This approach is designed to assist clients with meeting several goals, including the following:

- ▲ Modifying thinking errors, cognitive distortions, or dysfunctional schemas that support offending behaviors;



- ▲ Dealing with emotions and impulses in positive ways;
- ▲ Developing or enhancing healthy interpersonal and relationship skills, including communication, perspective-taking, and intimacy;
- ▲ Managing deviant sexual arousal or interest, while increasing appropriate sexual interests;
- ▲ Practicing healthy coping skills that address identified risk factors;
- ▲ Establishing or expanding positive support systems;
- ▲ Addressing one’s needs in positive ways and not at the expense of others; and
- ▲ Leading a productive, satisfying, and fulfilling life that is incompatible with sex offending.

**Modes, Methods, and Targets**

Most treatment programs for adult and juvenile sex offenders deliver interventions within a group setting. Group treatment is advantageous for several reasons, not the least of which are resource and time efficiency. It also provides the opportunity for participants to embark on the change process with other individuals who can relate to them, increases their receptiveness to feedback because it comes from peers, allows for modeling and practicing positive skills with peers, and instills hope and self-efficacy through observing the progress and success of others. The following are key issues related to modes and methods of treatment.

**Co-Facilitation of Treatment Groups**

***CCS encourages the use of treatment group co-facilitators.*** When used as a mode of treatment, group therapy is ideally facilitated by two clinicians. Among other benefits, co-facilitation prevents important details from being overlooked from both a process and content perspective, promotes balance and objectivity because the information from the groups is filtered through different lenses, and ensures continuity of service delivery when one of the clinicians is unable to be present.

**Special Needs Offenders**

Not all subpopulations of sex offenders will be placed in treatment groups together. For example, we will not combine female offenders with male offenders, lower functioning clients with highly sophisticated individuals, or juveniles with adults. Distinct populations have unique intervention needs, and placing them together in treatment can create dynamics that may undermine treatment.

Group therapy will be limited to an ideal size of 8–10 members. This group size offers time for participants to address multiple needs and issues during each treatment encounter. Group setting treatment is not consistently conducive to discussing sensitive issues or addressing family or marital difficulties therefore, treatment plans may be altered with the population needs at DDOC. The success of a group program is necessarily augmented by targeted individual sessions. These sessions can be used for such purposes as to help clients prepare to discuss particularly difficult material in group or to update and restructure treatment plans, for example.



### **Primary Treatment Targets**

In order to maximize the likelihood that interventions will be effective, CCS will focus efforts on the changeable factors that are known to be associated with sexual recidivism.

Some examples of dynamic risk factors targeted in treatment include:

- ▲ *Sexual deviance variables.* Included among these factors are deviant sexual interests, arousal, or preferences (e.g., sexual interest in young children) as well as sexual preoccupations. Although many individuals who commit sex offenses do not display deviant interests, for those offenders who do, treatment interventions (i.e., behavioral techniques) are designed to enhance behavioral control and reduce the likelihood of acting on such interests.
- ▲ *Antisocial orientation.* Variables within this category include antisocial personality and traits, psychopathy, negative social supports, and a history of rule violations. Also included are pervasive hostility, impulsivity, and employment instability.
- ▲ *Intimacy deficits.* These include an overall absence of intimate relationships, conflicts in intimate relationships, emotional identification with children, attachment difficulties, and distorted schemas and perceptions about individuals and relationships.
- ▲ *Pro-offending attitudes and schemas.* This category includes beliefs and attitudes that support sexually abusive and other problem behaviors, and can include cognitive distortions such as minimizations and justifications, as well as implicit theories or world views that may support sex offending behaviors.

As sexual offending behavior is complex, the list above is not exhaustive. Additional targets for treatment are noted below. These targets also can play important roles in an offenders offending cycle and can be included as components of the treatment plan:

- ▲ Self esteem;
- ▲ Social skills;
- ▲ Problem-solving;
- ▲ Stress management;
- ▲ Sex education;
- ▲ Trauma resolution;
- ▲ Offense responsibility; and
- ▲ Victim awareness.

CCS will also work with other identified providers to assist offenders who may present with substance abuse or mental illness issues.

### **Pharmacological Interventions**

As part of a broader approach to treatment, the use of pharmacological agents on a voluntary basis may be helpful adjuncts to treatment for some sexually abusive individuals. CCS will utilize psychiatric evaluations on a case by case basis to determine the potential efficacy of a pharmacologic intervention for an offender. On a broader level, CCS will incorporate appropriate treatment approaches both pharmacologic and non-pharmacologic for offenders who present in sex offender treatment with a co-occurring psychiatric disorder.



### **Treatment Planning, Completion and Termination**

Because of the nature of the behaviors to be addressed in sex offender treatment and the types of risk factors that are often the focus of intervention, many offenders will likely have multiple treatment goals and expectations in common. Yet the diversity that exists among sex offender populations means that a number of unique treatment goals will also need to be developed as offenders enter the treatment process. Individualized treatment plans must be formulated based on the specific circumstances of each offender.

Treatment plans will be driven by comprehensive assessment information. Because they are invaluable sources of assessment information, specialized psychosexual evaluations and thorough pre-sentence or pre-disposition reports should be done prior to an individual's treatment.

CCS will utilize standardized and accepted methods of evaluating treatment progress throughout the treatment program. It is essential to establish formalized criteria to use as markers to measure progress and ultimately completion of the treatment program.

### **Treatment Completion and Termination**

Given the association between treatment noncompliance, failure to complete treatment, and recidivism risk, CCS will attempt to ascertain—to the extent possible—that offenders are provided sufficient opportunities to be successful in treatment. Policies and procedures can provide for a variety of intermediate remedies and options (e.g., additional treatment assignments, individual interventions) prior to the ultimate termination of an offender from sex offender treatment.

Procedures will address management of those offenders who struggle with treatment as well as those who do not satisfactorily complete treatment.

Finally, as a part of sex offender program monitoring and evaluation practices, CCS will maintain records and statistics related to program completion and termination.

### **Documentation**

Clear documentation of services and offender progress will be kept. Policies and procedures will outline specific requirements for documentation, including the types of official information that must be maintained in client records and the content, format and frequency of routine documentation (e.g., following each clinical contact, routine treatment plan/progress reviews). Informed consent for treatment will be documented. Limits of confidentiality will be clearly explained, and any expected/required information-sharing policies shall be addressed (e.g., Health Insurance Portability and Accountability Act (HIPAA)). Signed releases of information can be useful for ensuring that critical information can be shared with the supervision officer or other stakeholders in the sex offender's custody.

CCS will work with DDOC to establish parameters related to mandated reporting. Of particular importance with respect to information-sharing and confidentiality limits is the manner in which additional disclosures that arise through the course of treatment will be handled.



Documentation to be maintained in clients' files shall include, but is not limited to, the following:

- ▶ Informed consent for treatment, including notice of confidentiality limits (e.g., mandated reporting, HIPAA requirements, interagency communication);
- ▶ Relevant current and historical records (e.g., police reports, court orders, prior treatment records);
- ▶ Assessment data (e.g., pre-sentence investigation, psychosexual evaluation, risk assessment);
- ▶ Signed treatment contract;
- ▶ Individual treatment plan;
- ▶ Summaries of each treatment encounter;
- ▶ Key communications with other stakeholders (e.g., supervision officer); and
- ▶ Treatment completion or termination summary.

**Support for Treatment**

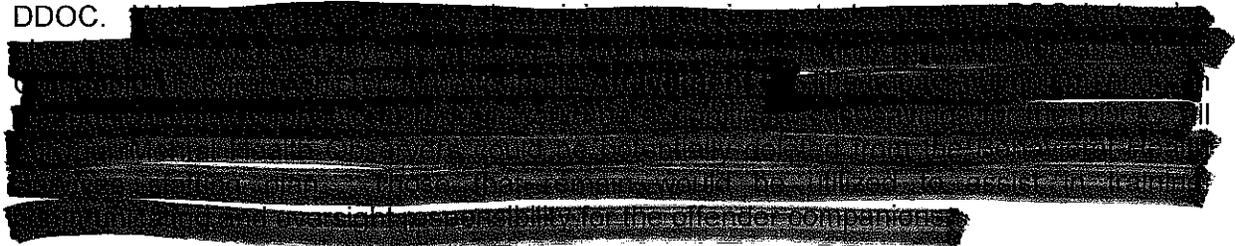
Our policies and procedures will be designed to promote information sharing and collaboration within and across agencies so that all parties are able to make informed decisions based on complete information. This will include the use of common assessment tools to drive treatment and other case management plans.

**Continuation of Therapy Plans Following Release**

CCS will work with releasing offenders to inform them about community based treatment programs that will help them maintain progress already achieved in treatment. All registration requirements, as specified in §§ 4120 and 4121 will be completed prior to release or parole. CCS will provide assistance to the offender to understand and comply with all registration activities. Registration shall be completed during the Level IV or V sentence, but not more than 90 days, nor less than 45 days, prior to the offender's release, discharge or parole. The registration information shall be collected from the sex offender by the agency having custody over the sex offender at the time specified herein for registration.

**5.14 Psychiatric Watch**

CCS Behavioral Health staff will, in accordance with DDOC policies, provide special housing, monitoring and daily assessment on all offenders who have been placed on psychiatric watch under Protective Custody Order (PCO). CCS will work with DDOC to establish a training program for these staff members that incorporates not only relevant knowledge for serving as crisis watch monitors but also relevant security practices within DDOC.





## 5.15 Segregation

CCS understands that Medical staff will be notified by DDOC security staff whenever an offender is placed in segregation and the offender's health record will be reviewed within one hour of the notification for any medical, dental or behavioral health conditions. Medical staff will provide special accommodations to any offender with conditions to which segregated confinement would be contraindicated and will address emergent behavioral health issues at this time.. Further, CCS understands that Behavioral Health staff will be notified by Medical in any instances of offenders with behavioral health issues who have been placed in segregation.

Behavioral Health staff will evaluate those offenders who flagged with any non-emergent behavioral health issues during the segregation screening process within 48 hours of entering segregation. Additionally CCS behavioral health staff will round weekly on all offenders housed in segregation units.

## 5.16 Confidentiality/Exchange of Information

Health records will be kept confidential by CCS, and the CCS Program Administrator will control access to the health records. Our entire system is encrypted, and HIPAA-compliant. Health records will be made readily accessible for other DDOC health care partners.

## 5.17 Technical Assistance and Training

CCS can provide a behavioral health and suicide prevention focused educational curricula for DDOC staff and health care services partners. CCS will submit all curricula to the Bureau Chief for approval at least 30 days in advance of training. Please see **Section 10.6** for additional information regarding our training and education capabilities.

## 5.18 Resolution of Disputes

In all roles awarded under this contract, CCS will facilitate a cooperative environment for the resolution of problems and disputes among DDOC health care services partners.



## 5.19 Peer Review and CQIP

CCS will provide a quarterly peer review of its physicians, psychiatrists, psychologists, physician assistants, and advanced practice nurses. The purpose of the peer review is to evaluate the clinical practice of the practitioner. Site CQI committees are, along with the HSA, responsible for insuring that required peer reviews are carried out. The CCS peer review process includes review of representative health records (types of records reviewed depends upon the nature of the practice), an interview with the HSA regarding the practitioner's performance, an interview with the practitioner regarding his/her perception of his/her performance, and an exit interview during which the reviewer discusses the findings with the practitioner.

When areas in need of improvement are identified, the reviewer works with the practitioner and the HSA to establish an improvement process. CCS will collaborate



with the Bureau Chief to customize the peer review for DDOC facilities. CCS will provide a peer review program that is in accordance with 24 Del. C. § 1768. Please see **Section 10.11** for a full description of our CQIP.

