

Lake County, Illinois
REQUEST FOR PROPOSALS # 16068
Inmate & Juvenile Healthcare Services
February 2016

This Request for Proposal (RFP) is for the purpose of establishing a contract with a qualified firm to provide Healthcare Services for the Lake County Adult Correctional Division and Hulse Juvenile Detention Center.

GENERAL REQUIREMENTS: Proposers are to submit sealed proposals, to be opened and evaluated in private. Submit one (1) marked Original, one (1) electronic unprotected copy on a CD/flash drive, and one (1) redacted copy to comply with the Illinois Freedom of Information Act.

SUBMISSION LOCATION: Lake County
Attn: Purchasing Division
18 N. County Street – 9th Floor
Waukegan, IL 60085

PRE-PROPOSAL MEETING DATE: A non-mandatory pre-proposal meeting will be held on Friday, **February 29, 2016 at 10:00 a.m. CST**, at Probation Conference room at Depke Juvenile Justice Center, 24647 N. Milwaukee Avenue, Vernon Hills, IL 60060. Phone 847-377-2929 to obtain further details. **Interested vendors will be provided a tour of the jail medical facility and the juvenile detention facility.**

SUBMISSION DATE: **Thursday, March 17, 2016, at 2:00 p.m.**
Proposals received after the time specified will not be accepted. Proposals shall not be publicly opened and the register of proposals shall be available for public inspection only after contract execution.

CONTACT: Submit questions via email to: **EMAIL TO: Purchasing@lakecountylvil.gov**
Or via fax to Lake County Purchasing Division (847) 984-5889 Questions are requested prior to the Pre-Proposal meeting and are required no less than seven (7) days prior to the proposal opening date.
Phone: (847) 377-2929

NOTE TO PROPOSERS: Any and all exceptions to these specifications **MUST** be clearly and completely indicated on the PRICING SHEET. Attach additional pages if necessary. Please be advised that any exceptions to these specifications may cause your proposal to be disqualified.

If a Proposal includes any exceptions, Proposers must insert an "X" in the following box indicating a RFP submission with exceptions

X



TAB A – TITLE PAGE (RFP Page 25)

The introductory material must include a title page with the RFP number, subject, name of the proposer, address, telephone number, e-mail address, the date, a letter of transmittal and a table of contents. The executive summary should be limited to a brief narrative summarizing the proposal.

RFP number: 16068

Subject: Inmate & Juvenile Healthcare Services

Name of the Proposer: Armor Correctional Health Services, Inc.

Address: 4960 SW 72nd Avenue, Suite 400
Miami, Florida 33155

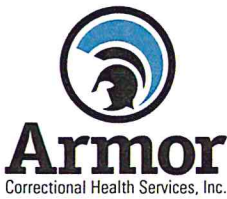
Telephone Number: 305-662-8522

E-mail Address: marketing@armorcorrectional.com

Date: March 17, 2016

The following people will be Armor’s primary contacts during the various phases of this contract.

Phase	Contact	Phone	Email
Proposal Process	Carl Wittenberg, Director of Marketing	(786) 514-2704	cwittenberg@armorcorrectional.com
Contracting	Bruce Teal, Chief Executive Officer	(615) 476-2039	bteal@armorcorrectional.com
	Ken Palombo, Chief Operating Officer	(786) 514-2790	kpalombo@armorcorrectional.com
Operations	Vickie Freeman Senior Vice President	(239) 269-6511	vfreeman@armorcorrectional.com
	Todd Glass, Regional Vice President	(786) 423-8431	tglass@armorcorrectional.com



Armor Correctional Health Services, Inc.
4960 SW 72nd Avenue, Suite 400
Miami, Florida 33155

March 15, 2016

Lake County Purchasing Department
18 N. County Street – 9th Floor
Waukegan, IL 60085
Attn: Michael Schieve

Re: Request for Proposal (RFP) No. 16068, Inmate & Juvenile Healthcare Services

Dear Mr. Schieve, Lake County Sheriff's Office and Members of the Evaluation Committee:

Armor Correctional Health Services, Inc. (Armor) is pleased to present our proposal in response to the Lake County, Illinois RFP 16068. We are honored by the potential opportunity to continue to support Lake County through the provision of inmate and juvenile healthcare services for the Lake County Adult Correctional Facility and the 19th Judicial Circuit Court Juvenile Detention Center.

We are grateful for our partnership with Lake County and appreciate the support we have received from your staff. We are pleased with the progress we have made together in the short timeframe that we have serviced the contract and are particularly proud that together we have:

- Transitioned services successfully by developing a start-up team of corporate specialists to assume immediate accountability for performance supported by corporate resources focusing specialty attention to areas of particular concern and importance.
- Installed new up-to-date policies and procedures designed to sustain ACA and NCCHC accreditation, undertook a plan of service improvement to assure accreditation, and established systems to continuously monitor compliance.
- Achieved 100% essential standards on ACA re-accreditation for Lake County Sheriff's Office within 8 months of contract initiation.
- Established hospital liaison directly between Armor and Vista East Medical Center, beginning a relationship that features hospital support of Medicaid enrollment of hospitalized inmates, terms and conditions for billing / payment, lower rates acceptable to the hospital, and collaboration on utilization management.
- Installed our comprehensive utilization management and cost containment systems which include on-going monitoring of actual monthly and projected annual expenditures, analysis of trends, and daily accountability for accurate claims processing thereby relieving the

County of receiving direct bills from the hospital as well as administrative oversight, all while ensuring lowest possible cost.

- Performed an operational audit of pharmaceutical management and implemented comprehensive changes to resolve deficiencies which included changes in procedures and storage, facilitated due to the collaborate partnership between Armor and facility administration.
- Delivered new additional and facility wide training. Thus far, training has been led by our Chief Behavioral Health Officer and Clinical Specialist on Suicide and Self-Injury Prevention and Blood Borne Pathogens. Attendance was recorded at 200 officers in multiple sessions scheduled for maximum participation. With the full support and endorsement of facility administration, we will continue such training as topics and training needs are identified in consultation with the County.
- Installed efficient “work smart” solutions including:
 - Communications to expedite clinical reporting featuring e-fax of EKG interpretations and enhanced electronic health record interface; and
 - Armor proprietary management applications to support onsite managers and performance reporting such as Staff Scheduler, Staff Tracker, and Grievanator.
- Developed and implemented a 'release voucher' (aka Pharmacy Voucher) program that provides each inmate the opportunity to have their active prescriptions continued for three to seven days for psychotropic medications adding a list of affordable health resources with contact information to facilitate continuing care following release.
- Deployed Armor’s Behavioral Health team to Lake County to reduce backlogs, train local staff and correctional officers, and clarify the mission, goals, and program resulting in improved understanding of priorities and collaboration among health care and custody staff.
- Enhanced the resident (juvenile) program by establishing parameters that meet State pharmacy regulations.

Following are some of the improvements we have seen since Armor began providing services at the facility:

Activity	June 22, 2015	March 11, 2016	Decrease
Dental Sick Call List	60	18	70%
Dental Follow-up	31	0	100%
Dental Annual Backlog	19	0	100%
Health Assessments (H&Ps) brought into compliance	24 days	13 days	To meet NCCHC Standards

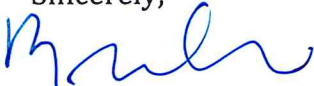
We have also seen a 60% improvement in the Psychiatry backlog. The mental health backlog is currently at zero, and intakes taking greater than 4 hours has also improved with daily monitoring and tracking.

As we have proven in the past, Armor proposes realistic pricing and honors it. We do not present artificially low bids and then return to ask for more money or try to renegotiate terms during an active contract. We focus on quality care, and accessibility. What makes us special is our sensitivity to client needs. We believe our commitment to forming genuine partnerships with our clients is the primary reason for our growth and success. We have established our own reputation in the industry for providing outstanding care and exceptional client service. Client letters of reference are provided for your review as ***Attachment 1.***

We appreciate the opportunity to respond to this RFP and believe we are uniquely qualified to continue the partnership we have established with Lake County. We will continue to seek ways to enhance the County's program to make it more site specific and cost effective based on the County's needs.

We are pleased to be the current health care partner at the facility and respectfully request the opportunity to continue to serve Lake County in that role. We are happy to answer any questions you may have and discuss any aspects of our proposal in greater detail.

Sincerely,



Bruce Teal
Chief Executive Officer



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TAB A – EXECUTIVE SUMMARY (RFP PAGE 25)

In June 2015, Armor Correctional Health Services (Armor) assumed contractual responsibility for health care services provided at the Lake County Adult Correctional Facility and 19th Judicial Circuit Court Juvenile Detention Center. Over the weeks that preceded our start date we responded to the Sheriff's Office and County requests for information, facilitated an extensive investigation of our company including a site visit to our program in Milwaukee and consultation with regional managers, provided a complete list of contract references, and presented prospective plans. This has enabled us to build a stronger foundation in the development of our partnership with the Sheriff's Office team including contract administrators, jail management, and custody leadership. Our partnership is based on a clear understanding of the County's vision to improve delivery of care and maintain accountability of health care services to inmates and juvenile detainees while meeting community and correctional standards.

In this proposal, Armor will highlight some of our higher accomplishments and outline the work plan (**Tab C, Statement of Work**) we propose as we continue to work toward overcoming challenges. We are sensitive to the challenges faced by the County at the initiation of the emergency contract and we have continuously strived to improve services at the facility. Armor will continue to work toward meeting the County's goals for the facility. We are committed to remaining in Lake County to seamlessly continue enhancing the program to fit the needs of the county and the patients we serve.

Company Background

In **Tab B**, Armor presents general information in addition to the specific information requested to confirm our stability and ability to support the commitments set forth in the response to this RFP. Our summary exceeds County requirements because we share very detailed contract specific information about every one of Armor's current clients.

We note Armor's ownership structure, exclusive focus on correctional health, size, and track record. All have contributed to our stability and capacity to continue to deliver on all the requirements for Lake County. In fact, the intensity of corporate support we have provided onsite thus far such as pharmacy, behavioral health, and accreditation, all prove our capacity to respond to Lake County needs. Those include the challenges we anticipate, as well as unplanned and extraordinary demands that we identify.

In addition to our **Tab B** submittal, we call attention to **Attachment 8** where we provide resumes for key corporate department heads. Our management team of specialists represent diverse backgrounds in correctional health services, managed health care, hospital management, and community/public health. With an average of more than 14 years in correctional healthcare and 27 years in all forms of healthcare, our management

team is distinguished by their expertise and insight both in corrections and in community health systems.

Statement of Work

Armor’s response to each work requirement of the RFP is presented in complete detail including description of the methods and approaches we expect to continue and enhance. The key to our plan is that each detail of Armor’s policies and procedures is linked precisely to accreditation standards and best practices. Importantly, the systems we install to support documentation, reporting, and program evaluation are all programmed to support both compliance with standard and strict adherence to the performance benchmarks defined by the RFP and ultimately by our contract with Lake County.

One of our best examples of “attention to detail” is Armor’s application of the CorEMR electronic health record. Not only have we adapted the record system to match our forms, policies, and procedures, we have added triggers, prompts, messaging, and reports to guide our staff toward full compliance. For many contract/RFP requirements, we are able to demonstrate how the record aides our providers and staff toward meeting the expectations of the County and Sheriff’s Office administrators.

Staffing Plan

Armor presents the staffing plan that is based upon our experience in operating in Lake County. We assure the County that the plan is sufficient to deliver on our commitments mainly because we have the insight of nine months’ experience. Each facility is unique with facility conditions, operating procedures, and public safety priorities that mold our health care program. We deeply appreciate the cooperation and involvement of Lake County facility administrators as we have implemented our services and program. Their support as advocates for patient-centered care and improvement has enabled us to plan staffing to be both efficient and productive. As a result, we are proposing to maintain our current staffing mix and levels as indicated in our Staffing Plan in ***Tab F, Price Proposal.***

Client References

Armor submits references on the form provided in the RFP. The clients we have chosen as references includes two jails of similar size and structure operated by Sheriff’s Offices as a branch of County government. Those include **Clarke County, Georgia** and **Santa Rosa County, Florida**. A third local detention center is **Meherrin River Regional Jail** which is operated through a cooperative agreement of three counties in Virginia: Dinwiddie, Brunswick, and Mecklenburg. **Milwaukee County, Wisconsin** is included due to its proximity and scope of services provided to the facilities. Finally, although **ICA-Farmville Detention Center** is a dedicated contractor with U.S. Immigration and Customs Enforcement (ICE), we have met the special challenges there of opening the first health program at a newly constructed facility and have successfully achieved ACA and NCCHC

accreditation while remaining fully certified as compliant with Federal Detention Standards and rigorous ICE operating requirements.

At each of the facilities listed, we have faced many challenges the counties share with Lake County such as accreditation and community integration. These are in addition to other special conditions that have required extraordinary attention and commitment including new facilities, reorganization of command and reporting within the agency, and treatment court support and involvement.

We call attention to **Tab B, Company Background** where we have presented much more than the contract summary required in the RFP. Armor is distinguished by our transparency by revealing names and contract information of each and every client we serve today. Many Sheriff's Offices are listed reflecting the large number of county detention centers we serve. This serves as a supplemental reference list that may be used to thoroughly investigate all of our contract operations.

To further augment client references we attach many letters of reference filed by our clients and submitted with their permission. In our proposal we claim client satisfaction. It is gratifying to have earned the approval of so many clients. This claim is backed up annually by our Client Satisfaction Survey which recently reported a total of 95% positive responses.

Exceptions to the RFP

Armor's declaration of minimal requested clarifications and exceptions (**Tab E**) to RFP language is provided as a platform for any discussion between Armor and Lake County focused on the terms of our contract. Throughout the selection of Armor, our BAFO presentation, and negotiation of changes in contract agreement, we look forward to a constructive process of improving our partnership. The foundation is laid by the work we've completed thus far including the accomplishments we describe in our proposal.

Price Proposal

In **Tab F**, we present our proposed contract price, including the price of requested alternate proposals in the exact format outlined in the RFP. We also present a detailed summary of our pricing assumptions and the basis of our projected budget. To reach the lowest possible cost of services, we have learned that such complete sharing of information is necessary. It is the best way to ensure transparency that Armor is a good steward of limited public funding.

Understanding of RFP Requirements

General Terms and Conditions

Armor reviewed the General Terms and Conditions stated in the RFP on pages 9-12. Having recently concluded the presentation of our response for information, contract pricing, and

negotiation of our current emergency agreement, we are certainly confident that our foundation is laid for a progressive and solid agreement.

Procurement and Negotiation

We look forward to the process described in the RFP following selection and anticipating negotiation of our agreement. We expect to comply with all requirements as further explained in our proposal, including:

- **Acceptance of working conditions** – as we describe throughout our proposal and further supported by our cooperative working relationship within the facilities to date.
- **Qualifications** – including especially those related to our capacity to comply with federal, state, and local laws and requirements.
- **Insurance** – by pledging to continue our current coverage which meets the RFP minimum.
- **Value Added Services** – as we describe in **Tab H**, the recognition that Lake County has already received significant services and features of our program that improve services without additional cost to the County, as well as services that enable cost savings.

Contract Information

Armor has full and direct operating knowledge of facility operations at both Lake County Adult Corrections and the 19th Circuit Juvenile Detention Center. During the nine months since our arrival we have learned of facility conditions and security priorities that required changes to our standard procedures as we have developed Lake County specific operations. That knowledge is essential to maintaining an efficient and effective health care program, especially concerning such issues as inmate demographics, clinic scheduling, and policies that govern officer assignment and inmate movement at the facility. Likewise, we are keenly aware of the special requirements at the Juvenile Detention Center in order to reduce risk and improve quality of patient care.

Throughout our proposal, we demonstrate that Armor has a unique understanding and ability to adapt our program while maintaining not only the essential service levels but improving quality and compliance.

Economic Opportunity Program

Armor has now become familiar with the requirements of the Lake County Economic Opportunity Program (EOP). We have researched both business subcontracting and employment opportunities. In **Tab J** we provide information and a description of our approach in supporting the program. It includes our recent registration with the Lake County Job Center and consultation with county Workforce Development. In that Tab, we provide Armor's credentials as an eligible and qualified Minority Business Enterprise.

While our gross corporate revenue exceeds Illinois caps for participation, our MBE status demonstrates our understanding and commitment to such initiatives.

Sustainability

Armor has submitted our statement regarding sustainability, understanding that as a contractor at the facilities, we must comply with those facility-specific plans adopted by the County for these facilities.

Value Added Services

Armor has provided services as a part of our emergency contract which have added value to our management of inmate and detainee health care services. In ***Tab H, Value Added Services*** we summarize both accomplishments to date, as well as systems and practices that will continue to provide benefits to the County.

We describe several of the most significant features including:

Hospital contracting and Partnership – working with Vista East Medical Center we have entered a direct contract with Armor as payer, established hospital-Armor liaison, and partnered to support inpatient Medicaid enrollment. Further we stand ready to negotiate charges on major, complex cases.

Forecasting and Tracking of Offsite and Pharmacy Cost – installing and maintaining a comprehensive system to track claims paid and pharmacy expenses featuring our unique method of forecasting expenditures.

Hospital Utilization Management and Cost Review –work closely with hospital staff, our providers, and others to monitor and manage daily hospital costs applying a managed care model to contain cost.

Pre-authorization and Retrospective Review - provide a program of pre-authorization to approve offsite utilization in non-emergent cases using review criteria in addition to retrospective review of hospital transfers for medical necessity.

Corporate Support - Assignment of corporate specialists and department heads to Lake County to plan and guide implementation of new programs, achieve accreditation, and ensure expert support for our LCJ staff.

Management Tools and Applications – provide useful digital resources for local management staff to ensure close oversight of key expenses and expedite service including e-Fax for transmittal of EKG interpretations.

Alternate Proposals

Armor provides the two alternate proposals requested by the county including:

- ***Tab I – Discharge Planning:*** Our experience and plan for adding a Discharge Planner and discharge planning program to the contract. Our proposal fully describes our approach which has been successful in extending jail-to-community transition support, reaching out to key community organizations and providers, and providing individual support for our patients when released. The proposal includes a complete rationale and implementation plan because we recognize and appreciate the additional investment this represents on behalf of the County and the Sheriff's Office.
- ***Tab K - Juvenile Pharmacy Option:*** We submit our understanding of the changes requested and consider this enhancement as an important step in increasing the responsiveness of the juvenile health program to the needs of both detainees and their families.



TAB B – COMPANY BACKGROUND (RFP Page 25)

In this section provide information about the company so that the County can evaluate the proposer's stability and ability to support the commitments set forth in the response to this RFP. Information in this section should contain the following information in addition to the General Information Sheet that is also included as an exhibit to this RFP:

- 1. Company name and location of the corporate headquarters and of the nearest office to Lake County.*

Company Name: Armor Correctional Health Services, Inc.

Corporate Headquarters: 4960 SW 72nd Avenue, Suite 400, Miami, Florida 33155

Nearest Office to Lake County:

Armor has been providing services under an emergency contract at the Lake County Adult Community Based Corrections Center (CBCC) and the Juvenile Detention Center since June, 1 2015.

Our regional managers and vice presidents do not operate out of regional offices. By spending their time on-site, our operations teams get to know their line staff, our clients, and the communities in which we operate. This approach translates directly to better communication, better understanding, and fewer problems as experienced at several of our client sites.

- 2. The number of years the company has been in business and the number of years the company has been providing system and services to the public sector.*

Armor is a physician and minority-owned company, founded in 2004 on the principal of bringing a managed care model to correctional healthcare. Since our incorporation nearly 12 years ago, we have been providing high quality health care systems and services to patients in jails and prisons.

- 3. Include information on the company's customer base, such as the number of public sector clients the company serves, the number of local government clients, and the number of public sector clients in the state.*

Armor has a proven record of effective partnerships, working with our clients to enhance the quality of health services and improve efficiencies and cost effectiveness. Following is a list of Armor's current customer base. Of our 29 public sector clients, 28 represent local government clients, including the Lake County Sheriff's Office (LCSO).



Client Name	Annual Budget	ADP	Contact Name/Phone E-mail/Fax	Services Provided	Contract Dates
Baker County Sheriff's Office 56 North 2nd Street MacClenny, FL 32063	\$2.1 million	438	Sheriff Joey Dobson jdobson@bakerso.com 904.259.0240 Major John Finley jfinley@bakerso.com 904.259.0250 Major Gerald Gonzalez ggonzalez@bakerso.com 904.259.0238 Fax: 904.259.0236	Comprehensive Health Care Behavioral Health Care	Jun 5, 2009 Jun 3, 2017
Brevard County Sheriff's Office 700 Park Avenue, Building A Titusville, FL 32780	\$5.1 Million	1,481	Sheriff Wayne Ivey wayne.ivey@bcso.us 321.264.5201 Major Darrell Hibbs darrell.hibbs@bcso.us 321.690.1534 Chief Mike Lewis mike.lewis@bcso.us 321.264.5201 Fax: (321) 633.0210	Comprehensive Health Care	Jul 1, 2005 Sep 30, 2018
Broward County Sheriff's Office 555 SE First Avenue Ft. Lauderdale, FL 33301	\$25.4 Million	4,498	Sheriff Scott Israel scott_israel@sheriff.org 954.831.8901 Colonel Gary Palmer gary_palmer@sheriff.org 954. 831.5908 Lt. Colonel Keith Neely keith_neely@sheriff.org 954.831.6403 Fax: 954.831.6065	Comprehensive Health Care Mental Health Care	Dec 1, 2004 Jan 31, 2017
Clarke County Sheriff's Office 3015 Lexington Road, Athens, GA 30605	\$1.3 Million	409	Sheriff Ira Edwards sheriff.edwards@athensclarkecounty.com 706.613.3250 Chief Tommy York tommy.york@athensclarkecounty.com 706.613.3270 Ext. 358 Captain Elizabeth Robinson Elizabeth.robinson@athensclarkecounty.com 706.613.3270 Ext. 359 Captain Tony Goings tony.goings@athensclarkecounty.com 706.613.3270 Ext. 360 Fax: 706.613.3293	Comprehensive Health Care Behavioral Health Care	Jul 1, 2011 Jun 30, 2016



Client Name	Annual Budget	ADP	Contact Name/Phone E-mail/Fax	Services Provided	Contract Dates
Collier County Sheriff's Office 3319 Tamiami Trail East Naples, FL 34112	4.9 Million	777	Chief Chris Roberts chris.roberts@colliersheriff.org 239.252.9541 Fax: 239.252.9782	Comprehensive Health Care Behavioral Health Care	Oct 1, 2015 Sep 30, 2018
Glades County Sheriff's Office 1297 East State Road 78 Moore Haven, FL 33471	\$1.0 Million	206	Sheriff Stuart Whiddon swhiddon@gladessheriff.org 863.946.1600 Chief Robert DeMann rdemann@gladessheriff.org 863. 946.1600 Fax: 863.946.6308 Major Keith Henson khenson@gladessheriff.org 863.946.1600	Comprehensive Health Care Behavioral Health Care	Jul 1, 2007 Jun 30, 2014 *
Jefferson County Sheriff's Office 171 Industrial Park Monticello, FL 32344		43	Sheriff David Hobbs hobbsdc@flcjn.net 850.251.3664	Medical Care	Dec 1, 2015
Lake County Sheriff's Office 551 West Main Street Tavares, Florida 32778	\$3.0 Million	733	Sheriff Gary S. Borders gary.borders@lcso.org 352.343.9501 Captain Mike Fayette Mike.fayette@lcso.org 352.742.4054 Captain Skott Jensen skott.jensen@lcso.org 352-267-3879	Comprehensive Health Care Behavioral Health Care	Oct 1, 2013 Sep 30, 2016
Lake County Sheriff's Office 20 S. County Street Waukegan, IL 60085	\$2.9 Million	520	Sheriff Mark C. Curran mcurran@lakecountyil.gov 847.377.4135 Lieutenant Nicholas Kalfas NKalfas@lakecountyil.gov 847-477-1095 Robert J. Cesar Director Juvenile Probation and Detention Services 847-377-7800	Comprehensive Health Care Behavioral Health Care	Jun 20, 2015 Jun 19, 2016
Lee County Sheriff's Office 14750 Six Mile Cypress Pkwy. Fort Myers, FL 33912.4406	\$6.6 Million	1,650	Sheriff Mike Scott mscott@sheriffleefl.org Colonel Tom Eberhardt teberhardt@sheriffleefl.org 239.258.1771	Comprehensive Health Care Behavioral Health Care	Feb 1, 2014 Sep 30, 2016



Client Name	Annual Budget	ADP	Contact Name/Phone E-mail/Fax	Services Provided	Contract Dates
Manatee County Sheriff's Office 14470 Harlee Road Palmetto, FL 34221	\$5.2 Million	1,005	Sheriff W Brad Steube 941.747.3011 brad.steube@manateesherriff.com Major Robert Williams robert.williams@manateesherriff.com 941.747.3011, ext. 2606 Contract Monitor Lynette lynette.miralla@mymanatee.org 941.747.30.11 Fax: 941.722.1055	Comprehensive Health Care Behavioral Health Care	Oct 1, 2012 Sep 30, 2016
Martin County Sheriff's Office 800 SE Monterey Road Stuart, FL 34994	\$2.7 Million	548	Sheriff William Snyder corrections@sheriff.martin.fl.us 772.220.7000 Major Casey Szparaga Director of Corrections cjszparaga@martin.fl.us 772.220.7206 Fax: 772.220.7215	Comprehensive Health Care Behavioral Health Care	Nov 21, 2005 Nov 20, 2017
Meherrin River Regional Jail 9000 Boydton Plank Road P.O. Box 10 Alberta, VA 23821	\$2.1 Million	355	Sheriff Brian Roberts broberts@brunswickso.org 434.774.5897 Superintendent Crystal Willett Cwillett@mrrj.org 434.949.6700 Fax: 434.949.0185	Comprehensive Health Care Behavioral Health Care	July 1, 2012 Jun 30, 2016
Milwaukee County Sheriff's Office 949 N. 9 th Street Milwaukee, WI 53233	\$15.3 Million	2,240	Sheriff David A. Clarke Jr. sheriff@milwaukeecountywi.gov 414.226.7000 Inspector Richard Schmidt richard.schmidt@milwaukeecountywi.gov 414.278.4766 Cell:414.550.3370 Superintendent Michael Hafeman Michael.Hafemann@milwcnty.com 414.427.4752 Assistant Superintendent Kerri.McKenzie Kerri.McKenzie@milwcnty.com 414.427.4735	Comprehensive Health Care Behavioral Health Care	May 11, 2013 Dec 31, 2015 + 4 additional 1 year extensions by mutual agreement, until 2019.
Minnehaha County Sheriff's Office Law Enforcement Center 320 W. 4th St. Sioux Falls, SD 57104	\$2.3 Million	383	Sheriff Michael Milstead mmilstead@minnehahacounty.org 605.367.4300 Warden Jeff Gromer jgromer@minnehahacounty.org 605.367.4300 Cell: 605.201.0039	Comprehensive Health Care Behavioral Health Care	Mar 1, 2014 Dec 31, 2016



Client Name	Annual Budget	ADP	Contact Name/Phone E-mail/Fax	Services Provided	Contract Dates
Monroe County Sheriff's Office 5525 College Road Key West, FL 33040	\$2.3 Million	523	Sheriff Rick Ramsay rramsay@keysso.net 305.292.7001 Major Tim Age tage@keysso.net 305-293-7339 Captain Anne Sweeney asweeney@keysso.net 305.293.7343 Cell: 305.797.0024 Captain Jon Crane jcrane@keysso.net 305.293.7342 Fax: 305.292.6727	Comprehensive Health Care Behavioral Health Care	Oct 1, 2010 Sep 30, 2017
Nassau County Sheriff's Office 100 Carman Ave East Meadow, NY 11554	\$10.9 Million	1,126	Sheriff Michael J. Sposato msposato@nassaucountyny.gov Undersheriff T.J. Smith tjsmith@nassaucountyny.gov 516.865.2752 Fax: 516.572.4264	Comprehensive Health Care Behavioral Health Care	Jun 1, 2011 May 31, 2017
Oklahoma County Sheriff's Office 201 North Shartel Oklahoma City, OK 73102	\$7.4 Million	2,368	Sheriff John Whetsel johwhe@oklahomacounty.org 405.869.2511 Cell: 405.627.8911 Major Jack Herron jherron@oklahomacounty.org 405.713.1936 Cell: 405.397.0957 Fax: 405.713.1933	Comprehensive Health Care Behavioral Health Care	Aug 15, 2009 Jun 30, 2016
Osceola County Corrections Department 402 Simpson Road Kissimmee, Florida 34744	\$4.3 Million	906	Chief Sherry Johnson sherry.johnson@osceola.org 407.742.4301 Deputy Chief Nancy DeFerrari nancy.deferrari@osceola.org 407.742.4304 Captain of Operations Anthony Ciuzio 407.742.4344 Contract Monitor Allison Chapman acha@osceola.org 407.742.4551	Comprehensive Health Care Behavioral Health Care	Nov 15, 2014 Nov 15, 2019



Client Name	Annual Budget	ADP	Contact Name/Phone E-mail/Fax	Services Provided	Contract Dates
Palm Beach County Sheriff's Office 3228 Gun Club Road West Palm Beach, FL 33406	\$16.1 Million	2,143	Sheriff Ric Bradshaw bradshawr@pbso.org 561.688.3021 Fax: 561.688.3033 Chief Deputy Michael E. Gauger gaugerm@pbso.org 561.688.3014 Captain Frank Milo 561.688.4150 Division Manager Susan Dean deans@pbso.org 561.688.4439	Comprehensive Health Care Behavioral Health Care	May 1, 2006 Sep 30, 2019
St. Johns County Sheriff's Office 4015 Lewis Speedway St. Augustine, FL 32084	\$2.0 Million	394	Sheriff David Shoar dshoar@sjso.org 904.810.6601 Director Sam Williams spwilliams@sjso.org 904-209-1970 Lt. Misty North mnorth@sjso.org 904-209-2191	Comprehensive Health Care Behavioral Health Care	Nov 15, 2007 Sep 30, 2017
Santa Rosa County Sheriff's Office 5755 E. Milton Road Milton, FL 32583	\$2.1 Million	572	Sheriff Wendell Hall whall@srsos.net 850.983.1100 Major Patricia Killam pkillam@srsos.net 850.983.1209 Major Bob Johnson rjohnson@srsos.net 850.983.1295 Fax: 850.983.1130	Comprehensive Health Care Behavioral Health Care	Feb 1, 2010 Jan 31, 2017
Sarasota County Sheriff's Office 2071 Ringling Blvd Sarasota, FL 34237	\$3.5 Million	913	Sheriff Tom Knight sheriffknight@scgov.net 941.861.4001 Colonel Kurt Hoffman khoffman@scgov.net 941.861.4051 Major Jeff Bell jbell@scgov.net 941.861.4102 Captain Richard Mottola rmottola@scgov.net 941.861.4104	Comprehensive Health Care Behavioral Health Care	Oct 1, 2007 Sep 30, 2018



Client Name	Annual Budget	ADP	Contact Name/Phone E-mail/Fax	Services Provided	Contract Dates
Sumter County Sheriff's Office 1010 N. Main Street Bushnell, FL 33513	\$1.4 Million	283	Sheriff William O. Farmer plovett@sumtercountysheriff.org 352.569.1630 Captain Reace Thompson reacet@sumtercountysheriff.org 352.569.1740 Fax: 352.569.1741	Comprehensive Health Care Behavioral Health Care	Jun 1, 2013 Sep 30, 2018
Tulsa County Sheriff's Office 300 N. Denver Ave Tulsa, Oklahoma 74103	\$5.6 Million	1,565	Undersheriff Rick Weigel rweigel@tcsso.org Captain Scott Dean sedan@tcsso.org 918.596.8907 Deputy Chief Michelle Robinette 918.596.5635 mrobinette@tcsso.org	Comprehensive Health Care Behavioral Health Care	Nov 1, 2013 Jun 30, 2016
Virginia Department of Corrections P.O. Box 26963 Richmond, VA 23261	81.3 Million	11,911	Director Harold Clarke 804.837.4532 Brian Moran Secretary of Public Safety 804.786.5351 Jeffrey Dillman, Warden Powhatan Correctional Center 804. 598.4251	Comprehensive Health Care Behavioral Health Care	Jul 1, 2006 April 30, 2013** & Oct 1, 2014 Oct 31, 2018
Farmville Detention Center 508 Waterworks Road PO Box 488 Farmville, VA 23901	\$2.1 Million	581	Director Jeffrey Crawford jcrawford@ica.farmville.com 434.395.8114 Fax: 434.395.8133	Comprehensive Health Care Behavioral Health Care	Aug 1, 2010 Aug 1, 2015 (Currently on a monthly basis, while in negotiations)
Volusia County 1300 Red John Drive Daytona Beach, FL 32124	\$ 7.0 Million	1,276	Corrections Director Dr. Marilyn Chandler Ford mcford@volusia.org 386.323.3505 Assistant Director Mark Flowers 386.736.2700 Contract Manager Greg Marcum gmarcum@volusia.org 386-248-1778	Comprehensive Health Care Behavioral Health Care	Jan 1, 2015 Dec 31, 2017
Wakulla County Sheriff's Office 15 Oak Street Crawfordville, FL 32327	\$1.0 Million	197	Sheriff Charles William "Charlie" Creel ccreel@WCSO.org 850.745.7101 Major Jared Miller jmiller@wco.org 850.745.7103 Fax: 850.926.0896	Comprehensive Health Care Behavioral Health Care	Apr 9, 2012 Sep 30, 2017

4. *Identify if the company serves other industries.*

Armor was created for the sole purpose of providing comprehensive medical, dental, and behavioral health services to correctional facilities and currently does not serve other industries.