[REDACTED]

[REDACTED]

## 5.20 Performance Measurement

CCS' Behavioral Health Program meets or exceeds all professional industry standards. The CCS Comprehensive Quality Improvement Program utilizes HEDIS Performance Measures. HEDIS, the "Health Plan Effectiveness Data and Information Set", is a standardized, comprehensive set of indicators used in the community to measure clinical practice guidelines and the performance of health plans in specified areas (HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA). Representatives from consumer groups, employers, health plans, and the National Committee for Quality Assurance (NCQA) worked collaboratively to establish HEDIS measures, and they are updated annually. HEDIS measures address a variety of issues including effectiveness of care, access/availability of care, member satisfaction, health plan stability, use of services and cost of care. Some of these are directly translatable into the correctional world.

Importantly, HEDIS measures that help us to understand not only the quantity and type of care delivered, but also how well that care is being provided. HEDIS measures do not always line up with the measures that our clients use in monitoring our performance. Where client expectations and contractual agreements dictate, more stringent or less stringent treatment measures should be utilized. Similarly, HEDIS yardsticks often fail to line up with recommendations found in broadly employed practice guidelines. Although broadly employed national practice guidelines often fail to line up with each other, it remains a "best practice" to strive to meet the most stringent evidence-based guidelines available. Applicable areas of measure in behavioral health include initiation of substance abuse treatment, follow-up care following hospitalization for mental illness, and use of antidepressant medication management for depression.

Measurement of our performance against HEDIS measurements is useful not only for us, but also helps our clients to understand how our performance truly compares with community care.

We will be observing our performance on selected HEDIS measures and reporting our findings through the CQI process to The DDOC. Should we fall below the 50th percentile in any area, it is a sure sign that we need to review the involved processes. Facilities are encouraged but not required to review additional HEDIS measures through the CQI process.





## SECTION SIX – CCS APPROACH TO SPECIALTY CONSULTATION

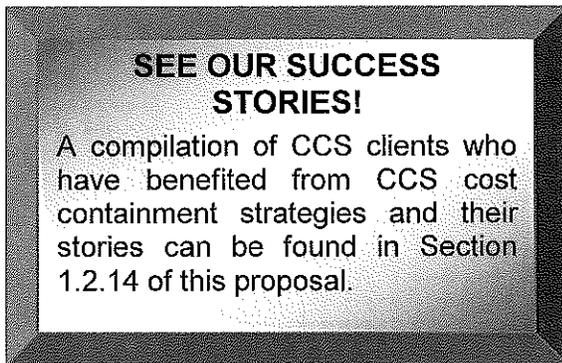
### 6.1 Overview of Duties

CCS agrees to responsibility for management of the specialty consultation network, including administrative efficiency, quality and cost-effectiveness of the program, operated under the approval of the DDOC BCHS. CCS agrees to consult with the Bureau Chief regarding any proposed changes to the program.

### 6.2 Specialty Consultation Administrator

CCS will appoint a Specialty Network Administrator for the DDOC system to manage the network of specialty health care providers. The Administrator will coordinate regular meetings with the Bureau Chief to discuss issues related to on- and off-site specialty services and will also manage community linkage activities.

### 6.3 Range of Specialty Consultation



Similar to our off-site hospitalization strategy, CCS attempts to maximize services provided on-site to REDUCE off-site specialty care and referrals. This will be a MAJOR focus for our DDOC program. By maximizing on-site resources, off-site costs and trips can be reduced, while allowing better provision of care to our patient population. CCS will endeavor to provide necessary services on-site whenever feasible. CCS works closely with each of our clients to ensure that the ability to provide services on-site is maximized.

CCS works to develop on-site specialty clinics based on population needs using utilization statistics. This process will obviously evolve as our relationship with the DDOC facilities evolves during the life of this contract.

CCS has successfully established many on-site care programs and specialty provider clinics for our current clients. CCS will continuously evaluate the potential benefits of each of the following on-site specialty and chronic care clinics:

- ▲ OB/GYN
- ▲ Orthopedics
- ▲ ENT
- ▲ Surgery
- ▲ Urology
- ▲ Gastroenterology
- ▲ Cardio/Pulmonary Care/Hypertension
- ▲ Diabetes Care
- ▲ Endocrinology
- ▲ Dialysis
- ▲ HIV Counseling and Medication Management
- ▲ Oral Surgery
- ▲ Optometry
- ▲ Ophthalmology
- ▲ Podiatry
- ▲ Physical Therapy/Occupational Therapy
- ▲ Chronic Pain
- ▲ Infectious Disease (Tuberculosis, Hepatitis, HIV)
- ▲ Seizures/Neurology
- ▲ Dermatology



CCS will work diligently and with a full commitment to finding solutions that minimize the need to use added security transporting offenders off-site and to effectively reduce costs.

### 6.4 Pre-Authorization System

CCS will provide a physician-driven specialty network pre-authorization system to facilitate the timely access to specialty care for offenders with special needs. Such system will be in accordance with the CCS clinical pathways, evidence based care guidelines and all applicable industry standards. Only a physician will have authority to determine requested care as unnecessary or to redirect care. CCS will ensure direct physician to physician discussions of cases with full documentation provided in the offender health record. CCS will provide an appeals committee and process for instances in which the primary care and specialty care physicians disagree. The appeals committee will be headed by the DDOC Medical Director and be comprised, at a minimum, by the referring primary care physician, the primary care physician's supervisor, and the reviewing specialty care physician. The DDOC Medical Director or designee will be the final arbiter in cases reaching the appeals committee.

#### Off-site Referral Process and Utilization Management

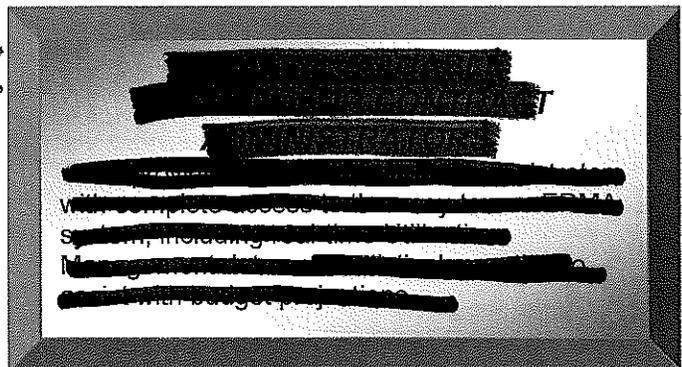
The CCS UM Program falls under the authority of our Chief Medical Officer, Dr. Dean Rieger. Dr. Rieger will work in concert with the Medical Director and our health staff at the DDOC to ensure that offenders receive medically necessary health care services in the most appropriate health care setting. The CCS UM Program also includes a case manager who is responsible for communicating with outside providers to monitor the conditions of admitted offenders, including those admitted prior to booking and insure their understanding of on-site capabilities. The case manager will provide daily feedback on the status of each patient. By maximizing on-site resources, off-site costs and trips can be reduced while allowing better care to be provided to our patient population.

Treatment and consultation during off-site will be limited to the chief complaint(s) as noted on the consultation and/or request form unless agreed upon by outside and in-house medical professionals. Services will only be provided as indicated on the referral. A daily status report will be provided to DDOC regarding offenders receiving off-site services.

[REDACTED]

[REDACTED]

[REDACTED]





3. [REDACTED]

4. [REDACTED]

5. [REDACTED]

6. [REDACTED]

[REDACTED]

### 6.5 Network Service Providers

CCS will ensure that the DDOC system has access to a full range of specialist, emergent and specialty network providers to handle services that cannot be provided by CCS staff, including:

- ▶ Statewide ambulance services, including clear contact information posted at each facility, and established in coordination with the Bureau Chief.
- ▶ Access to emergency care. We are in discussions with multiple outside providers, including St. Francis, Kent and Bebe Medical Centers to develop emergency care plans for the DDOC offender population. We will continue to work with important community care providers in close proximity to each facility.
- ▶ Statewide laboratory services for cost-effective and timely laboratory testing for routine and stat orders (excluding HIV testing to be done through the State of Delaware labs). All lab results will be transmitted electronically, with highlighting of abnormal values. Paper copies will be provided as backup. CCS' preferred provider for laboratory services is Bio-Reference Laboratories. Bio-Reference Laboratory, the current provider to the DDOC, is headquartered in New Jersey and its operations meet standards set forth by the American College of Pathology. CCS will also establish a network of local providers for STAT lab services and will ascertain whether or not better rates can be procured for the DDOC. At a minimum laboratory services will include:

- Routine, special chemistry and toxicology analysis
- Provision of laboratory supplies
- Printer or computers to provide test results (electronic interface)
- Crisis levels will be reported to the physician immediately
- Accurate reporting within a reasonable time frame



Review by medical personnel within 72 hours of receipt with appropriate referrals for further evaluation if required within 24 hours of review  
Stat lab services

- ▶ Laboratory services provided on-site will be guided by a diagnostic procedure manual that includes reporting on STAT and critical values. All staff will be trained on laboratory policies. On-site services will be in accordance with the Clinical Laboratories Inspection Act (CLIA) and will be in compliance with the Clinical Laboratory Improvement Amendments of 1988. CCS will provide equipment and supplies to perform on-site laboratory testing as required. The laboratory program will be in compliance with all DDOC requirements for medical pathology and all standards set forth by the American College of Pathology. On-site services will include, but not be limited to:

- Dipstick urinalysis
- Blood chemistry
- Cultures
- Tissue Analysis
- Finger stick blood glucose
- Peak flow monitoring
- Pregnancy testing
- Stool blood testing

- ▶ Community-based specialty physicians
- ▶ Coordination of on-site specialist clinics
- ▶ Telemedicine infrastructure
- ▶ Negotiated access, with facility administration and Bureau Chief consultation, to in-patient acute and critical hospital care throughout the state. Surgeries will be performed in an out-patient setting whenever feasible. CCS will attempt to ensure that the DDOC Medical Director has admission privileges at community hospitals throughout the state at least for admitting, monitoring and discharging incarcerated patients. CCS contracts with Hospitalists as well to assist in the management of the inpatient cases.
- ▶ Timely and cost-effective statewide radiological diagnostic and treatment services for procedures that cannot be performed on-site.
- ▶ Statewide physical therapy services.
- ▶ Acute psychiatric coverage and care for offenders who experience psychiatric crisis during incarceration.

## 6.6 On-Site Dialysis

[REDACTED] CCS proposes to work with [REDACTED] and the DDOC to manage the existing three bed dialysis unit at the JTVCC for the treatment of male offenders requiring dialysis services. CCS will also facilitate dialysis services for female offenders, either through community dialysis services or by mobile dialysis unit at BWCI, should the volume of female offenders in need of treatment warrant this approach. CCS will take into consideration security, transportation and other cost factors for the dialysis approach at BWCI.

Dialysis care will be included in the offender health record. On-site services will include initial assessment, individual care plans, monthly follow-ups, statewide dialysis review, and renal



transplant evaluations.

## **6.7 Infectious Disease**

CCS will coordinate access to infectious disease management services that meet professional standards and are consistent with the NCCHC, DE DPH DDOC policy and CDC guidelines.

Offender management of infectious disease will be at a minimum supervised by a Board Certified Infectious Disease Specialist and will include the provision of oversight and care to those offenders with HIV/AIDS, Hepatitis C and other infectious diseases. All services provided will be coordinated with the Medical Services Vendor.

## **6.8 Support Services**

If CCS is selected as the Medical Services provider, we will be responsible for support services related to laboratory arrangements, baseline and diagnostic chest x-rays, general medical unit office and medical supplies and equipment. If CCS is awarded as Mental/Behavioral Health provider we will provide services and intervention plans aimed toward treatment of psychosocial needs of the DDOC offenders. In any and all roles awarded, CCS will collaborate with other DDOC health care services partners on case management.

## **6.9 Case Management of Hospitalized Offenders**

The CCS Utilization Management Program includes a case manager who is responsible for communicating with hospitals to monitor the conditions of admitted offenders and ensure their understanding of on-site capabilities. By maximizing on-site resources, off-site costs and trips can be reduced while allowing better care to be provided to our patient population.

Treatment and consultation during off-site care will be limited to the chief complaint(s) as noted on the consultation and/or request form unless agreed upon by outside and in-house medical professionals. Services will only be provided as indicated on the referral. CCS will prepare discharge summary documentation and instructions to ensure continuity of care. CCS will cooperate fully with the Utilization Review vendor in the event CCS is not awarded the UM component to this contract. Please see additional information regarding CCS case management in our off-site care flowcharts in **Section 2.3.4.5**, and **Section Seven** Utilization Management.

## **6.10 Confidentiality/Exchange of Information**

Health records will be kept confidential by CCS, and the CCS HSA will control access to the health records. Our entire system is encrypted, and HIPAA-compliant. Health records will be made readily accessible for other DDOC health care partners.

## **6.11 Resolution of Disputes**

In all roles awarded under this contract, CCS will facilitate a cooperative environment for the resolution of problems and disputes among DDOC health care services partners.



## 6.12 Telemedicine Support

CCS recognizes telemedicine may have a potential in the DDOC, especially the use of services in some of the more rural facilities. CCS supports the use of telemedicine for the delivery of health care services to reduce the incidence of offender travel and will participate should the DDOC engage in a telemedicine system. CCS has had preliminary discussions with an HIV/Hepatitis specialist who has experience providing infectious disease management services via telemedicine. CCS is committed to working with the DDOC to expand the use of the telemedicine program.

[REDACTED]

[REDACTED]



# SECTION SEVEN – CCS APPROACH TO UTILIZATION MANAGEMENT AND REVIEW

## 7.1 Overview of Program

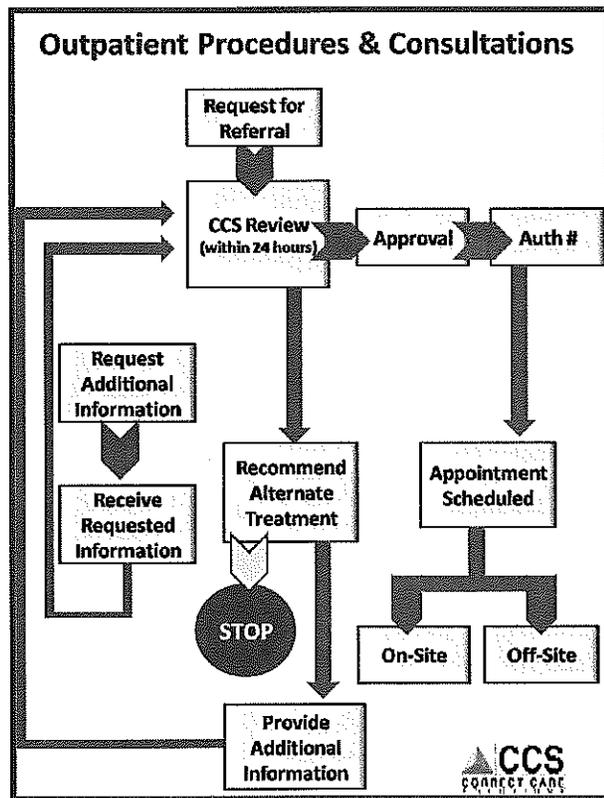


CCS' UM Program falls under the authority of our Chief Medical Officer, Dr. Dean Rieger. Dr. Rieger will work in concert with the DDOC and with the Medical Director and health staff at the facilities to ensure that offenders receive medically necessary health care services in the most appropriate health care setting. The UM Program also includes a case manager assigned from the Nashville corporate office who is responsible for communicating with hospitals to monitor the conditions of admitted offenders and ensure their understanding of on-site capabilities.

Qualifications of the case managers include:

- ▶ Graduation from an accredited School of Nursing and current licensure as a Registered Nurse
- ▶ Understanding of care delivery in a managed care environment
- ▶ Understanding of care delivery in a correctional environment preferred
- ▶ Previous experience working with UM
- ▶ Ability to work independently with general supervision

Case manager to offender ratios are determined by workload and ensure a timely DAILY review of all hospitalized offenders. Case managers are evaluated based on professional performance and regular review of utilization data for variations. Treatment and consultation during off-site care will be limited to the chief complaint(s) as noted on the consultation and/or request form unless agreed upon by outside and in-house medical professionals. Services will only be provided as indicated on the referral. Following is a summary of the CCS UM Process:



- 1.



- On a daily basis, the CCS Chief Medical Officer accesses ERMA to review requests and take one of the following actions:
  - Authorize a specific diagnostic or therapeutic modality, or
  - Recommend an alternative treatment plan, or
  - Request additional information.
- 3. If the requested service is determined to be medically necessary, the request will be approved and an authorization number will be established. ERMA automatically sends the authorization number to the site. In addition, information on the authorized services is communicated for claims adjudication and the plan is noted in ERMA. The requesting provider is responsible for discussing the alternative action plan with the offender.
- 4. Once an authorization number has been received, an appointment can be scheduled within ERMA. Authorization numbers are valid for a specific time-frame. CCS will communicate approved services with the community provider and will require pre-approval in order to assume financial responsibility for services rendered. CCS also works diligently to make certain that all invoiced charges are appropriate. Since the authorization number is also sent to our claims department, all related invoices are closely reviewed to ensure that only the approved services have been billed.
- 5. If an appointment has been scheduled and the offender is released prior to the appointment, the community agency will be notified that CCS is no longer financially responsible, and the pending appointment will be removed from ERMA.
- 6. The CCS Medical Director will review and address discharge summaries and medical recommendations made by the community provider.
- 7. The DOC Facility Administrator will have full access to ERMA, including our Utilization Management modules.

CCS monitors the provision of care to ensure that medically necessary health care services are provided in the most appropriate health care setting. The utilization review component of the CCS Continuous Quality Improvement Program (CQIP) focuses on providing both on-site and off-site health care services in a cost effective manner while assuring the delivery of quality health care services.

The CQI Committee will track the utilization of services provided at the facility by category of care. Monthly statistics will be collected and reviewed to evaluate utilization of resources, including personnel. Monthly utilization of service statistics are reviewed to identify trends and/or patterns that may be beneficial when strategically planning for future years.

CCS will provide a Utilization report on a monthly basis, or more frequently if requested, to the Bureau Chief or designee.

[REDACTED]



### **CCS On-Site Utilization Successes**

- CCS has significantly decreased lawsuit activity for the Kansas DOC while also decreasing grievances and increasing care. Although the KDOC is indemnified by CCS, suits can still create a drain on resources.
- CCS has significantly decreased off-site trips within the KDOC resulting in additional services being brought on-site. We have also created centers of excellence and work with classification to best ensure patients with special need are housed appropriately.
- CCS has dramatically decreased Durham County (NC) offender expense resulting in cost per offender per day to DECREASE or stay flat for 5 consecutive years!
- CCS has dramatically decreased costs and off-site utilization in Monmouth, NJ, while increasing care and on-site services. Year one savings of over \$1,000,000 or almost 15 percent after switching to CCS!
- We have cut off-site trips in Davidson County by 50 percent since assuming responsibilities in October of 2005 while also increasing care!

### **CCS Periodic Reports and Reporting Capabilities**

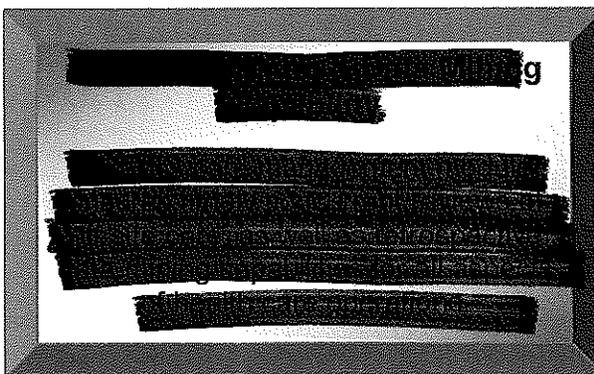
CCS will provide monthly statistical reports to the Bureau Chief no later than the 10th calendar day of each month. These reports will include agency and provider contact information, ancillary services, and data that reflect the previous month's activity at the facility. CCS maintains an extensive logging system for collecting data and statistics to assist the State in analyzing trends in the utilization of health care services. The statistical data we provide to our clients on a monthly basis is discussed during both the MAC and quarterly CQI meetings (see our CQIP section in 10.11).

Reports will be submitted to the Bureau Chief with data reflecting the previous month/term workload, to include:

- ▲ Clinical visits and referrals by specialty or provider type (sick call, psychiatrist, dentist, physician/specialty)
- ▲ Health assessments
- ▲ Intake screenings
- ▲ Behavioral health visits
- ▲ Dental services

#### **Infirmiry admissions**

- ▲ Inpatient hospital admissions including length of stay and top 20 DRG admission diagnoses
- ▲ Off-site specialist services and ambulatory procedures
- ▲ Ancillary services (lab work, x-rays, etc)
- ▲ Segregation, detox, infirmiry and safety cell admissions
- ▲ Ad hoc notifications of ER visits and hospital admissions
- ▲ Ambulance transports In and out





- ▲ Medications administered and drug utilization statistics
- ▲ Additional statistics as specified by the DDOC

As specified in the RFP, daily reports will also be generated for the previous 24-hour period and shared with the Bureau Chief:

- ▲ Transfers off-site to hospital emergency departments
- ▲ Communicable disease cases
- ▲ Suicide data (attempts and precautions taken)
- ▲ Status of hospitalized offenders
- ▲ Status of offenders housed in infirmary
- ▲ Copies of medical incident reports

**Additional periodic reports and details that can be provided are:**

- ▲ Quarterly Utilization Reports with YTD / annual summary details
- ▲ Chronic Care/Special Needs Report with narrative of treatment plans (monthly or as requested)
- ▲ Weekly Inpatient/Offender Hospitalization & Outlook
- ▲ Monthly HR Reports (Filled Positions, Vacancies, Recruiting and Retention Strategies)
- ▲ Provider Negotiations Status
- ▲ Psychotropic and other Rx medication reporting
- ▲ Statistics on Sick Call, Doctors Clinic, Psychotropic drug use
- ▲ Deaths
- ▲ Suicide data (i.e. attempts and precautions taken)
- ▲ Inpatient bed days for behavioral health services
- ▲ Medical specialty consultation referrals
- ▲ Offenders seen by behavioral health professionals
- ▲ Diagnostic studies
- ▲ Communicable disease reporting
- ▲ Report of third party reimbursement, pursuit and recovery
- ▲ Summary of completed medical incident report
- ▲ Summary of completed medical grievance report

CCS will provide the DDOC with monthly and quarterly statistical reports regarding financials and the operation of the health care program, in accordance with the contract, requests by the DOC and national and local standards.

CCS will elevate the quality and convenience of health record keeping with our automated program that is a standard part of our operation. Our **ERMA** system, already introduced previously provides enhanced statistical and ad-hoc reports on all aspects of health care operations.



In addition, CCS has the ability to provide the DDOC with reports that demonstrate staffing fill rates, and compliance with the contracted staffing plan, as well as financial reports to aid the State in future budgeting. CCS will provide response to any reporting questions within two working days.

Sample reporting formats created by CCS which will be tailored specifically for the DDOC are included below and can be modified at any time to include other data deemed appropriate.