5. *Include a brief summary of the company's organizational characteristics such as the number of employees, whether the company is privately held, publicly traded, or if it is a subsidiary to a parent company.*

Armor is a privately held, physician- and minority owned company with approximately 2000 employees nationwide.

6. *Describe any other business affiliations (e.g., subsidiaries, joint ventures, "soft dollar" arrangements with brokers).*

Armor does not currently have any other business affiliations.

7. *Provide a list of all litigation (medical civil rights claims and medical state tort malpractice claims) that the company has or is currently involved in during the last five years. Include a narrative describing all cases that were settled and amounts of settlement in excess of \$20,000*

Armor has been highly successful at preventing and combating litigation resulting in a low number of active cases with the vast majority of claims dismissed. **We have never had a medical malpractice related judgment against us.** Our record reflects our dedication to high standards of patient care and client service.

Armor serves more than 43,000 offenders for 29 clients across eight states. However, in the past five years, we have settled only 18 lawsuits, 10 of which were related to medical civil rights claims or medical state tort malpractice claims that exceed \$20,000. We would challenge any competitor to benchmark their complete historical litigation record against ours. We would prefer to defend each case. However, we recognize the significant expense and disruption to our clients associated with protracted litigation. Therefore, in consultation with our clients and in select situations, we resolve litigation when it is in the best interest of our client or when we have erred in delivering patient care. **We strive for perfection, but realize that in both correctional medicine and free world medicine, unintended outcomes occur, no matter how dedicated the care.**

As part of our commitment to be a responsive and responsible partner to our clients, Armor works closely with our clients' legal counsel in managing litigation. **Armor has provided a list of all litigation (medical civil rights claims and medical state tort malpractice claims) that the company has or is currently involved in during the last**



five years, and a brief narrative of each cases including all cases that were settled for amounts in excess of \$20,000 (see grey highlights) in the table provided in **Attachment 2**. Settlement terms prohibit us from disclosing specific details including names and amounts and specific narrative detail, but we are permitted to release the information included in the table. Should the County require additional details regarding these cases, Armor is willing to discuss in greater detail with the County. The County is immediately notified of any lawsuits that are filed concerning patient care.

The following summarizes Armor’s litigation history over the past five years:

Summary of Litigation - Past 5 Years		
Resolved Lawsuits	140	100%
Dismissed	121	86.4%
Settled	18	12.8%
Judgments	1	.007%
Verdict in favor of Armor	0	0%
Active Lawsuits	83	N/A

TAB C – STATEMENT OF WORK / SCOPE OF WORK (RFP Page 26 & 14-24)

This section of the proposal should include a statement of work describing how you propose to perform the services outlined in this RFP. Be specific in detailing a work plan that includes all items included in the scope of work.

The following information shall be submitted along with the proposal and will be considered when evaluating proposals:

In this section we provide our response to Item C, Statement of Work (RFP page 26). We begin with the Scope of Work (RFP pages 14 to 24), followed by all other Statement of Work requirements outlined on page 26 of the RFP.

SCOPE OF WORK

The Proposer shall provide all personnel, supervision, supplies, equipment, and pay all medical expenses necessary to provide a program for the provision of comprehensive health care services for Lake County Adult Corrections and 19th Judicial Circuit Court Juvenile Detention Center. The program shall meet constitutional and community standards of health care and, at a minimum, meet the standards of the National Commission on Correction Health Care (NCCHC), the American Correction Association (ACA), and the Illinois Department of Corrections Jail and Juvenile Standards, and County Jail Standards. Additionally, the health services program for the Adult Correctional Facility must comply with the minimum county jail standards as defined by the Illinois Department of Corrections and the health services program for the Juvenile Detention Facility must comply with the minimum standards as defined by the Illinois Department of Juvenile Justice.

Armor will continue to provide all personnel, supervision, supplies, equipment, and pay all medical expenses necessary to provide a program for the provision of comprehensive health care services for the Lake County Adult Correctional Facility and 19th Judicial Circuit Court Juvenile Detention Center. The program meets constitutional and community standards of health care and meets the standards of the National Commission on Correction Health Care (NCCHC), the American Correction Association (ACA), and the Illinois Department of Corrections Jail and Juvenile Standards, and County Jail Standards. Additionally, the health services program for the Adult Correctional Facility complies with the minimum county jail standards as defined by the Illinois Department of Corrections and the health services program for the Juvenile Detention Facility complies with the minimum standards as defined by the Illinois Department of Juvenile Justice.

C.1 Medical Services (RFP page 14)

C.1.A Inmate Health Screening / Intake Screening (RFP page 14)

Medical staff completes an Intake Mental Health Assessment and Receiving Screening on all inmates upon their arrival at the jail in accordance with the current NCCHC standards. All juvenile detainees must be provided an intake health screening within 24 hours of arrival. The Proposer must provide a written report on all screenings received, such as referral for appropriate healthcare services, placement into medical segregation with referral to appropriate Healthcare services, or concurrence with placement into the general population. For any health screenings not completed in the established timeframe, the Proposer must provide a written report documenting the reason for delay.

Medical staff complete an Intake Mental Health Assessment and Receiving Screening on all inmates, including juveniles, upon their arrival at the jail in accordance with the current NCCHC standards, within 24 hours of arrival. The intake screening, which includes a mental health assessment, is conducted by specially trained and qualified staff during the booking process 24 hours a day, seven days a week. Should any inmate refuse any aspect of the screening process, Armor notifies the County for recommendation of placement into observation until the screening is completed. Armor's screening process is inclusive of, but not limited to, the requirements of NCCHC, ACA, PREA, HIPAA, and ICE standards, as well as Armor's own policies and procedures.

Upon proper signed release of information consents, Armor requests medical health records within one business day for intakes occurring during weekdays and within 48 hours for intakes occurring over the weekend. Our goal is to ensure that patients already in treatment are identified, medications are verified, and that our staff is fully informed of the patient's treatment plan.

Intake screening allows us to provide continuity of care, identify those who pose a threat to their own or others' health or safety, identify those patients who are especially vulnerable in the correctional setting, and if necessary, refer for immediate medical intervention by our onsite health care provider or the Hospital Emergency Department. We complete the screens before the inmate enters the general population and demonstrate flexibility to assist in conducting these screens in a timely manner that assists with backlogs. The appropriate disposition, based upon the findings of the receiving screening, are documented in the patient's medical record.

Armor provides a report on all screenings received, such as referral for appropriate healthcare services, placement into medical segregation with referral to appropriate healthcare services, or concurrence with placement into the general population. For any

health screenings not completed in the established timeframe, Armor provides a report documenting the reason for delay.

Verification of Related Health Information

During the screening process, our staff request information regarding health insurance and are responsible for obtaining the insurance copies from the property room and attaching it to the inmate medical signature form.

Upon booking of an inmate with medical needs, our nursing staff contacts the appropriate pharmacy, or medical provider, with signed release of information in order to verify any current treatments or existing medical conditions.

When verification of prescriptions is received, our nurse then contacts the provider on call in order to obtain an order for continuation of medications, and documents the order appropriately. If verification of prescriptions cannot be obtained, our nurse contacts the provider for initiation of a plan of care appropriate to the patient's presenting condition.

Medications are only provided to the inmate as directed by the physician or designated medical authority.

Based on all factors observed or tested, we determine the need for and complete any emergency health treatment or additionally required health services.

Nurses complete the screening by entering the following information and observations in the medical record:

- Current and past illness and health problems, allergies, or special health requirements;
- Vital signs;
- Written description of any current and past illnesses, health conditions, or special health requirements (i.e., dietary needs); chronic health conditions; past serious infectious diseases; current communicable illness symptoms (e.g. chronic cough, coughing up blood, lethargy, weakness, weight loss, loss of appetite, fever, night sweats), past or current mental illness and/or behavioral health problems (including hospitalizations), history of or current suicidal ideation, dental problems, allergies, legal and illegal drug use (including type, amount, and time of last use), drug withdrawal symptoms, and for females history of gynecological problems and current or recent pregnancy;
- Complete notation of observations concerning appearance (e.g., sweating, tremors, anxious, disheveled), behavior (e.g., disorderly, appropriate, insensible, under the influence of alcohol or drugs), state of consciousness (e.g., alert, responsive, lethargic), ease of movement (e.g., body deformities, gait), breathing (e.g., persistent

cough, hyperventilation), skin (e.g., including lesions, jaundice, rashes, infestations, bruises, scars, tattoos, and needle marks and other indications of drug abuse), and mental status;

- Testing and recording of height, weight, pulse, blood pressure, temperature, and oxygen saturation;
- Screening tests for venereal disease and HIV, and urinalysis testing if appropriate;
- Comprehensively identify that inmate's health service needs and housing limitations. Armor understands that inmates must be medically cleared/classified before they are sent to a housing area;
- Past or present treatment or hospitalization for mental illness or suicide; current suicidal ideation;
- Use of alcohol and other drugs and related history;
- Possibility of gynecological problems;
- Allergies;
- Medications taken and special health (dietary) requirements;
- Referrals for HIV testing with consent and Western blot confirmation as appropriate;
- Dental problems and oral screening;
- Behavioral health and suicidal assessment; and
- History of sexual victimization/abusiveness.

If an inmate claims a history of TB but shows no active signs, we use our reasonable best efforts to find out. In the meantime, they are housed in general population, but a chest x-ray is generally performed every other Friday, except for emergencies. The TB test is done at intake.

When clinically indicated, immediate referrals to appropriate health care services are made, to include identifying and isolating potentially infectious inmates. Inmates must be medically cleared before they are sent to general population and all new admissions/screening charts are to be noted as appropriate for further follow-up or referral, reviewed, and signed.

Mental Health Screening

As part of the Intake Screening, Armor's trained screening nurses complete a structured interview of each inmate to determine the following behavioral health indicators:

- History of hospitalization and outpatient treatment;
- Current psychotropic medication;
- Suicidal ideation and history of suicidal behavior;
- Drug usage;
- Alcohol usage;
- History of sex offenses;

- History of sexual victimization/abusiveness;
- History of expressively violent behavior;
- History of victimization due to criminal violence;
- Special education placement and history of cerebral trauma or seizures;
- Orientation to person, place, and time;
- Screening for overt signs of intellectual functioning (i.e. mental retardation, developmental disability, learning disability); and
- Emotional response to incarceration.

Patients who have positive findings for acute or chronic behavioral health issues are referred to the appropriate qualified behavioral health professional. Any inmate who is identified as needing behavioral health services, by either medical or detention staff, is assessed by our Licensed Behavioral Health Professional (LBHP) within 72 hours.

C.1.B Health Appraisal (RFP page 14)

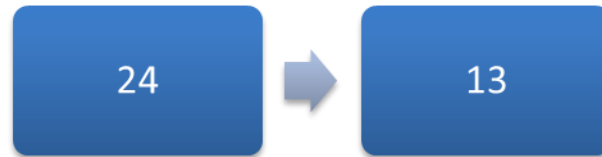
A health appraisal examination must be completed by qualified medical staff for each inmate within fourteen (14) days after arrival at the jail. All juvenile detainees must receive a health appraisal within seven (7) days after arrival at the juvenile detention facility. These appraisals are currently being done by a nurse practitioner or physician assistant at the jail and a registered nurse at the juvenile detention facility. The written Medical History and Physical Assessment and Mental Health Screening and Evaluation must include the following:

- 1. Review of the intake screening.*
- 2. Complete history and physical examination.*
- 3. Mental health initial evaluation.*
- 4. Dental Screening.*
- 5. Vision and hearing screening.*
- 6. Laboratory tests as required.*
- 7. Other tests and examinations required and indicated.*

Appraisals are only done at the CBCC for individuals housed under contract with the Bureau of Prisons. The Proposer shall be required on an annual basis to complete 25 history and physicals (H&P) for individuals from the Bureau of Prisons housed at the CBCC. Any Appraisals over 25 shall be billed by Proposer at a rate mutually agreed upon in advance.

Lake County may assess Proposer, on a monthly basis, a fine of \$100 for each inmate health appraisal not completed within 14 days from intake into the jail and each juvenile detainee not completed within 7 days from intake into the juvenile detention facility. This excludes any inmate or juvenile detainee brought to either facility prior to commencement of Agreement.

Armor’s medical staff complete a comprehensive health appraisal of each inmate within 14 days of the inmate’s booking intake, unless a prior screening had been completed at the facility within 90 days, except as determined by a physician or mid-level provider. All juvenile detainees receive a health



H & P Days brought into compliance reduced from 24 to 13 days

appraisal within seven (7) days after arrival at the juvenile detention facility. Armor also completes 25 history and physicals (H&P) on an annual basis for individuals from the Bureau of Prisons (BOP) housed at the CCBC. Appraisals for BOP inmates that exceed 25 will be billed by Armor at a mutually agreed upon rate. All appraisals are conducted in accordance with NCCHC, ACA, and all applicable standards, and entered into the medical record.

The format has been approved by the Medical Director and facility administration and kept in the standard operating procedures for medical. A licensed physician, mid-level provider, or appropriately trained registered nurse reviews the inmate’s intake screening results and collects additional data to conduct and complete the patient’s health appraisal/physical. A behavioral health evaluation is performed by an appropriately trained staff member.

These appraisals currently include, but are not limited to:

- Review of previous medical history and records including hospitalization;
- Review and observation of symptoms;
- Recording of height, weight, and vital signs, including pulse, blood pressure and temperature;
- Physical examination. Females receive a pelvic exam and Pap smear as appropriate;
- A review of the intake screening results, and the collection of additional data to complete the inmate’s medical, dental, behavioral health history;
- Laboratory and/or diagnostic tests to detect communicable diseases, including sexually transmitted diseases and tuberculosis, and other tests (such as urinalysis) as determined by the responsible physician upon consultation with and approval by the local public health authority, state or federal statutes;
- A physical examination, including comments about mental status;
- Other tests and examinations, as deemed appropriate;
- A review of the findings of the inmate health assessment and tests, including identification by a physician of any problems;
- Initiation of treatment and immunizations, when deemed appropriate;
- Dental history, including but not limited to instructions in oral hygiene and oral health education;
- A structured interview in which inquiries are made in the following items:
- History of hospitalization and outpatient treatment;

- Current psychotropic medication;
- Suicidal ideation and history of suicidal behavior;
- Illicit drug usage;
- Alcohol usage;
- History of sex offenses;
- History of expressively violent behavior;
- History of victimization due to criminal violence;
- Special education placement and history of cerebral trauma;
- Emotional response to incarceration;
- Observation of the patient's teeth and gums to identify any gross abnormalities requiring immediate referral to the dentist and instruction in oral hygiene and oral health education;
- Hepatitis Testing (A, B, and C) offered if medically necessary. Inmates previously diagnosed with hepatitis C who are in a treatment protocol are continued on that regimen while others are monitored for liver function as ordered by the physician;
- Immunizations are provided, such as seasonal influenza vaccine, and/or pneumococcal vaccine and others as recommended by the practitioner based on nationally recognized clinical guidelines based on age, risk and concurrent medical conditions;
- Implanting of PPD (Tuberculin Skin Test) or other tuberculosis screening as required and completion of appropriate STD testing if not completed at intake;
- For any female inmate, notation of the following information, and conduct a pelvic and breast examination, if deemed medically necessary:
 - Menstrual cycle;
 - Unusual bleeding;
 - Current use of a contraceptive medication;
 - Presence of an I.U.D.;
 - Breast masses;
 - Nipple discharge; and
 - Pregnancy testing, if not completed at intake;
- Initiation of treatment when appropriate;
- Development of a treatment plan, including recommendations concerning housing, job assignment and program participation; and
- Update of a Problem List for the medical record.

Further Investigations

When appropriate, additional investigations are carried out as indicated, such as when the assessing staff member records the following observations:

- Current use of alcohol and / or drugs, including types of substances abused, mode of use, amounts used, frequency of use, and date or time of last use.
- Current or previous treatment for alcohol or drug use, and if so, when and where.

- Current mental health medications or medications for an alcohol or drug use problem.
- Current or past illnesses and health problems related to substance use.

Referrals to medical, dental and behavioral health staff are initiated based on the findings of the health assessment. All inmates who are referred for treatment are scheduled for follow up with the appropriate health care provider in a timely manner.

Our physician, and/or mid-level provider, oversees this process and reviews the findings of the health assessment and tests. Most Health Assessments are completed by a mid-level provider and do not require Physician review unless there are significant findings. All health assessments, if completed by a nurse, are reviewed and co-signed by the physician or mid-level provider and entered into the patient's record. If the patient requires further evaluation, he/she is referred to the health care provider.

We currently provide for all necessary follow-up for any health problem identified by the physical examination and/or any test. A physician or mid-level provider reviews this follow-up for appropriate disposition and plan of care and inmates are referred for treatment as a result of the physical examination to be seen the following day unless the provider making the referral orders them to provider sick call on another day.

C.1.C Annual Health Assessment (RFP page 15)

*The Proposer shall conduct annual physicals on all adult inmates/juvenile detainees **that** have been incarcerated at the facility for over one year as required by NCCHC standards.*

Inmates incarcerated for more than a year are scheduled for an annual health examination and repeat tuberculosis screening. A complete history and physical assessment is conducted for every inmate in the facility over a year, which includes appropriate diagnostic or screening tests. Providers review the medical record, and document and address any significant changes in the patient's health status during the preceding year.

Health care providers, either our physician or mid-level practitioner, complete preventive health screening tests on inmates according to age, sex and health needs, such as fasting serum lipids at least once every five years or Pap smear for women of child bearing years.

C.1.D Daily Triage of Medical Care Requests (RFP page 15)

Requests for Medical Care from inmates and juvenile detainees must be processed on a daily basis and/or within 24 hours of receipt. Medical staff shall act upon all inmate medical requests with referrals to qualified medical personnel as required. The responsible physician or registered nurse shall determine the appropriate triage mechanism to be utilized for

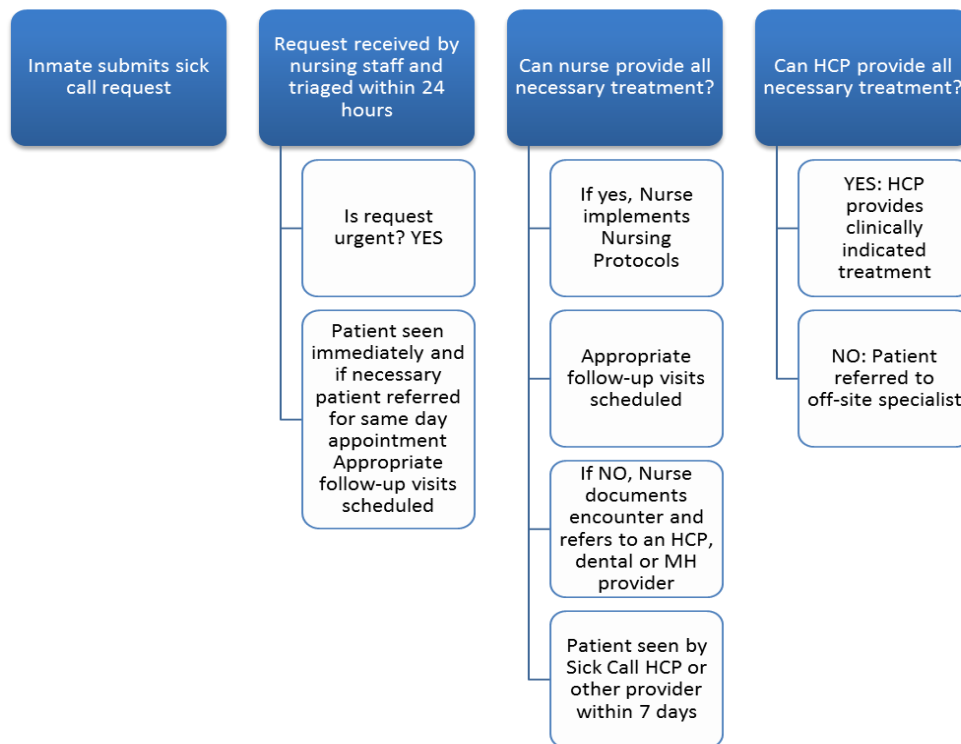
specific categories of requests and schedule a visit with the appropriate service provider within 72 hours, excluding weekends or holidays.

Nurse triage and treatment of inmate sick call requests under nursing assessment protocols are provided on a daily basis. Nurses accept and triage medical requests for Medical Care from inmates and juvenile detainees on a daily basis and/or within 24 hours of receipt. Our staff enters the task into the electronic medical record so that the patient is seen 24 to 72 hours after triage. Any inmate with a request suggesting that the problem may be of an emergent nature (e.g. chest pain, breathing difficulties) receives immediate attention in the clinic. Triage decisions are recorded on the inmate health service request form and these urgent care requests (emergent care and behavioral health) are handled within 0 to 24 hours. Medical staff acts on all inmate medical requests with referrals to qualified medical personnel as required. The responsible medical provider determines the appropriate triage mechanism to be utilized for specific categories of requests. Medical staff schedules a visit with the appropriate service provider within five to seven days, excluding weekends or holidays.

C.1.E Sick Call (RFP page 15)

Sick call shall be held in accordance with NCHC standards. This is currently done seven days/per week.

The following flow chart represents our sick call patient flow process.



Sick call is held in accordance with NCCHC standards. We track sick calls until completion using our sick call logs. Patients are seen in sick call within 24 hours of triage of the health care request (48-72 hours on weekends and holidays) and any inmate not capable of attending sick call is provided sick call and triage services in the patient’s cell.

Armor has reduced the provider sick call log by 50 % since June 2015.

Treatment is provided according to established nursing protocols and those patients who cannot be treated per protocol, are referred to the next level health care provider for further screening, diagnosis, and treatment. All sick call encounters are documented in the medical record.

C.1.F Medication Administration and Management (RFP page 15)

Proposer shall provide a total pharmaceutical system for the Adult Corrections Facility, including physicians or licensed practitioners prescribing the medication, filing the prescription, the dispensing of medication, and necessary record keeping. The prescription, dispensing and administration of medications shall comply with all applicable federal, state

and local laws, ordinances, rules and regulations, and shall be dispensed under the supervision of appropriately licensed or certified health care professionals.

The Proposer shall use best efforts to dispense pharmaceuticals to Inmates with the timeframe dictated by the prescriber, generally 24 hours from the time the prescription or order was written. The Proposer will be responsible for all costs of all required prescribed medications, including routine and non-urgent medications administered. The system must include prescription and over the counter medications. All prescription medications must be administered by a state licensed individual. All controlled substances, syringes, needles and surgical instruments used in the dispensing of medication shall be stored by the Proposer under security conditions acceptable to the Jail.

Proposer shall establish a medications formulary utilizing primarily generic medications unless otherwise medically indicated. Pharmacological support (the administration and issuance of prescribed medications) must be determined by the Proposer's health care staff. Proposer must review any requests for renewal of medication orders; include psychotropic medications, to ensure renewal is medically necessary. The re-evaluation must be documented in the inmate's health record.

The Proposer has the responsibility to record the administration in a manner and on a form approved by the Jail, to include documentation of the fact that inmates are receiving and ingesting their prescribed medications, and to maintain those records. Documentation is also required when an inmate's ordered medication was not administered and the reason for non-administration must be noted. Proposer shall develop a system for tracking and reporting medication errors.

The pharmaceutical program must provide for consultation 24 hours a day, seven (7) days a week from a registered pharmacist. This program must include an emergency backup pharmacy plan. The pharmaceutical program must also include guidelines for administering medications to those inmates scheduled to be temporarily out of the Jail facility (e.g., for court appearances, residential treatment services, etc.).

Medications must be maintained under proper conditions and in a secure area. A log indicating the use of stock medications shall be maintained. Medical staff shall distribute medications seven (7) days a week to inmates as ordered by physician. Medical staff must sign a Medication Administration Record when they administer medication. The current medication distribution is conducted in the morning and evening. The Proposer shall provide policies and procedures for removal and disposal of any and all outdated, unneeded or surplus medications.

Upon release from custody the Proposer shall comply with NCCHC standards for discharge planning which requires that an inmate have a sufficient supply to be able to continue taking

medication until seen by a community provider. The cost of pharmaceuticals, prescription and over the counter remedies shall be the responsibility of the Proposer.

For now, the Proposer shall only be responsible for providing over the counter (OTC) medicine to juvenile detainees. However the juvenile facility is considering an option to add a fully stocked pharmacy in the future. Proposer shall offer professional guidance on the startup of a pharmacy at this facility and identify any potential costs separate from their price proposal.

The following is a list of OTC medications currently stocked at the juvenile detention facility:

- *Motrin*
- *Tylenol*
- *Tums*
- *Pepto Bismol*
- *Milk of Magnesia*
- *Benadryl*
- *Cold capsules*
- *Lice shampoo*
- *Bacitracin*
- *Hydrogen Peroxide*
- *Anti-fungal cream*
- *Hydrocortisone*

We understand that we are currently only responsible for providing over the counter medicine to juvenile detainees. However, Armor will offer professional guidance on the start-up of a fully stocked juvenile pharmacy. Please find our option (including cost) for adding a fully stocked juvenile pharmacy provided in **Tab K, Juvenile Pharmacy Option**. **We have provided our cost with this Option in Tab K, per the RFP requirement to provide potential costs separate from our Price Proposal (RFP page 16).**

Armor's complete pharmaceutical system begins with the prescription of medications by our licensed medical providers, to ensure the efficient and accurate administration of medications. Our system currently includes:

- Policies and procedures to ensure compliance with all applicable state and federal regulations regarding prescribing, filling, dispensing, administering, and procuring pharmaceuticals.
- Contracted pharmacy including pharmacy support services to achieve reliable delivery of pharmaceuticals to the facility back up pharmacy coverage, and consultation on facility pharmacy operations.

- Integrated electronic health record that includes an electronic medication administration record (MAR) with online ordering and inventory controls for comprehensive documentation and cost efficient pharmacy services.

Armor assumes responsibility for all costs, including all drugs (prescription medications and over-the counter medications) prescribed by our employed and contracted medical and dental providers. Our policies and procedures ensure that only licensed and qualified physicians or dentists prescribe medications which will be administered by licensed medical staff. Further, we accept responsibility for full compliance with state Board of Pharmacy and state regulations.

After salaries and compensation, pharmaceuticals are our next largest direct expense. While formulary control, utilization management, and professional oversight are important in managing these costs, the selection of our proposed pharmacy vendor is a critically important decision. It is a commitment we take seriously considering:

- The quality and efficiency of our prospective pharmacy partner;
- Their track record of service;
- Comparative cost indicators;
- Proven capacity to serve correctional facilities; and
- Commitment to partnership for problem solving, innovation, and cost containment.

Diamond Pharmacy Services

Diamond Drugs, Inc., dba Diamond Pharmacy Services (Diamond) is our nominated pharmacy vendor for the facility contract. As Diamond is the current pharmacy vendor, we know that they bring unique advantages to the facility pharmacy program, such as:

- Interface between our CorEMR health record and Diamond to support online order entry and electronic MAR as proven in other Armor applications; and
- Robust monthly and ad hoc reporting capability for the analysis of utilization and cost.

Medication Ordering and Delivery

Armor currently works in coordination with Diamond to ensure delivery of prescribed medications to the facility on a daily basis (excluding Sundays and Holidays), which is industry standard. We maintain a supply of approved floor-stock medications to be used for timely administration of new medication orders and back-up this system by arranging for local pharmacy services if medications are needed when regular delivery is unavailable to ensure timely receipt of medication as prescribed and medically appropriate. We also equip and stock emergency drug kits to be used as ordered by the clinician, ensuring timely receipt of emergency drugs in our onsite pharmacy. Medications are packaged accordingly by the pharmacy vendor via blister-cards and/or manufacturer bottles as preferred by the facility. This ensures that onsite and emergency pharmacy services are consistent with State and Federal laws and/or regulations, monitored by a licensed, qualified pharmacist.

We have established procedures for ordering each day according to a daily schedule. Our contracted local backup pharmacy (Walgreens) processes all emergency orders that need to be delivered on Sundays.

All medications are delivered by the guaranteed time the following day unless a medication is on national backorder or in the rare event that Diamond is out-of-stock. In that unlikely event, the medications are usually delivered on the following day or a backup source is used. All notifications of a medication on national backorder or out-of-stock are communicated to the facility on the delivery manifest.

Diamond has shipping contracts with all three leading next-day delivery services—FedEx, UPS, and the U.S. Postal Service (USPS). If for some reason one carrier is not adequate for the facility, Diamond can select another. All shipments are sent requiring a signature at the facility.

Medication Administration

Working with Diamond, Armor ensures that all patient-specific and stock medications are packaged, labeled, and dispensed in full compliance with all current and anticipated federal, state, local, and departmental laws, rules, regulations, and provisions, or in their absence, trade and industry best practices and standards.

We provide a systematic and well documented approach to medication administration that follows approved policies and procedures and includes, but is not limited to, the following key components:

- Administration of medications by trained and licensed medical personnel;
- Prescribed psychotropic medications, such as antipsychotic, antidepressants, and drugs requiring parental administration, are only ordered following a physical examination of the patient by a qualified health professional;
- Involuntary administration of psychotropic medications are in compliance with applicable State laws;
- Each prescription labeled in accordance with applicable regulations;
- Guidelines for administering medications to those inmates scheduled to be temporarily out of the facility (e.g. court appearances);
- Routine/non-urgent medication are administered within 24 hours of physician's order;
- Urgent medication provided as required and ordered by physician;
- Administration of medications or inmate refusal entered in individual patient logs or files;
- Direct observation of patients taking medications subject to abuse;
- Documentation of inmate education addressing potential medication side effects;
- Requirements for physician evaluations prior to the renewal of medication orders to include psychotropic medications. The re-evaluation is documented in the inmate's health record;
- Policies and procedures for the removal and disposal of any and all outdated, unneeded, or surplus medications;
- Documentation that meets regulatory, industry, and community standards;
- Maintenance of a Medication Administration Record (MAR) to monitor inmate compliance;
- Medications not administered, recorded with the reason on the MAR; and
- Proven procedures for emergency prescriptions and STAT orders.