**--- Remainder of Page Intentionally Left Blank ---**







**7.2**

[REDACTED]

[REDACTED] Attachment 3 due to the  
[REDACTED]

**7.3 Telemedicine Support**

CCS recognizes telemedicine may have a potential in the DDOC, especially the use of services in some of the more rural facilities. CCS supports the use of telemedicine for the delivery of health care services to reduce the incidence of offender travel and will participate should the DDOC engage in a telemedicine system



## SECTION EIGHT – CCS APPROACH TO FEMALE HEALTH CARE

### 8.1 Preventive Care and Health Services

CCS understands the special health care needs of women and has established a program specific to their needs to be put into practice at DDOC. The CCS' Women's Health Program includes:

- ▶ A receiving process which incorporates questions on menstrual cycle, pregnancies and gynecological problems.
- ▶ Pregnancy testing upon entry into the facility or at such time that signs and symptoms warrant testing.
- ▶ Sexually transmitted disease screening.
- ▶ Pre- and perinatal care.
- ▶ Cervical cytology
- ▶ Annual Pap testing to be completed as medically indicated.
- ▶ Mammogram services as medically indicated and recommended by the American Cancer Society at the time of the annual health assessment (all offenders 40 years and older, or based on family history).
- ▶ Access to obstetrical and gynecological specialists.
- ▶ Health education on women's issues.
- ▶ The continuation of contraceptive medication as medically necessary based on guidelines set forth by the American Public Health Association.
- ▶ Provision of therapeutic abortions necessary to preserve the health or life of the female.
- ▶ Provision of elective, non-therapeutic abortions in accordance with law.

Staff members will be specifically trained in the care of the pregnant offender. CCS provides prenatal care services consistent with community standards, and the American College of Obstetrics and Gynecology (ACOG) and NCCHC standard P-G-07. Our policy includes regular monitoring by an obstetrician. Pregnancy testing is completed if the woman indicates that she is or may be pregnant during the intake screening process. In the event that pregnancy is identified, the woman will be referred to an OB/GYN for an initial evaluation.

The CCS program for pregnant women includes:

- ▶ Provision of vitamins and dietary supplements;
- ▶ Patient education on important health topics related to pregnancy;
- ▶ Pregnancy counseling;
- ▶ Education on infant care;
- ▶ Post-partum care;
- ▶ Neo-natal care;
- ▶ Identification and disposition of high-risk pregnancies, to include appropriate referrals to a specialist physician or hospital facility;
- ▶ Routine urine testing for proteins and ketones;



- ▲ Vital signs and weight;
- ▲ Assessment of fundal height and heart tone;
- ▲ Observation for signs of toxemia;
- ▲ Clinical guidelines for the opiate addicted to include provisions for pharmacological treatment.

High risk pregnancies will be consistently monitored, and if not hospitalized, the offender will be housed in the facility infirmary. Perinatal care is provided in accordance with specialists' recommendations. Post-partum patients will be evaluated by the OB/GYN; in addition, upon discharge from the hospital, the offender will be admitted to the infirmary for a minimum of twenty-three (23) hours for observation. Since separation from a child can be a trigger for self-harming behavior, mental health staff will also evaluate the patient's emotional status, for her safety.

### **Education**

CCS is committed to developing and providing the DDOC with a schedule of preventive health services for the offender population. Services will include not only preventive diagnostic testing based on sex, age and disease factors which are typically conducted during the periodic health assessments but also programming to encourage health and wellness through our offender education curriculum and collaboration with community agencies.

Health education provides valuable information and has long-term benefits for the offender. CCS maintains a video library that includes educational programs directed toward offenders and has also established offender education handouts to facilitate health promotion and disease prevention. The offender education forms address topics such as:

- ▲ Diabetes management including dietary needs
- ▲ Effects of drug and alcohol use
- ▲ Stress management
- ▲ Communicable diseases (HIV/AIDS, TB and hepatitis)
- ▲ Personal hygiene
- ▲ Hypertension
- ▲ Nutrition
- ▲ Exercise
- ▲ Pregnancy
- ▲ Female-specific topics



Chronic care and behavior management education will be provided for topics such as:

▲ Stress Management	▲ Asthma
▲ Depression	▲ Emphysema
▲ Diabetes	▲ Hypertension
▲ Heart Disease	▲ Cirrhosis of the Liver
▲ Substance Abuse	▲ HIV
▲ STIs	▲ Smoking Cessation
▲ Diet & Weight Management	▲ Effects of Drug & Alcohol Use
▲ Safe Sex	▲ Tuberculosis
▲ Hepatitis B & C	▲ Universal Precautions (MRSA, Blood-Borne Pathogens)

When possible, educational programs will be presented to groups of offenders with similar health conditions such as diabetic care, asthma, sexually transmitted diseases, HIV and hypertension. CCS envisions a RN at the BWC1 will provide group health and wellness education on each of the following topics.

EDUCATIONAL TOPIC	RATIONALE	CONTENT	TRAINING	MEASUREMENT
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	▲ [REDACTED] ▲ [REDACTED]	▲ [REDACTED] ▲ [REDACTED] ▲ [REDACTED]	▲ [REDACTED] ▲ [REDACTED] ▲ [REDACTED]



EDUCATIONAL TOPIC	RATIONALE	CONTENT	TRAINING	MEASUREMENT
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	<ul style="list-style-type: none"> <li>▲ Pharmacology information and side effects</li> <li>▲ Results on non-compliance</li> </ul>	<ul style="list-style-type: none"> <li>▲ [REDACTED]</li> </ul>	<ul style="list-style-type: none"> <li>▲ [REDACTED]</li> </ul>
[REDACTED]	<p>There is evidence of improved health and longevity, a lowered chance of heart attack, stroke or cancer and financial impact</p>	<ul style="list-style-type: none"> <li>▲ Nicotine addiction</li> <li>▲ Reasons for quitting</li> <li>▲ Keys to quitting</li> </ul>	<ul style="list-style-type: none"> <li>▲ Smoking brochure</li> <li>▲ Group training sessions</li> <li>▲ Smoking an symptoms test</li> </ul>	<ul style="list-style-type: none"> <li>▲ Monitor symptoms via repeat smoking symptoms test</li> <li>▲ Monitor involvement in new skills and behaviors</li> </ul>
[REDACTED]	<p>Alcohol and drug dependence enhances behavioral control while improving health and decreasing morbidity</p>	<ul style="list-style-type: none"> <li>▲ Health risks and adverse effects of alcohol and drug use</li> <li>▲ Chemical dependency and its effect on relationships</li> <li>▲ Causes of alcoholism</li> <li>▲ Behavior modification and lifestyle changes as necessary for drug/alcohol free living</li> </ul>	<ul style="list-style-type: none"> <li>▲ Individual and group training sessions</li> <li>▲ Treatment referrals</li> </ul>	<ul style="list-style-type: none"> <li>▲ Post education knowledge assessment</li> <li>▲ Review of data on chemical dependency rates among inmates</li> <li>▲ Reduced recidivism</li> </ul>





Health care personnel are instructed to provide health education during each encounter. Additionally, personnel are required to document the topics reviewed, written information provided and a statement indicating the inmate's understanding of the information reviewed. The CCS CQI program includes a monitoring tool that evaluates medical record documentation addressing inmate education.

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

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

As appropriate, CCS will also coordinate offender education programs with educators from the community and coordinate the implementation of programs and training modules with the DDOH and Warden Ryan.

### **Discharge Planning Services**

CCS believes that discharge planning and continuity of care begins at intake where a thorough medical and mental health history is obtained. A release of information is obtained and the process for gathering necessary data from community providers begins. Continuity of care must be ensured before during and after incarceration. CCS will participate as a part of the treatment team and in the discharge planning process to ensure inmates being discharged are fully apprised of all potential assistance programs and eligibility requirements. This has been accomplished in many of our facilities not only by verbally communicating this information but also by providing inmates as a part of their treatment plan with a pamphlet which outlines this information as well as contact names and numbers for community providers for post incarceration medical and mental health services. Particular attention will be given to those offenders who have delivered a baby during incarceration and those that are pregnant upon discharge.

## **8.2 Telemedicine Support**

CCS recognizes telemedicine may have a potential in the DDOC, especially the use of services in some of the more rural facilities. CCS supports the use of telemedicine for the delivery of health care services to reduce the incidence of offender travel and will participate should the DDOC engage in a telemedicine system.

## **8.3 Tool Inventory**

CCS will store controlled substances, syringes, needles, and surgical/medical instruments under secure conditions. Controlled substances and items subject to abuse will be accounted for on a scheduled basis and ordered and kept under the guidelines of the AMA, State of Delaware and NCCHC Standards. CCS will consult with the DDOC on the location of the secure storage area for each facility. DDOC will have right of inspection of daily inventory logs.



CCS acknowledges and will comply with all safety and security policies and procedures in place at DOC facilities. CCS provides a thorough safety and security briefing during our orientation process for staff. We have also established a continuing education program which was developed to provide a heightened awareness of institutional rules and regulations integral to the safety and security of medical and facilities staff. In particular, it provides information on understanding the ways in which offenders may attempt to manipulate staff behavior and procure contraband items and understanding the true meaning of "fraternization".

CCS staff understands that a violation of security regulations may result in denial of facility access and be subject to termination.

[REDACTED]



## SECTION NINE – CCS APPROACH TO INPATIENT HOSPITAL SERVICES

### 9.1 Confidentiality / Exchange of Information

Health records will be kept confidential by CCS, and the CCS Program Administrator will control access to the health records. Our entire system is encrypted, and HIPAA-compliant. Health records will be made readily accessible for other DDOC health care partners.

### 9.2 Resolution of Disputes

In all roles awarded under this contract, CCS will facilitate a cooperative environment for the resolution of problems and disputes among DDOC health care services partners.

### 9.3 Telemedicine Support

CCS recognizes telemedicine may have a potential in the DDOC, especially the use of services in some of the more rural facilities. CCS supports the use of telemedicine for the delivery of health care services to reduce the incidence of offender travel and will participate should the DDOC engage in a telemedicine system.

[REDACTED]



## SECTION TEN – CCS APPROACH TO ADMINISTRATION

### 10.1 Coordination and Communication with DDOC

CCS intends to manage the administration requirements as part of the medical services provider section. Please consider us a partner on the DDOC team! We believe that continuous communication between CCS and BCHS and facilities staffs will minimize surprises and errors and ensure a mutual understanding of decisions and protocols. CCS will regularly communicate with DDOC regarding sick call, medication distribution, off-site transportation, security and other issues that may arise. CCS will work closely with any other DDOC health care partners to ensure the highest level of patient care, with our goal to make the separations between vendors as transparent as possible.

### 10.2 Mandatory DACS Data Entry

CCS is aware of the requirement to use the DACS medical module and all components as a part of any aspect of this RFP and its components. CCS will provide any follow-up training for our personnel after initial training has been provided by DDOC staff.

### 10.3 Human Resources Management

At CCS, we recognize that our people are our greatest asset. In addition, we also understand that continual work stress has negative impact on morale and retention. Our Human Resources and management teams are adept at maintaining cost and staffing efficiencies while minimizing stress levels for our people. The best means to lower stress is to ensure all staff are properly trained on their job responsibilities and complete a thorough orientation program. If trained properly, they will be prepared and feel confident in their work which is the best means to lower stress.

The CCS philosophy and values infrastructure we have built holds our people in high regard as a potent ingredient in our many successes. Even with our proven processes and efficient systems in place, outstanding performance and, responsiveness truly depend on **motivated, happy employees**. We invest in each team member's professional training and long-term career development. (Please read about our Commitment to People Development in the subsections below.)

For our leadership positions, we will ensure all scheduled time off is backfilled with appropriate people. At no time will staff not know who to call in the case of an emergency of sentinel event. CCS will provide a written job description or protocol to each employee to outline responsibilities and duties of the position held.

CCS takes great pride in the expertise and proficiency of our team, from our leadership ranks to the grass roots level health care providers who perform at our sites every day. Our personnel have the necessary experience and established programs to ensure an efficient and effective health care system. We encourage conversations with our clients, and the perusal of our client feedback letters (see **Attachment E**) to hear how CCS has improved staffing at their facilities.

### 10.4 Obligation for Facility Health Unit Administration

CCS will appoint a management-level staff member, either regionally or by facility to serve as administrator and liaison to the Bureau Chief and BCHS regional administrators.



## 10.5 Recruitment and Retention

### Recruitment

Personnel recruitment and management is one of CCS' core competencies. It is our goal to provide stable and responsive professional health care staffing to the DDOC. CCS utilizes our highly-skilled, professional Human Resources Department for recruitment, development, and retention of health care professionals in our client communities. Human Resources has a strong partnership with management, enabling CCS to conduct continuous recruitment and retention efforts and staffing initiatives through local, state, regional, and national advertising campaigns. CCS has an excellent record in recruiting quality, motivated health care professionals. The Delaware medical community is strong and offers resources to fill positions with qualified and motivated professionals.

Once awarded the contract, we will individually contact all qualified current staff and ideally meet in person with each one. We value the input of the Bureau Chief and correctional staff regarding current medical positions and will seek input before discussing employment with any current employees, with the intent of retaining all qualified, properly credentialed individuals who have the attributes to succeed as a part of the DDOC/CCS team (please also see our Credentialing details later in this section). We are prepared to begin recruiting efforts immediately, both within DDOC and within CCS through internal postings.

CCS' recruiting program employs a variety of techniques and resources, including:

- ▲ Direct mail recruitment to targeted groups (i.e., letters, postcards, flyers). This method of recruitment has been particularly effective in recruiting nurses. By targeting a specific market, the CCS recruitment message is effectively communicated to all potential candidates in a designated area
- ▲ College and University on-site recruitment and career fairs
- ▲ Internet Recruiting – we utilize a variety of Internet recruiting strategies, including websites for targeted professional groups
- ▲ Advertising in local and regional newspapers and publications
- ▲ Participating and sponsoring of local, state and national professional conferences (NCCHC/ACHSA, ACA, AJA, etc.)
- ▲ Advertising in nationally distributed business or professional publications (i.e., various physician specialty journals, American Nurses Association)
- ▲ Maintaining a resume databank
- ▲ Using employment agencies, such as Locum Tenens, and other search firms
- ▲ Building relationships with public interest groups, educational institutions and trade/professional organizations (i.e., National Commission on Correctional Health Care, American Correctional Association)
- ▲ Contacting area physician residency and nursing school programs to promote opportunities to residents and fellows;
- ▲ Employee referral programs.



### **Equal Employment Opportunity**

CCS is an Equal Employment Opportunity (EEO) employer; we have thorough EEO policies and procedures in place to appropriately guide our recruiting and hiring process. CCS knows that the cornerstone of the organization is our people. Our organization is made up of dedicated professionals whose mission is to provide compassionate patient care, execute sound ethical business practices, and support each other in all of these endeavors. We also know that to maintain our competitive advantage in the marketplace, especially in an environment like the State of Delaware, where there are a variety of opportunities for quality medical professionals, we as a company must effectively engage and retain our people.

We are confident that we will be able to ensure a personnel pool to meet the demands of the DDOC. CCS has an excellent, retention rate with low turnover and we react swiftly to vacancies and other potential staffing crises to ensure there are no long-term staffing holes. We maintain 98 percent of all CCS jail positions filled; open positions are temporarily filled through overtime and PRN staffing pools. Our turnover rate is approximately 25 percent, consistent with the overall health care industry. A specifically defined 2009 company goal has been to reduce turnover by 10 percent.

### **Approach to Nursing Shortage**

Our nation currently faces a nursing shortage. Despite this ongoing issue, CCS' outstanding recruiting and retention plan has been a proven success in dealing with such staffing challenges at all of our facilities. Our aggressive recruiting includes salary surveys, superior wage ranges and employee benefits, and frequent collaborative work with area colleges and universities. Our retention program is also vigorous. CCS has a low-turnover, high employee satisfaction rate. CCS will ensure that our wages are comparable with those of community health care centers in the State of Delaware.

#### ***PRIDE IN OUR PEOPLE***

In speaking with our clients, or reading our references, you will find a consistent message on CCS improving retention for all of our locations.

CCS currently has 98% of all positions filled with CCS employees!

As of February 1, 2010 CCS has not used ANY agency nurse at ANY of our facilities in over 2 years (with the exception of temporary usage during the Vermont DOC transition, a system that was functioning with nearly 65% of the healthcare staff covered by agency; CCS has focused on recruitment and in just a month is almost 100% staffed with CCS employees)! We realize the importance of consistency of care and having properly trained nurses is critical to our success. We are confident our lack of agency nurses is unique versus our competition.

### **Retention Program**

CCS utilizes a variety of techniques to retain quality employees.

**Employee Recognition** – CCS has a formal Employee Recognition Program to reward employees for outstanding performance and exemplary service. CCS presents various awards each month. Awards are based on attendance, customer service, teamwork, and overall performance. The purpose of the Employee Recognition Program is to motivate positive job behavior and build a sense of pride in each employee through recognition.



**Monthly Newsletter** – CCS provides a Monthly Newsletter, which serves as a valuable tool to keep employees informed of changes within the correctional healthcare industry and stay connected to company news. The newsletter includes a letter from Jerry Boyle, CCS President and CEO, updates on CCS news and events such as benefit open enrollments, and employee recognition winners. The CCS newsletter enhances our connection through communication with our employees.

**Professional Development/Tuition Assistance** – CCS encourages employees to take advantage of opportunities for advancement and professional growth. The CCS education and training program facilitates professional development and provides tuition assistance to employees as an opportunity to advance their skills and their career. In addition, on an annual basis CCS employees and their children who graduated high school are encouraged to apply for two CCS sponsored college scholarships. In 2008, two \$2500.00 scholarships were awarded.

**Continuing Education Program** – CCS maintains a continuing education program providing nursing personnel with access to programs on a monthly basis.

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

**CCHP Certification** – CCS encourages our medical professionals to obtain certification through the National Commission on Correctional Health Care. CCHP professional certification provides immeasurable benefits and is highly regarded by management, peers, staff and others. It is a step toward increased knowledge, greater professional recognition and identification as a leader in the complex and ever-changing field of correctional health care. Health professionals working in correctional settings face unique challenges: working within strict security regulations, dealing with crowded facilities, understanding the complex legal and public health considerations of providing care to incarcerated populations and more. Achieving professional certification is the surest way to prove to yourself and to others that you have the tools to meet these challenges. CCS reimburses the cost of testing to employees who successfully pass.

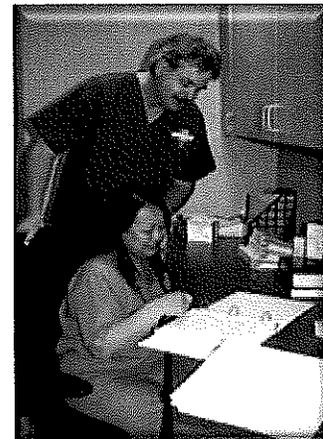


## CCS Employee Development & Retention Program



- ▲ **Competitive salaries, 401K & benefits package**
- ▲ **Nursing wages comparable to those in local hospital & ambulatory care settings**
- ▲ **Tuition assistance**

- ▲ **Continuing education & training**
- ▲ **CCHP credentialing reimbursement**
- ▲ **Health, safety & welfare programs**
- ▲ **Ethics & compliance program**
- ▲ **Performance appraisals**
- ▲ **Clear work procedures & objectives**
- ▲ **Fair, consistent employee practices**
- ▲ **Incentives & awards**
- ▲ **Flex scheduling options**
- ▲ **CCS Wellness program**

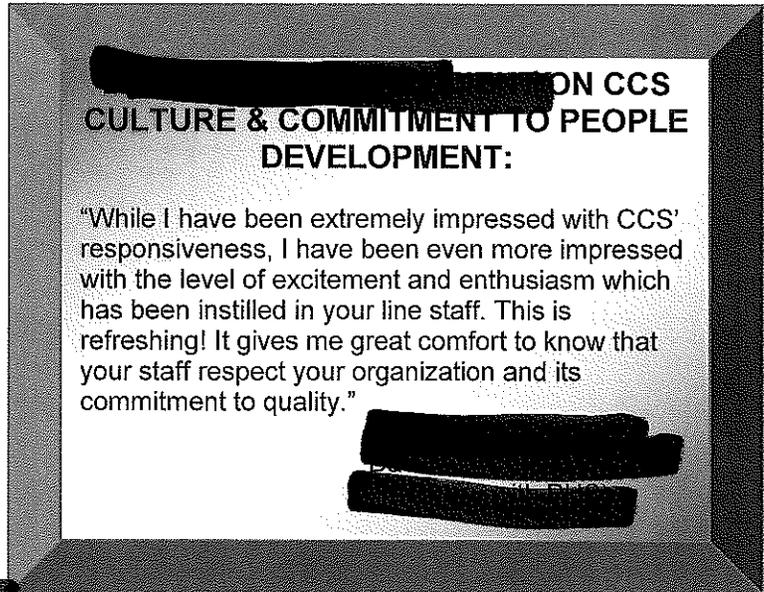


- ▲ **Accessible management**
- ▲ **Friendly, nurturing corporate culture**
- ▲ **Employee assistance**
- ▲ **Career advancement opportunities**
- ▲ **Leadership development**
- ▲ **Ownership of work processes**



## 10.6 Orientations, [REDACTED]

CCS knows that the cornerstone of the organization is our people. Our organization is made up of dedicated professionals whose mission is to provide compassionate patient care, execute sound ethical business practices, and support each other in all of these endeavors. We also know that to maintain our competitive advantage in the marketplace, especially in an environment like State of Delaware, where there are a variety of opportunities for quality medical professionals, we as a company must effectively engage and retain our people.



[REDACTED]

[REDACTED] based on the number of new hires, the Health Services Administrator may choose [REDACTED] part of the [REDACTED]

[REDACTED] on [REDACTED]

The goal of new employee orientation training is to ensure that employees are adequately prepared to accomplish assigned job responsibilities and function accordingly in the correctional environment.

The CCS orientation program is customized to accurately reflect the processes established at a specific facility. [REDACTED] and all employees will also participate in the Facility's orientation as required.

The CCS new employee orientation includes, but is not limited to, the following topics:

- ▲ Introduction to CCS;



- ▶ Introduction to the correctional environment;
- ▶ Contraband and offender fraternization
- ▶ Job descriptions and responsibilities;
- ▶ Correctional health care standards;
- ▶ Organizational structure and chain of command;
- ▶ CCS business ethics;
- ▶ Scope of service information;
- ▶ Clinical practice guidelines and assessment protocols;
- ▶ OSHA guidelines and Blood-borne pathogens;
- ▶ The Prison Rape Elimination Act;
- ▶ Medication administration training and preventing medication errors;
- ▶ [REDACTED]
- ▶ Suicide prevention and risk assessment;
- ▶ Emergency procedures;
- ▶ Compliance with DDOC security regulations, policies and procedures;
- ▶ Notification procedures for staff discharges and resignations;
- ▶ DDOC required sign-in and sign-out procedures.

[REDACTED] orientation program  
[REDACTED]

[REDACTED] guided by standards, detailed checklists, and a qualified preceptor. While there are time schedules with expected milestones, the preceptors will work with the new employees to ensure that the expected knowledge is transferred. This portion will not be considered complete until the new employee feels capable and comfortable to perform the job and satisfactorily passes the post-test.

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

[REDACTED]  
The continued success of any organization is its leaders' ability to effectively lead their people, maximize customer & client experience, and make sound business decisions. Correct Care Solutions is committed to enabling its leaders to be the best at their current roles and to preparing them for future opportunities within the Company.

Correct Care Solutions [REDACTED]  
[REDACTED]



[REDACTED]

These [REDACTED] are used to guide performance assessment, development initiatives and promotional selection.

**Leadership Development Program**

- ▶ [REDACTED] leader;
- ▶ [REDACTED]
- ▶ [REDACTED] is conducted along with the [REDACTED]

**Leadership Development Camp**

[REDACTED] culture.