In addition, to these policies and procedures, specific policies for the administration of psychotropic medications is outlined in our ***Proposal Section C. 4, Mental Health Services.***

Pharmacy and Therapeutics Committee

We organize and maintain a Pharmacy and Therapeutics Committee at the facility, which includes membership by a Clinical Pharmacist, Medical providers on our staff, our HSA, and others, which meets at least quarterly.

The Committee serves as an advisory group, in accordance with Armor policy and procedure, State Board of Pharmacy and national standards to routinely monitor pharmacy

operations. This committee also periodically reviews practice patterns and utilization data for safety and efficiency, as well as monthly cost and utilization reports including non-formulary requests. Formulary recommendations will be regularly reviewed.

Onsite Pharmacy Consultation and Inspections

We also provide expert consultation on pharmacy related issues. As described, our Chief Pharmacy Officer, Dr. Gina Jules, a Pharmacist, consults with our facility staff and facility administration on a wide range of pharmacy topics. When needed, our Chief Medical Officer, Chief Behavioral Health Officer, and clinical operations specialists join her to assess pharmacy operations to identify any opportunities for efficiency, accuracy, quality, and cost-effectiveness. They consult on formulary issues including cost analysis of the current formulary, including how alignment of the formulary with correctional medical and behavioral health practices could reduce expenditures.

Armor also conducts routine Compliance Audits to ensure that the site is in compliance with ALL mentioned regulatory agencies specified below. We work with Diamond to schedule and complete monthly inspections required by a fully credentialed licensed Consultant Pharmacist or a locally credentialed licensed Consultant Pharmacist. Diamond's two-page inspection sheet is based on NCCHC, ACA, the state Board of Pharmacy and its 30 years of experience in the correctional industry. Diamond abides by all recommendations set forth by these organizations, as well as all applicable federal, state, and local rules and regulations.

During the inspection, a licensed pharmacist reviews the following:

- The cleanliness and organization of the medication rooms;
- Medication ordering, charting, documentation, inventory, and record keeping;
- Narcotic and sharps record keeping and counts;
- The presence or absence of outdated, discontinued, or recalled medication;
- Medication distribution and med pass procedures;
- The contents of the emergency (ER) kit and/or crash cart;
- Refrigerator temperature and contents;
- Stock levels;
- The pharmaceutical care of patients;
- Medication utilization and individual therapies;
- Appropriate storage and security of medications and supplies;
- Periodic reviews/stop dates of controlled substances and habitual drugs;
- Presence and appropriate use of formulary;
- Existence of and compliance with appropriate policies and procedures for medications; and
- Current reference materials such as the Physicians' Desk Reference (PDR), Nursing Drug Handbook (NDH), poison control center information, do-not-crush lists, etc.

The results of these pharmacy audits and inspections are summarized and discussed with the nursing supervisor, designee, or site administration following the inspection. Recommendations are tracked to ensure compliance and completion of corrective action. Copies of this report will be furnished to the site, Diamond and Armor Corporate.

Medication Administration Record (MAR)

Our CorEMR electronic MAR enable nursing staff to efficiently administer and track all medication administration functions. This software has extensive capabilities and can display patients by location and medication (for example, patients in a particular cellblock using risperidone). All medications due for a selected med pass is displayed on the screen allowing nursing staff to locate the proper medications or schedule.

The CorEMR electronic MAR medication management system also provides several other easy-to-use medication-recording features:

- A paper med pass list can be printed in an easy-to-use grid format, sorted by patient and unit, and providing all medications and administration times. (A paper med pass list is an efficient way to inform security staff of patients who need to report to the med line for stock medications.)
- A list can be generated of patients who missed regularly scheduled med pass so those patients can be easily identified and called to receive their medications.
- Your staff can indicate reasons a medication was not administered (for example, a patient refused or dropped the medication, a patient did not show up, and a patient was at court).
- Throughout the med pass process, the system informs you the percentage completion of the med pass, by entire population and by individual cellblock.
- For remote med pass or in areas without Wi-Fi, staff can work off-line with a laptop and synchronize later when Internet access is restored.
- Injection location can be charted.

With the CorEMR electronic MAR, we monitor compliance levels customized across selected parameters or time frames. For example, we might examine a list of patients who missed three doses in the last month, the reasons they missed med pass, and their location. Our CorEMR electronic MAR generally reduces staff time associated with med pass. The software eliminates the month-end MAR changeover because all medication orders and changes are automatically updated throughout the month.

Release Voucher (Pharmacy Voucher) Program

Armor implemented a 'release voucher' program that complies with NCCHC discharge planning procedure. The program provides each inmate the opportunity to have their active prescriptions continued for 3 days or 7 days for psychotropic medications adding a

list of affordable health resources with contact information to facilitate continuing care following release.

Emergency Prescriptions

Emergency prescriptions for STAT orders are provided through Diamond's emergency kit/starter packs or by a pre-arranged, subcontracted local backup pharmacy. Emergency medications not found in either the emergency medication kit or the starter packs and unavailable from Diamond in sufficient time are provided to the facility in a minimum quantity by local backup pharmacies.

Due to Diamond's size and volume, the company has aggressive national contracts with most chain pharmacies and is willing to negotiate with any local pharmacy not in the Diamond network. As a family-owned business, Diamond embraces the entrepreneurial spirit of local independent pharmacies, and they make every attempt to contract with independent pharmacies whenever possible. We propose continuing the use of our current preferred back-up pharmacy.

Diamond provides turnkey service for emergency orders. By accepting Armor's order and relaying it to the backup pharmacy, we are able to ensure seamless coordination of pharmacies and records. Prescriptions are delivered in agreed-upon quantities and at contracted rates. Diamond's ability to provide direct electronic claim transmission from the local backup pharmacy keeps costs at a minimum and ensures seamless record keeping and accountability.

The backup pharmacy invoices Diamond, and Diamond invoices Armor. The amount of the charge includes Armor's normal Diamond-contracted rate plus any additional charges from the local pharmacy. These additional charges are simply passed through at Diamond's cost, without any margin or mark-up. Detailed reports of all emergency prescriptions are provided with Diamond's monthly invoice.

Armor and Diamond realize that receiving emergency medications in a timely fashion is important and we do everything within our power to expedite processing, filling, and delivery. Emergencies are costly in terms of both the patient's well-being and the expense of providing emergency care. Accordingly, we collaborate to determine which medications need to be added to the emergency supply list to help minimize future emergency orders.

Controlled Substance Storage and Inventory

Armor implements procedures for managing controlled substances on-site that are consistent with facility policy, State Board of Pharmacy regulations, and NCCHC standards. Our system features approved storage, inventory tracking with logs at shift change, a patient specific proof-of-use record, disposal, and accountability for chain of custody and disposition. Records related to controlled substances are maintained in accordance with State and Federal regulations.

Pharmacy and Therapeutics Utilization and Non-Formulary Review Program

Our Chief Pharmacy Officer, Dr. Gina Jules, meets with the facility administrators and Diamond to ensure contract compliance and establish management goals. Together with the facility and our staff, she analyzes reports and reviews utilization to determine the operating specifications for our facility pharmacy operations and to monitor performance. She will continue to be available to our staff and facility administration for consultation and to address specific issues and concerns.

Our current formulary developed with Diamond consists of all appropriate, necessary, safe, and efficacious medication to deliver adequate and quality health care. It is periodically reviewed by our Corporate Pharmacy and Therapeutics Committee, which is responsible for selection of the medications and oversight of our pharmaceutical utilization review program. We submit our current formulary for continued use in ***Attachment 3***.

When choices exist between drugs of similar efficacy and safety, the most cost-effective medication shall be used. If a desired and necessary clinical outcome is not possible with a medication in the formulary, clinicians may request a non-formulary medication by completing our “Drug Exception Request” (DER) form (#PT-004) and submitting it to the Chief Medical Officer or Designee. Approval by a designated Regional Medical Director or our Chief Medical Officer is required.

Monthly Pharmacy Reports

Our current standard reports are provided by Diamond to analyze and manage utilization. The reports include prescriber monitoring, utilization management, trend analysis and detailed order information. This capability provides flexibility to individual reports, allowing the pharmacy and the facility to ask better questions, and get more answers including such topics as:

- The total cost of medications;
- Number of patients;
- Percent of patients on medications; and
- Percent of expenditures on medications for a single medication.

Using the report database, we analyze patterns by therapeutic category such as HIV, Psychotropic, Hepatitis, Tuberculosis, formulary or non-formulary, over-the-counter, or any other therapeutic category requested. Ad-hoc reports are also reviewed including: return medications, shipping and receiving, and drug interactions with interacting medication, prescriber, and patient names, along with the clinical significance and pharmacological actions.

As part of our on-going pharmacy utilization review, we compare practice across all facilities, and maintain up to date knowledge of pharmaceuticals and best practices.

We believe Diamond's reporting capability is an asset to our management at the facility. Diamond provides extensive reporting supported by its information technology (IT) department, systems development, infrastructure, and computerized systems. They provide reports in electronic or hard copy format.

Diamond's statistical reports are a modular combination of Excel spreadsheets and charts that help illustrate monthly expenditures, usage, prescribing habits, and trends. The system currently contains more than 300 available reports and charts and more than 400 yearly trend figures. Diamond customizes and creates reports to meet the needs of your facility. Diamond provides monthly statistical reports that include the Formulary Management Report.

Returns for Credit

As permitted by the State Board of Pharmacy and the U.S. Food and Drug Administration (FDA), Diamond offers credit on full and partial blister card medications returned, provided the medications meet conditions listed below:

- Remain in their original sealed blister packs
- Have been stored under proper conditions
- Are not defaced or have been adulterated
- Are not within 3 months of expiration
- Have not been released to the inmate population or labeled/dispensed as "keep on person"
- Are not controlled substances
- Have not been billed to a private insurance or Medicaid

Many state boards of pharmacy have strict requirements for returning medications for credit, and Diamond rigorously complies. They often require that each bubble contain the medication name, manufacturer, lot, and expiration date. When medications are returned, the medication is not permitted to be punched out and reused. For this reason, medications that are packaged with multiple units per bubble in a blister card or in multi-dose strip packaging must be destroyed upon return; thus, they do not qualify for credit. The actual individual bubble can be re-dispensed only in its original intact packaged piece.

Diamond has devised a system that enables them to safely reuse individual, intact bubbles to credit medications so customers receive the highest amount of credit allowable. Pharmacies offering credit on partial cards without such a system may be in violation of state board regulations.

Diamond's ability to preserve the lot number, expiration date, and sanitary condition of each bubble of the blister pack is **critical** when a medication is returned. They do not punch returned medications out of returned cards and re-dispense medications, as is often seen with other pharmacies. Those vendors cannot guarantee the integrity of the dispensed tablets, the lot number, or the expiration date from cards received from their facilities around the country once the pills are mixed into a large manufacturer's stock bottle and subsequently re-dispensed to **your patients**.

Diamond does everything legally required to accept medications for return while protecting the safety of patients. Diamond is responsible for the shipping costs for all returned medications and will provide the facility with prepaid preaddressed FedEx Package Returns Program (PRP) or UPS Authorized Return Service (ARS) labels. These labels are simply affixed to the return box, which is handed to express delivery personnel during their normal pickup/delivery to your facility.

Controlled medications and opened partial stock medications cannot be credited per federal regulations. Credits are issued on medications based upon the professional judgment of a Diamond pharmacist and based the current market value of the medication.

Returns received at Diamond, during the term of the contract, by the 15th of each month will be credited on the next invoice for that calendar month. Credit memos will be deducted from payment of the oldest outstanding invoices.

Upon contract termination, any desired returns must be made within fifteen (15) days of contract termination. Diamond will destroy any returned items not eligible for credit.

Equipment

Diamond has provided the following equipment in addition to the supplies which have been described:

- Fax Machine
- Medication Carts

These items and all supplies are included in our proposed budget for pharmacy vendor costs.

C.1.G Management of Offsite Inmate Care (RFP page 16)

Adult Corrections - The Proposer shall assume financial responsibility for and will arrange for the admission of any inmate who requires hospitalization. Hospital services shall include daily room and board, nursing services, use of operation, treatment and/or recovery rooms, emergency room services, services and supplies routinely provided by the hospital, physician services including surgery, diagnostic testing, and anesthetics and their administration.

Proposers management of offsite care shall include, but is not limited to: negotiating provider rates; contracting with hospitals and specialty care providers to develop a network of offsite providers; managing communications between onsite and offsite providers to ensure continuity of care; adherence to all privacy laws including HIPPA and the HITECH acts; monitoring applicability and utilizing available benefits of third party payor sources including the Patient Protection and Affordable Care Act (PPACA); coordinating and obtaining clinical information between providers; review of all claims for appropriateness; and provision of utilization management to ensure all offsite care is timely, medically necessary and not duplicative of services provided onsite. Note: Lake County primarily uses Vista Medical Center East for hospital care. Proposer will not assume financial responsibility for juvenile hospital admissions.

Armor's management of offsite care includes, but is not limited to: negotiating provider rates; contracting with hospitals and specialty care providers to develop a network of offsite providers; and managing communications between onsite and offsite providers to ensure continuity of care. Armor understands that we are not financially responsible for juvenile hospital admissions. For Adult Corrections, Armor is financially responsible and currently arranges for the admission of any inmate who requires hospitalization, including:

- Hospital services - daily room and board, nursing services, use of operation, treatment and/or recovery rooms, emergency room services, services and supplies routinely provided by the hospital;
- Physician services - surgery, diagnostic testing, and anesthetics and their administration.

Armor will also continue to manage offsite care, including but not limited to:

- negotiating provider rates;
- contracting with hospitals and specialty care providers to develop a network of offsite providers;
- managing communications between onsite and offsite providers to ensure continuity of care;
- adherence to all privacy laws including HIPAA and the HITECH acts; monitoring applicability and utilizing available benefits of third party payor sources including the Patient Protection and Affordable Care Act (PPACA);
- coordinating and obtaining clinical information between providers; review of all claims for appropriateness; and provision of utilization management to ensure all offsite care is timely, medically necessary and not duplicative of services provided onsite.

Armor's physician directed approach to expanding on-site services is the first phase to reducing hospital and off-site services and expenses. However, should hospital or other off-



site services be necessary, Armor's team of physicians, contracted hospitalist and case managers apply proven clinical and management tools to minimize the length of stay and ensure the efficient delivery of necessary care.

Our HSA and scheduling coordinator work directly with the transportation officer to determine the capability for outside transport, and to establish a scheduling protocol to meet the needs of both the facility and the medical providers. The scheduling coordinator is responsible for arranging outside appointments and for coordinating with the transportation department.

Because **our company is founded on the philosophy of patient-centered care and managed care systems**, utilization management is critical to ensure that all patients have access to the care they need at the most appropriate level that is cost effective, as defined by medical necessity. Our pre-approval, case management and discharge planning process is overseen by an expert team of Armor's corporate staff including: Associate Medical Director, Director of Utilization Management, and Nurse Utilization Managers. Key roles are assumed by the HSA and site staff to manage offsite provider coordination. Together, they implement our pre-authorization, continued stay review, care coordination, and discharge planning services which combine to manage offsite events.

Utilization Management and Cost Containment

Armor will continue to work with Lake County to minimize the use of off-site services. We will continue to provide on-going utilization review at all hospitals where our patients are admitted. We perform initial and concurrent reviews to determine if the hospitalization meets criteria for continued stay and to determine if the patient's course of care is active and following our attending physician's orders without unnecessary delays in care or service.

Using national guidelines as a framework for decision making, we emphasize the application of medical judgment based in the correctional environment and consideration for the capabilities of the facility. Armor's protocols for medical review incorporate these conditions to achieve the best outcome for the patient in the most resource-efficient manner. These include:

- **Timely Reviews:** We complete an initial review within 24 hours of notification of admission. The initial encounter includes a thorough review of the medical record to determine medical criteria and necessity for admission, dialogue with the attending physician to address diagnosis, plan of care, treatments, and discharge plan.
- **Daily Reviews:** Following the initial review, our staff performs daily concurrent reviews throughout the patient's hospitalization to ensure compliance with criteria.

- **Daily Communications:** The patient's status is communicated daily to the site health providers. Daily rounds are conducted with the Director of Utilization Management and Corporate Medical Director to ensure medical criteria is being met and any obstacles to discharge are resolved.
- **Indicator Management:** We use key indicators to monitor potential over- and under-utilization such as: inpatient days, readmissions rates, length of stays, quality and risk identification, referral, and avoidable hospital day tracking.

Hospital Discharge Planning:

Through collaboration with hospital-based medical staff, we currently take the following steps:

- anticipate specific discharge needs, making changes to the discharge plan as needed;
- make sure that required medications, supplies, DMEs, *etc.* are in place to avoid any delays in discharge and to ensure continuity of care;
- identify potential obstacles to a timely discharge and provide an expedient resolution; and
- ensure a safe, appropriate and timely discharge with the goal of preventing re-admissions and containing costs.

Retrospective Reviews

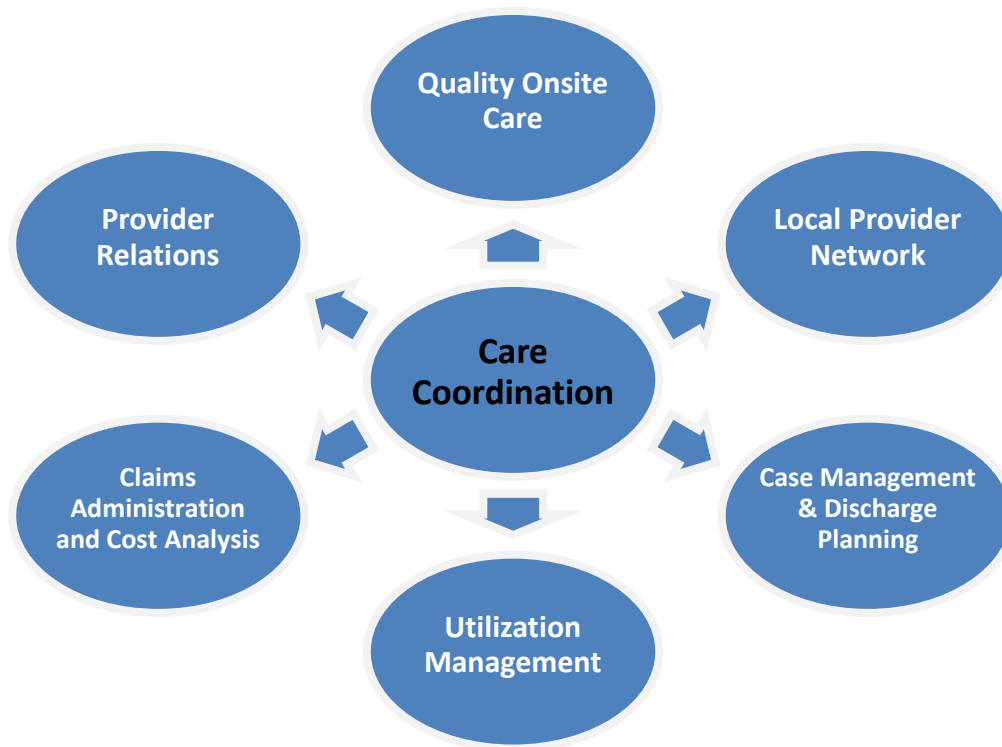
We continually track and trend events and lengths of stay. In addition, we analyze all emergency department transfers to include:

- Percentage of trips resulting in admission (a measure of necessity),
- Events preceding the transfer (measure of on-site quality), and
- Timeliness of UM decision (goal – 24 hours; or immediate for urgent requests).

Utilization Management

We currently manage the utilization of inmates to include routine consultation requests and hospital transfers. Reviews are completed by designated staff at the site level and forwarded to our corporate utilization management staff. Our process focuses on establishing appropriate levels of care, monitoring plans of care, anticipating quality of care issues, and avoiding administrative delays. Overall, we practice patient-centered care with a goal of serving the best interests of the patient.

The following diagram reflects how close care coordination is achieved for the benefit of inmates.



Local Provider Network – We orient each of our contracted providers to our cost containment goals and provide support to off-site providers to ensure compliance with our authorization process.

Care Coordination and Case Management – Armor’s site Medical Director submits vital information to providers when we refer patients off-site. By emphasizing the needs of the patient, we maximize care provided by on-site staff and contain costs.

Utilization Management - Our Director of Utilization Management works with Armor’s UM Medical Director to consult with our on-site staff, hospitals, and off-site providers to authorize services, verify patient care needs, and oversee care plans. Armor’s utilization team is available for off-site care management 24 hours a day, 7 days a week.

Claims Administration and Cost Analysis - Armor’s Director of Network Development and Utilization Management staff work together to manage a comprehensive database of claims submitted by providers. They review claims, monitor compliance with contract terms, refer claims for retrospective review to our clinical Utilization Management team, and consult with providers with questions or concerns.

Provider Relations – Armor’s Directors of Utilization Management and Network Management work with providers to ensure that productive relationships are maintained. Armor encourages relationships and professional collaboration.

Armor will continue working with Vista Medical Center East for the inpatient treatment of inmates.

C.1.H Specialty Services (RFP page 16)

Inmates and juvenile detainees will periodically require the services of a medical specialist (i.e. Ob-Gyn, orthopedics, etc.). The Proposer shall be responsible for the arrangement of all specialty care. Whenever possible, onsite delivery of specialty services are to be arranged (i.e. physical therapy, lab work, X-ray, dialysis etc.).

Armor provides specialized medical services at regularly scheduled clinics onsite and will continue to work with the County to determine the most practical and appropriate onsite services. Our expectation is that we will continue existing onsite specialty services such as laboratory, EKG, x-ray, Ultra Sound, dental and other contractual services, and work with the County to analyze rates and volume to determine the feasibility of additional onsite services. Since we have served the Lake County contract, we have seen a reduction in off-site x-rays.

Armor has a proven track record of enhancing on-site services and reducing off-site specialty referrals while improving quality of care. Board Certified or Board Eligible specialists provide the necessary care and treatment through a combination of onsite and offsite services.

Armor has extensive expertise in the care and management of chronic health conditions and provides staff with specialized training for the delivery of care for common conditions in a correctional setting. These enhancements of on-site clinical services improve patient care and outcomes, while reducing the necessity of off-site care. This approach to the care and treatment of chronically ill patients embodies the essence of Armor's managed care approach to the delivery of healthcare services and allows the provision of such care's costs to be audited against established standards.

Arista Program

If the County is receptive, Armor would like to pilot the Arista program at the facility which we are finding to be very beneficial at our other sites where we have introduced the program. The Arista Program is detailed as follows:

The AristaMD is a digital health company focused on assisting primary care providers in offering expanded specialty care:

- ✓ **Clinical guidelines** developed at University of California at San Francisco (UCSF) for referral assessment and related work-up
 - 200+ guidelines used by premier institutions
- ✓ **eConsults** – routine specialist consults resolved without the in-person visit

- Use your contracted specialists, or ours, or a mix.
- ✓ **Centralized Approval & Specialty Care Referral Consistency**
- ✓ **Tailored Solutions**
 - All guidelines, tools, dashboards customized to meet your needs
- ✓ **Robust data** collection and reporting – continuous cycle of improvement

This program is described in greater detail in **Tab H, Value Added Services**.

C.1.I Emergency Services (RFP page 16)

The Proposer shall provide emergency medical treatment to inmates and jail personnel as necessary, including off site emergency treatment through appropriate arrangements with local hospitals. Currently emergency ambulance transport is provided by 911 Waukegan Fire and Rescue for Adult Corrections. Juvenile uses Advocate Condell Medical Center in Libertyville, IL. If ambulance services are necessary, 911 is called and Vernon Hills Police Department sends the ambulance/rescue squad.

Our on-site medical services staff are trained and equipped to respond to an emergency or need for immediate medical services 24-hours a day, 7 days a week. Additional medical personnel are notified and respond if needed. As potential first responders to an emergency situation, whether involving inmates, staff, or visitors, rapid assessment and stabilization is provided by our emergency medical services staff until emergency medical services assume the care or the emergency is otherwise successfully managed.

Upon notification of an emergency, health staff respond to the area immediately. Once the area has been secured by correctional staff, medical staff provide appropriate first aid, measure vital signs, and/or have the patient moved to the clinic area for assessment and treatment, when safe to do so. Armor's E-fax program helps to expedite clinical reporting when making decisions to send patients offsite.

If the situation is a life-threatening emergency, first responders:

- a. Activate Emergency Medical Services (911) immediately;
- b. Initiate Cardiopulmonary resuscitation (CPR);
- c. Apply AED and follow prompts;
- d. Continue CPR support of patient until relieved by paramedics; and
- e. Notify security supervisor of need to transport to Emergency Department (ED).

The practitioner on call is notified of transfer to the Emergency Department if prior approval was not possible due to the urgency of medical need. For all other emergencies, health care staff will contact the practitioner for orders if necessary.

We provide and maintain all emergency supplies and equipment for 24-hour emergency, medical, behavioral health, and dental care according to written policies. Supplies and equipment are maintained and checked daily by health staff. All emergency transportation is coordinated with security.

Ensuring that our nurses are capable to provide emergency treatment and services, we provide essential training and staffing for emergency response on-site:

- In-service education for medical services staff on first aid and emergency procedures;
- Written policies and procedures concerning emergency transfer and transportation;
- Twenty-four hour nursing coverage;
- Twenty-four hour on-call physician, psychiatrist and dental coverage;
- Twenty-four hour on-call Health Services Administrator;
- Practice drills for single and mass casualties;
- Emergency preparedness planning, including coordination with community response agencies; and
- Annual training, testing, and required demonstration of proficiency in use of first responder “jump” bag, oxygen, AED, and other rescue equipment. Scoring of 100% is required of each employee or additional training and mentoring is provided until such time the employee can complete the required proficiency testing with a score of 100%.

Our goal for on-site emergency services is to safely and expeditiously manage the patient to avoid the necessity of off-site transfer. Our nursing staff are available 24 hours per day, 7 days per week to evaluate inmates in need of emergent medical attention and appropriately refer care to on-site providers, if available, or the emergency department. All of our health staff are required to be certified in CPR and use of AED.

C.1.J Special Medical Program (RFP page 17)

The jail physician shall develop a written individualized treatment plan for inmates and juvenile detainees with special medical conditions requiring close supervision. The plan should include directions to all applicable personnel regarding their roles in the care and supervision of the patient.

Armor’s physician will continue to develop a written individualized treatment plan for inmates and will provide written individualize treatment plans for juvenile detainees with special medical conditions requiring close supervision. The current plan includes directions to all applicable personnel regarding their roles in the care and supervision of the patient.

C.1.K Reporting Requirements (RFP page 17)

Proposer is to collect and analyze Healthcare statistics on a regular basis for both the jail and the juvenile detention facility. Analysis should include information that will assist all parties in justifying current services and include any recommendations to improve medical services, as well as suggestions for corrective, preventive or remedial actions based on analysis of the report's data. Statistical reports of health services, as well as review of Medical Grievances shall be made at least monthly and provided to the Jail Administrator during the Medical Audit Committee (MAC) meeting. Please note that all reports will become the property of Lake County and may be shared with the County Board and other requesting agencies.

At the facility, Armor's Health Services Report (HSR) provides monthly or annual statistical reports on the various services on-site. Additionally, our Continuous Quality Improvement (CQI) program (**described in Section C.6.A**) provides opportunity to implement corrective action at the facility. These reports are shared each month at the Medical Audit Committee (MAC) meetings.

We know that data can create a three-dimensional model in black and white that allows for objective analysis and deconstruction of clinical services. We know how vital self-audits are for compliance. Therefore, we compile and provide, by the 15th of each month, extensive statistical reports for the previous month's activities, which is inclusive of our daily patient interactions. Armor has provided for your review, copies of our monthly statistical review and Staff Tracker, our proprietary staffing management system as **Attachment 4**.

Additionally, Armor compiles an annual report for you in accordance with the American Medical Association standards by the 15th of January each year. Following, is a sample of this report.



Monthly Health Services Report													
SAMPLE													
2016													
County:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Population Stats													
Average Daily Population													0
Intake Screenings													0
Number Pregnant (Last Day)													0
Births													0
Miscariages/Fetal Demise													0
Deaths													0
Physicals													
14 Day Health Assessments													0
Annual Health Assessments													0
On-Site Care													
Sick Call Visits													0
HCP Encounters													0
Telemedicine/Telepsych Encounters													0
In-house X-Rays													0
Infirmatory/Medical Housing Admissions													0
Dental Care													
Exams													0
Fillings													0
Extractions													0
Dental Clinic Visits													0
Chronic Care Visits													
Asthma/COPD/Pulmonary													0
Diabetes/Endocrine													0
HIV/AIDs													0
Hypertension/Cardio													0
OB/GYN/Pregnant													0
Seizure/Neurology													0
Infectious Diseases													
MRSA Suspect Cases													0
Confirmed MRSA Cases													0
PPDs Given to Inmates													0
PPDs Given Other													0
Suspect Active TB													0
Confirmed Active TB													0
Identified Chicken Pox Cases													0
Identified Gonorrhea Cases													0
Identified Chlamydia Cases													0
Identified Syphilis Cases													0
Vaccines Administered													
Influenza to Inmates													0
Influenza Other													0
Hepatitis B to Inmates													0
Hepatitis B Other													0
Tetanus													0
Pneumovax													0
Mental Health													
Psych HCP Encounters													0
Psych MHP Encounters													0
Attempted Suicides													0
Completed Suicides													0
State hospital commitments awaiting admission													0
Pharmacy													
Patients receiving meds from med carts or pill windows (Last Day)													0
Hospitalizations													
ER Visits													0
Hospital Admissions													0
Total Hospital Days													0
Other Off-Site Referrals													0
Grievances													
Total Grievances													0
Unfounded Grievances													0



Medical Audit Committee

As part of our ongoing commitment to provide systems and processes for verification of our comprehensive services, we have established a Medical Auditing Committee.

Medical Audit Committee Members	Health Service Administrator, Medical Director, Director of Nursing, key facility staff, and other medical staff.
Purpose	The Medical Audit Committee serves as the forum where our administrative and clinical performance is measured and problems are resolved. We therefore give priority to establishing a working and involved committee.
Agenda	Topics and issues of concern, as well as standing agenda items related to review of continuous quality improvement, medical services statistics, institutional trends, infection control, staffing, grievances, booking refusals, environmental safety, pharmacy inspection, and security/institutional reports.
Frequency	This committee meets with facility administrative staff monthly. In advance of the meeting, our HSA presents a consolidated report which includes narrative summaries, statistics and analysis, and special studies, as we currently provide. We design these reports to fit the specific needs of the facility.

While the Medical Audit Committee has broad responsibilities that extend beyond review of statistics, Armor is accountable, through this group, for providing credible and reliable program reporting. Effective oversight by the Committee depends on accurate reporting. This is essential for NCCHC, and other accreditations and standards.

These meetings are critical opportunities for you to provide essential feedback, performance appraisal, and direction for strategic development. We emphasize dialogue, open discussion of the challenges confronting the program, and collaborative problem solving. The committee also reviews reports relative to medical grievances (***see Grievance Plan, Section C.6.H***). The result of this is an exchange of information and commitment to the way our partnership works to support the facility’s mission. A monthly agenda is prepared by the Health Services Administrator (HSA) and minutes are maintained with attendance recorded.

Armor strives to maintain its program in an “audit ready” state at all times. We welcome outside reviews as requested by the facility and prepare and participate as requested. We develop corrective action plans and implement immediate change to address any areas identified as deficient or in need of improvement.

C.1.L Exclusions (RFP page 17)

The Proposer shall not be responsible for the provision of elective medical care to inmates or juvenile detainees. “Elective Medical Care” means medical care, which if not provided, would not in the opinion of the Medical Director cause the inmate’s health to deteriorate or cause definite harm to the inmate’s well-being. Any other exclusions shall be specified by Proposers in their submittal.

Armor understands that we are not be responsible for providing elective or experimental medical health care to inmates or juveniles detainees.