The program starts when leaders receive the [REDACTED]. To enhance the [REDACTED] at the Corporate Home Office (Nashville, TN), it is essential to make sure that each attendee is prepared so they can fully benefit from the program. The [REDACTED] programs and paper assignments aimed to educate our leaders in their various responsibilities.

[REDACTED] management.

Upon arrival [REDACTED] Our goal is to help our RIGHT employees to ALWAYS do the RIGHT things. Our past, present and future success is because of the investment in our CCS Family [REDACTED]

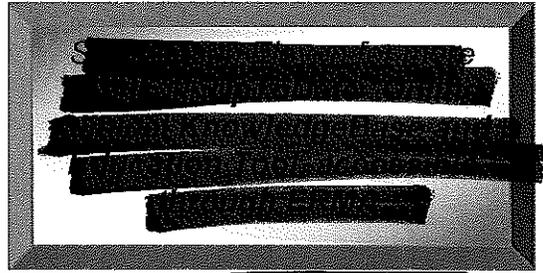
**Orientation Program**

All new CCS staff assigned to DOC will prior to beginning work, be cleared for entry to the facility assigned attend a program at CCS expense to orient healthcare staff to security and classification procedures, OSHA Bloodborne pathogen regulations and any necessary CPR/First Aid training. All personnel will complete 40 hours of pre-service training within the first 30 days of employment. All orientation training will be customized to each assigned facility. For additional details on our training programs, please see **Section 10.6**. We have included an outline of our orientation program in **Attachment H**.



**On-Site Reference Library/Educational Resources**

CCS will provide an up-to-date medical reference library at DDOC that is accessible at all times by health care personnel. Reference materials shall include basic reference texts related to diagnosis and treatment in a primary care setting. [REDACTED]



As part of our standard reporting capabilities, CCS will provide a weekly staffing report to the DDOC Administrator detailing positions filled, absences and vacancies.

**CCS In-service Training**

The CCS continuing education and training program builds on the foundation established in the orientation process and is in accordance with professional and legal standards. The CCS training department establishes self-study continuing education and training programs on a monthly basis. CCS maintains a continuing education provider license that provides nursing personnel with continuing education credits, as an employee benefit. The self-study training programs are distributed electronically, and participants who successfully complete the program receive a certificate of completion. Following is a sample copy of a continuing education and training schedule.

<b>CCS CONTINUING EDUCATION SCHEDULE</b>		
<b>MONTH</b>	<b>TITLE</b>	<b>CREDIT</b>
January	Post-Surgical Wound Care	1.0
February	Medical-Legal Issues in HIV Treatment	1.0
March	Hospice in Corrections: End-of-Life Issues	1.0
April	OSHA Update 2010	1.0
May	Chest Pain	1.0
June	Appendicitis: Correctional Health Care Focus	1.0
July	Hypertension	1.0
August	Medication Update: Innovations in Drug Administration	1.0
September	The Epileptic Offender	1.0
October	Correctional Health Standards: What You Need to Know	1.0
November	Physical Assessment: Neurology	1.0
December	Correctional Behavioral Health Care	1.0



Additionally, on-site CCS health care personnel will establish in-service training and education programs on topics and issues specific to the Facility. Selected topics will be identified on an on-going basis through the Quality Improvement Program. CCS maintains a video library and other reference materials that can be used to facilitate the site-specific training programs. CCS will also utilize community resources when available and appropriate. The CCS Training Department will also provide technical assistance.

The CCS Health Services Administrator is responsible for ensuring that health care personnel receive, at a minimum, one hour of continuing education per month. Documentation of completed training will be maintained on an individualized training record.

All health staff will maintain current CPR/AED certification and attend appropriate workshops to maintain their licensure.

In addition to providing pamphlets and informal educational discussions with offenders to educate them about hygiene, stress management, health and wellness issues, CCS has added to our staffing plan for DDOC a nurse who will be dedicated to CQI, wellness education and infectious disease control. CCS has developed a Patient Wellness Education program called Medical Minute that we can implement at DDOC. It is our thought that these short clips could be shown on the video visitation monitors in addition to any regular TV sources within the jail. Topics that could be developed for DDOC might include Flu/ H1N1 Prevention, Access to Care reminders, and STD Prevention.

[REDACTED]

- ▲ The importance of Physical Activity
- ▲ Overweight and Obesity
- ▲ No Antibiotics Please
- ▲ Taking Antibiotics
- ▲ What is High Blood Pressure
- ▲ Am I at Risk for Diabetes
- ▲ Water: Survival Juice
- ▲ The "Flu"
- ▲ Dehydration
- ▲ Arthritis
- ▲ Tattoos
- ▲ Brown Recluse Spider Bites



CCS has also worked with a number of our jail clients to establish offender education programs that are played in intake and housing areas. The videos address topics such as:

- ▲ TB Testing
- ▲ MRSA
- ▲ Accessing Health Care Services

### **Correctional Staff Education Program**

If desired, CCS can implement a regular Staff Health Education program for facility/correctional staff.

Relevant medical information will be shared annually or as necessary or requested to educate security staff on pertinent medical issues. CCS will collaborate with the Bureau Chief and facility Wardens to develop and schedule the training.

CCS presents health related training for detention staff at many of our facilities and we have developed a variety of training curricula for this purpose including but not limited to:

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



## 10.7 Credentialing and Privileging

All healthcare provider staff at the DDOC will hold appropriate licenses with the State of Delaware and current First Aid and cardio-pulmonary resuscitation (CPR) certifications at all times.

The CCS Credentialing Program is managed by the CCS Chief Medical Officer. The credentialing process includes a review and verification of the health care practitioner's qualifications (e.g., licensure, experience, training, and certifications) to determine the extent of clinical privileges. Additionally, health care practitioners are re-credentialed every three years to ensure qualifications are current and privileges extended to the health care practitioner are appropriate.

The CCS Credentialing Program is in compliance with standards established by the National Committee for Quality Assurance (NCQA), an independent, not-for-profit organization dedicated to assessing and reporting on the quality of managed care plans, including health maintenance organizations (HMOs). CCS' Credentialing Program ensures health care practitioners (*MDs, DOs, DDSs, DPMs, Psychiatrists, Psychologists, Advanced Registered Nurse Practitioners, Physician Assistants and other independent practitioners who are authorized by law to practice independently*) providing on-site service have the credentials required to practice. In addition, physician staff will be educated in primary care and board certified and/or board eligible with subspecialties in high volume clinic services.

The CCS credentialing process requires health care practitioners to submit the following documents to Human Resources personnel for primary source verification.

- ▲ Original completed application.
- ▲ Original signed and dated "Release of Liability" form.
- ▲ Original signed and dated "Healthcare Practitioner Request for Privileges" form.
- ▲ Curriculum Vitae, with dates of employment and explanations for work gaps of six months or more.
- ▲ Copies of Professional Degrees.
- ▲ CPR and/or ACLS certification.
- ▲ Photocopy of current malpractice insurance certificate (contract practitioners).

In addition, discipline specific requirements include:

- ▲ Physician
  - Photocopy of ECFMG certificate (foreign medical school graduates only).
  - Application for malpractice insurance (employees only).
- ▲ Dentists
  - Application for malpractice insurance (employees only).
- ▲ Advanced Registered Nurse Practitioners
  - Current copy of a protocol agreement.
  - A copy of the protocol agreement with a CCS physician submitted to the State licensing authority.



▲ Physician Assistants

A copy of a supervisory data sheet submitted to the State licensing authority. Human Resources personnel establish a credentialing file for the healthcare practitioner once the necessary documentation is received. The credentialing file is submitted for primary source verification. Upon completion of the primary source verification process, the credentialing file is presented to the Chief Medical Officer for review. Identified areas of concern are addressed and the extent of the provider's practice for CCS is determined. The credentialing of nursing personnel and other health care professionals will be initially and routinely completed by the CCS Human Resources Department. The site CQI committee is responsible for ensuring nursing personnel maintain licensure and CPR certification, as required for their position. CCS will implement a credentialing log to track the credentialing process. The credentialing log lists the expiration dates for licenses, CPR and other certifications as appropriate.

CCS maintains personnel records on each employee. Copies of current licenses for professional employees are a permanent part of the personnel file. CCS bears the responsibility for the verification of educational degrees.

A copy of the application, credentialing verification documents, complete work history, license, degree and malpractice coverage will be maintained on file and the process completed within 30 days of hire. The Bureau Chief or his designee will have access to this information upon request.

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# CCS Credentialing Process for Physicians, Psychiatrists & Mid-Level Providers

**STEP 1**  
CCS Medical Director interviews applicant, reviews application | PROVIDER MEETS QUALIFICATIONS FOR DESIRED POSITION

**STEP 2**  
HR verifies license, DEA and malpractice insurance. | PROVIDER GRANTED INTERIM PRIVILEGES

**STEP 3**  
HR opens a credentialing file and gathers additional information as necessary. | PRIMARY SOURCE VERIFICATION PROCESS COMPLETED

**STEP 4**  
Credentials file completed, submitted to CCS Credentialing Committee for review. | PROVIDER CREDENTIALLED

**STEP 5**  
Re-credentialing process completed every 3 years in compliance with NCOA standards. | PROVIDER RE-CREDENTIALLED

Note: the credentialing process is completed on physicians, psychiatrists, dentists and mid-level providers who provide on-site service for CCS. Specialty providers who provide fewer than 10 hours of on-site service per week are not required to complete the credentialing process.

## 10.8 Work Hours Required Onsite

CCS agrees to the language and directives in the RFP regarding work hours and staffing. We will provide full and adequate on-site staffing in all our health care services endeavors at DDOC. Any modifications to the staffing plan will be subject to agreement between CCS and DDOC/BCHS. CCS acknowledges that training time per individual must not exceed 40 hours annually. CCS will account for training time in staffing and pricing materials. Off-site meetings will not be applied to DDOC working time, unless prior approval is received from the Bureau Chief.



CCS has a successful track record of managing staffing fluctuations and ensuring appropriate staffing levels. We maintain a PRN pool to ensure backfill / relief coverage is available. Our PRN staff completes on-boarding consistent with that of our full-time team members to ensure training and consistency of services. Nationwide, we have less than a four percent vacancy rate and these openings are currently filled utilizing overtime and PRN coverage.

CCS has an excellent, retention rate with low turnover and we react swiftly to vacancies and other potential staffing crises to ensure there are no long-term staffing holes. We maintain 98 percent of all CCS jail positions filled; open positions are temporarily filled through PRN staffing pools, and staff overtime as necessary.

Our internal HR recruiters are so successful at rapidly filling our vacancies with qualified personnel, we have not used an outside staffing agency to fill vacancies since January 2008.

### 10.9 Offender Grievances and Inquiries

As you will read in our written references provided, CCS has a strong track record of decreasing grievances by ensuring appropriateness of care. We agree that offender grievances, complaints and inquiries must be responded to in a formal manner as soon as practical. We will respond within 24 hours of receipt of each grievance.

CCS understands that offenders may file a grievance at any time. Urgent grievances are defined as those complaints that involve an immediate need on the part of the offender for health care services. CCS' Medical Director or his/her designee will resolve urgent grievances.

In addition, CCS has established a mechanism to report on the volume of grievances received, the nature of the grievances, the resolution status and corresponding timeframes, whether or not the grievance is merited. CCS logs grievances on a daily basis, categorizes them and reports specifics as a part of the medical services monthly statistical report. These concerns and grievances are resolved in collaboration with the Health Services Administrator and Mental Health Services, Dental, Pharmacy or other Service providers as deemed appropriate.

CCS' training program includes grievance resolution. Nursing personnel are taught to address an offender's concern at the point of contact prior to the offender initiating a written grievance. All health care staff is available to attend to offender medical grievances.

When grievances are received the Health Services Administrator or appropriate designee will investigate and respond, in accordance with DDOC and facilities' policies. When necessary a face to face interview with the offender will be conducted. All grievances are logged to identify patterns and trends. Our CCS QI/MAC Committee will review and categorize grievances to identify potential issues and determine if patterns exist or develop.

**CCS 'DRAMATICALLY' REDUCES GRIEVANCES AT KANSAS DOC**

"Our offender grievances and lawsuits have reduced dramatically since CCS took over the contract. The rate of offender overall satisfaction is the highest KDOC has ever experienced since contracted services began in 1988."

-Viola Riggins, Senior Contract Manager, Kansas Department of Corrections  
(Previously with PHS and CMS)



## 10.10 P&P and Protocols

The CCS policies and procedures will be used at every step to guide the health care program. Policies and procedures will be tailored site-specific for each facility and address the standards of ACA, NCCHC, and applicable federal, state and local laws. These policies and procedures will be developed in concert with DDOC and/or facilities' policies and procedures for service delivery, in accordance with DDOC guidelines and available in a manual that is updated on an annual basis. These policies will be reviewed annually by the Health Services Administrator and Medical Director and will be provided to the Bureau Chief and Warden or designee for approval. CCS will obtain concurrence from the DDOC before developing or revising policies and procedures.

## 10.11 CQIP

Under the authority of Dean Rieger, M.D., our Chief Medical Officer, CCS operates an established Continuous Quality Improvement Program (CQIP). The goal of the CQIP is to ensure that systems and programs work effectively to guarantee that quality health care services are provided to offenders, as medically indicated. The CCS CQIP is defined by written policy and defined procedures. The CCS Program will be used to establish a CQI Plan for the DDOC facilities, including the development of a Medical Audit Committee (MAC Meeting). CCS will develop a written, site-specific plan for the DDOC within 30 days of contract implementation.

In addition to our CORE contractual and standards internal auditing program described below, the CQI Plan will address health care services provided on and off-site for quality, appropriateness and continuity. The scope of care provided within the system will be reviewed and defined in the plan. The CQI Plan will also define the multidisciplinary CQIP Committee, meeting format, and the CQI review process. The committee will perform CQI monitoring activities, discuss the results, and implement corrective actions as indicated. The on-site CCS Medical Director will be the chairperson for the committee.

On an annual basis the reviews will include access to care, intake screening, health appraisal, continuity of care, infirmary care, nursing care, pharmacy services, diagnostic services, behavioral health care, dental care, emergency care, disaster drills, hospitalizations, environmental inspections, offender grievances, risk management, policy and procedure review, utilization management, safety and sanitation, infection control, seclusion and restraint, adverse offender occurrences and all mortalities.

### **CQIP Compliance**

Our established CQIP is in compliance with ACA and NCCHC standards and includes but will not be limited to audit and medical chart review procedures. The CCS site-specific CQIP for the DDOC facilities will be based on and define the scope of care provided. The multidisciplinary committee will direct CQI activities. The on-site CCS Medical Director is the designated CQI committee chairperson. Generally, the multi-disciplinary committee will meet at least once per quarter and consist of the Medical Director, Behavioral Health Representative, Dentist, HSA, DON, C and an appropriate BCHS and Facility and/or Security representative(s). The committee will review significant issues and changes and provide feedback so that any deficiencies or recommendations may be acted upon.

Records of activities related to the CQIP will be marked CONFIDENTIAL. Discussions, data collection, meeting minutes, problem monitoring, peer judgments, and information collected as a result of the CQIP are not for duplication or discussion.



**Scope of CQIP**

CCS will be responsible for keeping a watchful eye on relevant areas for quality improvement not previously mentioned in the sections above, to include accreditations, credentialing monitoring, environmental inspections, emergency drills, nursing, intake behavioral health, medication management, special housing and ancillary services.

**High Risk Items**

The established CCS CQIP addresses many forms of risk management, including clinical and environmental risk management tools that work to identify and reduce variability, as well as reducing liability when adverse events occur. The following areas addressed at CQIP committee meetings for risk management purposes include:

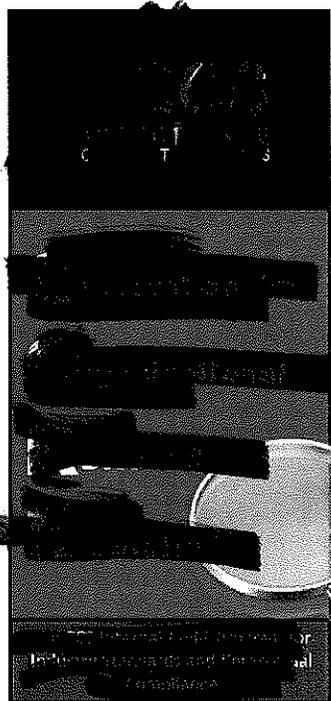
**Sentinel Event and Emergency Drill Reviews** – The CQIP Committee will monitor, review and report on the health staff's response to critical incidents and drills. The root cause analysis problem solving methodology will be utilized to review sentinel events.

**Environmental Inspection Reports** – CCS will participate in monthly facility environmental inspections to ensure that offenders live, work, recreate and eat in a safe and healthy environment. The HSA or designee will conduct a monthly inspection at the DDOC facilities. The CQIP committee will track deficiencies identified during routine environmental inspections through resolution.

**Utilization Management** – CCS monitors the provision of care to ensure that medically necessary health care services are provided in the most appropriate health care setting.

**Grievances** – The CCS grievance process will be consistent with national standards and the DDOC facilities internal policies. The QI Committee will review and categorize grievances to identify potential issues and determine if patterns exist or develop.

**Medication Error Reporting and Prevention** – The CCS CQIP includes a component on medication error and prevention. The medication error program is based on the program established by the National Coordinating Council for Medication Errors Reporting and Prevention.



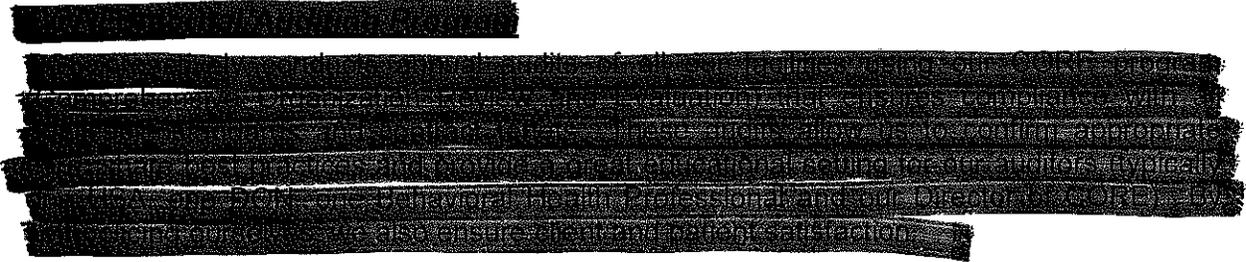
**Peer Review** - CCS requires annual peer review of its physicians, psychiatrists, dentists, psychologists, physician assistants, and advanced practice nurses. The purpose of the peer review is to evaluate the clinical practice of the practitioner. Site CQI committees are, along with the HSA, responsible for insuring that required peer reviews are carried out.

The peer review process includes review of representative health records (types of records reviewed depends upon the nature of the practice), an interview with the HSA regarding the practitioner's performance, an interview with the practitioner regarding his/her perception of his/her performance, and an exit interview during which the reviewer discusses the findings with the practitioner.

When areas in need of improvement are identified, the reviewer works with the practitioner and the HSA to establish an



improvement process.



Our CORE Director is JoRene Kerns. Ms. Kerns is also an active participant and board member for both the American Correctional Health Services Association (ACHSA) and the National Commission on Correctional Healthcare (NCCHC).

**Performance Indicators**

The CCS Comprehensive Quality Improvement Program utilizes HEDIS Performance Measures. HEDIS, the "Health Plan Effectiveness Data and Information Set", is a standardized, comprehensive set of indicators used in the community to measure clinical practice guidelines and the performance of health plans in specified areas. (HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA). Representatives from consumer groups, employers, health plans, and the National Committee for Quality Assurance (NCQA) worked collaboratively to establish HEDIS measures, and they are updated annually. HEDIS measures address a variety of issues including effectiveness of care, access/availability of care, member satisfaction, health plan stability, use of services and cost of care. Some of these are directly translatable into the correctional world.

Importantly, HEDIS measures that help us to understand not only the quantity and type of care delivered, but also how well that care is being provided. HEDIS measures do not always line up with the measures that our clients use in monitoring our performance. Where client expectations and contractual agreements dictate, more stringent or less stringent treatment measures should be utilized. Similarly, HEDIS yardsticks often fail to line up with recommendations found in broadly employed practice guidelines. Although broadly employed national practice guidelines often fail to line up with each other, it remains a "best practice" to strive to meet the most stringent evidence-based guidelines available.

For example, HEDIS guidelines continue to identify poor glucose control in diabetes as being evidenced by a glycosylated hemoglobin of above 9.0%, a cutoff that is generally considered too high. The American Diabetes Association (ADA) identifies as its "best practice" goals a glycosylated hemoglobin below 7.0%, or as close to 6.0% as a patient can achieve without experiencing serious hypoglycemia.

In practice, many type II diabetics can achieve a level at or below 7.0%, while few type I diabetics can do this. And given the effects of changes in diet and activity level that occur when persons enter or leave correctional settings, acting too aggressively to promote sugar control over the short run creates risks without providing clear benefit to the patient. We are left with a HEDIS standard that does not comport with clinical care as promoted by the ADA, and neither comports well with what we see in jails and prisons over the short term, although for long term offenders they become more applicable.



HEDIS measurements are published separately for commercial insurers, for Medicare, and for Medicaid. All three of these are community groups and provider groups compare themselves to the group of which they are members; which of these groups represents the “community standard of care” against which correctional settings should measure themselves? However imperfect the analogies may be between care provision inside and outside of correctional settings, HEDIS measures do provide us with the only means of directly comparing care provision between these two groups.

We have elected silence regarding this choice and instead, for those areas in which we will compare ourselves, will look at all three measures and see where we fall.

Measurement of our performance against HEDIS measurements is useful not only for us, but also helps our clients to understand how our performance truly compares with community care.

We will be observing our performance on selected HEDIS measures and reporting our findings through the CQI process to The DDOC. Should we fall below the 50th percentile in any area, it is a sure sign that we need to review the involved processes. Facilities are encouraged but not required to review additional HEDIS measures through the CQI process.

#### **CQI Matrix Use**

CCS will provide Quality Assurance, QA Matrix for BCHS monitoring of the healthcare system as stipulated. The QA Matrix will incorporate as indicated, clinical, fiscal, operational, and other data to facilitate comprehensive monitoring of the healthcare system. CCS is aware that a failure to meet the standards set forth in the QA Matrix may result in a financial penalty or other off-set. CCS has reviewed the Matrix supplied as Appendix D in the issued RFP.

#### **Medical Audit Committee**

CCS will conduct Medical Audit Committee (MAC) meetings monthly and on a scheduled basis with distributed agendas in coordination with the BCHS. The purpose of the MAC meetings is to evaluate the health care program, ensuring that quality services are available to all offenders in all scopes of care (medical, dental, behavioral health). Discussions will include monthly health services statistics by category of care, current status of the health care program, costs of services, coordination between security and health services and identified issues and program needs. Our CCS CQI/MAC Committee will also review and categorize grievances to identify potential issues and determine if patterns exist or develop. Meeting minutes will be documented, distributed to attendees and the Bureau Chief, and maintained for reference.

#### **Infection Control Program**

Please see a description of the CCS Infection Control Program in **Section Ten**.

#### **Offender Grievance Mechanism**

The CCS grievance process will be consistent with national standards and the DDOC internal policies. The CQIP Committee will review and categorize grievances, including those received from family members, legal counsel and correctional personnel, to identify potential issues and determine if patterns exist or develop. CCS uses a log to track all grievances, including response times and corrective actions and will use the format



specified by the DDOC.