C.1.M Inmate Medical Co-Payment Requirements (RFP page 17)

Inmates at the jail are currently billed a co-payment for any medical or dental services requested by the inmate. There are no charges for any follow up appointments deemed necessary. Proposer shall provide Lake County Sheriff’s Department with the information needed to bill inmates at the jail for the necessary co-payments for medication and medical services as appropriate. This shall include information such as who they saw, when they were seen, services performed, etc. Co-payments are currently billed through the County’s commissary Canteen Manager program.

An Armor staff member, typically the Administrative Assistant, bills inmates at the jail for the necessary co-payments for medication and medical services as appropriate.

C.1.N Staffing Requirements (RFP page 17)

Lake County requires coverage at the Adult Corrections Facility 24-hours/7 days a week/365 days a year. The Jail is currently contracted with another health care vendor which provides inmate medical care. Treatment is provided for emergent, urgent and chronic medical conditions in consult with Physicians, Physician’s Assistants/Nurse Practitioners,

Psychiatrists and Dentists. Registered Nurses are available 24 hours daily to assess, treat and refer inmates as necessary. Currently the psychiatrist is scheduled for 10 hours a week and is a shared resource with the juvenile detention. Dental services are currently provided by a dentist eight hours a week and a dental assistant eight hours a week. The Proposer shall provide a plan for corresponding shifts for various health care positions that would be necessary to treat the inmates that would meet the standards of the National Commission on Correction Health Care (NCCHC), as well as the American Correction Association (ACA).

Coverage for nursing staff at the juvenile detention facility is currently provided by an outside health care vendor 10 hours a day/7 days a week/365 days a year. In addition, to provide on-going care nursing personnel at the Lake County Jail remain available for emergency support and after hour care. The doctor and the psychiatrist are also shared with the Jail.

*The Proposer must include a proposed staffing plan, which shall be inserted after the Price Proposal. Each position shall include a post assignment/title and hours to be worked. The proposed staffing plan may be subject to the approval of the Jail. The Proposer may choose to accept applications from and interview current medical health staff for existing and anticipated positions. Psychiatry services shall be scheduled at a minimum of two days per week spaced out over three or four days apart. The Proposer shall reimburse the County the hourly rate for each hour if the **paid hours** does not equal or exceed total hours reflected in the approved staffing plan a withhold by position from base compensation **may** be imposed by Lake County for any unpaid hours. Staffing compliance reports are due to Lake County on the 20th of each month. Lake County reserves the right to monitor staffing on a weekly basis and may request an action plan by the Proposer to address any inconsistency in staffing levels.*

The following requirements must be met by all successful Proposers.

- 1. Only licensed and qualified personnel shall be employed to provide professional coverage.*
- 2. All personnel will be required to pass a background investigation conducted by Lake County Sheriff's Department. The cost of the investigation will be borne by Lake County.*
- 3. A Director of Nursing (DON)/Site Administrator who is, at minimum, a Registered Nurse shall be assigned to the site. The selected DON/Site Administrator should have management experience and successful experience in administration of healthcare services at other, similar sized, correctional facilities would be preferred. If replacing the DON/Site Administrator becomes necessary, the replacement must have equal qualifications to those of the DON/Site Administrator originally identified.*
- 4. All personnel will comply with current and future state, federal, local laws, regulations, court orders, procedures, etc.*
- 5. An employee file, including but not limited to a completed background check, current license, and any other applicable certification shall be maintained for all employees of the medical provider.*
- 6. Hiring and continued assignment of senior leadership staff will be subject to the approval of Facility Administrator(s). Vacancies must be filled within 30 days with no loss of service/coverage in the interim.*
- 7. The Proposer will be responsible for setting up the work schedules of all of its employees to comply with the coverage they proposed in this Request for Proposal.*
- 8. All personnel shall be required to wear an ID badge, dress appropriately, and maintain proper hygiene.*

9. *The County shall be entitled to request the removal of individuals for any of the following grounds, provided that such request be in writing and shall specify the reasons for the County's dissatisfaction: (i) unsatisfactory performance that causes negative operational impact at the County or causes the County to commit additional resources to avoid operational impact; (ii) dishonesty or belligerent conduct; (iii) lack of compatibility with County staff; or (iv) violation of County rules or policies. Upon such written request, the County and PROPOSER shall decide on a course of action to cure any such problems, provided that there shall be no cure opportunity required for problems involving categories (ii) or (iv) in the preceding sentence.*

Armor's staffing plan is based upon our operations in Lake County. Our plan is sufficient to deliver on our commitments because we have the insight of nine months' experience. Each facility is unique with facility conditions, operating procedures, and public safety priorities that mold our health care program. Armor's philosophy is that staffing must meet the following goals:

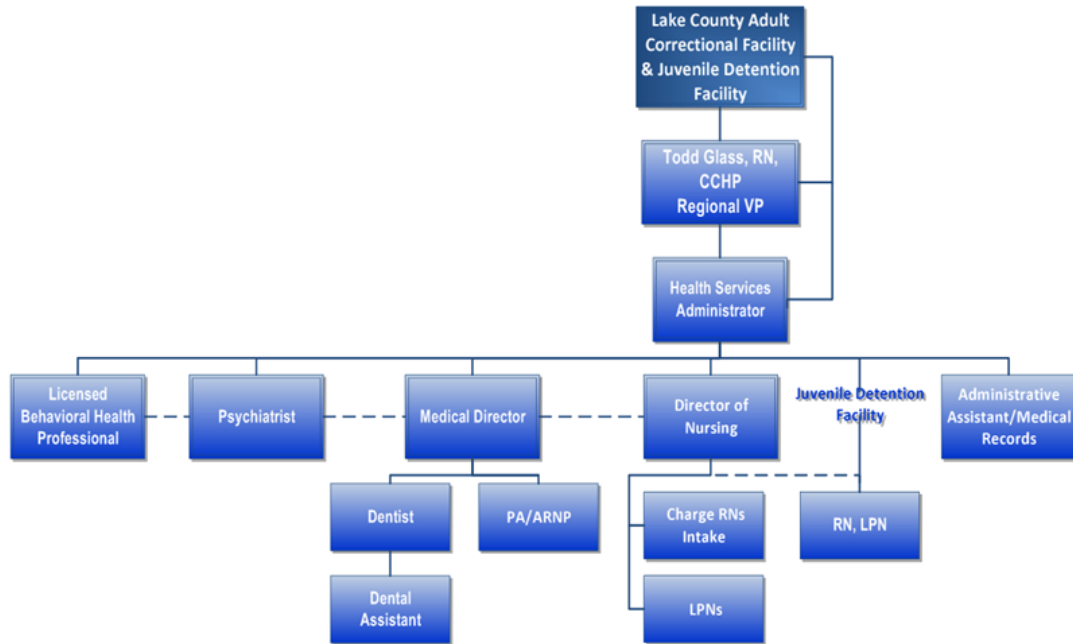
- Provide onsite service levels that meet coverage requirements;
- Comply with appropriate standards;
- Ensure coverage onsite for patients with non-emergent health concerns to be seen within 24 hours of triage and those with emergent needs to be seen immediately; and
- Provide appropriate onsite treatment capacity to minimize unnecessary offsite trips, resulting in reduced transportation, security, and hospitalization costs.
- Staffing compliance reports are presented to Lake County monthly.
- Meet the requirements outlined on page 18 of the RFP.

As a result, we are proposing no surplus staff or contingencies not required for full compliance. Our staffing plan includes a Director of Nursing (DON) to replace a Day Shift Charge RN, so that individual can focus on managing the nurses while the Health Service Administrator is freed up to manage administrative duties.

Please see the Tab F, Price Proposal for Armor's staffing plan, which includes hours to be worked and rates.

Resumes are provided for review as Attachment 8 and Job Descriptions are provided as Attachment 10.

An on-site Organization Chart is provided on the following page.



C.1.0 TB Testing and Flu Vaccination Services for County Employees (RFP page 18)

Proposer shall offer TB testing in April and flu vaccination services in October for staff of the Sheriff's Office, select staff at the juvenile detention facility and employees identified in the 19th Judicial Circuit annually. Lake County will provide all supplies and Proposer will provide staff to administer testing. The County is currently providing 400 flu vaccinations and 250 TB testing.

Armor will provide the staff to administer TB testing in April and flu vaccination services in October for staff of the Sheriff's Office, select staff at the juvenile detention facility and employees identified in the 19th Judicial Circuit annually.

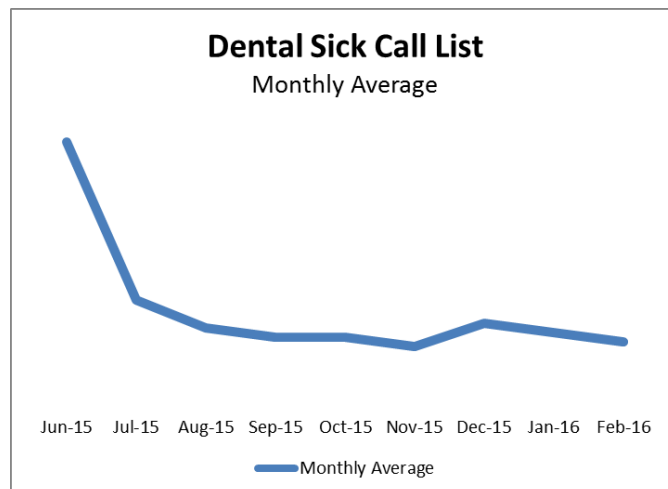
C.2 Dental Services – only required for the jail (RFP page 18)

Dental Services will be provided on-site in accordance with NCCHC standards, including but not limited to:

1. *Dental screening within fourteen (14) days of booking;*
2. *Dental treatment which includes restorative treatment such as fillings, and extractions provided upon clinical indications (the Proposer shall not provide ONLY extractions).*
3. *Prevention of dental disease and oral hygiene education;*
4. *Referral to a dental specialist if needed such as an oral surgeon, orthodontist, or periodontist.*
5. *Provision for emergency care;*
6. *Provision of all dental prosthetics, including removable partials and full dentures if the inmate is unable to masticate sufficiently to eat, and dental lab services; and*
7. *Provision of maxillofacial oral surgery services when indicated.*
8. *Sixteen (16) hours on a weekly basis are currently provided and split between a dentist and a dental assistant. The actual schedule will be mutually agreed upon.*
9. *Juveniles are transported to a local dentist after being assessed by the facility Medical Director if immediate care is necessary and cannot be facilitated by medical staff.*

Lake County may assess Proposer, on a monthly basis, a fine of \$100 for each initial oral screening not completed within 14 days from intake into the jail.

Armor will continue to ensure that dental services are provided to patients and include dental screening, assessment, and hygiene within 14 days of admission and a dental examination within 90 days. The on-site dental program is under the direction of a licensed dentist, and in compliance with ACA, NCCHC, and ADA standards, as well as the guidelines of the Centers for Disease Control and Occupational Safety and Health Administration.



Qualified medical personnel complete the initial receiving screening for acute dental problems to ensure that patients who require immediate dental care are identified. During the health assessment, properly trained health care personnel further evaluate the patient. Urgent and acute dental needs are referred immediately for treatment.

Routine dental care is scheduled as appropriate. Dental care emergencies are assessed for the feasibility of treating on-site or for transport off-site for appropriate care.

Symptoms and conditions are recorded. If an emergency condition exists, the patient is referred for immediate dental treatment.

Armor's dental services program is conducted in compliance with written policies and procedures and includes the following services:

- Examining and charting of decayed, filled, and/or missing teeth and recording of a complete dental history;
- Fillings and extractions performed in a manner consistent with community standards of care and adhering to the American Dental Association's clinical guidelines;
- Radiographs appropriately used in the development of the treatment plan;
- Oral surgery as clinically indicated (on-site or off-site);
- Dental procedures and appropriate medication for the treatment of pain;
- Oral treatment provided according to a treatment plan based on a system of established priorities for care when, in the dentist's judgment, the patient's health would otherwise be adversely affected, such as: incision and drainage, temporary fillings, repair of lacerations, treatment of trauma cases and emergency care, and restorations or dentures when required;
- Preventative measures are taken by providing oral hygiene instruction and dental health education to each patient at the health appraisal. Educational measures address proper oral hygiene including brushing, flossing, and use of fluoride, etc.;
- Compliance with infection control practices as defined by the American Dental Association and the Center for Disease Control and Prevention including sterilizing instruments, disinfecting equipment, and proper disposal of hazardous waste;
- Appropriate staffing and supervision;
- Maintenance of permanent dental record in each patient's medical record;
- Onsite dental/oral policies and procedures;
- Routine preventive maintenance exams, conducted annually;
- Provision of all dental prosthetics and lab services;
- Provision of maxillofacial surgery services, when indicated; and
- Instruction in oral hygiene and preventive oral education.

Armor makes appropriate off-site referrals for patients requiring dental care outside the capabilities of the correctional facility at its own expense and coordinates with LCSO security for those few patients requiring complicated off-site dental treatment. Juveniles are transported to a local dentist after being assessed by the facility Medical Director if immediate care is necessary and cannot be provided by medical staff.

Armor understands that Lake County may assess, on a monthly basis, a fine of \$100 for each initial oral screening not completed within 14 days from intake into the jail.

C.3 Sexual Assault / Prison Rape Elimination Act (PREA) (RFP page 19)

The Proposer shall work cooperatively with the Chief of Corrections and Superintendent of Juvenile Detention Center, upon admission to screen for adult inmates and juvenile detainees at risk for sexual assault during incarceration.

Any adult inmate/juvenile detainee that is identified upon admission by nursing staff, as potentially at risk for sexual assault due to the various risk factors identified by PREA, will be referred to the Chief/Superintendent or designee for classification consideration as appropriate. This includes anyone with a significant history of victimization, physical or sexual abuse, or who is otherwise identified as having a trauma history. Such adult inmates/juvenile detainees shall be referred to a mental health professional for assessment as well.

All adult inmates/juvenile detainees identified at intake as high risk with a history of sexually assaultive or predatory behavior, whether by offense or prior behavior during confinement, shall be referred to and assessed by a mental health professional. Detainees with a history of sexually assaultive behavior shall be identified, monitored and counseled, which may include housing in a single cell environment if feasible. During confinement, individuals who are identified as potential victims of sexual assault or who claim to have been assaulted during incarceration shall be referred, under appropriate security provisions, to an appropriate community agency for sexual assault treatment/trauma intervention, including mental health services, and gathering of specimen collection for criminal evidence. Provisions shall be made for testing for STD and for mental health counseling of the victim. A report shall be made to the facility administrator to assure separation of the victim from his/her alleged assailant and information shall be referred for possible criminal prosecution. All policies and procedures shall conform to the Prison Rape Elimination Act (PREA).

Armor currently works cooperatively with the Chief of Corrections and Superintendent of Juvenile Detention Center, upon admission to screen for adult inmates and juvenile detainees at risk for sexual assault during incarceration. Armor's PREA policy is provided as **Attachment 5** and conforms to the PREA requirements. Our current screening and proper care of individuals at risk of sexual assault outlined in the RFP (page 19) are currently being followed.

C.4 Mental Health Services – applies to adult correction (RFP page 20)

Armor has worked to implement an improved program of Behavioral (Mental Health) Services at the facility.

According to our staff and key stakeholders our principal contribution has been to provide a clear mission with defined and specific program policies and procedures. We have focused on patient and staff safety, response to crisis, and mandated services to achieve stability, deliver effective services, and enable continuity of care following release. Together with our facility staff, we are guided by this mission:

Armor reduced the psychiatry backlog by at least 60 % since June 2015.

To provide a comprehensive behavioral health program which includes multidisciplinary behavioral health care comprised of our experienced clinical team, medical personnel, and security staff. We ensure a thorough and timely assessment identifying individuals who endure severe mental disorders. In conjunction with a multidisciplinary team, we strive to provide competent therapeutic solutions and psychotropic treatment for detainees/patients aimed to increase their adaptive coping skills and stabilization. Our behavioral health program seeks to educate security staff, medical personnel, and the detainee/patient regarding behavior management and effective treatment procedures. By increasing awareness and strengthening our collective ability to manage behavioral emergencies appropriately, we foster a safe and collaborative environment throughout the facility.

C.4.A General Services (RFP page 20)

- 1. Under the direction and supervision of the firm chosen, the Proposer's Mental Health Counselor will perform professional clinical work to provide comprehensive and coordinated care to the inmates according to the NCCHC standards.*

To achieve the most comprehensive and coordinated care, Armor has adopted the following four fundamental principles for Behavioral Health. All the services, reporting, and suicide and self-injury prevention described in this section are designed to reflect these goals:

- **Provide comprehensive mental health services and support:** Armor's comprehensive approach to inmate service requirements including mental health and psychiatric related care is reflected in our use of the term "**Behavioral Health**".

We accept our comprehensive responsibility to not limit service to patients who present with a narrow definition of mental illness such as those meeting DSM-V criteria. Most importantly in correctional facilities, we accept the challenge to address maladaptive behavior including self-harm, episodes of situational depression and emotional states that require our attention. This broad understanding and professional mission is essential to maintain a safe and stable environment for our patients and all correctional facility staff.

- **Maintain correctional inmate, staff, and facility safety:** We understand the critical importance of maintaining a safe environment for all inmates and staff. Along with the implementation of medical screening of inmates on intake, we remain vigilant and work with security staff to identify inmates at risk throughout their incarceration beginning at initial intake, screening, and admission. Our approach centers on **Licensed Behavioral Health Professionals (LBHPs)** whose training and licensure enables facility wide prevention, risk assessment, behavior management, and behavioral health evaluation, in addition to unit based programming. Our Correctional Officer and health staff training in behavioral health is facility-wide and is designed to fully prepare all staff for their role in behavioral emergencies and crisis intervention.
- **Extend the continuum of inmate behavioral services facility-wide:** We are also committed to building a seamless continuum or range of service in order to meet needs for behavioral services wherever they are identified within the facility and during any stage of an inmate's incarceration. Our multidisciplinary team (Psychiatrist, LBHPs, and trained health care staff) is patient centered, not tied to a specific location at a facility, but instead covering all behavioral health requirements. Our LBHPs coordinate the process in support of the Psychiatrist who clinically directs the treatment team.
- **Promote continuity with community behavioral services:** We understand the role of inmate care within a full and continuous range of community services. Support and treatment must be provided before, during, and after incarceration to stabilize patients, successfully divert them to other settings when we can, and reduce the incidence of re-arrest. With that goal in mind, we have organized our inmate behavioral health services to fit within the facility and community system for continuum of care.

In adopting these goals, we have built a cohesive and well-resourced strategy to assist our patients in reducing recidivism, ending their cycle of recurring arrests while delivering inmate behavioral health care in an organized and coordinated program for the facility.

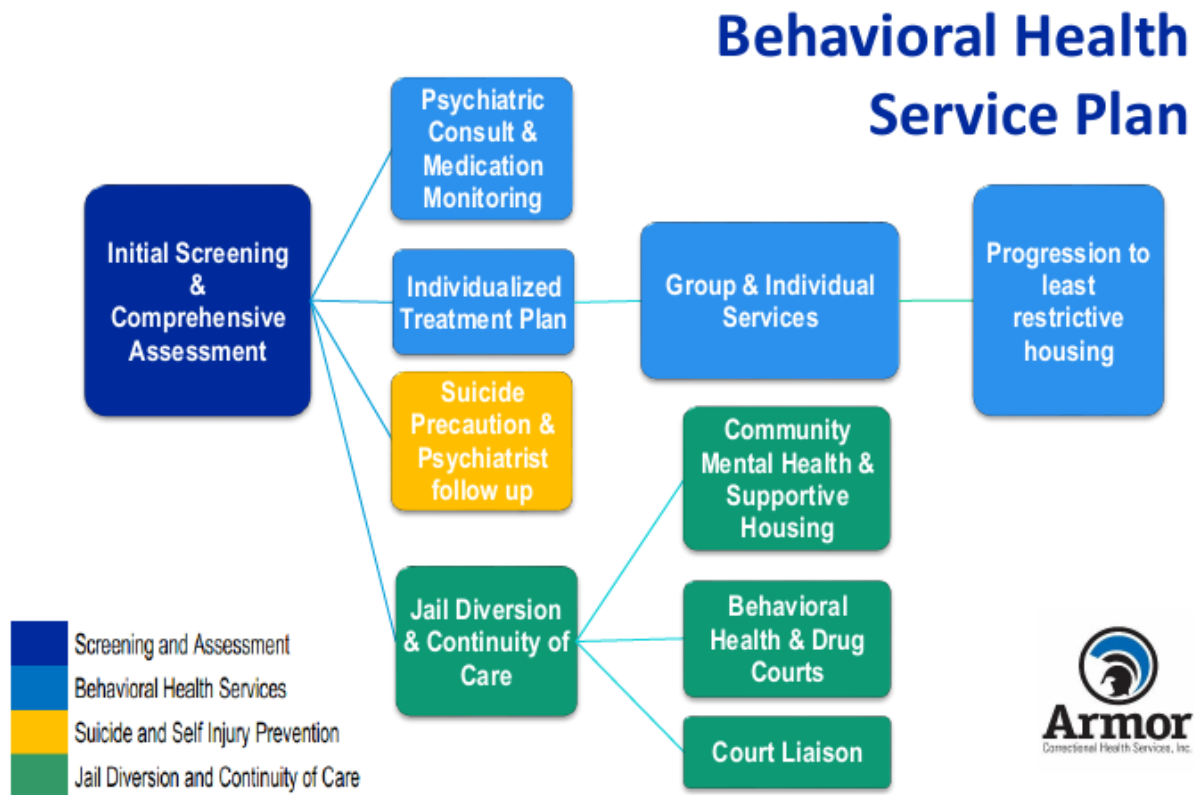
Accreditation

As for all jail health care policies and procedures, Armor’s comprehensive Policies and Procedures, including our forms as reflected in the CorEMR record, are geared to reflect and comply with applicable accreditation standards, most notably NCCHC and ACA.

Core Staff and Services

Armor’s model of behavioral health care relies upon licensed staff to meet requirements in Illinois for Licensed Behavioral Health Professionals in order to efficiently perform all the mandated inmate behavioral health services.

The diagram below depicts the range of services and the relationship among multidisciplinary components of the continuum of care.



2. *The Mental Health Counselor shall provide consultation and guidance to the correctional staff as they interact with inmates who are experiencing emotional distress due to mental health issues.*

Armor encourages and supports a true interdisciplinary treatment team approach which includes close collaboration between our entire health care team (medical and behavioral)

with correctional staff to enable unified expert management of our behavioral health patients in custody including the County's response to inmates in crisis or distress related to mental health issues. Our approach encompasses:

- Communications among staff documented in our health record,
- Consultation and meetings where recommendations for classification, treatment, and referral are considered
- Orientation of our staff to the facility standing operating procedures and safety requirements
- Training of correctional officers on mental health issues, referrals, patient management, and our behavioral health services.

Armor Corporate Behavioral Health Team

Our corporate behavioral health team of specialists is dedicated to supporting local behavioral health staff in not only program implementation and quality improvement for behavioral health services but has extended consultation to officers and jail administration on key features of our enhanced behavioral health program. Our approach has included guidance on program mission, goals and priorities, and management of individual cases in addition to formal and informal training for both Armor and correctional staff. Supported by this valuable corporate resource, Amor will continue to support response to urgent concerns and program improvement. We expect continued program assessment, consultation, and training to ensure adherence to our correctional guidelines and access to our resources including best practices, quality assurance and risk management.

We understand that mental health, substance abuse, and behavioral demands are of paramount importance to the County. Together with other corporate clinical specialists and our regional management, these team members ensure that behavioral health is a critical component of our overall health care program.

- 3. The Mental Health Counselor will receive referrals of clients (inmates) with mental health issues from internal staff and internal records reviews. Following the referral, The Mental Health Counselor will conduct assessments of past and current mental health needs, medications and suicide risk/potential and makes recommendations for required services.*

Armor understands the importance of plan and procedure to ensure consistent, timely response to requests for services. Our strategy features:

- Specialized training of correctional officers;
- Uniform procedure (medical and behavioral health) to achieve consistent referral and triage within prescribed timeframes;
- Clear and well understood criteria for triage and referral to either medical or mental health staff based on reason for request and appropriateness of referral;

- Default referral to mental health of specified requests to ensure timely response; and
- Documentation using logs of all mental health kites and Mental Health Referrals.

At least daily, our LBHP reviews referrals and requests to triage based upon criteria that define urgent and routine requests, as well as those which may be managed without face to face contact.

Routine Mental Health Assessment and Evaluation

Our Licensed Behavioral Health Professional completes thorough behavioral health assessments within seven days. These may be performed when patients are referred to behavioral health through the intake process as well as by other medical-correctional personnel at any time. Concurrently with our Health Assessment, we ensure that any inmate referred is evaluated within 14 days of booking. Our evaluation includes at least the following information:

- Review of behavioral health screening and appraisal data;
- Direct observation;
- Collection and review of additional external information from individual diagnostic interviews and reviews of tests assessing personality, intellect, and coping abilities, when there is a reasonable expectation that such evaluation will serve a therapeutic or dispositional function useful to the overall interests of the patient; and
- Documentation of patient's behavioral health history.

Information and Observations included in Evaluations

Armor's approach ensures that the approved format for evaluations is in full compliance with NCCHC and ACA standards. Our behavioral health assessment includes a structured interview, professional observations, and collection of specific patient information as described in the following outline (in compliance with current NCCHC and ACA standards:

- Past or current mental illness, including hospitalizations;
- Present suicidal ideation or history of suicidal behavior;
- Is presently being treated for behavioral health problems or is prescribed psychotropic medications;
- Current behavioral health complaint;
- History of inpatient and outpatient psychiatric treatment;
- History of treatment for substance abuse;
- Report of recent major life changes (employment, relationships, deaths, etc.);
- History of incarceration;
- History of special education placement;

Observations are documented to include:

- General appearance and behavior; (including presence of delusions, hallucinations, communication difficulties, speech and posture, impaired level of consciousness, disorganization, memory defects, depression, or evidence of self-mutilation);
- Screening for intellectual functioning;
- Potential for symptoms of withdrawal from alcohol and other drugs; and
- Screening and evaluation forms will be filed in the Health Record.
- Documentation of on-going monitoring and treatment will be maintained in the Health Record.

Psychiatric Assessment and Evaluation

Our psychiatric provider (Psychiatrist) performs psychiatric evaluations within timeframes established by policy, assuming on-call assignment to assure 24-hour coverage. A schedule of psychiatric visits are maintained by our LBHPs who manage the overall psychiatric caseload. In addition to clinic visits to monitor and manage psychotropic medications, the psychiatric provider completes evaluations based on our LBHP's screening and assessment. Psychiatric referrals may also occur based upon the intake medical screen when it is reported or confirmed that an inmate has an active/recent prescription for psychotropic medications.

Agency Court Ordered Evaluations

Public agencies and courts are frequently ordered to complete required evaluations related to competency, disposition and placement, and admission to treatment court. By policy, accreditation standards, and prevailing professional ethics codes, an independently contracted professional or court staff must complete the evaluation. Armor's role is to support retrieval and access to records and scheduling to assure that evaluations are timely and thorough. We pledge our best efforts to obtain required patient consents if necessary, make inmates available, and provide timely access to inmate health records.

By meeting these obligations, we support a strong, positive, and constructive relationship with these agencies while expediting disposition of charges. Further, our support includes strict adherence to medication orders deemed necessary by evaluators to preserve the inmate's competence to stand trial.

- 4. The jail Psychiatrist must order all medications and records of administration must be maintained. All costs are to be borne by the Proposer.*

In addition to the psychiatric assessments and evaluations performed by our Psychiatric Providers (Psychiatrist) or Advanced Level Practitioner (ALP), Armor provides a program of safe and effective psychotropic medication administration. Consistent with community standard, Armor requires that a psychiatric medical provider (Psychiatrist or Psychiatric Nurse Practitioner) prescribe or consult on the prescription of all psychotropic

medications based upon the patient's diagnosis and psychiatric evaluation. This standard is essential to ensure adequate monitoring and appropriate utilization.

On routine referral for medications, our psychiatric provider completes a psychiatric evaluation and initial medication administration review within one week or as clinically indicated. The evaluation includes a review of the health record that includes prescription of other medications.

Armor implements behavioral health specific informed consent forms to supplement our initial medical consent form. Prior to administering psychotropic medications, the provider or member of the Behavioral Health Staff obtain the patient's consent, including signature of our "Specific Authorization for Psychotropic Medications" form which includes printed, medication-specific advisories. We support this process with behavioral health patient education materials which Armor supplies, designed to inform the patient and achieve compliance with our treatment plan. These include diagnosis specific and medication specific information sheets published by Armor as an aide for providers and behavioral health staff in counseling patients. In treating female patients, Armor includes information on the risks of taking medications during pregnancy. Consistent with ACA and NCCHC policy, we offer a pregnancy test prior to the time the psychotropic medication is prescribed.

Armor's program of psychotropic medication administration includes a regimen of laboratory testing as indicated for toxicity which complies with the specific protocols published for each medication.

Our procedure for psychotropic medication administration are consistent and governed by the program outlined in our proposal **Section C. 1. F.** Requirements specific to behavioral health include:

- Only a Psychiatric Provider (Psychiatrists) may prescribe psychotropic medications.
- A psychotropic formulary will be established for providers to use as a guideline.
- Procedures are in place to provide forced administration of psychotropic medications needed when a patient is in crisis with follow up evaluation by a Psychiatric Provider.
- Patients receiving psychotropic medications are observed by multidisciplinary staff in housing unit to detect non-compliance and issues related to the patient's adjustment to the medication.
- All patients receiving psychotropic medications grant consent that is specific to the medication and receive specific information and orientation to the medication.
- Our behavioral health staff will screen inmate requests for psychiatry and will coordinate with facility medical providers including nurses and physicians to ensure compliance with these principles.

- A complete record of psychotropic medication administration is maintained within our electronic health record.

5. The Mental Health Counselor will serve as a liaison and consultant between appropriate correctional staff, jail medical staff, and other applicable staff.

Armor's behavioral staff of LBHPs work together to coordinate inmate behavioral health services and to integrate a systematic approach to services encompassing all health care staff (medical and behavioral). Within the individual treatment plans developed by the behavioral health staff, all disciplines play important roles to achieve our program goals. This extends to community partners such as TASC, Lake County Health Department, the Treatment Courts, and other local agencies.

As part of our multidisciplinary team, Armor is committed to involving custody and program staff, especially those officers assigned to areas or units where our patients are held and where facility staff lead inmate programming. We strive for effective teamwork between custody staff, facility staff, along with medical and behavioral health providers, essential for seamless response to medical emergencies and suicide prevention. Our behavioral health documentation also provides for observations and the valued input of by correctional officers.

6. In addition to assessment, the Mental Health Counselor will provide crisis intervention, referral, coordination of services, case management and documentation and follow up to the inmate population.

Throughout incarceration, inmates who are at immediate risk of harm to themselves or others are triaged by qualified health staff immediately on referral by Intake, Medical, or Security. Officers and health care staff members are authorized to confine the patient in approved housing or medical unit for mental health observation where our LBHP evaluates the patient the next day.

In addition, a mental health evaluation may be performed when patients are referred to mental health by health care staff or other detention personnel at any time.

Crisis Intervention, Stabilization and Referral

Armor maintains a coordinated response to inmate/patient mental health emergencies guided by clear policy and procedures including our comprehensive Suicide and Self Injury Prevention Plan outlined in this proposal.

Armor coordinates with the County to ensure that facilities, staff, and safety precautions at the facilities are sufficient to manage most patient needs including de-escalation with stabilization and follow up by our treatment team. In addition, we work with officers to

promote safe interventions. When it is determined by our LBHPs or psychiatric providers (Psychiatrist and ARNP) that the patient requires more intense care than available at the facility, we follow Illinois regulations for referral and transfer of patients at risk of harm to self or others to a designated facility.

Armor minimizes these incidents by ensuring readiness and capacity to respond to emergent needs of patients experiencing a behavioral emergency or crisis or who are attempting suicide. Following policy, our staff responds according to identified roles on the crisis response team. In addition to the crisis response, we provide guidelines for stabilizing the patient or deescalating the behavior (which rarely, but occasionally requires forced medication). Typically, we transfer the patient to medical housing or to an approved location for observation as appropriate for the patient's condition.

For patients assigned to close observation, our mental health staff work closely with custody staff to monitor how the patient is managed, gauge the patient's response to treatment, and determine disposition including possible return to either general population or special housing assignment.

Progressive Levels of Mental Health Treatment and Intervention

Armor and the County coordinate to define levels of care and special housing assignments for inmates. Our goal is to provide progressive care, similar to a community continuum of care that includes intensive observation or treatment in confinement with step-down levels that include routine mental health follow-up for mental health patients who are safely housed in general population. Those levels include:

Psychiatric Isolation: Armor's policy supports the immediate confinement of inmates for observation when risk of suicide, self-harm, or harm to others is observed or reported. Confinement is to cells identified in medical housing or otherwise in designated cells in housing units deemed safe for confinement while the inmate is held under close observation. At the time confinement occurs, health staff notifies our LBHP who evaluates the patient within 24 hours or next clinic day if precaution is ordered on a weekend.

Segregated Inmates: Armor's qualified health staff sees inmates assigned to segregation daily where observations are made and documented. At any time, a referral to our LBHP for mental health observations may be made. Weekly, our LBHP sees each inmate in administrative segregation to complete mental health observations.

Return to General Population: Armor's LBHPs are responsible for completing a mental health re-assessment and making the determination that a patient isolated for psychiatric purposes may be returned to general population.

Case Management and Follow-Up

In addition to the levels and steps described here to ensure continuity of progressive care within the facility, our mental health staff communicates when possible and necessary with treatment courts and community based providers to facilitate consistency of community and jail treatment plans as well as to refer for behavioral health services following release or transfer of our patient to a treatment provider.

Recognizing that case management and pre-release coordination is limited by staff availability and uncertainty of release date, Armor welcomes the opportunity to submit optional pricing for a Health Care Discharge Planner (as noted in Addendum 3) for the facility. Such staffing permits our LBHPs to give priority to meeting critical timeframes for response and evaluation within the jail while collaborating with specialized staff assigned to community linkages.

- 7. The Mental Health Counselor will be required to participate in all weekly correctional classification meetings.*

Armor's LBHP will continue to attend weekly facility inmate classification meetings.

- 8. The Mental Health Counselor will be required to participate in the Courts Behavioral Health Services monthly meeting.*

Armor's LBHP (or Discharge Planner, if optional proposal is accepted) will attend monthly meetings of Lake County Behavioral Health Court Services.

C.4.B Reporting Requirements (RFP page 20)

- 1. A monthly report of services will be provided to the Facility Administrator(s). This report must include but is not limited to: number of new referrals, number of follow-ups, immediate suicide interventions, etc. Proposer and Lake County will mutually agree upon the exact data, format, and reporting frequency. For the purposes of understanding the ability to provide aggregate data by diagnosis, Proposers are asked to submit a sample report as part of their proposal.*

Armor incorporates behavioral health services, including information specifically requested by the County in our Monthly Health Services Report (HSR). Aided by our CorEMR record, we have the capacity to produce customized regular reports and ad hoc reports of behavioral health services performance indicators when requested or needed to support program evaluation. Please refer to our sample reports provided as **Attachment 4**.

C.4.C Suicide Prevention (RFP page 20)

- 1. The Proposer shall include a description of their approach and methodologies related to the identification and prevention of suicidal and other self-injurious behaviors. Lake County may assess Proposer, on a monthly basis, a fine of \$100 for each intake screening, including the mental health screening not initiated within 4 hours of notification and reasonable opportunity to complete. In addition Lake County may assess Proposer, on a monthly basis, a fine of \$100 for psychiatric services for Inmates/Juvenile Residents not completed within 14 days of referral for such services.*

Armor has developed and maintains a comprehensive Suicide and Self-Injury Prevention Plan that meets accreditation standards, including the designation of levels of precaution and observation that meet Lake County expectations. Our model Suicide and Self-Injury Prevention Plan is provided in the following narrative. We coordinate with Lake County to add or modify the specified timeframes to ensure that we meet expectations within NCCHC requirements including:

- Initial follow up within seven days of being released from watch/observation.
- Follow up sessions to determine safety and stability are completed as clinically needed.

Comprehensive Suicide and Self Injury Prevention

Armor comprehensive and thorough suicide prevention program encompasses all aspects of staff training within the detention facilities including security staff, medical and behavioral health staff, and education for inmates. In consultation with the County, we present recommendations for identification and assessment, referral, training (security, health/mental health), intervention and de-escalation, precautions, monitoring, and housing assignment/placement. Our plan emphasizes communication among all disciplines for one treatment approach by all staff, intervention and notification, reporting and quality improvement review of each gesture or attempt.

Armor's program begins with an aggressive early identification program with health, mental health and security staff at the booking process. Through this process, our trained staff identifies at-risk individuals regardless of statements or behavior. In following up, our LBHPs confirm mental illness and initiate further evaluation and the individual treatment plan.

We recognize that admission to jail is one of the highest risk times while in custody. Others include but are not limited to detoxification from opiates or benzodiazepines, return from court, receiving a significant sentence, loss of appeal, loss of loved one or loss of children to foster care/adoption, or sexual assault. Accordingly, while we focus on early identification,

we will work closely with all staff to maintain vigilance with respect to the factors that impact suicide and self-injury risk throughout the course of incarceration.

The foundation of Armor’s approach to preventing suicide and self-injury is comprehensive training, orientation, and continuous involvement of all staff in developing awareness of the risk of self-harm, violence, and suicide risk in correctional facilities. Our goal is an informed partnership that ensures the safety of patients and staff.

Crisis Intervention and Disposition – On intake and upon evaluation at any time during incarceration, individuals who are a risk to self or others are placed under constant observation by Armor staff (1 on 1) and referred for evaluation. Armor collaborates with facility administration and classification on written criteria and guidelines for placement, observation level, and referral. If necessary, the patient is transferred to the closest emergency department.

Upon identification of sub-acute psychiatric needs, the patient receives a referral for evaluation in a timely manner. Our Psychiatrist regularly reviews the intake screening process to ensure that signs and symptoms of mental illness are recognized and that referrals are made appropriately.

Suicide Prevention--Identification – Armor builds staff awareness of suicide risk, knowledge of prevention, and vigilance in identifying signs and symptoms by training, posting reminders, and issuing advisories. We focus on the risk profile of the suicidal inmate and the heightened risk associated with incarceration, especially within 48-72 hours of booking. We train staff in and remind staff of the verbal and behavioral cues that indicate potential suicide and how to respond appropriately. Our approach includes wallet cards, flyers, posters, and routine briefings.

Armor has developed a comprehensive suicide prevention plan that encompasses nearly all aspects of behavioral health services and fully integrates correctional staff, health care staff, and behavioral health staff into a unified plan and response to patients who are deemed at risk of suicide.

We provide and adhere to comprehensive policies and procedures, which include; training, orientation, and reporting. We work to ensure that guidelines are well understood and incorporated into routine daily practice, not only of our Armor staff, but everyone who works at the jail. Our approach includes all aspects of suicide prevention including:

- Identification
- Training
- Assessment
- Housing
- Referral
- Communication
- Notification
- Reporting
- Review

- Monitoring
- Intervention

Armor emphasizes identification of suicide risk both through intake screening and initial behavioral health evaluation as well as through observation and referral once the booking and intake process is complete.

Upon referral, our Behavioral Health Team assesses the patient's suicide potential in the initial assessment. Screening nurses who identify suicide risk immediately notify the team to obtain orders including the initiation of suicide precautions. A nurse on duty and Behavioral Health Staff will follow up to ensure that appropriate housing and precautions are initiated.

In a similar way, our staff responds with priority when suicide risk is reported by any medical or correctional staff member.

Suicide Prevention--Training – The foundation of our training for suicide prevention is a series of annual training programs and a section of our staff orientation devoted to suicide prevention. In addition to focused suicide prevention information, our training programs include crisis intervention, behavioral health issues, behavioral unit management, and specific behavioral health disorders. All training programs incorporate and highlight suicide awareness.

We provide training in all aspects of suicide prevention including the knowledge that a patient is particularly susceptible to becoming suicidal at the following times:

- upon admission to the facility;
- after adjudication;
- upon return from court;
- following bad news about a family member or significant other;
- following opiate and benzodiazepine detoxification process;
- after suffering from some type of humiliation or rejection;
- after sexual assault either within 72 hours of admission or within facility; and
- when previous depression appears to be resolving rapidly while the patient's circumstances and situation remain the same.

Note: our overall behavioral health program specifies that mental health evaluations are to be completed when these "at-risk" events occur.

A comprehensive list of signs and symptoms of suicidal ideation are reviewed. In addition, the following topics are covered:

- identifying other warning signs and symptoms of impending suicide;

- understanding the demographic and cultural parameters of suicidal behavior, including incidence and variations in precipitating factors;
- responding to suicidal and clinically depressed patients;
- communicating between correctional and health care personnel;
- using referral procedures;
- housing observation and suicide-watch level procedures;
- tactical considerations when encountering psychotic persons; and
- follow-up monitoring of patients who make a suicide attempt.

Suicide Prevention-Assessment – We encourage any staff member of the facility who recognizes that a patient is potentially suicidal, to notify behavioral health staff immediately and take immediate precautions to protect the patient from self-harm.

Patients identified as potentially suicidal are evaluated as soon as possible by a licensed behavioral health staff member. Pending evaluation, the patient is kept under close observation by correctional or medical staff. Upon assessment by our behavioral health staff member, the level of suicide precautions are ordered as needed. The patient is re-assessed regularly to identify any change in condition indicating a need for change in supervision level or required transfer.

Only licensed professionals may order or approve discharge from safety precautions. Discharge must be accompanied with a follow-up appointment with a Behavioral Health Staff member for individual counseling, treatment planning, and follow-up care.

Recognizing that the release of a patient from the facility may be ordered at times when a suicide risk is present, we work closely with correctional facility administration to ensure that necessary screening is undertaken immediately including initiation of civil commitment proceedings with related discharge planning. This is considered by Armor to be an emergency requirement. Accordingly, we advise that a patient who is on a safety precaution not be released from custody in the middle of the night without an adequate safety assessment and /or release and after care plan.

Monitoring – Working with the facility administration, we have developed suicide prevention watch levels and procedures that are coordinated with location and accessibility of observation cells, capacity to implement precautions in medical or mental health housing units, as well as the assignment of correctional staff to perform the watch.

Housing – We provide a watch plan and precaution levels that reflect the facility’s current plan for observation cells and safe housing for patients assigned to suicide watch by correctional staff. Once a patient has been identified as “at risk” for suicide, he/she is not housed alone unless continuous observation is maintained. Patients are placed in housing that is rendered suicide-resistant; e.g., free of sharp objects, protrusions such as hooks or

clothing items that can be used in attempted suicide. Although video surveillance is used it does not replace direct visualization of patients at-risk. Patients placed under Continuous Observation or Close Observation continue to receive all privileges unless security and safety requirements dictate otherwise (as determined by the medical provider or the facility commander) or unless a violation of the facility rules and regulations takes place. Patients at risk for suicide are not given bedding, utensils, or other items that could be used in self-harm per physician's order.

Referral – Because we want to hear of any concern about suicide (or any self-harm), Armor encourages all referrals whether they are made by health care staff, inmates/patients, or correctional staff. We have implemented procedures to document the referral process as well as trained staff in identification of suicidal risk. Our policy states that all patients identified as suicidal will be immediately referred for evaluation by a behavioral health professional.

Communication – Daily communication is maintained between designated health staff, correctional staff, classification staff and others regarding any patient who is on safety precautions. This includes both informal collaboration between correctional staff and medical staff. When supported by detention staff, Armor ensures communication by meeting directly with detention staff daily in a scheduled meeting to review the status of patients under suicide precautions.

Intervention – When a suicide attempt is reported or identified, it is treated as a medical emergency and medical staff respond immediately with appropriate emergency equipment. Every effort is made to stabilize or resuscitate a patient who has attempted suicide while emergency medical support is summoned for immediate transport, if necessary.

Our training ensures appropriate de-escalation when therapeutic measures are needed to stabilize adverse behavior. The intervention begins with verbal reassurance or interaction. Appropriate levels of medical restraints or therapeutic seclusion is used as necessary.

Notification – Any completed suicide act is reported immediately to the Health Service Administrator (HSA), Director of Mental Health, Psychiatric Provider, and the shift supervisor for corrections and health services. The HSA ensures that the facility administrator and the Medical Director or designee is informed. The facility administrator / designee notifies outside authorities and family members of suicides. We support detention facility administration in the preparation of data and submittal of information necessary to comply all local and requirements for reportable incidents.

Reporting – Armor staff participates in completing all reporting activities surrounding any suicide attempt or completion as required by the detention facility administration.

Review – Appropriate health care staff participate in a medical and administrative review of suicides or attempted suicide. Mortality or morbidity review is a part of the CQI process.

We complete critical incident debriefing which includes, as appropriate, support for any staff member who has been affected by a suicide. Our Director of Mental Health, along with the HSA or Director of Nursing, confer with detention facility administrators, as well as all health services staff, to assess support services required, and will plan accordingly to provide or make appropriate referral for services. Patients and staff witnessing, or impacted by, a suicide in the facility shall be offered debriefing.

C.5 Medical Records (RFP page 20)

5. Medical Records

Proposer shall cause and require to be maintained a complete and accurate medical record for each inmate and juvenile resident receiving health care services. Lake County currently uses CorEMR for electronic medical records for the Adult Correctional Facility. Medical records for the juvenile population are maintained in paper format. Proposers are asked to confirm their ability to work within the existing CorEMR system or identify another third party solution as part of their submittals.

Each medical record will be the property of Lake County and such records shall be maintained in accordance with applicable laws and standards, as well as Lake County's policies and procedures. The medical records shall be kept separate from the inmate/juvenile confinement record. A complete legible copy of the applicable medical record shall be available, within a reasonable time, to Lake County, and/or its designees and be available to accompany each inmate/juvenile resident who is transferred from either facility to another location for off-site services or transferred to another institution with reasonable notice.

Armor intends on continuing to utilize the CorEMR application. Armor has adapted the CorEMR record system to match our forms, policies, and procedures. We have added triggers, prompts, messaging, and reports to guide our staff toward full compliance.

We maintain a complete and accurate medical record for each inmate and juvenile resident receiving health care services.

Medical records are maintained in accordance with applicable laws and standards, as well as Lake County's policies and procedures. The medical records are kept separate from the inmate/juvenile confinement record. A complete legible copy of the applicable medical record is made available, within a reasonable time, to Lake County, and/or its designees and is available to accompany each inmate/juvenile resident who is transferred from either

facility to another location for off-site services or transferred to another institution with reasonable notice.

Armor understands that, Lake County may assess, a fine of \$100, on a monthly basis, for each intake screening, including the mental health screening not initiated within 4 hours of notification and reasonable opportunity to complete. We further understand that, Lake County may assess a fine of \$100, on a monthly basis for psychiatric services for Inmates/Juvenile Residents not completed within 14 days of referral for such services.

C.6 Administrative (RFP page 21)

C.6.A General (RFP page 21)

- 1. Proposer shall be responsible for establishing medical protocol for the health care unit(s) and medical staff.*

Armor has established medical protocol for the health care unit(s) and medical staff through its development of site specific policies and procedures which are made readily available for all staff to follow on a daily basis. A Table of Contents outlining our Policies and Procedures is provided as **Attachment 6**.

- 2. The Proposer shall provide monthly reports to the Facility Administrator(s) containing an analysis of the health care services rendered.*

Armor submits monthly and other periodic reports to the Facility Administrator concerning and reflecting on the overall clinical and financial operation of the health care services program in general and on the health status in particular of the inmates committed to the facility. Such reports, as determined by the County, are submitted on a regular and periodic basis.

We have a designate to serve as the liaison between Armor and the County. The designate is responsible for the preparation and submission of monthly reports to the Facility Administration detailing the overall operation of the inmate medical care program and the general health and well-being of persons incarcerated within the facility. The designate confers on a minimum monthly basis with Facility Administration, and other County staff, as appropriate, to review any reports, problems, or other matters.

Armor is committed to transparency, accountability and responsiveness. We provide regular reports as well as additional analysis required to plan and operate quality inmate medical services. We share management information with the County, submit requested ad hoc reports on specific issues, and present summary progress reports to support the County. Armor provides the following to the Facility Administration:

1. Statistics of grievances filed, i.e., those with and without merit.
2. Monthly statistical reports to include:
 - Utilization of services statistics
 - Number admitted to hospital; male, female
 - Number admitted to mental institution; male, female
 - Number seen by dentist; male, female
 - Number seen by medical staff; male, female
 - Number transported to other medical facilities; male, female
 - Number seen by mental health; male, female
 - Staffing attendance including unfilled positions
3. Monthly Statistical Monitoring Tool, the Outcome Measure Tool, and the Monthly Performance Monitoring Tool which will be submitted to the Contracts Manager by the 5th day of the month following the reporting period.
4. Financial records to show hospitalization costs paid by Armor, including but not be limited to the number of inmates admitted to the hospital, number of admissions to each hospital including hospital rates paid by Armor at each; Inpatient and Outpatient Standard Cost Summaries and Detail.
5. A monthly report on the status of the medical programs' accreditations including documentation of compliance with all standards for inclusion in the Detention Center's Accreditation files.
6. A daily hospital report provided to the Jail Administrator and Contracts Manager by daily. This report shall contain the following information:
 - The inmate's name & ID#
 - The expected date of discharge
 - Current care plan to determine if medical treatment can be provided in the Infirmary
 - After release from the hospital, will the inmate require frequent follow-up
 - Treatment and if so, how often.
7. A monthly Health Services Report (please see our HSR report provided in ***Attachment 4***).

Armor utilizes an extensive range of databases and information systems to collect data required for monthly reporting. Our business analysts support the HSA by regularly transmitting standard reports that are modified for client preferences and incorporate client-generated statistics to complete the report.

Armor's HSA and regional leadership meet with the County regularly to review statistical reports. Armor provides specialized reports generated from claims administration and

other management databases such as Offsite Utilization and Cost Reports. Any additional documentation supporting all off-site cost that may be required by the County can be provided, as needed.

Periodically, we summarize information for presentation to help manage major cases, contain costs, and forecast expenses.

Staffing and Worked Hours Compliance

Our ***Staffing Tracker*** system is a web-based application that employs electronic time keeping to monitor employee hours for each contract and can generate reports on demand. It is custom designed by Armor with features specific to correctional requirements and health care services accountability.

The reports show the employee names, positions, and worked hours vs. contract hours. In addition, our managers use the report to track missed punches, enter in additional hours such as Suicide Watch or Meetings, as well as view orientation and training. All the reports are filled using the data gathered from E-time. Manual adjustments are added by the manager prior to analyzing the report.

Staffing Compliance Real-time Reporting and Analysis “Staffing Tracker”
<p>Purpose:</p> <ul style="list-style-type: none"> • Monitor employees and report to client on a daily, biweekly, or monthly basis. • Monitor overtime and PTO hours. • Track, reduce, and easily display missed punches. • Track and report orientation, training, off-site, travel, etc. • Easily view staffing percentages in comparison to your contract. <p>Benefits:</p> <ul style="list-style-type: none"> • Manage staff more efficiently. • Produce near real-time staffing updates. • Track hours, missed punches, and staff with ease. • Design automatic reporting to comply with contract requirements.

Developing programs such as *Staffing Tracker* reflects our continuous attention to accurate and useful tools to support our compliance and accountability to clients for contract performance.

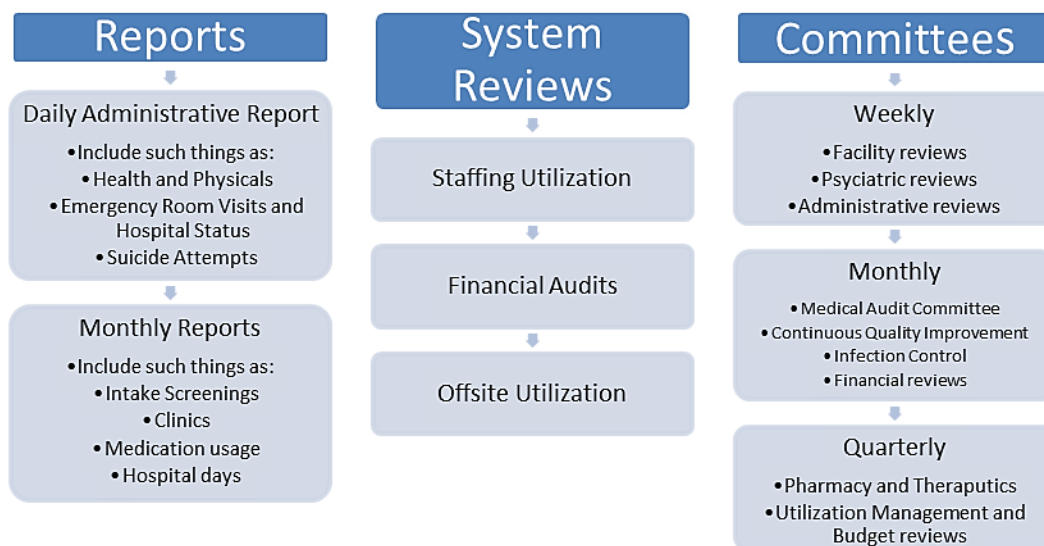
Medical Audit Committee

Armor’s Medical Audit Committee meets with the County staff monthly. These meetings are critical opportunities for the County to provide essential feedback, performance appraisal, and direction for strategic development. We emphasize dialogue, open discussion of the challenges confronting the program, and collaborative problem solving.

In advance of the meeting, Armor develops an agenda for each meeting in consultation with County staff. The agenda includes topics and issues of concern, as well as standing agenda items related to review of medical services statistics, institutional trends, infection control, staffing, grievances, booking refusals, environmental safety, pharmacy inspection, and security/institutional reports. Our HSA presents a consolidated report which includes narrative summaries, statistics and analysis, and special studies, as needed. We have designed these reports to fit the specific needs of the County.

While the Medical Audit Committee has broad responsibilities that extend beyond utilization review of statistics, Armor is accountable, through this group, for providing credible and reliable program reporting. See **Section C.1.K** for description of Medical Audit Committee roles.

The following graphic illustrates Armor’s multiple methods of sharing information.



Claims Reports

The following standard reports show how closely we monitor and manage offsite costs. Our Claims Administration, Network Development, and Utilization Management professionals maintain, submit, and analyze the reports at least periodically. Our claims database permits online, real time generation of ad hoc reports whenever needed to analyze trends and investigate issues.

- **DASHBOARD** – Provides a single page snapshot of key utilization statistics.
 - **AGGREGATE CLAIMS STATUS REPORT** – Reports every claim event for the reporting period with the total amount paid and any expected projected additional payments. It includes all data from paid claims and open authorizations reports.
 - **STANDARD COST REPORT** – Shows the per diem rate by type of service used in projecting costs for events which have not yet received all claims.
 - **OPEN AUTHORIZATIONS REPORT** – Reports every authorized event in the given time period for which no claims have been received and projected charges for each event.
 - **PAID CLAIMS REPORT** – Shows every event in the given time period for which we have received at least one claim and what we have paid to date for those claims that were received.
 - **AGGREGATE CLAIMS BY INMATE REPORT** – Shows every event summarized by the individual inmate over the specified time period.
3. *The Proposer shall institute an effective quality assurance program, which will include but not limited to periodic audit and medical chart review procedures.*

Quality Assurance Program

As a physician-owned and led company, we are committed to patient-centered care. Quality Assurance is a priority for us and is built into all of our clinical operations. We believe it is this distinct difference that provides our clients with exceptional correctional healthcare and separates us from others in our industry.

In each of our programs, we instill principles of Quality Assurance by providing continuous quality improvement, performance evaluation, and peer review as key management systems to achieve the highest possible quality of care.

Continuous Quality Improvement

Continuous Quality Improvement Committee (CQIC) Members	Health Service Administrator, Medical Director, Director of Nursing, key facility staff, and other medical staff.
Purpose	Our CQI tools are designed and written in accordance with all applicable standards and policies to deliver to each site a set of structured guidelines for implementing health care improvement processes. In addition to data collection and analysis, we utilize the results of our CQI activities to direct training, ongoing patient care, and further improvement to our system. Data collection and analysis is performed monthly by onsite staff, led by the Health Service Administrator. Corrective action plans are implemented for any area found not in compliance with required standards or compliance thresholds.
Agenda	Topics and issues of concern, as well as standing agenda items related to review of medical services statistics, institutional trends, infection control, staffing, grievances, booking refusals, environmental safety, pharmacy inspection, and security/institutional reports.
Frequency	This committee meets monthly, while work teams meet as required for resolution of the identified problem and continued monitoring of recommended changes until sustainability is confirmed. These work teams are assigned to address specific problems identified by the Committee, which includes, but is not limited to members of the medical administration such as the Health Service Administrator and Medical Director, along with representation from the facility if desired.

Program Components

Major components of the Quality Improvement Program are:

- Written quality improvement plan with outcome based measures consistent with evidence-based guidance provided by Armor’s Corporate Medical Staff and approved by the County;
- Patient rights and patient satisfaction surveys;
- Risk management and review of sentinel events, including undesirable patterns or trends of systemic processes or outcomes;
- Regular and systematic monitoring of health care practices, including the overall environment, to ensure the highest quality care;
- Ongoing evaluation, based on assessing concerns of highest importance first, to identify improvements needed and the impact of solutions implemented;
- Utilization of the information gathered through the monitoring and evaluation process to recommend and establish standards of care; and
- Implementation of recommendations based on evaluation and established standards of care to improve the quality of life of both incarcerated populations and staff working with these populations.



Armor’s Director of Quality Assurance and Patient Safety, Kerri Simmonds-Alexandre, publishes company-wide goals and schedules which guide our CQIC in completing required monthly reviews and audits to ensure continuous monitoring of key indicators at a frequency designed to comply with accreditation standards. In addition, each site completes monthly studies based on site-specific needs. An annual review of the program is completed to evaluate the program’s effectiveness, shown in the following table. This schedule ensures our service goals are being met.



HEALTH RECORD REVIEW	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec
Medication Administration	X				X				X			
Master Problem List		X										
Receiving Screening			X					X				
Intra-System Transfer				X								
Nurse Sick Call					X						X	
Health Assessments						X						
Discharge Planning							X					
Dental Care								X				
Refusal of Treatment									X			
Infirmity Care / Medical Housing Unit										X		
Mental Health Services												X
SYSTEMS REVIEW	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Emergency Care/ER Transfers	X									X		
Sharps and Tool Count		X										
Segregation			X									
Infection Control/Biohazard Waste				X								
Complaints and Grievances					X							
Controlled Medications						X						
Suicide Prevention			X				X					X
Diagnostic Services								X				
Non-emergency requests									X			
Clinical Equipment & Supplies										X		
Quality Administration											X	
SPECIAL NEEDS	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Medical / Mental Health Restraints	X											
Security Ordered Restraints		X										
Special Needs: Diabetes			X									
Special Needs: Pulmonary				X								
Special Needs: Cardiovascular					X							
Special Needs: Tuberculosis Infection						X						
Special Needs: HIV							X					
Special Needs: Neurology								X				
Specialty Consultation Referrals									X			
Special Needs: Intoxication and Withdrawal										X		

Our performance measures for each program that are offered at the facility are collected by service type each month based upon actual patient chart data. We analyze this data using a collection tool (below) to objectively measure the level of performance as required by NCHC and community medical standards.



Site: Broward NBB		Month: March		Year: 2010		Identification Numbers										TOTALS	PERCENT
SUICIDE PREVENTION		501003174	501003170	501003761	501002227	441000053	571003501	131001118	801000015	501001115	571001343						
		INSERT "1" FOR YES, "0" FOR NO, "N/A" FOR NOT APPLICABLE															
1	Suicide monitoring order contains, at a minimum:	1	1	1	1	1	1	1	1	1	1	1	1	1	11	100%	
2	a. Date and Time	1	1	1	1	1	1	1	1	1	1	1	1	1	11	100%	
3	b. Place inmate on suicide watch	1	1	1	1	1	1	1	1	1	1	1	1	1	11	100%	
4	c. Diet	1	1	1	1	1	1	1	1	1	1	1	1	1	11	100%	
5	d. Security notified	1	1	1	1	1	1	1	1	1	1	1	1	1	11	100%	
6	e. Nursing checks documented every shift	1	1	1	1	1	1	1	1	1	1	1	1	1	11	100%	
7	Inmate moved to appropriate suicide watch unit	1	1	1	1	1	1	1	1	1	1	1	1	1	11	100%	
8	Nurse documents encounter in SOAPE format	1	1	1	1	1	1	1	1	1	1	1	1	1	11	100%	
9	Mental/Behavioral Health evaluates suicidal inmate daily	1	1	1	1	1	1	1	1	1	1	1	1	1	11	100%	
10	Mental/Behavioral Health document encounter in SOAPE format	1	1	1	1	1	1	1	1	1	1	1	1	1	11	100%	
11	Patient is removed from suicide watch on orders of Qualified Health Care Practitioner only.	1	1	1	1	1	1	1	1	1	1	1	1	1	11	100%	
Date: 3/5/2010														TOTAL YES	121		
Reviewer Name: _____														TOTAL N/A	0		
														PERCENT SCORE	100%		
Comments: _____																	

Operational Reviews

In addition to the CQIC, Armor ensures quality of care through regular monitoring of programs at each facility. Operational reviews are conducted by the Director of Policy and Accreditation, accompanied, where needed, by other members of the Clinical Operations Team. This may include the Vice President of Clinical Operations, Chief Medical Officer, Chief Behavioral Officer, Chief Pharmacy Officer, Director of Quality Assurance and Patient Safety, or Human Resources Specialists.

Operational Reviews are conducted using specific data collection tools which address every aspect of care at the institution. Data collection tools utilized ensure adherence to all applicable accreditation standards, contract requirements, and local regulations. Areas reviewed include:

- Access to Care
- Sick Call
- Emergency Care
- Off-site Care and Utilization
- Medical Housing Care
- Chronic Illness Care
- Mental Health
- Intake or Transfer Screening
- Specialty Care
- Employee Training and Credentials
- Administration
- Infection Control and Safety
- CQI Activities

- Human Resources/Employee Files

During these reviews, we employ data collection tools to monitor adherence to established standards. All of Armor's standards are based on NCCHC and ACA accreditation requirements.

Once our compliance baselines are established, we:

- **Continuously monitor facilities for compliance**, which includes corporate quality improvement programs, operations reviews, mock surveys, in-depth program consultation and contract compliance reviews.

As identified under the topics of Peer Reviews and Compliance Reviews in this section, we detail our regularly scheduled oversight above and beyond our continuous quality improvement. Our routine corporate reporting, operations reviews and targeted corporate initiatives are designed to improve accreditation compliance.

- **Accept responsibility** for all surveys and inspections requiring compliance of the medical services program to standards set by external accrediting and government agencies. We have assumed an active role in support of facilities survey preparation and compliance. Accordingly, we will continue to investigate all issues, design solutions to achieve compliance, and will collaborate with facility staff to ensure appropriate preparation for a survey.
- **Conduct** independent peer review and intensive on-site clinical teams in the weeks prior to major surveys. Our clinical programs are constantly maintained in a "survey-ready" state. We continuously monitored performance and clinical operations using our Quality Improvement tools and Clinical Operations team support.
- **Promote staff development** that targets key accreditation requirements to increase staff recognition of accreditation priorities and specific competencies required for compliance. Our on-going, facility-based staff development program was designed to achieve compliance through training staff based on standards for each training module. Companywide, all Armor staff are encouraged to pursue the Certified Correctional Health Professional (CCHP) designation signifying their commitment to professionalism in corrections and adherence to national standards.