CCS' training program includes grievance resolutions. Nursing personnel are taught to address an offender's concern at the point of contact prior to the offender initiating a written grievance.

When grievances are received the Health Services Administrator or appropriate designee will investigate and respond within five business days of receipt, or in accordance with DDOC policy. When necessary a face to face interview with the offender will be conducted. Grievances are addressed by the CQIP committee.

Grievance summary reports will be provided to the Bureau as requested as well as included in our comprehensive Monthly Health Services Report package.

### **Policies and Procedures**

CCS will provide a written manual of policies and procedures, based on current NCCHC, ACA and DDOC standards. The manual will be submitted for approval with guidelines and protocols uniform across all institutions and facilities as requested within 90 days. We will incorporate an approval and periodic review process, with participation and input from our DDOC team members. Annual review sheets will be supplied in accord with NCCHC standards.

### **Utilization Review**

CCS monitors the provision of care to ensure that medically necessary health care services are provided in the most appropriate health care setting. The utilization review component of the CCS Continuous Quality Improvement Program (CQIP) focuses on providing both on-site and off-site health care services in a cost effective manner while assuring the delivery of quality health care services.

The CQI Committee will track the utilization of services provided at the facility by category of care. Monthly statistics will be collected and reviewed to evaluate utilization of resources, including personnel. Monthly utilization of service statistics are reviewed to identify trends and/or patterns that may be beneficial when strategically planning for future years.

CCS will provide a Utilization report on a monthly basis, or more frequently if requested, to the Bureau Chief or designee. Please see further detail on our Utilization Management process in **Sections Seven and Eleven**.

### **Strategic Planning and Consultation**

The CCS team is delighted to cooperate and participate with the DDOC and Facility administration on discussions about the new renovation, housing, job and program assignments for offenders, as well as any other pertinent issues affecting the facilities. A staff member will be assigned to participate in all strategic planning and programming meetings. We are always eager to contribute to our clients' endeavors in a positive way. Please consider us a partner on the DE Department of Correction team!



### **Credentialing**

Please see our credentialing section at **10.7**. CCS will keep current credentialing files on all staff providers at DDOC facilities.

### **Risk Management and Mortality Review**

**Critical Incident Response - Sentinel Event Review** is a component of the CQIP Committee, chaired by Dr. Dean Rieger. The Committee will review sentinel and critical events, identifying and addressing all contributing factors in an effort to improve health care services and prevent reoccurring events. The Sentinel Event Review focuses on sentinel and critical events, including but not limited to:

- ▲ Offender deaths
- ▲ Suicide attempts
- ▲ Use of medical restraints
- ▲ Medical emergencies; and
- ▲ Other events designated by the CCS Chief Medical Officer

#### **SENTINEL EVENTS**

A sentinel event is defined as an unexpected occurrence involving death or serious physical or psychological injury, or risk thereof.

**Mortality Reviews** – The CQIP Committee will perform a preliminary review and the Medical Director will complete a death summary. The death summary and a copy of the offender's health record are submitted to the CCS Risk Management Department. Risk Management personnel, including Dr. Dean Rieger will review the information and submit a response to the appropriate authority. The death summary will be submitted to the DDOC within seven working days from the date of the death. The Bureau Chief, Risk Manager, attorney or designee will be included in all Mortality Reviews.

**Root Cause Analysis** – The CCS CQIP emphasizes the evaluation of critical events to provide an understanding of the conditions that produce an actual event and the contributing factors. CCS utilizes the root cause analysis problem solving methodology to focus on a broad range of factors and to facilitate the development of corrective action plans.

### **Pharmacy and Therapeutics Committee**

CCS will establish a Pharmacy and Therapeutics (P&T) Committee as a component of the CQIP at DDOC facilities. The committee will hold responsibility for formulary and monitoring of medication usage. For more information about the P&T Committee's oversight, please see our CQIP description in **Section 10.11**.

### **Safety and Sanitation Inspections**

CCS will participate in monthly facility environmental inspections to ensure that offenders live, work, recreate and eat in a safe and healthy environment. The HSA or designee will conduct a monthly inspection of the kitchen, housing and work areas at DDOC facilities. The QI committee will make recommendations for improvements and track deficiencies identified during routine environmental inspections through resolution.



### **Administrative Meetings and Reports**

CCS will coordinate and participate in quarterly, scheduled administrative and quality improvement program meetings regarding health care services. The notes from each meeting will be summarized and retained for future reference. CCS will also participate in all departmental meetings as requested by the DDOC.

### **Statistical Data**

CCS will provide a full array of monthly and annual operational, staffing, financial and utilization management reports for the DDOC. CCS will also provide daily (past 24 hours) reports for the DDOC facilities Bureau Chief, to include:

- ▲ Off-site transfers to hospitals
- ▲ Emergency Department visits
- ▲ Communicable Disease data
- ▲ Suicide attempts/ideation
- ▲ UM status reports for hospitalized offenders and those in infirmary care
- ▲ Staffing
- ▲ Incidents
- ▲ Grievances

Please also see our Reporting Capabilities at **Section 7.1**.

## **10.12 Morbidity and Mortality Review**

The CQIP Committee will perform a preliminary review and the Medical Director will complete a death summary. The death summary and a copy of the offender's health record are submitted to the CCS Risk Management Department. Risk Management personnel, including Dr. Dean Rieger will review the information and submit a response to the appropriate authority. The death summary will be submitted to the DDOC within seven working days from the date of the death. The Bureau Chief, Risk Manager, attorney or designee will be included in all Mortality Reviews.

## **10.13 Post Critical Incident Review**

CCS will participate in post critical incident review process in accordance with DDOC and CCS policies.

## **10.14 Risk Management**

### **CCS Risk Management Plan**

Safety is an integrated element of CCS' corporate philosophy and values, and evident from the management level down to the grassroots operations at each facility. As part of CCS' ongoing commitment to our employees' wellbeing, we are currently in the process of establishing an Injury and Illness Prevention Program to implant and nurture a culture of safety consciousness, sustain our already high level of safety at our all of our client facilities, and to ultimately help ensure the safest possible workplace for our employees, patients and clients.



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

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

We have also created the CCS Safety Super Star Recognition Award that is presented annually to the staff member who has demonstrated exceptional initiative or performance in this area.

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

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

Our Health Services Administrator (Health Care Coordinator) will be responsible for ensuring that safety/risk management training is adapted to State requirements as well as any applicable directives, regulations and policies of the DDOC.

Throughout the contract, CCS will evaluate performance and assess training requirements to ensure our program is responsive to changing regulatory and operational requirements. CCS will report any injuries, accidents or other occurrences to DDOC. Any incidents will also be recorded for statistical tracking and procedural modifications that may be necessary.

### **10.15 Informed Consent and Right of Refusal**

For the DDOC system, CCS will implement the use of DDOC forms to document informed consent for proposed treatments and examinations as well as a general description, alternatives and any risks involved. CCS will also document in writing any refusals of examination, treatment or medication. CCS will seek informed consent and refusal documentation in accordance with DDOC and CCS policy.

### **10.16 Telemedicine Expansion**

CCS recognizes telemedicine may have a potential in the DDOC, especially the use of services in some of the more rural facilities. CCS supports the use of telemedicine for the delivery of health care services to reduce the incidence of offender travel and will participate should the DDOC engage in a telemedicine system.



### **10.17      Records and Reports**

CCS will provide a full array of periodic reports generated through the DACS and ERMA platforms, which will be available no later than the 10th of each month for the preceding month. Please see **Section 7.1** for a full description of CCS reporting capabilities.

### **10.18      Response Team**

CCS will participate, in all roles awarded under this contract, in the DDOC response team.

### **10.19      Cooperative Interaction**

CCS will cooperate fully, in all roles awarded under this contract, with DDOC health care service partners to ensure quality of, access to and continuity of care for all offenders in the DDOC system.

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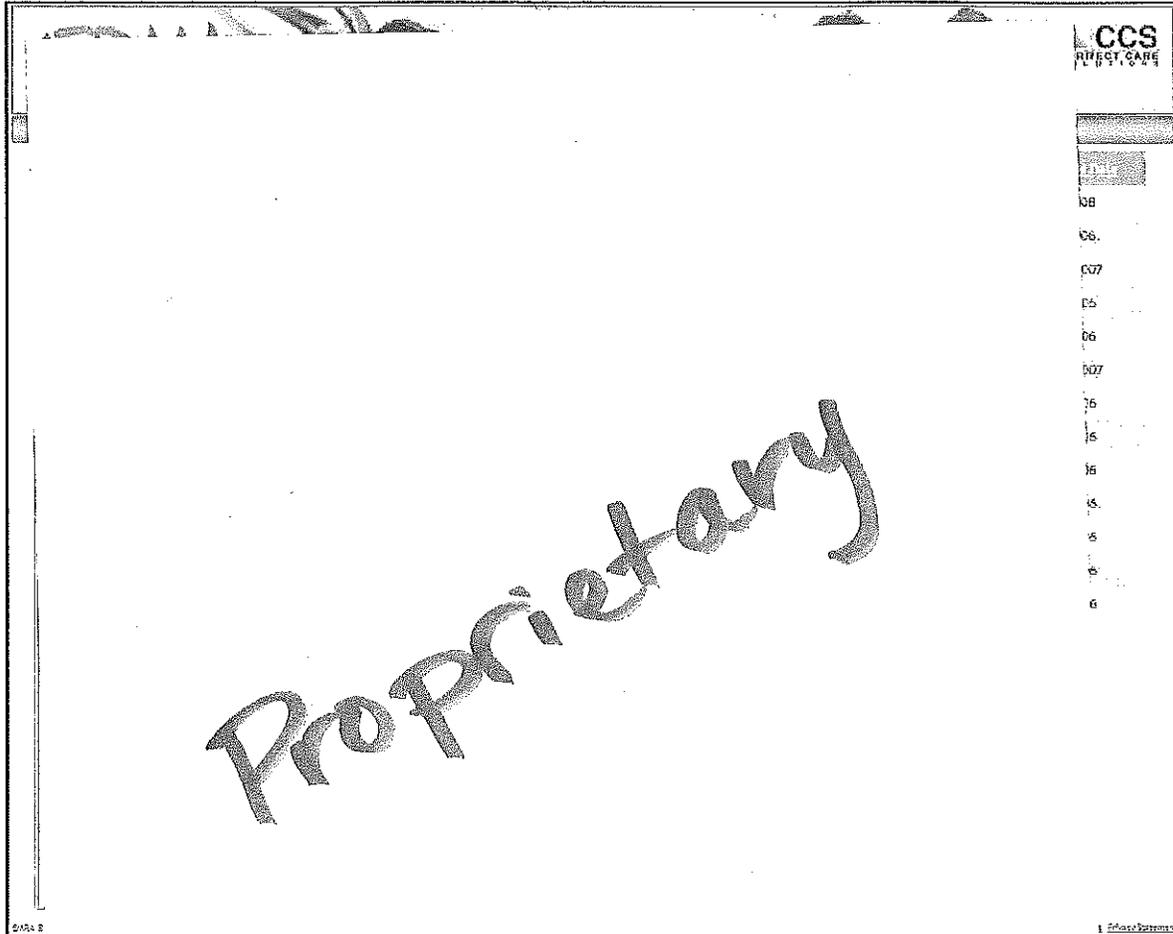
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- ▲ Assessments & Intake Screening
- ▲ Chronic Care
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- ▲ Patient Consent Forms
- ▲ Sick Call Notes
- ▲ Provider Orders
- ▲ Patient Grievances
- ▲ Behavioral Health
- ▲ Dental
- ▲ Off-Site Care
- ▲ Medication Administration Records
- ▲ Lab Results

*Patient names and identifiers shown in examples are fictitious.*

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Should you have any question, please do not hesitate to contact us.  
Respectfully,



Patrick Cumiskey, EVP  
Office 615-324-5777 or Cell 615-319-4440