Corrective Action Plans

Corrective action plans may be initiated as a result of periodic operational reviews conducted by Armor's Corporate Staff and periodic reviews conducted by external and internal staff and accrediting bodies.

The Clinical Operations team assists the onsite management team in the development of a detailed corrective action plan utilizing CQI tools, specific for each site based on accreditation standards and local community standards of care. Corrective action plans are used as a roadmap for the management of the health care program, and are reviewed and updated frequently in a multidisciplinary CAP meeting. Armor invites a facility representative to attend these meetings and participate in plan updates.

Areas identified as needing further improvement are reported to all staff and discussed with Facility Administration in a problem-solving session. Training and orientation are implemented based on needs identified during our CQI activities.

Compliance Reviews

Our Chief Administrative Officer, Robert Burton, performs periodic compliance reviews of site contracts in concert with our Director of Contract Compliance, Brandy Cornelius, who conducts clinical reviews and Vice President of Human Resources, Ceron Rawls, who conducts HR file audits. When a corporate compliance review is scheduled for your site, we will notify site level administration to ensure coordination of this review.

These reviews of clinical administration and general operations at the facility ensure that all aspects of the contract and proposal commitments are being performed at an acceptable level. Any requirements not being adequately met require follow-up actions to correct such deficiencies.

Peer Review and Expert Consultation

We conduct peer reviews each year at our facilities as required by the NCCHC. Each medical, mental health and dental provider has their clinical work reviewed and assessed annually through Armor's peer review process. Some reviews are done individually and others in group settings. Individual sessions provide targeted review and feedback whereas group settings offer an opportunity for all participants to learn from each other and reinforce the expectations of care.

Expectations and findings from clinical peers serve as important motivators for improved and conscientious levels of care.

Peer reviews cover multiple topics of care, including adherence with clinical guidelines, efficient use of resources, appropriate differential diagnosis, consideration of past medical history and risk factors, and completeness of treatment plan. The peer review pictured at right included our Chief Medical Officer with physicians and advanced level practitioners. During our review, we analyze



patient care charts for key areas such as follow-up of intake findings, appropriate clinic placement, adequacy of sick call assessments, and completeness of chronic care treatment plans. All peer review activities are considered Privileged and Confidential. Quality Improvement activities are available to our clients during our monthly meetings.

Our process ensures an annual review of the care provided by each licensed medical practitioner including the Medical Director. The Medical Director and staff physician(s) review the documentation of the Nurse Practitioners to include representative charts from intake, physical exams, sick call, chronic disease management, and medical housing care.

The Director of Mental Health reviews the documentation of the Psychiatric Social Workers to review representative charts for intake, crisis intervention, suicide prevention, treatment planning, housing and special needs management and aftercare planning.

The Director of Nursing reviews the documentation of nursing and para-professional personnel used to assist nursing. Reviews include medication and pharmacy documentation, sick call, wellness rounds and screening, or other relevant work components for nursing staff.

At the end of each year we perform peer review evaluations of our physicians, mental health licensed staff and nursing staff as required by the NCCHC.

Results of peer reviews are shared with each provider. In some cases, corrective action or remedial plans are set in motion. The process proves valuable in raising expectations and asserting accountability for clinical performance.

- 4. The Proposer shall be responsible to attend quarterly status meetings to be held with Juvenile Administration and/or Jail Administration.*

Armor will continue to quarterly status meetings held with Juvenile Administration and/or Jail Administration.

- 5. The Proposer shall make available an on-site manager and/or back-up personnel to Juvenile Administration for consultation, concerns and emergency situations at all times.*

Armor's on-site manager and/or back-up personnel will continue to be available to Juvenile Administration for consultation, concerns and emergency situations at all times.

C.6.B Office Space (RFP page 21)

1. *Adult Correctional Facility- Lake County will provide a medical observation pod, dental facility, office space, existing medical equipment, utilities (including local telephone service) sufficient to allow the Proposer to perform its obligations. The County will provide support for any County owned or licensed software needed to conduct business. The Proposer shall be required to provide computers and any other technical support.*

Armor will continue to provide computers and any other technical support required to support the Adult Correctional Facility's healthcare program.

2. *Juvenile Detention - Lake County will provide office space, existing medical equipment and utilities (including local telephone service) sufficient to allow the Proposer to perform its obligations. The Proposer shall be required to provide computers, internet access, and all technical support.*

Armor will continue to provide computers, internet access and all technical support required to support the Juvenile Detention Center's healthcare program.

C.6.C Supplies and Equipment (RFP page 21)

1. *The Proposer is responsible for the cost of all additional supplies and equipment needed to provide health care.*

Armor accepts responsibility for the cost of all additional supplies and equipment needed to provide health care.

2. *The Proposer shall be responsible for the repair or maintenance of existing medical and dental equipment and obtaining all certifications and inspections required on the equipment. A listing of the inventory of existing equipment is included as Exhibit A.*

Armor accepts responsibility for the repair or maintenance of existing medical and dental equipment and obtaining all certifications and inspections required on the equipment.

3. *The Proposer may install (subject to written authorization from Lake County) any new equipment it deems necessary. The Proposer shall consult with Lake County regarding the disposition of any County owned equipment. Any equipment installed may be taken by the Proposer within 30 days of the expiration of the contract unless Lake County agrees to the purchase of the equipment. If the contract is terminated for cause, then the equipment shall remain in place until the medical unit is operational by another vendor or Lake County for a term not to exceed ninety (90) days. File cabinets, desks, chairs etc. that are currently on-site will remain in the medical unit. Those items will*

remain the property of the Sheriff and Chief Judge of 19th Judicial Circuit at the termination of the contract.

Armor agrees and complies with this requirement.

- 4. The Proposer is responsible for all fax, computers, printers and other office equipment that it deems necessary to fulfill the terms of this contract. The Proposer shall be responsible for photocopying fees and machines relating to its ability to perform services in this proposal. Equipment purchased by the Proposer shall remain the property of the Proposer.*

Armor agrees and complies with this requirement and accepts responsibility for photocopying fees and machines related to performing services outlined in this RFP.

- 5. The Proposer shall be responsible for procuring and stocking all medical, laboratory and pharmaceutical supplies for the routine and specialty care of all adult inmates and juvenile detainees. All remaining supplies shall be converted to County inventory at the termination of the contract. At the termination of the contract, the Proposer shall ensure that at least a 30-day supply of medical, lab, first-aid, office supplies, and pharmacy supplies remains on-site to ensure continuity of care during the transition of services. All medical supplies remaining may be used or consumed by the Proposer without obligation or cost.*

Armor agrees and complies with this requirement.

- 6. The Proposer shall be responsible to provide, stock, and check first aid kits on a monthly basis. The number and location of the kits will be mutually agreed upon between the Proposer and each administrator of each facility.*

Armor agrees and complies with this requirement.

C.6.D Accreditation (RFP page 23)

- 1. The Proposer shall be responsible for maintaining current NCCHC and ACA accreditation, as well as retaining this accreditation. All files associated with the compliance must be kept onsite.*

Armor agrees and complies with this requirement. Please see **Section C.7** for additional information regarding accreditation.

C.6.E Security (RFP page 23)

- 1. The Proposer's staff will be subject to all the security regulations and procedures of the Lake County Sheriff's Office and 19th Judicial Circuit-Juvenile Detention Center.*

Armor agrees and complies with this requirement.

C.6.F Referrals (RFP page 23)

- 1. The Proposer's staff will coordinate all appropriate inmate Healthcare service referrals and/or consultations between the jail medical staff/juvenile detention administrator, and other outside agencies for continuity of care.*

Armor's staff coordinates all appropriate inmate Healthcare service referrals and/or consultations between the jail medical staff/juvenile detention administrator, and other outside agencies for continuity of care.

C.6.G Security of Inmate Files (RFP page 23)

- 1. Inmate/resident medical files are of a confidential nature. The Proposer's employees will be allowed access to these files only as needed for their duties related to the contract and in accordance with the rules and laws established by the State of Illinois.*

Armor agrees and complies with this requirement.

C.6.H Grievance Plan (RFP page 23)

- 1. The Proposer shall specify the policies and procedures to be followed in dealing with adult inmates/juvenile detainee complaints regarding any aspect of the health care delivery system. The Proposer shall maintain monthly statistics of grievances filed i.e. those with and without merit.*

Our HSA or designee receives the complaint or grievance from the County, screens each grievance, and records it in our log of grievances. Our local management team (HSA and Medical Director) reviews all grievances and address them as necessary, in the time-frame designated by the County. A face-to-face interview is conducted, where possible and appropriate. The HSA or designee also prepares a written response to the inmate providing an explanation or proposed resolution. We also provide an appeal process that meets professional standards and maintains a log of grievances filed. Armor categorizes, tracks grievances and analyzes them to identify trends.

We provide the County with a log of grievances filed including inmate name and identification number, date the complaint was received, complaint description, date of response, and a description of the resolution.

Armor takes grievances very seriously and, in an effort to enhance our grievance program at the facility, we implement our proprietary software program to track and analyze grievance patterns throughout our program.

*The **Grievanator** is fully-compliant with accreditation standards and is designed to function as an “early warning system” that identifies potential issues and conditions where preventive action may reduce incidents and claims. We approach the grievance program as a necessary tool and monitor our performance and response continuously, consistent with our policy and procedures for handling grievances regarding medical care. The table below indicates the level of detail to which we are able to “drill down” with regards to the provision of care and areas of concern.*

[Detailed Report](#) | [Download Report](#) | [Update Inmate Info](#) | [Create Case](#)

Report Summary					
Grievances from 2000-01-01 to 2010-12-21					
	FD	UF	RS	UR	SUM
I. Dissatisfied with Quality of Medical Care	1	4	5	0	5
II. Dissatisfied with Quality of Dental Care	1	0	1	0	1
III. Dissatisfied with Quality of Mental Health Care	0	9	9	0	9
IV. Dissatisfied with response to Non-Medical request	0	4	4	0	4
V. Conduct of Health Care Staff	2	4	6	0	6
VI. Delay in Health Care Provided	0	3	3	0	3
VII. Problems with Medication	1	5	5	1	6
X. Other	1	1	2	0	2
XI. Problem with Co-Pay for Medical Visit	0	2	2	0	2
Totals: (38 Total Grievances)	6	32	37	1	38

Moving away from a repetitive paper process, **Grievanator** offers significant advantages such as:

- a more efficient tracking system that provides us and our client useful tracking and trending information;

- the ability to scan and upload the original grievance record, eliminating the need for storage systems, helping save space and paper;
- simplified data entry allowing for easily customized reports based on client needs;
- trend reports sorted by month, type of grievance, staff member inputting the record;
- the ability to address trends quickly and efficiently; and
- a log that can be generated by the "click" of a button and provided to clients or to any auditor for easy review.

Our continued goal is to contain the number of grievances filed by inmates by successfully resolving or explaining concerns before a formal complaint is filed. Through the Grievanator tracking system we are able to maintain monthly stats of grievance filed whether determined to be with or without merit. A monthly report of grievance, is available to review at the monthly MAC meetings as specified in **Section C.6.K., Reporting Requirements**.

C.6.I Risk Management Plan (RFP page 23)

- 1. The Proposer shall indicate its risk management plan and discuss its procedures for dealing with critical or sentinel events/incidents. The Proposer shall be responsible for establishing and providing evidence of a formal morbidity review process. The Lake County State's Attorney, Risk Management, or designee shall be included in any mortality/morbidity review. The Proposer shall not settle adult inmate/juvenile detainee healthcare litigation without first contacting the Lake County State's Attorney.*

We have been highly successful at preventing and combating litigation resulting in a low number of active cases with the vast majority of claims dismissed. **We have never had a judgment against us related to the provision of inmate health care.** Our record reflects our dedication to high standards of patient care and client service. Armor will not settle adult inmate/juvenile detainee healthcare litigation without first contacting the Lake County State's Attorney.

Armor's low litigation rate is largely due to our daily focus on ensuring patients receive the appropriate level of care. As a physician-owned company, Armor's staff are instructed from day one that quality patient care is at the core of Armor's philosophy and practice.

Armor provides a comprehensive risk management / strategy, rooted in sound management of health services, including these on-going initiatives:

- **Contract compliance monitoring**, closely coordinated with local contract monitor

- **Continuous Quality Improvement** includes analysis and trending of sentinel events and unusual occurrences
- **Tracking of inmate grievances** locally with an emphasis on responsiveness and resolution, with corporate oversight of the grievance process
- **Continuing education and orientation** of our staff and corrections staff on clinical and risk related topics
- **Continuous analysis** of potential and actual inmate claims, including unusual occurrence reports
- **Timely and realistic assessment** of all litigation
- **Aggressive and coordinated defense** of all litigation

Our Risk Management Plan has four major components:

- **Grievances and Inmate Complaints**
Our grievance management program is fully compliant with accreditation standards. From a risk management perspective, the grievance program is proactive to identify provider issues, vulnerable and risk-prone inmates, and conditions where preventive action may reduce incidents and claims. Therefore, we approach the grievance program very seriously and monitor our performance and response continuously.
- **Unusual Occurrence (Critical or Sentinel Events/Incidents)**
Working with our underwriters and legal advisors, we have developed an Unusual Occurrence Reporting system. The report is completed by Armor staff members who report all incidents involving potential risk. The provider completes the one-page report form electronically and transmits it to our corporate office. Our Chief Medical Officer (CMO), Chief Operating Officer (COO) and Paralegal review each report. The Unusual Occurrence form is part of our legal department's focus on risk management. As such, this form is strictly confidential and is not copied or included in the inmate's health record. We adhere to NCCHC policy J-A-10.2 regarding critical or sentinel events and policy J-A-10.1 regarding morbidity/mortality reviews.
- **Litigation Management**
Armor's General Counsel/Risk Manager employs a nationwide team of risk management experts and proven methodologies to mitigate the disruption that claims and lawsuits would otherwise have on facilities under our management. Our comprehensive approach to risk/litigation management has proven to minimize the number of complaints and suits, by coordinating all aspects of risk management and defense closely with each facility.

- **Post-Event Debriefing and Analysis**

At all levels, Armor works with staff and clients in reviewing all critical incidents which include investigation, peer and/or expert review if appropriate, and joint consultation to ensure that corrective actions are taken and Armor/client liability is reduced.

C.6.J Cost Containment Plan (RFP page 23)

1. *The Proposer shall specify a detailed plan for the implementation and operation of a cost containment program. Addressed in this section shall be the mechanism(s) by which the Proposer plans to control costs, areas in which cost savings can be achieved, and evidence of the success of such programs at other Proposer sites.*

Armor has implemented costs saving initiatives at the Lake County Facility which is described in greater detail in **Tab H, Value Added Services**.

Armor provides a high standard of quality health services to our patients. At the same time, we effectively control costs for our clients. Armor meets regularly with the jail administration to identify opportunities to further enhance services and reduce costs as we implement the systems, programs, services, and staff training described in this section.

Mechanisms to Control Health Care Costs

Armor employs three primary mechanisms in controlling costs:

1. Approach to Staffing

Armor's philosophy is that an appropriate staffing plan will meet three goals:

1. Provide onsite service levels that meet our client's coverage requirements and comply with any accreditation the client may seek to achieve and/or maintain;
2. Ensure daily staff coverage onsite for the patients with non-emergent health concerns to be seen within 24 hours of triage and those with emergent needs to be seen immediately; and
3. Increase treatment capacity onsite in order to reduce offsite trips, transportation and security costs, and hospitalization.

Armor is more interested in doing what's right for the patient and the client than in carrying out the minimum efforts to meet the letter of the contract.

*Major Steve A. Binegar
Sumter County Sheriff's Office*

Although this approach may result in a higher base contract, it has been proven to reduce overall costs including direct costs for off-site services, transportation, and security, as well as indirect costs, such as reduced litigation.

2. Communication

Armor recognizes that frequent and open communication is the foundation for a smooth-running operation and the key, not only to controlling costs, but also to reducing them. Armor will meet frequently with the Sheriff's Office. We also plan an annual in-depth review in which we present a comprehensive assessment of the program and highlight opportunities to address cost-related issues.

3. Utilization Management

Armor manages all expenditures under the aggregate cap as though the money we are spending all comes out of our pocket. Beginning with the first event and extending beyond the time that a cap is exceeded, we approach care coordination, utilization review, discharge planning, formulary management and pharmaceutical costs the same way. To meet our standards of cost management we provide:

- Expert, experienced, and dedicated specialists in **Utilization Management**;
- Favorably negotiated terms consistent with managed health care through professional **Network Administration**; and
- Continuous vigilance over daily events, complex cases, and billing practices by dedicated, in-house **Claims Administration**.

With this expertise and commitment, Armor's Utilization Management Program leads the industry. It is essential to contain costs. Just as importantly, it is our system for guaranteeing that our patient care is centered on the needs of patients where they are and provided only when medical necessity dictates.

Armor typically arranges with local hospitals to provide read-only remote access to their EMRs, so our UM team can monitor our patients. Such monitoring consistently reveals cases in which a patient is being kept off-site for something that could be managed onsite, and at a far lesser cost.

Areas Where Cost Savings Are Achieved

The principal areas where additional costs savings will be achieved are:

- Personnel
- Onsite Patient Care Solutions (e.g. our Arista Program)
- Pharmacy
- Related Client Expenditures

1. Personnel

Since personnel costs account for the majority of a contract, we give a high priority to ensuring that our employees are well-experienced and trained when they are hired. We focus heavily on retaining our productive employees and keeping our turnover to the lowest level as possible. This is essential in order to avoid the need to utilize high cost temporary staff which, also, adversely effects continuity of care for our patients.

We emphasize and promote personnel cost control in a wide variety of ways, including:

- Training for HSA's, Directors of Nursing, Medical Directors and our Regional Management Team on cost related systems, policies and procedures. We focus on cost consciousness as a key component for our on-going training at all staff levels. Delivering CEU courses for eligible clinical staff.
- Encouraging employees throughout the organization and at all levels to pursue CCHP certification through the NCCHC. During the past three years we have seen over 250 employees achieve this goal. Armor reimburses the cost for each employee that passes the exam.
- Encouraging promotion from within as a means of building on the experience of staff who we have trained and who understand our expectations of quality patient care and cost containment.
- Monitoring the onsite performance of staff through our daily and bi-weekly staffing levels (FTE's) and conducting monthly calls between corporate, regional and site level management staff to address opportunities for cost reductions.
- Coaching existing staff in specific ways to achieve economies through performance management and team training.
- Organizing a cohesive, consistent, and committed per diem staff pool that is not only trained and cleared for job assignments, but is considered integral to our team.
- Selecting medical providers, whenever possible whose skills and ability, in addition to certification, yield versatile and cost effective medical coverage. An example might be a nurse practitioner whose background and supervision permit some specialty women's services to be provided onsite. Another is a Medical Director with a subspecialty that otherwise requires an offsite visit.

While some of these strategies are site and location specific, we will explore each and every possibility during our transition period and throughout the term of our contract.

2. Onsite Patient Care Solutions

Armor looks for ways to maximize on-site care at all our facilities. Our capacity to do so is determined by the physical plant, availability of willing specialty and ancillary service providers, volume of patients, and cost.

After we have been on-site for a period of time, we would work with the Sheriff's Office to analyze utilization patterns to identify what other programs could support organizing a clinic.

Armor minimizes off-site specialty visits through the following initiatives:

- Require prior-authorization of off-site specialty consultation requests, based upon medical necessity guidelines, as a part of our utilization management program. This process never denies necessary care, but ensures that care is coordinated to reduce unnecessary trips. Too often patients with complex medical needs receive care that is fragmented. Armor coordinates care so all information is available to all providers and the patient receives the investigations or treatments that are best suited for the condition. Armor will continually review utilization data to identify additional opportunities to provide as many services on-site as possible.
- Ensure staff proficiency on clinical topics and skills in order to target specific treatments or procedures that otherwise result in specialty referrals, such as minor surgical procedures, biopsies, or therapies.
- We have found through our experience that maximizing use of an infirmary or on-site medical housing reduces the volume of off-site transfers for healthcare services and shortens the average length of stay for inmates who require hospitalization because many services that are delivered in the hospital can be safely provided in the jail. Armor's program facilitates the care of the sickest patients: reducing redundancy of diagnostics or treatments, working within established and proven cost-effective networks, enhancing communication between care providers, defining treatment expectations, and moving patients efficiently to the care levels that they require. These actions also reduce costs and burdens on off-site security.

Reductions in length of stay for hospitalized patients have been realized when infirmary and/or medical housing services are available at the jail. These programs guide the hospital and jail teams to render care that is medically necessary, appropriate, and effective according to evidence-based medicine.

Once an off-site consult is approved, site administration collaborate with the correctional supervisors to ensure the appointment is scheduled at a time that does not compromise

staffing of the facility in order to provide the patient an escort. The Administrative Assistant then calls the provider to schedule an appointment. The patient appointment is logged on a spreadsheet for pending appointments and sent to the lieutenants and sergeants concerned with inmate transport. The pending appointment is recorded in the patients chart, on a progress note.

The morning of the transport the officer is provided with a form for the provider and any needed patient information in a sealed envelope. Upon the patient's return, they are evaluated by the onsite medical staff and orders are obtained if indicated.

Expansion of onsite service involves scheduling onsite clinics and contracting for ancillary services on-site. Utilization management also plays a critical role in achieving more onsite care.

Armor has demonstrated at other sites that through upgrading of medical housing, training of staff, care coordination, and specialty contracting, our onsite competence and professional capacity earns the confidence of community providers. We ensure that treatment plans and therapy which may trigger offsite care, including hospitalization, are safely provided by our staff and contractors onsite.

3. Pharmacy Operations

Our Chief Pharmacy Officer monitors prescribing trends, drug costs, formulary make-up, and overall pharmaceutical utilization. Through our participation with the Pharmacy and Therapeutics Committee, we actively manage the formulary and utilize our monthly reporting techniques to assist in the analysis of costs and prescribing trends, as well as to identify specific opportunities for cost reduction.

In addition, our Chief Pharmacy Officer analyzes reports, consults with staff and providers, and reviews utilization to identify trends or areas of potential concern. Medication usage is analyzed to determine appropriate levels of stock vs. patient-specific pharmaceuticals, which helps to minimize waste and control costs.

As part of our on-going pharmacy utilization review, Armor normally compares practice across all its facilities to ensure up to date knowledge of pharmaceuticals and best practices. The Chief Pharmacy Officer also conducts regular on-site pharmacy audits which helps to ensure improved site management and compliance and employs aggressive efforts to identify and secure potential third-party sources of funding for medications.

4. Related Client Expenditures

While the savings are sometimes difficult to quantify, Armor consistently reduces client expenditures. The best evidence is direct reports we receive from our clients. They know, firsthand:

- Fewer offsite trips for officers and less demand to provide security at hospitals brings security and transportation costs down.
- Reducing inmate movement within the facility reduces the staffing levels required.
- Collaborating with security, medical staff can implement solutions that reduce costs such as scheduling of onsite clinics.
- Implementing risk management and litigation support reduces legal costs.

By accepting these responsibilities and treating them with priority, Armor has earned the confidence of our clients who not only see the savings in their budgets, but endorse Armor by extending and re-awarding our contracts.

Evidence of Success

Employing a combination of expanded on-site care, effective utilization management of off-site services and provider contracting, and comprehensive training, we have recently helped our clients realize the following results:

- In **Sarasota County**, we reduced off-site utilization by 38% (from an average of \$770,000 in each of the prior vendor's last two years to an average of less than \$480,000 in 2011 and 2012).
- Within a week of our June 2011 start-up, Armor established and began operating the first infirmary at **Nassau County Correctional Facility**. Armor reduced off-site expenses by over \$630,000 in the first two months. These savings are exclusive of security and transportation costs.
- Since our contract start in **Santa Rosa County** in February 2010, we have reduced offsite utilization by over 50% which will translate to annual savings of approximately \$500,000 for a facility with an ADP of 500.
- Through targeted recruiting and creative use of existing staff, we reduced our reimbursement from the **Virginia Department of Corrections** by \$900,000 in the most recent contract year.
- Through enhanced staffing and effective utilization management, we restructured our **Broward County** contract resulting in a 5% reduction representing a \$2.6 million savings over the last two years.

“Armor is always looking for ways to enhance on-site care and reduce off-site transports. Of course, this not only improves the overall quality of care, it saves us in medical costs, reduces the security risk, and saves us security and transportation costs, as well.”

*Sheriff Ric Bradshaw
Palm Beach County, FL*

- We reduced offsite costs in **Palm Beach County** which will result in a savings of \$2.4 million to the County over the next three years.
- Working with the Sheriff's Office, we found a way to restructure the staffing plan in **Hillsborough County** resulting in \$5.2 million in savings over two years.
- Through effective utilization management in **Escambia County**, we were able to reduce hospital days by 50% and off-site visits by nearly 40% from the prior vendor resulting in an **overall 65% reduction in off-site expenditures** in only two years.

C.6.K Proposer's Cooperation (RFP page 23)

- 1. The Proposer shall maintain regular communications, as mutually agreed with the Facility Administrator(s) and/or designed Lake County staff and will actively cooperate in all matters pertaining to this contract.*

Armor will maintain regular communications, as mutually agreed with the Facility Administrator(s) and/or designated Lake County staff and will actively cooperate in all matters pertaining to this contract.

- 2. Proposer shall be knowledgeable in changes to Healthcare reform.*

Armor agrees and complies with this requirement.

C.6.L In-Service Training (RFP page 23)

- 1. All Proposers' staff shall receive in-service training as required by local, state, and federal law requirements at Proposer's expense.*

All Proposers' staff receive in-service training as required by local, state, and federal law requirements at Armor's expense. Recognizing the need to strengthen our training of jail staff, Armor works with the County to provide annual in-service training and to seek out additional opportunities for County staff. Armor has developed a variety of media for use in training, including flyers, posters, "roll call" briefings, and classroom sessions.

At the Lake County facility, some of the in-service training topics include but are not limited to:

- Emergency Readiness
- Dental Assessment Training
- HIV Test Kit Training
- Health Assessment Training
- IRL Lab Training
- Nursing Protocol Training

- Medication Administration Training
2. *All Proposers' staff shall receive suicide prevention training annually at Proposer's expense.*

All Armor's staff will receive suicide prevention training annually at Armor's expense. Armor has delivered new additional and facility wide training. Thus far, training has been led by our Chief Behavioral Health Officer and Clinical Specialist on Suicide and Self-Injury Prevention and Blood Borne Pathogens. Attendance was recorded at 200 officers in multiple sessions scheduled for maximum participation. With the full support and endorsement of facility administration, we will continue such training as topics and training needs are identified in consultation with the County.

3. *In service training shall be provided to Lake County Correctional staff & Juvenile Detention staff as requested at no additional cost. This includes, but is not limited to suicide prevention, pertinent mental health topics, or mutually agreed upon training topics.*

Correctional Staff & Juvenile Detention Staff Training

One area in which we would like to expand our behavioral health program is the training of correctional officers and detention staff. We offer relevant and beneficial training for correctional officers and other designated County staff that will help to ensure the continuing engagement of officers as members of the treatment team. Specific topics may include:

Behavioral Health Training Topics
<ul style="list-style-type: none"> • Mission, role and function of the behavioral health program • Treatment goals related to specific unit • Medications and medical management including side effects • Trauma-informed Behavioral health Treatment • Co-occurring Psychiatric and Substance Abuse Treatment • De-escalation techniques and crisis intervention strategies • Medications and medical management • Role and function of group counseling

Our training is designed to describe the most prevalent clinical diagnoses that officers encounter, as well as Personality Disorders, Developmental Disorders and Co-Occurring Disorders. The training includes important de-escalation techniques, and crisis intervention strategies that can help officers maintain a safe environment on the unit.

The following courses are available.

Armor Specialized Staff Training

Suicide Prevention: Illustrates the significance of suicide as a public health crisis and explores demographic details of jail suicides. This course will identify the risk factors and warning signs of suicide. The students will learn to understand the procedures for the ethical assessment of suicide potential or self-harm behavior as well as the proper use of recognized assessment instruments. This course will also enable the learners to effectively de-escalate a potential suicide situation within the jail environment. Additionally, the training will provide insight and helpful steps that should be considered to insure the health and well-being of those officers that have responded to or witnessed a completed suicide. This program is used as a yearly update program for all staff.

Personality Disorders: This course will help officers and staff; understand the differences between behavior and mental illness. This training module will be focusing on Axis II cluster B, (Anti-social, Narcissistic, Borderline and Histrionic) personality disorders described in the DSM-IV. These particular disorders account for most of the crime committed in our society and consequently most of the major behavior problems and attempts at manipulation of medical and detention staff. It is the goal of this curriculum to help officers and medical staffs recognize and avoid manipulation and potentially violent situations. The proper techniques of negotiating during crisis and/or hostage situations with these types of personality disorders will be examined as well.

Mental Illness/ Abnormal Psychology Overview: This course will examine the most predominant mental disorders encountered in the jail or prison setting. This will include Axis I diagnostic criteria for Schizophrenia, Bi-Polar Disorder, Anxiety, Major Depressive Disorder, and P.T.S.D. Training will also include Axis II diagnostic criteria for Mental Retardation, Anti-Social Personality Disorder, Narcissistic Personality Disorder, Borderline Personality Disorder and Histrionic Personality. This training will not only introduce the learner to the various mental disorders that they are most likely to encounter, but also the various treatment/ management options and clinical terminology that should be exercised with this special population. One primary objective for this training is to help remove predominate stigma and myth about mental disorders from the staff and officer's interactions with the mentally ill.

Crisis Intervention/ De-Escalation Techniques: This training will prepare an officer to take control of a potentially volatile situation where an individual is in danger of hurting themselves or someone else. The participants will learn techniques such as active/reflective listening and the proper use of open and close ended questioning. Other areas of concern will be body language, posturing and reactionary gaps. The participants will also learn behaviors to be avoided in a crisis/hostage situation involving a person presenting various forms of mental illness.

Co-Occurring Disorders: Participants in this training will learn the meaning of the term dual diagnosis and co-morbidity. Learners will examine the impact of this presentation on the individual and the facility that must house them safely. Learners will be able to identify the signs and symptoms of co-occurring disorders and the etiology of the presentation. Co-occurring disorders are among the most difficult to manage in the forensic setting. Therefore, training in the proper management and

treatment of the co-occurring presentation has become imperative.

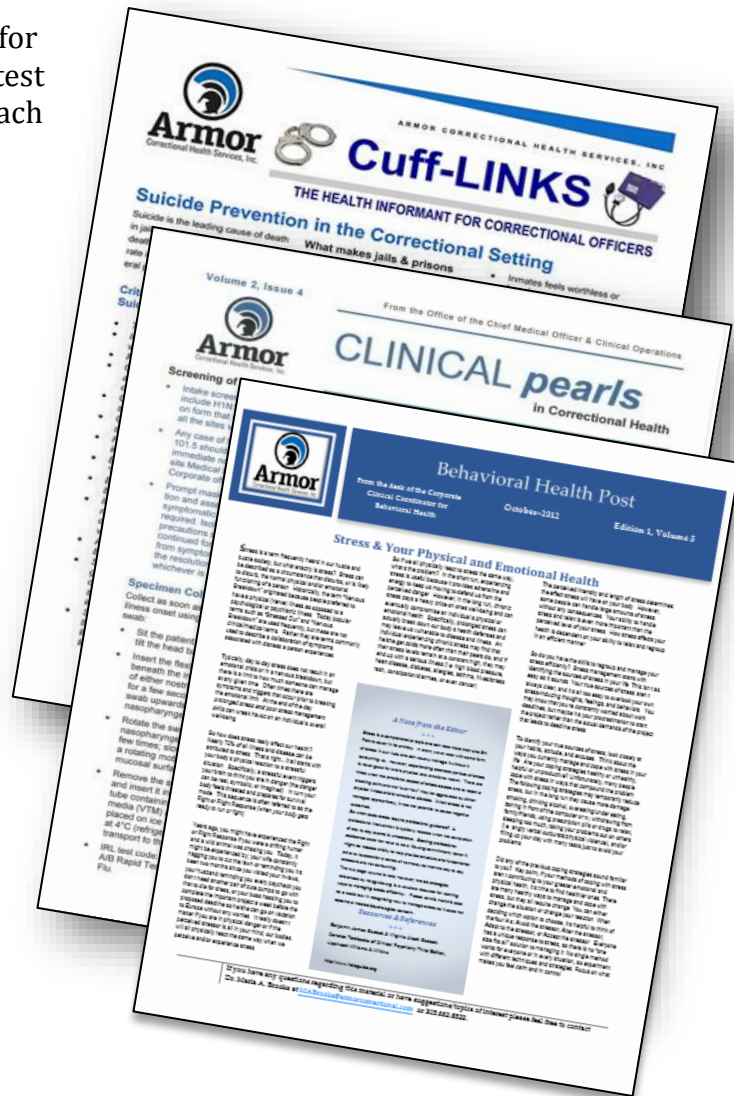
Correctional officers and detention staff are also invited to sit in on most medical training provided for the health care staff.

Cuff-LINKS is an example of one of our training publications that is periodically issued to our HSA for distribution to all staff. It focuses on issues of greatest concern to correctional officers and facility staff. Each issue is designed for posting on bulletin boards, announcing at roll calls and use as a resource to trainers conducting health training and orientation of new officers.

Additionally, we publish **Clinical Pearls**, a periodic update for medical staff on inmate health care topics of special interest at the facility or topics required to maintain up-to-date clinical awareness of correctional health care issues. Routinely, we select behavioral health topics for this notice which is circulated among our on-site medical staff, correctional officers assigned to posts where medical staff is assigned, as well as other officers as needed.

One other periodic publication is our **Behavioral Health Post**, a one-page researched and referenced article on mental health topics prepared by our corporate Behavioral Health Team. Recent topics include:

- Stress and Your Physical and Emotional Health
- Identifying Mental Disorder's Secondary to General Medical Illness



In addition to publishing these notices our staff is available to provide a related briefing at roll-call or other staff meeting when deemed appropriate by facility administration.

- The Proposer will conduct an ongoing health education program for inmates and Lake County Correctional staff and Juvenile Detention staff with the objective of improving the level of inmate health care.*

Inmate Health Education

We provide on-going health education through various mechanisms throughout the incarceration. Joining forces with public health agencies, non-governmental agencies, and various vendors to provide education materials and programs, we employ training during one-on-one clinic encounters as well as other settings, when available, through inmate programming scheduled by the facility.

Topics from our patient education series include:

- Anxiety
- Asthma
- Athlete's Foot
- Bladder Infection (Female)
- Boils
- Canker Sores
- Congestive Heart Failure
- Cold Sores
- Common Cold
- Diabetes Feet and Skin Problems
- Diabetes (Type 1)
- Diabetes (Type 2)
- Diet
- Prison Rape Elimination Act (PREA)
- Epilepsy
- Drug Abuse and Addiction
- Gastric Esophageal Reflux Disease
- Hepatitis C
- Hygiene
- HIV/AIDS
- Hypertension
- Indigestion
- Insomnia
- Lower Back Pain
- Sexual Assault
- Smoking Cessation
- Suicide
- Exercise and Physical Fitness Benefits

In addition to these medical topics, we present preventive education during dental visits in order to promote dental hygiene during incarceration.

Our behavioral health program emphasizes patient understanding of medications to promote patient compliance during incarceration and afterwards. As required by NCCHC, we orient patients to medications during our request for specific consent at the time the medications are prescribed. Information sheets are provided which are topic, diagnosis, and medication specific.

C.6.M Medical Waste (RFP page 24)

- Lake County currently contracts for the medical waste disposal. The Proposer shall dispose of all contaminated waste resulting from its services, including but not limited*

to needles, syringes, etc., in accordance with local and state laws in the containers provided.

Armor disposes of all contaminated waste resulting from its services, including but not limited to needles, syringes, etc., in accordance with local and state laws in the containers provided.

C.6.N HIPAA (RFP page 24)

- 1. The Proposer is responsible for complying with all current and future HIPAA (Health Insurance Portability and Accountability Act) regulations. Proposer will be required to execute the HIPAA agreement included with the RFP.*

Armor complies with all current and future HIPAA (Health Insurance Portability and Accountability Act) regulations. We are prepared to execute the HIPAA agreement included with the RFP. Please see our HIPAA Manual Table of Contents provided as **Attachment 7**.

C.6.O Transition (RFP page 24)

- 1. The Proposer shall agree to work with the existing firm to transition services so that it is relatively seamless to inmates and staff.*

Since Armor currently provides the health care services at the facility, should we be the awarded vendor of this contract, transition of services would not be required.

C.7 Accreditation Experience (RFP page 26)

- 1. Provide an overview of experience with NCCHC and ACA.*

The Armor team has successfully organized and operated medical services for clients with populations equal to or above the Lake County Jail population. We have a perfect track record of achieving and maintaining PREA certification, NCCHC, ACA, and all state accreditations. We have never lost an accreditation and have achieved accreditation in 100% of our surveyed facilities, winning national recognition and 100% compliance.

At the Lake County facility, Armor achieved 100% essential standards on ACA re-accreditation for Lake County Sheriff's Office within eight months of contract initiation.

Following are exit interview comments Armor received regarding our recent ACA re-accreditation at the Lake County Facility.

Lake County, IL – ACA exit meeting

On the accreditation outcome:

“You continue to be a member of the elite in achieving correctional excellence. “

Barbara, medical expertise audit team member:

“I have many good things to say about Medical, and one is talking about the technology. I have never seen a health record that is as impressively registered as this. The fact it sends all this alerts and is so easy to use. It is really a very, very impressive EMR.”

“The files were really good, had you not told me ahead of time they (Armor) had only been here six months, other than that seems 3 years’ worth of work on those files, I wouldn’t have known. Everything is in place and runs smoothly. I do not see any faulty start up pick-ups going on. I wouldn’t have known they were not here the whole time.”

“The fact that you also care enough to be NCCHC accredited, to any health care auditor is a huge plus.”

“I was very impressed with medication pass and sharps and narcotic count and how careful everybody is. I was impressed with the medication pass because of the interaction and the time and the care they seem to give to the inmate. Medical and officers seemed to be very concerned about inmate care, and to me that is the most important, because they are patients. Patients are treated with respect and care.”

“Medical and custody seem to work very well with each other, the camaraderie seemed really good.”

For more detailed information on Armor’s extensive accreditation experience, please see the table provided in Item 3, below.

2. Provide an overview of any experience with the Illinois Jail Standards and Juvenile Detention Standards.

Since Armor began providing inmate healthcare services for Lake County, we have revised our policies and procedures to reflect the Illinois Jail Standards and Juvenile Detention Standards.

3. Specify facilities that the firm operates that are currently accredited by ACA or NCCHC. Provide the following:

- Name of facility*
- Accrediting agency (i.e. ACA or NCCHC)*
- Include dates of accreditation/re-accreditation*



Following is a list of facilities where Armor operates that are currently accredited by ACA or NCCHC.

Detention and Corrections Facilities	NCCHC	ACA
Broward County Sheriff's Office	3/2015	10/2013
Collier County Sheriff's Office	3/2014	
Glades County Sheriff's Office	3/2014	
Lake County Sheriff's Office, IL	3/2013	2/2016
Lee County Sheriff's Office	3/2016	
Manatee County Sheriff's Office		4/2014
Martin County Sheriff's Office	3/2013	
Monroe County Sheriff's Office	1/2014	5/2014
Osceola County Corrections Department	10/2015	
Palm Beach County Sheriff's Office	6/2014	11/2014
Sarasota County Sheriff's Office	3/2015	
Santa Rosa County Sheriff's Office	3/2014	
Volusia County Sheriff's Office	5/2015	
Oklahoma County Sheriff's Office	8/2015	7/2015
Tulsa County Sheriff's Office	5/2014	8/2015
ICA Farmville	11/2013	5/2015
Virginia Department of Corrections:		
<i>Brunswick</i>		1/2014
<i>Deerfield</i>		1/2014
<i>Fluvanna</i>		9/2014
<i>Greensville</i>		6/2014
<i>Indian Creek</i>		5/2015
<i>Lunenburg</i>		10/2013
<i>Southampton</i>		10/2015
<i>Sussex I</i>		7/2014
<i>Sussex II</i>		11/2015
<i>St. Brides</i>		11/2014

C.8 Staffing (RFP page 26)

1. *Describe your procedures for recruitment, screening, interviewing, testing, and certification of employees.*

Recruitment

The following steps are a synopsis of our recruitment activity for the Lake County facility:

1. On-site recruiter identifies facility recruitment needs weekly.
2. Review internal Applicant Tracking System (ATS) and online databases of current applicants for appropriateness of location.
3. Place ads for all positions through online outlets and local media publishing venues, including the County's Office of Workforce Development.
4. Contact referral and recruitment resources.
5. Schedule and complete telephone interviews, identify qualified candidates.
6. Begin preliminary interviews with a special focus on technical expertise, emotional stability, and motivation.
7. Perform preliminary credentialing to pre-qualify candidates for consideration.
8. Schedule on-site interview.
9. Submit selected candidates to client agency for security and other clearances.
10. Select finalist for presentation to the facility.
11. Prepare credentials and resume for facility approval.
12. Schedule facility staff interview (as needed or requested).
13. Confirm all pre-offer submittals and certifications are met.
14. Extend offer (pending background check).
15. Follow up with candidate prior to first day and at specified period following first day, to assure that questions and concerns are answered.

Online and National Advertising

We use a combination of the below resources to ensure that we recruit applicants best suited to the facility.

We utilize an internal Applicant Tracking System (ATS) that allows us to create our own internal database of applicants that we are able to reach out to, based on market specific needs. This resource allows us to direct mail, email blast, and cold call our applicant "pool" prior to tapping into external resources.

In addition to the ATS, we post career opportunities on a number of internet based resources including the ones listed below. Others, targeting neighboring areas, will be added to support our recruitment efforts. In addition, our recruitment staff maintains liaison with professional associations which includes posts to those sites whenever appropriate.

- Careerbuilder.com
- HealthCareers.com (apa.com)
- Dentalworkers.com
- Mydentaljobs.com
- Dentistjobshelp.com
- Practice Link.com
- AdvancePracticeJobs.com
- iHireNursing;
- Physemp.com
- Nurse.com
- Mdsearch.com
- American psychiatric association
- American psychological association

Direct Mail/Mailing Lists

Armor broadcasts e-mail through networks that target active and passive candidates within our data base through opportunistic channels including our internet posted job board and Career Center postings. Communications are branded to the job search and crafted to the job order specifications.

- Medical Licensing Board
- NCCHC

Periodicals

- Nursing Spectrum
- CareerBuilder magazine
- Advance for LPNs, RNs and ARNPs

Universities and Schools of Nursing

We have established close relationships with schools of nursing including training affiliations, visits to the schools, and support of career fairs to increase visibility of correctional nursing and to build awareness of correctional practice opportunities.

In addition to schools of nursing, recruiting we also established relationships with other local and national sources of training programs (medical assistant, medical records programs, etc.).

Community Venues

- Job Fairs-local and state
- Community One Stops
- Attendance at Professional Meetings
- Community and Commercially Sponsored Health Fairs
- State and Local Association Membership
- Military Installations, Transition Programs

Other Sourcing

- Nursing Homes
- Long Term Care Centers
- Employees and candidates are encouraged to refer applicants.
 - We recognize that new hires that come into the company through employee referrals are excellent contributors, and stay with the company longer.
 - Armor has an excellent policy of rewarding employees for referrals that successfully become new hires and subsequently satisfy the probationary period.

- 2. Provide a proposed staffing plan for all positions under this contract, including shift relief as needed.*

A staffing plan for all positions under this contract, including shift relief as needed is provided in **Section F, Price Proposal**.

- 3. Provide the total number of employees that will be assigned to this contract. Please describe the role for each employee, including job title, hourly rate, & job descriptions.*

The number of employees assigned to this contract including the role of each employee, job title, hourly rate, & job descriptions is provided in **Section F, Price Proposal and Attachment 10, Job Descriptions**.

- 4. Describe your form of background checks as well as verification of employee references.*

Background Checks

Armor provided information to the County on all employees for the completion of work history and criminal background clearances in order to assure a safe and secure environment for our staff. Employees who transfer may undergo another background check by the hiring facility. Under these circumstances, employees are permitted to work during the period of time it takes to process background checks.

Armor, and/or the County, reserves the right to conduct background investigations on employees throughout the term of their employment for any lawful purpose, including an investigation of new or newly reported criminal offenses.

If an employee is charged with a criminal offense while employed, it is his/her responsibility to notify the Health Services Administrator and the Vice President of Human Resources immediately. Depending on the nature of the charges, he/she may be removed from the work schedule until disposition of the case is determined and evaluated in terms of the employee's suitability for work with inmates.

Licensure/Certification

Prior to employment, we request and obtain proof of all required licensure, certification, accreditation, and/or registration. For physicians, practitioners, and dental applicants, additional specific requirements are established such as DEA certification and state regulatory requirements. Only applicants who produce such documentation are considered for employment. Armor will not employ any providers with restricted licenses. Armor corporate staff completes independent verification of credentials through online and telephonic confirmation.

We review each employee's professional credentials annually, including licenses and certificates kept at the facility. The file includes insurance certification for the Physicians, Nurse Practitioners, Physician Assistants, and Nurses. We keep a duplicate file at our corporate office for archival and retention purposes.

Credentialing

We employ a number of data management tools to ensure staff competence and compliance with all regulatory requirements, such as E-verify to determine the eligibility of employees to work in the United States. Since training and accreditation are such cornerstones of success in correctional health, and to help recruit and motivate employees, we use the IntelliCred System as our credentialing database. IntelliCred interfaces with Primary Source Verification sites (namely the National Practitioner Data Bank, the Office of the Inspector General, the Drug Enforcement Administration and other web-based primary sources) and meets the standards for the Joint Commission on the Accreditation of Healthcare Organizations, the National Committee for Quality Assurance and the Utilization Review Accreditation Commission.

This system serves as a central repository for all of our credentialing data, and it enables us to scan all original documents into one system allowing us to generate reports as necessary and monitor the tracking of licensure and required training renewals. Further, this system also holds an electronic copy of licenses and CPR certificates for easy reference and access.

All Armor employees will be required to pass a background investigation conducted by the County as a requisite for initial and/or continued employment. Armor employees will comply with current and future federal, state, and local laws, regulations, court orders, administrative regulations, administrative directives, and the policies and procedures of our clients.

5. Provide resumes of the Medical Director who will be assigned to this contract.

A resume for Dr. Eric Mizuno, our Medical Director assigned to this contract, is provided along with our Corporate Support Team Member resumes in ***Attachment 8***.

6. What is your employee retention rate?

Armor's employee retention rate in 2015 was 75%.

7. Describe your performance evaluation, retention, and promotion plans for current employees.

Retention / Promotion Plans

Armor has successfully reduced or eliminated temporary agency staffing at each of our contracts by implementing strategies such as providing adequate per diem nursing staff,

actively pursuing high staff retention rates, and continuous recruiting to sustain a pool of acceptable candidates. Several other strategies supplement this effort.

We recognize that our greatest asset is our employees. Our expectation is that each employee will be treated with respect and value for their service to our clients and patients. We have seen our employees respond positively to the high regard we hold for them and we have a loyal employee group at each of our contract sites as a result.

Our salary and benefits equal or exceed market standards in corrections and health care. To ensure this, we have partnered with Lockton Companies to match essential responsibilities of Armor job descriptions to position profiles in various published compensation data surveys. This analysis was completed utilizing industry size, revenue base and employee size to appropriately scope the data. We were able to establish competitive market rates for base compensation for all positions using published survey data on the national labor market.

Additionally, we evaluated our total benefit program to ensure that the substantial investments we make in employee benefits provide the greatest benefit to our company and our employees. Our partnership with Lockton Companies has provided us the breadth of expertise to assess our company's needs and the depth of resources to implement a plan structured to meet those needs. Together, we are ensuring our employee benefits investment is poised for optimum employee satisfaction for each dollar invested.

Lockton Companies works in collaboration with our Human Resources team to enhance our employee benefits and wellness services and improve employee communication in order to improve our recruitment efforts and reduce turnover.

Armor also recognizes the need for employees to have an appropriate work-life balance and therefore provides a reasonable amount of paid time off for rest and relaxation, observing special holidays and recuperating from occasional illnesses. Our full-time employees are eligible for paid vacation time; holiday time and personal time off to utilize at their discretion as outlined in their employee handbook.

We provide a highly structured orientation program for all employees, which includes a peer preceptor system for new employees. We are committed to providing staff with job related training to maintain a safe and efficient facility operation. As such, we use the following avenues for employee development:

- Provision of Continuing Medical Education (CME);
- Provision of Continuing Education Units (CEU);

- Offering a Company-wide provider proficiency assessment focused on Armor policies and procedures, accreditation standards, clinical skills, and understanding of corrections. We require scores of 100 for all staff with limited opportunity for re-testing;
 - Offering a Company-wide Certified Correctional Health Professional (CCHP) and Certified Correctional Nurse Manager (CCN/M) initiative for any employee desiring to advance their corrections career with the cost paid for by Armor;
 - Keep employees informed through our employee newsletter and corporate-wide communication via e-mail and corporate web site;
 - Facilitation of ongoing training and encouragement of professional development outside of the facility through professional seminars, NCCHC and ACA meetings and CME opportunities;
 - Emphasizing regular on-site in-service education based upon individual and facility needs identified through the CQI process;
 - Provide access to a confidential corporate message center to seek assistance on an individual basis should an employee have personal needs that cannot be met at the facility level. Only two corporate staff have access to these messages to guarantee confidentiality of all calls; and
 - Recognition of our employees through client, supervisory and peer programs such as facility based employee of the month; corporate sponsored employee of the month; heroic employee program and special employee recognition days.
8. *Describe the benefit program offered to employees, indicating each specific benefit and the portion of each benefit paid by Proposer and the portion paid by the employee.*

A summary of Armor's benefit program is provided as **Attachment 9**.

9. *Include your policy regarding the following areas: 1) Overtime pay; 2) Personal Leave; 3) Sick Leave; 4) Holiday Pay?*

Overtime Pay

When required by staffing shortages, emergencies or other unexpected circumstances, an employee may be required to work overtime. When this occurs, supervisors attempt to provide advance notice and ensure an even distribution of overtime.

Non-exempt employees who are required or permitted to work overtime receive pay at one and one half times their regular rate for all hours worked over 40 in each work week,



unless otherwise required by state law. Hours worked means time actually spent on the job. It does not include hours away from work due to vacation, sickness, or holiday, even when these days are compensated.

Employees must obtain approval from their immediate supervisor before working any overtime. Unauthorized overtime will be paid, but will also be grounds for performance management.

Personal Leave

Employees become eligible after they have successfully completed the initial 90-day introductory period. Employees hired after October 1st receive their personal time off in January. Personal days may not be carried forward to future years, and is not be paid upon termination of employment.

Our full-time employees that work a 37-40 hour week schedule are eligible for 56 hours (7 days) personal time per calendar year. Employees that work less than 40 hours per week receive a proportionate amount of personal days, according to the following schedule:

Employees that work 32-36 hours per week are eligible for 45 hours personal time per calendar year.

Employees that work 24-31 hours per week are eligible for 34 hours personal time per calendar year.

New hires that work a partial year receive a proportionate amount of personal days.

Employees must request their personal days with as much notice as possible, at least 5 days in advance, and make sure that their request is approved in writing by the Supervisor/Administrator, prior to taking the requested time off. Any absence not requested in advance is considered an unscheduled absence and may not be paid. In certain cases, such as illness, when it may be difficult to give advance notice, employees are expected to notify their supervisors as soon as possible. Employees should contact their supervisors for specific lead-time notification requirements. Personal time is subject to cancellation and employee recall to work in emergency situations. Requests for time off may also be denied, and/or postponed, when arrangements cannot be made to cover assignments.

Personal time is paid at the employee's regular straight-time hourly rate of pay and will not be counted for the purposes of calculating overtime. Differentials related to shift, charge, on call and weekends are not included in personal day pay.

Employees that work a standard work day of 10 or 12 hour days are paid PTO and/or Vacation pay in accordance with their standard workday hours.



Sick Leave

When employees need to take time off due to an unexpected or planned absence, whatever PTO or Vacation Time the employee has accrued is automatically assigned to cover the pay for that absence.

For Example: A full time employee who is scheduled to work 40 hours/5 days in one week calls in sick one day; that day is assigned as PTO, or Vacation time, depending on what is available. The same applies to Part Time employees who accrue PTO and Vacation time.

Employees are not allowed to “save” their PTO or Vacation for a later time. If an absence occurs, the benefit time must be taken. This applies to waiting periods for short term disability and worker’s compensation benefits as well. In this case, if the employee has to go for an extended period of time, the 7 day waiting period, where there is no pay from the insurance company, is paid as PTO or Vacation time.

Holiday Pay

Full-time employees may be eligible, for the following paid holidays in each calendar year.

Day of Observance

Day of observance is considered the official holiday. Therefore, the basis for eligibility, scheduling, etc., is the day of observance.

- New Year’s Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Day After Thanksgiving
- Christmas Day

For employees that work Monday through Friday, holidays occurring on Saturday are observed on the preceding Friday, while those occurring on Sunday are observed on the following Monday. For employees that are scheduled to work on the weekend, the holiday is the actual day of the Holiday.

Holiday benefits time are paid at the employee’s regular straight-time hourly rate of pay and is not counted for the purposes of calculating overtime. Differentials related to shift, charge, on call and weekends are not included in holiday benefit pay.

Additionally, employees who work the holiday receive pay for hours at time and one half their regular rate of pay.



Hourly employees who are not scheduled to work the day of the holiday, or if the day of the holiday is their regularly scheduled day off, are not be entitled to any holiday benefit.
Special Eligibility Factors

Employees who do not work their last scheduled day before a holiday, or their first scheduled day after the holiday unless on approved vacation, are not granted pay for the holiday unless they can substantiate to management that the absence was due to illness or other emergency situation. Payment for the holiday depends on management's assessment of the validity of the reasons, as well as the number of days missed before and after the holiday.

Holiday Scheduling

Whenever possible, time off with pay is granted on the day of the observance. If this is impossible, other arrangements are be made by the Supervisor/Administrator. Employees that are required to work the day of the holiday receive pay for the time worked plus the holiday pay.

The number of hours paid for a holiday is in relation to the number of hours worked per week, as follows:

Employees that work 40 hours per week are eligible for 8 hours Holiday pay.

Employees that work 32 hours per week are eligible for 6.40 hours Holiday pay.

Employees that work 24 hours per week are eligible for 4.80 hours Holiday pay.

Employees that work a standard work day of 10 or 12 hour days are paid holiday pay in accordance with their standard workday hours.

10. Describe all training and development programs offered to employees.

Employee Training and Development Programs

BLS-CPR Training and Certification

Armor ensures that health care personnel are trained in Basic Life Support and Cardiopulmonary Resuscitation (BLS-CPR) with AED certification, as required by national standards.

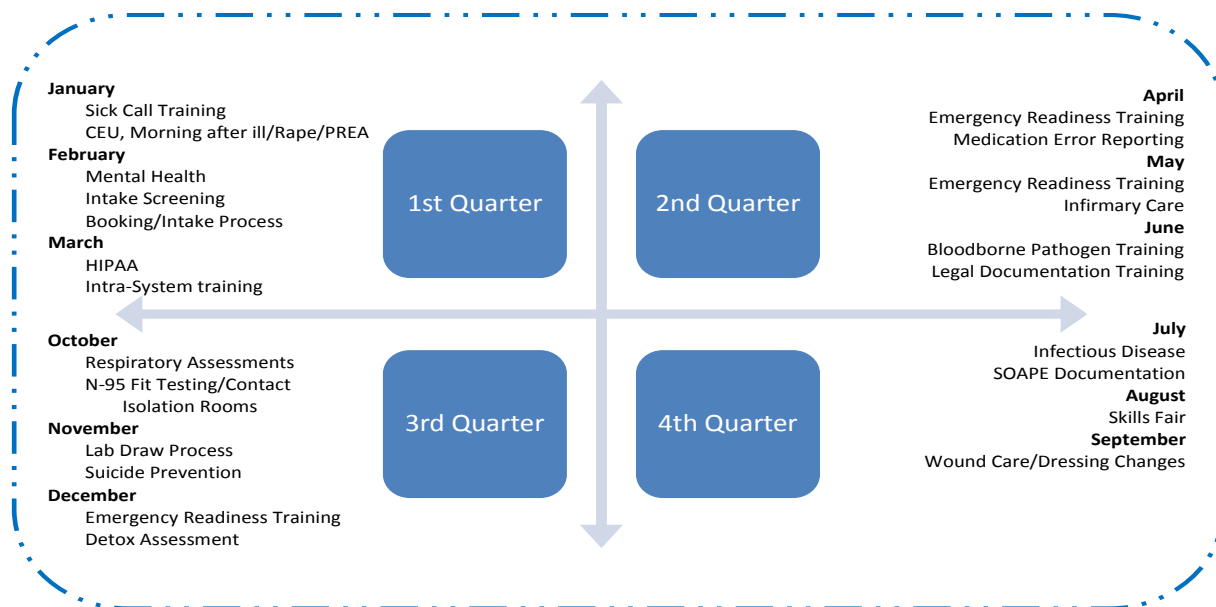
Corporate Support and Collaboration with Local Staff - Armor regional and corporate representatives are committed to continuous service in support of our clients and our medical staff. Clinical Operations staff, our Regional Vice President and other corporate representatives schedule visits in advance and coordinate with both the HSA and our liaison with the facility. During each visit, we show our commitment to the success of the

program by recognizing accomplishments of staff and reinforcing the team’s partnership with key facility staff.

Annual Staff Training- Armor meets national standards (ACA) for in-service training requirements through our comprehensive multi-track approach to delivering instruction, training tools and communications to our health staff and ensures all of our personnel have the appropriate medical license(s) and certification(s), and all personnel are up to date on all required training and continuing education.

We can modify our sample training schedule below to reflect local training needs. For example, as new procedures and/or equipment are implemented, we develop modules for each, in addition to incorporating emerging clinical issues company-wide. As we adapt our modules for use in each facility, we establish competency assessment criteria, curriculum and materials. We also review slides and handouts with our clients to ensure compliance with agency educational guidelines and related programs.

Sample Continuing Education Schedule (Approximately 12 topics per year)



Monthly training is provided to all of our onsite staff members, and is commensurate to their job description and duties assigned. Our Clinical and Operational staff receive all training (monthly and annually) as dictated by NCCHC to maintain licensure and credentialing.

Medical Director Training Meetings are held annually and all Medical Directors Statewide meet with our Chief Medical Officer. Any updates in public health issues,

clinical guidelines, drug formulary issues and case discussing take place. In addition, the Medical Directors meet with their peers to share experiences and problem solving.

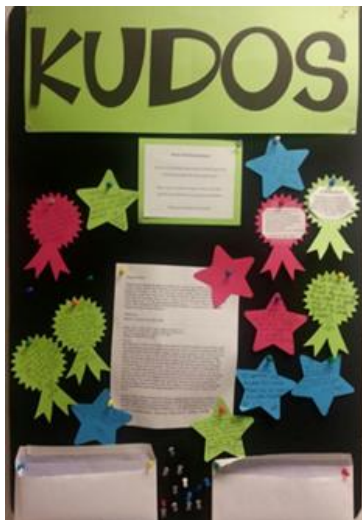
Health Services Administrator Training Meetings are conducted annually. Management issues, policy issues, clinical issues, administrative issues, legal issues, and HR issues are reviewed along with problem solving techniques brought up by the group.

Site Staff Meetings are conducted monthly and provide an in-service training component, as identified in our sample continuing education schedule (found below) and are presented by department heads to their employees. Ancillary staff continue to receive training through their site supervisor, relative to their specific areas of responsibility. Each employee's training is documented and placed into their personnel file, maintained at the site level.

Recognition Programs and Events

Armor supports our onsite HSA in providing events, activities, and opportunities to recognize our staff, celebrate accomplishments, and build mutual respect.

Armor pursues excellence by encouraging all licensed staff to seek professional certification. To ensure the dedication and proficiency of our staff, we administer a company-wide provider proficiency assessment focused on Armor policies and procedures, accreditation standards, clinical skills, and understanding of corrections. We require scores of 100 for all staff with limited opportunity for re-testing. Our staff accepts and supports this program because it emphasizes quality performance, builds professional interest, and demonstrates our support for each medical staff member.



Another part of Armor's corporate culture is the recognition that our greatest asset is our employees. Our expectation is that each employee is treated with respect and value for their service to our clients and patients. We have seen our employees respond positively to the high regard we hold for them and we have a loyal employee group at each of our contract sites as a result.

Conferences and Certification

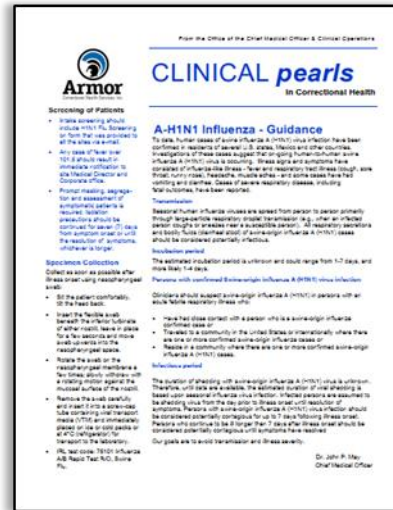
Our medical practitioners, medical directors, and clinical managers meet regularly by teleconference and annually, in person. They review patient care issues, discuss cases, recommend policy and report on performance. When meeting in person, this is an

opportunity to participate in Armor management meetings and continuing education on select topics.

Staff Development

In addition to encouraging pursuit of CCHP certification, Armor’s Chief Medical Officer and Clinical Operations Team periodically issue company-wide alerts entitled **Clinical Pearls** to focus clinical staff attention on a single aspect of clinical practice. Each alert introduces, explains and reinforces an approach to the clinical topic and our company’s expectations.

Local managers post the one-page document prominently and discuss it with their clinicians to continuously improve practice. Well-received by staff, examples of recent topics include human bites, seizures and asthma.

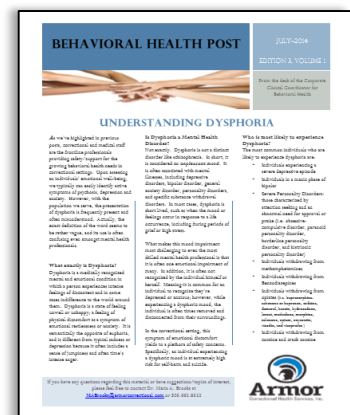


Behavioral Health and other Health Care

Providers: All health care providers, regardless of their credentials and post responsibilities, support behavioral health patients in some way. Accordingly, Armor delivers training on behavioral health topics in our plan and schedules continuing education for all health staff.

Central to our staff training is a mandatory annual training session for all staff. It includes a behavioral health update and suicide training course, as well as general review of critical behavioral health issues as determined by Armor and the facility.

Our programs emphasize the topic of suicide and significance of suicide as a public health crisis including demographic profiles of suicidal detainees and details of detention facility suicides. The program highlights risk factors and warning signs of suicide. Students will gain understanding of the ethical assessment of suicide potential or self-harm behavior as well as the proper use of recognized assessment instruments. Methods are provided for effectively de-escalating a potential suicide situation within the detention facility environment. The training will provide insight and helpful steps to ensure the health and well-being of those officers who have responded to or witnessed a completed suicide.



Our specialized behavioral health training resources include:

- Suicide Prevention

- Personality Disorder
- Special Management Unit Training
- Mental Illness/Abnormal Psychology Overview
- Crisis Intervention/De-Escalation Techniques
- Co-Occurring Disorders

Additionally, we publish a Behavior Health Post for staff that include topics such as:

- Stress and Your Physical and Emotional Health
- Identifying Mental Disorder's Secondary to General Medical Illness

Employee Performance Evaluation Methods

A sample of our Performance Appraisal form is below. Using this form, we rate such areas as:

- Personal Attributes for:
 - Teamwork,
 - Dedication,
 - Attitude,
 - Communication,
 - Appearance, and
 - Time and Attendance; and
- Technical Skills as they relate to the job duties and responsibilities.



Armor Correctional Health Services, Inc. Performance Appraisal			
LAST NAME	FIRST NAME	HIRE DATE	TITLE
REVIEW DATE	LOCATION/DEPARTMENT	REVIEWER NAME	REVIEWER TITLE
Type of Review: <input checked="" type="checkbox"/> Annual <input type="checkbox"/> 90 Day <input type="checkbox"/> Other _____			
<u>ARMOR'S MISSION</u> The mission of Armor Correctional Health Services is to deliver healthcare that will be regarded as the standard for correctional facilities nationwide while continually advancing innovative healthcare practices.			
<u>ARMOR'S VISION STATEMENT</u> The vision of Armor Correctional Health Services is to provide a clinically driven model of quality health services to patients in correctional facilities utilizing healthcare teams committed to providing innovative, outcome based practices in a cost effective manner. Armor will treat all patients with respect and dignity and emphasize achieving client satisfaction through keeping promises made in all areas of service. Armor will place a high priority on effectively managing its organizational resources to achieve excellence in services, clinical outcomes and financial performance.			
<u>CORE VALUES</u> • Exceptional Service to Our Patients • Value to Our Employee Family and Develop Professional Leadership • Foster an Innovative Environment • Build Collaborative Teams Including Community Linkage • Accountability for Positive Outcomes			
PERFORMANCE RATING DEFINITIONS: (0=lowest and 10=highest) Scores of 7-10: Frequently exceeds expectations and regularly initiates improvement or influences the team or others to learn and improve in this area. Scores of 4-6: Continually meets expectations and behaves in a manner that consistently supports a culture of service excellence. Takes initiative/follows up to address customer concerns. Scores of 0-3: Does not consistently meet performance expectations in this area.			

11. *Provide detailed narrative discussing your company's approach and methodology to providing 100% staff coverage for each position.*

Approach & Methodology for Staff Coverage

Armor's philosophy of quality and continuity of patient care promotes position coverage for vacation, sick leave, personal leave, holidays, training, and orientation as patient care must continue during these times. To assure agreed to staffing levels (short or long term), Armor has PRN staff available at all times and also uses locum tenens or agency staffing contracts on an as needed basis.

C.9 General Services (RFP page 26)

General Services

1. *Describe your financial acuity with examples of how you were able to control and/or reduce costs with other clients through creative business solutions.*

Armor's financial acuity and examples of how we were able to control and/or reduce costs with other clients through creative business solutions can be found in our Cost Containment Plan section provided in **Section C.6.J.**

Armor has also provided our 2014 financial statement for the County's review as **Attachment 11**.

- 2. Describe how you would interact with Lake County to accept responsibility to manage the day-to-day Healthcare process for adult and juvenile Healthcare.*

Currently Armor works cooperatively with Lake County through weekly, monthly and quarterly meetings. Open communication is essential to our goal to meet the needs of the patients. The administration manages daily patient care and keeps security informed of special needs of the patients.

- 3. Describe your experience in recovering benefits from third party providers (i.e. insurance carriers).*

We identify third party payors and patient insurance information during the intake process and provide periodic updates on efforts to exhaust third party sources. Armor does not directly bill for inmates with private insurance, but rather flags cases with possible third party payers to ensure reasonable efforts (excluding litigation) are exhausted to access the third party payment source. Only after reasonable efforts have been exhausted does Armor consider paying such claim.

- 4. Describe how you evaluate, measure, and track your quality of service.*

Our corporate CQI program provides a formal ongoing process by which we utilize objective measures to monitor and evaluate the quality of our services. Many aspects of our program are examined each month and plans implemented to correct any deficits. Please refer to Armor's Quality Assurance Program / Continuous Quality Improvement Program provided in **Section C.6.A, Item 3** of our proposal.

- 5. Provide a list of your drug formulary identified by manufacturer.*

Please find our drug formulary provided as **Attachment 3**.

- 6. Provide your proposed transition plan.*

Armor is currently providing health care services to inmates at the Lake County Adult Correctional Facility and Juvenile Detention Center under an emergency contract since June 2015. As such, should Armor be selected as the provider under a contract resulting from this RFP, there will be no transition time required.

- 7. Provide Suicide Prevention, Grievance Plan, Risk Management Plan, and Cost Containment Program.*



Armor's Suicide Prevention Plan can be found earlier in this document, under ***Section C.4.C.***

Armor's Grievance Plan can be found earlier in this document, under ***Section C.6.H.***

Armor's Risk Management Plan can be found earlier in this document, under ***Section C.6.I.***

Armor's Cost Containment Program can be found earlier in this document, under ***Section C.6.J.***

TAB D – CLIENT REFERENCES (RFP Page 26)

The County considers references to be an important factor in its decision to award a contract. Proposers should supply references that will be available to speak with the County. Three references should be provided for similar type of work completed in the past five years. A reference sheet is included as a submittal as part of this RFP document.

The client references provided on the following page is our list of references for similar type of work completed in the past five years.

REFERENCES**Inmate & Juvenile Healthcare Services****February 2016**

List below other organizations (users of similar size and structure to Lake County preferred) for which these or other similar services have been provided:

Agency Name	Milwaukee County Sheriff's Office
Address	949 N. 9 th Street
City, State, Zip Code	Milwaukee, WI 53233
Telephone Number	414.278.4766
Contact Person	Inspector Richard Schmidt
Dates of Service	Initially May 11, 2013 to Dec 31, 2015. Plus 4 one year extensions until December 31, 2019.

Agency Name	Clarke County Sheriff's Office
Address	3015 Lexington Road
City, State, Zip Code	Athens, GA 30605
Telephone Number	706.613.3250
Contact Person	Sheriff Ira Edwards
Dates of Service	July 1, 2011 – June 30, 2016

Agency Name	Meherrin River Regional Jail
Address	9000 Boydton Plank Road - P.O. Box 10
City, State, Zip Code	Alberta, VA 23821
Telephone Number	434.949.6700
Contact Person	Superintendent Crystal Willett
Dates of Service	July 1, 2012 – June 30, 2016

Agency Name	Santa Rosa County Sheriff's Office
Address	5755 E. Milton Road
City, State, Zip Code	Milton, FL 32583
Telephone Number	850.983.1100
Contact Person	Sheriff Wendell Hall
Dates of Service	February 1, 2010 – January 31, 2017

Agency Name	ICA-Farmville Detention Center
Address	508 Waterworks Road – P.O. Box 488
City, State, Zip Code	Farmville, VA 23901
Telephone Number	434.395.8114
Contact Person	Director Jeffrey Crawford
Dates of Service	August 1, 2010 – August 1, 2015 / Currently in negotiations for renewal.

TAB E – EXCEPTIONS TO RFP (RFP Page 27 & 2)

All requested information to this RFP must be supplied as this document and subsequent proposals submitted help form the basis for a contract with the selected Proposer. Proposers may take exception to certain requirements in this RFP. All exceptions shall be clearly identified in this section and written explanation shall include the scope of the exceptions, the ramifications of the exceptions for the County and the descriptions of the advantages or disadvantages to the County as a result of the exception. The County, at its sole discretion, may reject any exceptions or specifications within the proposal.

Armor’s list of exceptions is provided below for the County’s consideration.

RFP Section	Scope of Exception	Ramifications of Exception	Advantage / Disadvantage to the County
Page 4, Item 6, Contract Period and Page 27, Item F.3 and F.4, Price Proposal	Armor requests extensions to the contract be subject to mutual agreement on pricing.	Allows for both parties to assess changes and real costs. Ensures a partnership between Lake and Armor	Ensures the County has a partner that can deliver quality care.
Page 5, Item 10, Rate Adjustment	See exception to section 6, above.		
Page 5, Item 15, Termination	Armor requests an industry standard 180 day advance notice right to terminate without cause.	Like the County’s right to terminate with 30 days advance notice, Armor can do likewise with a 180 days advance notice.	Like the County’s 30 day right to terminate, Armor’s request ensures neither party is locked into an unproductive relationship.
Page 6, Item 19, Hold Harmless Clause and Page 9, Item 33, Indemnification	Armor assumes any negligent or wrongful act or omission of the County parties, solely or partially, will be covered by the County party. Also, as required in the insurance industry, Armor’s carrier requires control of defense in order to pay fees, costs and attorneys.	Armor protects County against acts and omissions of Armor and Armor subcontractors. County protects Armor against acts and omissions of County parties.	Neither party is required to defend the alleged negligent and/or wrongful acts and omissions of the other.
Page 9, Item 34, Precedence	Armor assumes the order of control will follow the progression from RFP to contract.	As the parties respond to each other understandings are clarified resulting in a final contract.	Ensures that the most current understandings control. For example, if County RFP says 2 nurses on night shift and Armor



RFP Section	Scope of Exception	Ramifications of Exception	Advantage / Disadvantage to the County
			proposes 1 RN and 1 LPN. The later would control because it clarifies the former. If the County didn't want what Armor proposed, the County would respond with clarification, and so the discussion would go until both parties agreed. To go back to the RFP circumvents all the intervening discussions.
Page 14, Item 1.B, Health Appraisals	Armor will meet the stated deadlines or agree to the \$100 fine, unless they are not given reasonable opportunity to perform the health appraisal.	Ensures patients are timely seen, when armor is given sufficient notice.	If sufficient notice isn't provided to Armor, no fine can be applied.
Page 16, Item I, Emergency Services	Armor assumes we will indicate when 911 is needed, but not have responsibility to provide or pay for care once the non-inmate patient is taken offsite.	Armor will have no responsibility for non-inmate care once removed for the facility.	Unaware of any impact to the County.
Page 17, Item L, Exclusions	Armor's proposal assumes the County will pay costs for treatment of hemophilia, muscular dystrophy gender changes and Hepatitis C.	Eliminate Armor from having to add substantial added speculative cost in our bid for conditions seldom encountered.	County doesn't pay for a service they may not need, and if the service is needed, the County only pays for actual services.
	Material change in scope of services due to court orders, facility layout, inmate movement, community and/or other governing standards shall require the parties to promptly meet and make any	This ensures any material changes are promptly addressed by the parties to allow for continued delivery of quality care.	County will be a partner in ensuring material changes required to deliver quality patient care are promptly and equitably addressed.

Tab E – Exceptions to RFP



RFP Section	Scope of Exception	Ramifications of Exception	Advantage / Disadvantage to the County
	contract changes associated with material changes.		
Page 18, Item 2, Dental Services	Same as Page 14, Item 1.B exception above. Armor assumes reasonable access to complete.		
Page 28, Aggregate Cap	To maximize onsite services. Armor assumes the cost for 3 rd party onsite specialty care will go toward the aggregate cap.	This will lessen the need for offsite transports where medically and fiscally prudent.	County will save on transport and officer time taking inmates to certain offsite appointments.

TAB G – SUSTAINABILITY STATEMENT (RFP Page 28)

Lake County is committed to green and sustainable practices and good environmental stewardship. Consequently, proposers are asked to provide a Statement of Sustainability to demonstrate that they are also incorporating sustainability into their firms' practices. A Sustainability Statement form is included as part of the RFP. Proposers are asked to provide a clear description of your firm's sustainable practices, policies, or procedures in the following areas: waste minimization, energy efficiency, water efficiency, staff and education.

We recognize Lake County's commitment to green and sustainable practices and good environmental stewardship. Armor's Statement of Sustainability which demonstrates our mission for incorporating sustainability into our company's practices, is detailed on the following page.

Waste Minimization

Armor has no office located in Waukegan except those facilities assigned to our health care program at the jail. As a result, we fully comply with any and all applicable programs adopted by the Sheriff's Office as an agency of Lake County Government. In addition, our electronic health record eliminates paper records occupying space and consuming paper. At our corporate office in Miami Florida, we provide comprehensive paper recycling program, *Docuware* for paperless filing, and Human Resources, Payroll, and Finance systems that are entirely electronic.

Energy Efficiency

Armor has no office located in Waukegan except those facilities assigned to our health care program at the jail. As a result, we fully comply with any and all applicable programs adopted by the Sheriff's Office as an agency of Lake County Government. At our corporate office in Miami Florida, we conserve energy utilizing lighting policy, providing space for employee meals thereby minimizing mid-day trips, etc.

Water Efficiency

Armor has no office located in Waukegan except those facilities assigned to our health care program at the jail. As a result, we fully comply with any and all applicable programs adopted by the Sheriff's Office as an agency of Lake County Government. At our corporate office in Miami Florida, we follow Miami-Dade guidelines for water conservation.

Staff

Armor has no office located in Waukegan except those facilities assigned to our health care program at the jail. As a result, we fully comply with any and all applicable programs adopted by the Sheriff's Office as an agency of Lake County Government. Not only have we published guidelines as we have implemented paperless systems, we have issued reminders and announcements periodically.

Education

Armor has no office located in Waukegan except those facilities assigned to our health care program at the jail. As a result, we fully comply with any and all applicable programs adopted by the Sheriff's Office as an agency of Lake County Government.

Armor is committed to working with Lake County to establish a green program at the facility with the intent of saving energy, reducing waste, and preventing pollution. We believe multiple opportunities exist in the areas of recycling, re-use, and conservation, specifically with regard to office supplies, digital film, and energy conservation, and we are eager to explore them with the County."

TAB H – VALUE ADDED SERVICES (RFP PAGES 9 & 28)

Lake County will consider Proposer Value Added Services in this award determination. Lake County considers Proposer Value Added Services to be additional services, certain specific business procedures, quality features, methods or additional business activities offered by the Proposer that when utilized directly or indirectly serve to reduce Lake County's total cost of acquisition.

Please include any value added services your firm provides in your submittal.

Armor's approach to management of this contract meets the County's definition of value added in a number of ways by directly and indirectly reducing Lake County costs. Areas where costs are borne directly by the Lake County. Primarily those are related to offsite costs of hospital inpatient care, emergency department visits, and other offsite events including outpatient services and visits to medical specialists. We include descriptions of Armor's corporate support and management tools because they contain costs or improve quality while minimizing the contract fee we propose. All are provided at no additional cost to Lake County.

Hospital Contracting & Partnership

During our first discussions of the scope of work under an emergency contract for Lake County, Armor identified the need for more accountability by the inmate health care provider. One area impacting County cost seemed to be hospital contracting, billing, claims adjudication, and payment for hospital services. Our Director of Network Development & Claims consulted with Lake County Purchasing to establish a direct relationship with Vista East Medical Center, the anchor hospital for LCJ. Understanding that Vista East had been submitting bills for full charges to the County, he worked with the hospital's Contract Administrator to negotiate rates and terms governing billing and payment in addition to other terms and conditions.

Applying a managed care approach consistent with other payers, we collaborate with Vista East on ways to streamline payment and support any third-party payment sources as may apply for each patient. It is a hospital-payer relationship based upon a solid contractual agreement.

Hospital Liaison

Consistent with the managed care approach, Armor's Director of Utilization Management supports a constructive relationship with Vista East that extends beyond the conventional role of utilization review and management.

Inpatient Enrollment Support

Armor's Director of Utilization Management has consulted with Vista East to build a better understanding of Armor's new role as payer on behalf of the County. Together we have

begun a new standing referral of our LCJ inpatients. The hospital's Eligibility Screening Service (ESS) now meets with all our patients to advise and assist in completion / submission of the Medicaid application. If the patient does not already have Medicaid and is alert / oriented / competent, ESS will proceed with enrollment support. Upon submission of the application, ESS will provide a tracking number for follow-up.

This joint effort permits earlier filing of the initial claim and reduces accounts receivable for the hospital.

Cost Negotiation of Major Inpatient Cases

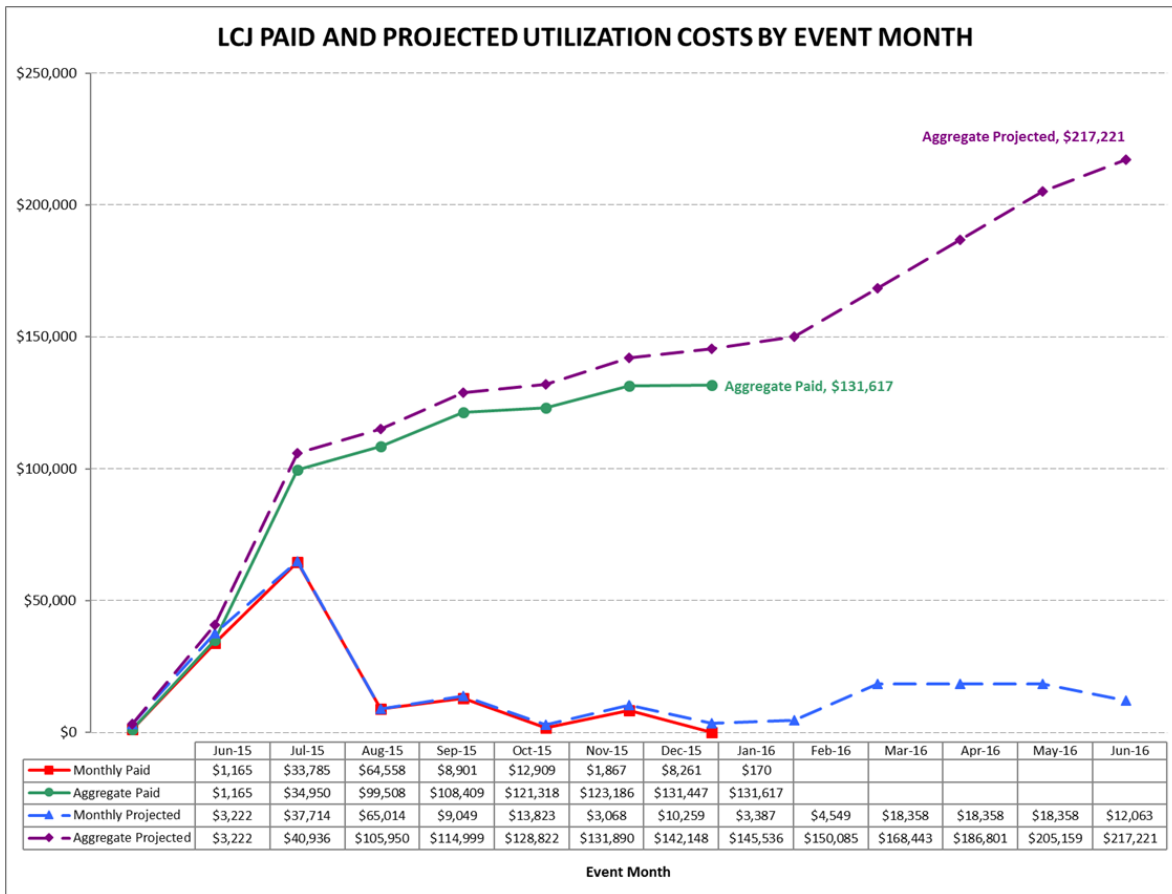
Hospital billing related to repeated and/or complex inpatient cases can often require rigorous review prior to payment. In the same way that health plans adjudicate such a claim, Armor provides dedicated medical and nurse review of the hospital record. The reviewer supports our Network Development & Claims who negotiates a settlement of these claims with the hospital. Based on the good working relationship we've developed with Vista East; we expect to provide that level of support in Lake County if ever the need arises.

Savings

- This new contractual relationship has shifted responsibility for claims adjudication to Armor as we assume an administrative cost previously borne, we understand, by County staff. Those savings are added to those resulting from the favorable rates we are able to negotiate.
- As new Medicaid members are enrolled during hospitalization overnight, there are resulting savings to the County as reflecting lower inmate hospital costs and expanded coverage for Lake County residents.
- Negotiated settlement of costly and complex inpatient stays frequently limit or lower the amount paid, thus exposure of the County to costs above the contract cap.

Forecasting and Tracking of Offsite & Pharmacy Cost

As we describe *in Tab C, Scope of Work*, Armor's managed care model features a custom designed database and reporting system that regularly reports cost trends for all those costs including offsite events, inpatient care, and pharmacy that are included under our \$400,000 aggregate cap. Through February, 2016 for example, our tracking/forecasting model projected that we are operating below forecast for offsite utilization costs and close to the cap including pharmacy. Considering trends for first year operation we would typically expect our projected utilization costs to be even more below the cap, perhaps by a substantial amount, to close our first contract year on June 19, 2016.



The trend chart above is extracted from our February 29, 2016 Aggregate Claims Status (ACS) report for Lake County. It shows the utilization cost trend to date. Based on the report as published, we project a year end surplus of \$17,000 which will be rebated to the County.

Another factor contributing to our optimism that our experience will be is an unavoidable, high-cost case occurred in the first three months. That case consumed 23% of our utilization costs thus far. Such outliers are an expected event in any health care system. Yet, they cannot be predicted for such a small population. By modeling our forecasting method over a large base of “covered lives”, Armor has developed a keen ability to build a management approach that incorporates those costs. The County achieves a pattern of regular and predicted expense while Armor assumes a high incentive to manage costs as though the funds expended are our own.

The following table shows the February 29, 2016 calculation of our standing, including both pharmacy and utilization costs. This also shows cause for optimism because the

startup costs of pharmacy operations can be high initially then trending lower over the first year. As a result, we believe we are off to a good start for Year One.

LCJ Claims Paid & Projected February 29, 2016 CCY to Date Lake County, Illinois	
Billed Charges	\$905,015
Paid Claims	\$131,617
Past Months' Projections	\$17,735
Future Months' Projections	\$67,869
Total Year Projection	\$217,221
Total Year Pharmacy	\$165,482
Aggregate Cap	(\$400,000)
Projected Client CCY Rebate	(\$17,297)

Savings

- Below the cap, Armor rebates the full amount to the County thus potentially yielding a direct savings. In addition, our close monitoring is essential to effective management of costs.

Hospital Utilization Management & Cost Review

A hallmark of Armor’s offsite management is our expert approach to pre-authorization of many offsite events. Our staff of dedicated nurse reviewers follow each of our patients in the hospital. They consult with hospital representatives and direct care staff daily, secure access to and review health records when access is provided by the hospital, and provide daily payment authorization. Importantly, we offer recommendations and collaborate with hospital staff on treatment plans, discharge orders, and provisions for follow up care in LCJ if needed. Once discharged, we may request records and complete a retrospective review to ensure that each day there is medically necessary.

Savings

- Armor’s average length of stay is similar to national averages and typically well below correctional utilization patterns because companies do not apply managed care principles. The County’s exposure to high cost cases is limited only to those deemed medically necessary. With the elimination of unnecessary days, a direct savings is passed to the County in hospital billings.
- Each avoided or shortened hospital staff reduces the expense of officers assigned to bedside security at the hospital.

Pre-authorization and Retrospective Review

Armor’s corporate medical leadership including our Medical Director of Utilization Management, Chief Medical Officer, and Associate Chief each assume responsibilities to medically review requests for authorization of medical specialty visits and other offsite events as assigned. In addition to reviewing individual requests submitted by site level medical providers, they analyze site specific and companywide trends to maintain and adapt our guidelines and criteria. They are known for their consultative approach that builds strong collaboration with our onsite Medical Directors to promote the highest level of support and compliance.

Retrospective Review of Hospital Transports

For example, our Director of Utilization Management retrospectively reviews each hospital transport including those deemed emergency, and consults with onsite staff to review those deemed medically necessary, improve treatment that may have prevented the event, as well as provides training when the event is considered unnecessary.

Pilot AristaMD Consultation and Review Program

At select sites, Armor is now piloting a program which will be introduced at Lake County pending contract award. Our evaluation is not yet complete but the pilot shows promise. AristaMD is a digital health company focused on assisting primary care providers by providing online consultation when a specialty consult is considered and there may be a question about its necessity. Upon our primary care provider’s request, AristaMD’s consulting specialist provides an “eConsult” online based upon clinical guidelines developed at UCSF for referral assessment and related work-up. Our goal in testing the program is to validate its usefulness in achieving centralized approval and specialty care referral consistency while supporting our medical providers in correctional facilities with reliable advice and treatment solutions. It will be a supplement to our on-going off site specialty review process.

Savings

- By ensuring that each event is medically necessary, we achieve cost savings that does not incur risk to our patient and promotes quality of our care.
- We save the costs of transportation and security details to accompany patients offsite while at the same time promoting public safety.
- We see a lower number of hospital transports at sites where our retrospective review has been well integrated as a training opportunity for providers and staff. In addition to the indirect costs mentioned above, we save the expense of medical supported or emergency transport especially in those cases where our patient is returned soon after the transport because they’ve been cleared by the hospital without specialized treatment or hospital admission.

Corporate Support by Program and Clinical Specialists

As we noted in our Executive Summary and throughout our Scope of Work, we describe the direct support provided to Armor-LCJ staff and jail administration. Armor's team of department heads and our clinical operations team are frequently on site and in consultation to continuously improve our services and provide staff development. Specialists focus on such areas as Behavioral Health, Pharmacy, Accreditation, Medical Services, Utilization Management, Electronic Records, Discharge Planning, and Quality Assurance. In fact, we have deployed staff to Lake County already to directly support implementation, training, and compliance. Notable examples to date are:

Accreditation – Armor experienced ACA reviewers along with our clinical specialists were a great asset as they completed a preliminary assessment, mock survey, and program recommendations in preparation for our recent ACA accreditation survey. Their work during several onsite visits directly contributed to LCJ preparation. Most importantly, we installed systems to continuously maintain accreditation compliance.

Behavioral Health – Our Chief Behavioral Health Officer and members of our interdisciplinary team of licensed specialists provided direct training of the LCJ behavioral health staff. We understand that this training was the first provided to the incumbent staff by a health care contractor at LCJ. We clarified mission and added policy guidelines in addition to our basic orientation and program evaluation. We also provided two-hour correctional officer training to 200 officers on Suicide and Self Injury Prevention.

Officer Training – In addition to our Suicide and Self Injury Prevention training, we provided similar training on blood borne pathogens for 200 correctional officers. We stand ready to provide similar training events as the need is identified when authorized and facilitated by the Sheriff's Office.

Pharmacy – Our Chief Pharmacy Officer made critical recommendations on the operations of pharmacy services at both facilities with major improvements to reduce risk and manage cost encompassing a relocation of pharmaceutical storage and installation of new management systems.

Community Outreach and Release Medication Voucher – Our Director of Program Development and Chief Pharmacy Officer prepared a new voucher to authorize the short term supply of medications provided under our contract to released patients at a local community pharmacy. Relying upon an initial survey of community providers, our voucher provides not only clear instruction to the inmate on the importance of continuing care, but also provides a concise list of affordable and accessible health care resources for our population.

Armor's corporate support is provided within the basic price of our contract. While there is significant value in terms of program modifications to improve quality, there is no additional cost. Accordingly, when events occur or needs are identified that require dispatching corporate support to LCJ, we respond without reconsideration of our fee or cost impact. It is our job to ensure quality of care and responsiveness to client priorities.

Savings

- By improving our staff's capacity to improve service and efficiency, as well as coordination with custody staff, we provide significant indirect savings.
- By reducing risk such as through behavioral health training, we may significantly reduce cost of prevented sentinel effects and unfavorable outcomes and their associated costs.
- Improvements in the continuity of jail and community care, such as through the voucher, are associated with lower risk of re-arrest and improved health status of former inmates reducing cost to County health care and criminal justice agencies.

Management Tools and Applications

Armor has developed proprietary management applications and communications to enable, expedite, and report how our resources are expended at LCJ while improving performance. These tools contain our costs and support the reliability of our operations at the jail. They are described in our Tab C Scope of Work and include:

Shift Scheduler – a platform for deploying PRN and relief staffing when unscheduled absences occur as well as a toll for preparing staff schedules.

Staffing Tracker – an interface of payroll and time attendance with our contract and operating budget to yield continuous tracking of compliance.

Grievanator - a program to assist in our tracking and expedited response to inmate grievances.

E-Fax Clinical Communications - installed by Armor in collaboration with our clinical contractors to expedite EKG interpretation.

Each of these resources, along with others, yield an indirect impact on County costs that is difficult to measure. They each assist Armor as we “step up” to assume continuous accountability for contract performance. Likewise, we hope to reduce the oversight that is required by jail administrators because we find solutions before we ask for their assistance.

TAB J – ECONOMIC OPPORTUNITY PROGRAM (RFP Page 13)

*Lake County launched a **Buy Local. Build Local. Work Local** initiative in 2013 to increase the outreach and procurement opportunities for businesses located within Lake County, including women-owned businesses and minority-owned business enterprises (L/W/MBE). The overarching objective is to maximize participation from these businesses in the County's procurement process, in accordance with applicable law. The County will take all necessary and reasonable steps to assure that business enterprises defined as L/W/MBE shall have a fair opportunity to participate in County contracts. As part of its Economic Opportunity Program (EOP) commitment the County will make every effort to achieve the following objectives:*

- (a) To ensure nondiscrimination in the award and administration of contracts;*
- (b) To create a level playing field on which L/W/MBEs can compete fairly for contracts by providing any necessary training and assistance in bid preparation;*
- (c) To ensure that the County's EOP is narrowly tailored in accordance with applicable law;*
- (d) To establish a means for firms identifying themselves as L/W/MBEs to register for procurement opportunities and work cooperatively with contracted firms to report on measures that demonstrates the County's commitment to its EOP; and,*
- (e) To help remove barriers to the participation of L/W/MBEs through notification of contract opportunities.*

Successful Proposers are encouraged to work with Workforce Development to post any and all opportunities for employment on County contracts. Lake County's Workforce Development mission is to foster and ensure the economic prosperity of the Lake County community by maximizing the potential of businesses and workers. As such, Workforce Development provides a key resource for job seekers and employers.

State law mandates an open and competitive bidding process and requires that publicly procured contracts be awarded to the lowest responsible and responsive bidder with no demonstrated preference based on the bidder's location, race and gender.

Business Opportunities:

As Armor has become familiar with Lake County's emerging Economic Opportunity Program (EOP), we recognize and accept the importance of creating a level playing field for businesses within the County that register with the Program. To demonstrate, we have researched the database maintained by the **Illinois Department of Central Management Services** of registered firms in the **Business Enterprise Program (BEP)**. Our goal is to identify eligible firms within our scope of work and based in Lake County. There are two firms which might qualify by providing laboratory, dental, and/or dental supplies. As we identify needs, we pledge to consult with those companies to consider the feasibility of purchasing items within our operating budget.



Employment Opportunities:

Armor has recently registered our Lake County contract with the County's Office of Workforce Development. Accordingly, we have submitted our job postings to the Job Center of Lake County website and expect them to begin to appear during the week this proposal is submitted.

Armor Minority Ownership:

Armor is wholly owned by Dr. Jose Armas incorporated in Florida and registered in several states with minority owned enterprise programs. The Illinois BEP caps annual revenue at \$75 million. Therefore, we cannot expect consideration as a minority for this contract in Illinois. Even so, we offer our credentials as evidence that we will honor minority contracting initiatives to the extent feasible within our operating budget and scope of work when possible. *Please see our minority credentials provided on the following page.*



THIS CERTIFIES THAT

Armor Correctional Health Services, Inc.

* Nationally certified by the: **SOUTHERN FLORIDA MINORITY SUPPLIER DEVELOPMENT COUNCIL**

*NAICS Code(s): 541611

* Description of their product/services as defined by the North American Industry Classification System (NAICS)

01/01/2016

Issued Date

FL01289

Certificate Number

Joset B. Wright-Lacy

Beatrice Louissaint, President & CEO

01/01/2017

Expiration Date

By using your password (NMSDC issued only), authorized users may log into NMSDC Central to view the entire profile: <http://nmsdc.org>

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